

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2015  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2015)**

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p><b>I. Facility ID Number:</b> <u>1000030</u></p> <p><b>Facility Name:</b> <u>RIVER VALLEY SL RESIDENCE</u></p> <p><b>Address:</b> <u>1975 E COURT ST</u> <u>KANKAKEE</u> <u>60901</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>KANKAKEE</u></p> <p><b>Telephone Number:</b> ( <u>847</u> ) <u>329-4100</u> <b>Fax #</b> <u>(847) 329-7652</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>10/20/03</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>CAMILLE LOCKHART</u> <b>Telephone Number:</b> ( <u>847</u> ) <u>865-8701</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/15</u> to <u>12/31/15</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>CAMILLE B. LOCKHART, CPA</u> <u>PARTNER</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) <u>BKD, LLP</u> <u>P. O. BOX 1190, SPRINGFIELD, MO 65801-1190</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(417 ) 865-8701</u> <b>Fax</b> <u>(417) 865-0682</u></td> <td></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE  IL DEPT OF HEALTHCARE AND FAMILY SERVICES  201 S. Grand Avenue East  Springfield, IL 62763-0001 <b>Phone #</b> (217) 782-1630</p>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		<b>Paid Preparer</b>	(Signed) _____	(Date) _____		(Print Name and Title) <u>CAMILLE B. LOCKHART, CPA</u> <u>PARTNER</u>			(Firm Name & Address) <u>BKD, LLP</u> <u>P. O. BOX 1190, SPRINGFIELD, MO 65801-1190</u>			(Telephone) <u>(417 ) 865-8701</u> <b>Fax</b> <u>(417) 865-0682</u>	
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Facility Name RIVER VALLEY SL RESIDENCE

Report Period Beginning: 1/1/15 Ending: 12/31/15

**III. STATISTICAL DATA**

**A. Certified units; enter number of units and unit days**

Date of change in certified units     /    /    

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	62	Single Unit Apartment	62	22,630	1
2	18	Double Unit Apartment	18	6,570	2
3		Other		6,570	3
4	80	TOTALS	80	35,770	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other		Total
5	Single Unit	16,392	1,569		17,961	5
6	Double Unit	5,196	1,126		6,322	6
7	Other					7
8	TOTALS	21,588	2,695		24,283	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 67.89%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 160 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 3765 (Do not include bed-hold days in Section B.)

**E. Does page 3 include expenses for services or investments not directly related to SLF services?**

YES  NO

**F. Does the BALANCE SHEET reflect any non-SLF assets?**

YES  NO

**G. List all services provided by your facility for non-residents.** (E.g., day care, "meals on wheels", outpatient therapy)  
\_\_\_\_\_

**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

**I. Is your fiscal year identical to your tax year?**  YES  NO

Tax Year: 12/31/15 Fiscal Year: 12/31/15

\* All facilities other than governmental must report on the accrual basis.

**J. Does the facility have any Illinois Housing Development Authority Loans outstanding?** NO If yes, did the facility make all of the required payments of interest and principle? \_\_\_\_\_  
If no, explain. \_\_\_\_\_

**K. Does the facility have any loans from the Federal Home Loan Bank outstanding?** NO If yes, did the facility make all of the required payments of interest and principle? \_\_\_\_\_  
If no, explain. \_\_\_\_\_

**L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding?** NO If yes, did the facility make all of the required payments of interest and principle? \_\_\_\_\_  
If no, explain. \_\_\_\_\_

Facility Name: RIVER VALLEY SL RESIDENCE

Report Period Beginning:

1/1/15

Ending:

12/31/15

## IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase	227,369	217,318	1,824	446,511		446,511	1
2	Housekeeping, Laundry and Maintenance	125,705	18,960	76,535	221,200		221,200	2
3	Heat and Other Utilities			133,146	133,146		133,146	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>353,074</b>	<b>236,278</b>	<b>211,505</b>	<b>800,857</b>		<b>800,857</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	362,213	10,591	4,500	377,304		377,304	6
7	Activities and Social Services	59,309	7,848	14,121	81,278		81,278	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>421,522</b>	<b>18,439</b>	<b>18,621</b>	<b>458,582</b>		<b>458,582</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	203,390	17,769	271,720	492,879		492,879	10
11	Marketing Materials, Promotions and Advertising			44,441	44,441		44,441	11
12	Employee Benefits and Payroll Taxes			183,585	183,585		183,585	12
13	Insurance-Property, Liability and Malpractice			50,131	50,131		50,131	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>203,390</b>	<b>17,769</b>	<b>549,877</b>	<b>771,036</b>		<b>771,036</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>977,986</b>	<b>272,486</b>	<b>780,003</b>	<b>2,030,475</b>		<b>2,030,475</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			3,281	3,281		3,281	17
18	Interest			20,419	20,419		20,419	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			437,640	437,640		437,640	20
21	Rent -- Equipment			12,030	12,030		12,030	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>473,370</b>	<b>473,370</b>		<b>473,370</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>977,986</b>	<b>272,486</b>	<b>1,253,373</b>	<b>2,503,845</b>		<b>2,503,845</b>	<b>24</b>

Facility Name: RIVER VALLEY SL RESIDENCE

Report Period Beginning 1/1/15 Ending: 12/31/15

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 34.36	1
2	Licensed Practical Nurses	2	21.44	2
3	Certified Nurse Assistants	10	10.09	3
4	Activity Director & Assistants	3	10.82	4
5	Social Service Workers			5
6	Head Cook	1	13.45	6
7	Cook Helpers/Assistants	10	10.24	7
8	Dishwashers			8
9	Maintenance Workers	1	16.54	9
10	Housekeepers	4	9.89	10
11	Laundry			11
12	Managers	1	32.71	12
13	Other Administrative	4	14.70	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>37</b>	<b>\$ 12.17</b>	<b>17</b>

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	BEN KLEIN	25	1	\$ 32,548	1
2	BRIAN LEVINSON	25	10	32,547	2
3					3
4					4
5					5
<b>Total</b>				<b>\$ 65095</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
<b>Total</b>		<b>\$ 3</b>

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
ATTACHED			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES  NO

Name of related entity: PLATINUM HEALTH CARE, LLC If yes, what is the value of those services? \$ 76,669

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES  NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: RIVER VALLEY SL RESIDENCE

Report Period Beginning:

1/1/15

Ending:

12/31/15

VIII. OWNERSHIP COSTS

A. Purchase price of land \_\_\_\_\_ Year land was acquired \_\_\_\_\_

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

\*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1			2003		\$ 3,800,347	\$	28	\$ 138,195	\$ 138,195	\$ 1,667,149	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		DOORS, LOCKS & DOOR HOLDERS		2004	6,801		27.5	247	247	2,832	6
7		HANDICAP TOILETS		2004	1,073		27.5	39	39	447	7
8		ROOF REPAIRS		2004	2,900		27.5	105	105	1,097	8
9		WATER RETIANER KIT		2004	666		27.5	24	24	252	9
10		WATER HEATER REPAIR		2005	5,708		27.5	208	208	2,176	10
11		ROOF REPAIRS		2005	8,800		27.5	320	320	3,345	11
12		DRYWALL & PAINTING		2005	4,780		27.5	174	174	1,818	12
13		ELEVATOR REPAIRS		2005	1,982		27.5	72	72	755	13
14		CONCRETE, WATERPROOFING & LANDSCAPING		2006	25,100		27.5	913	913	8,635	14
15						160,934			(160,934)		15
16		CFWD 5C			574,762			36,351	36,351	303,267	16
17		TOTAL (lines 1 thru 16)			\$ 4,432,919	\$ 160,934		\$ 176,648	\$ 15,714	\$ 1,991,773	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 219,490	\$ 11,705	\$ 11,468	(237)	VAR	\$ 167,828	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 219,490	\$ 11,705	\$ 11,468	(237)		\$ 167,828	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: RIVER VALLEY SL RESIDENCE

Report Period Beginning: 1/1/15

Ending: 12/31/15

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: \_\_\_\_\_

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  YES  NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	<b>TOTAL</b>				\$			7

8. Is movable equipment rental included in building rental?  YES  NO

9. Rental amount for movable equipment \$ \_\_\_\_\_

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

**X. INTEREST EXPENSE**

	1	2	3	4	6	7	8	9		
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		YES	NO			Original	Balance			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	CAMBRIDGE REALTY CAPI	X		MORTGAGE	/ /	\$	\$	/ /		\$ 262,316
2				(INC AMORT & MORT INS)	/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4	HFG		X	WORKING CAPITAL	/ /			/ /		20,419
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$	\$			\$ 282,735
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	\$			\$ 282,735

\* If there is an option to buy the building, please provide complete details on an attached schedule.

\*\* If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: RIVER VALLEY SL RESIDENCE

Report Period Beginning: 1/1/15

Ending:

12/31/15

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/15

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ (47,364)	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	353,619		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,648		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 326,903	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	7,217		15
16	Equipment, at Historical Cost	25,568		16
17	Accumulated Depreciation (book methods)	(30,472)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,313	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 329,216	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 52,976	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	(3,071)		28
29	Short-Term Notes Payable	373,747		29
30	Accrued Salaries Payable	6,012		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Accrued Expenses, Due Others	57,195		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 486,859	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 486,859	\$	45
46	<b>TOTAL EQUITY</b>	\$ (157,643)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 329,216	\$	47

\*(See instructions.)

Facility Name: RIVER VALLEY SL RESIDENCE

Report Period Beginning: 1/1/15

Ending:

12/31/15

## XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 2,173,443	1
2	Discounts and Allowances	(77,783)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,095,660</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	1,566	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 1,566</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	FOOD STAMP REVENUE	56,719	15
16	MISC INCOME	1,219	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 57,938</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,155,164</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	800,857	19
20	Health Care/ Personal Care	458,582	20
21	General Administration	771,036	21
<b>B. Capital Expense</b>			
22	Ownership	473,370	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 2,503,845</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (348,681)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (348,681)</b>	<b>31</b>

RIVER VALLEY SUPPORTIVE LIVING RESIDENCE  
RELATED ORGANIZATIONS  
**PAGE 4 SCHEDULE VII C**

1/1/2015 12/31/2015

RENT	<u>-437,640</u>
DEPRECIATION	169,359
AMORTIZATION	3,263
INTEREST	236,821
MORTGAGE INSURANCE	22,231
INSURANCE	8,233
R/E TAXES	85,486
TOTAL	<u>525,393</u>

RELATED PARTY EXP -68,400

UTILITIES	4
REPAIRS AND MAINTENANC	69
ADMINISTRATIVE SALARY	0
PROFESSIONAL FEES	145
FEES, SUBSCRIPTIONS	33
OFFICE	34,191
EDUCATION & SEMINAR	673
TRAVEL	2,967
INSURANCE	12
EMPLOYEE BENEFITS	5,257
TOTAL	<u>43,351</u>

RIVER VALLEY SUPPORTIVE LIVING RESIDENCE  
RELATED ORGANIZATIONS  
**PAGE 4 SCHEDULE VII B**

1/1/2015 12/31/2015

RELATED PARTY EXP	<u>0</u>
UTILITIES	1,057
REPAIRS AND MAINTENANC	1,271
ADMINISTRATIVE SALARY	8,677
PROFESSIONAL FEES	6,358
FEES, SUBSCRIPTIONS	188
OFFICE	42,508
EDUCATION & SEMINAR	367
TRAVEL	1,693
INSURANCE	472
EMPLOYEE BENEFITS	10,045
DEPRECIATION (SL)	1,050
RENT	508
EQUIPMENT RENTAL	1,475
AMORTIZATION	0
INTEREST	406
DEPRECIATION (SL)	178
REAL ESTATE TAXES	<u>416</u>
TOTAL	<u>76,669</u>

STATE OF ILLINOIS

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE LLC

Report Period Beginning:

	1	FOR BHF USE ONLY	2	Year	4	5	Current Book	6
	Units*			Acquired	Cost		Depreciation	Life
								in Years
1	Generator			2007	126,700			15.0
2	Roof			2007	26,800			27.5
3	Cabling			2007	6,200			20.0
4	Surveillance Equipment			2007	11,980			5.0
5	Wiring Nd amplifier			2007	1,980			20.0
6	Ceramic floor			2007	54,000			20.0
7	Front parking lot/fence			2007	57,000			15.0
8	Water line routing, rear entr			2007	5,600			10.0
9	Railing for ramp entrance			2007	2,880			15.0
10	Remodeling-window treat, wp			2007	19,500			5.0
11	Pavilion & umbrella			2007	1,504			15.0
12	Lamp fixtures			2007	6,000			10.0
13	Parking lot, ramp, pathway			2007	2,200			15.0
14	Fix front entryway base			2007	500			15.0
15	Cylinder packings on Elevators			2007	2,750			20.0
16	Eng for projects			2007	6,575			15.0
17	Front lobby remodel			2007	35,000			15.0
18	Eng for projects			2007	5,200			15.0
19	Landscaping			2007	3,600			10.0
20	Electric lines install			2007	4,200			20.0
21	TV & mounts			2007	1,649			5.0
	Subtotal				381,818		0	



1/1/2015

Ending:

12/31/2015

	7	8	9	
	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
	8,447	8,447	68,984	1
	975	975	8,775	2
	310	310	2,790	3
		-	11,980	4
	99	99	883	5
	2,700	2,700	23,625	6
	3,800	3,800	33,567	7
	560	560	4,900	8
	192	192	1,664	9
		-	19,500	10
	100	100	874	11
	600	600	5,150	12
	147	147	1,238	13
	33	33	302	14
	138	138	1,150	15
	438	438	3,621	16
	2,333	2,333	18,866	17
	347	347	2,834	18
	360	360	2,910	19
	210	210	1,698	20
		-	1,649	21
	21,789	21,789	216,960	



STATE OF ILLINOIS

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE LLC

Report Period Beginning:

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	4 Cost	5 Current Book Depreciation	6 Life in Years
22	<b>Carryforward from page 5A</b>			<b>381,818</b>		
23	3	Two Way Radios/Battery	2008	542		5.0
24		Electric lines install--elevator	2008	2,540		20.0
25		Eng serv for blg addn	2008	4,500		27.5
26		Carpet	2008	1,731		5.0
27		Outdoor Gazebo & desk	2008	1,669		10.0
28		Electric work	2008	5,000		20.0
29		Repair work-kitchen appl	2008	4,048		10.0
30		Standby System Generator	2008	1,135		20.0
31		Carpet	2008	1,317		5.0
32		Signs	2008	14,500		10.0
33		Carpet	2008	537		5.0
34		Replace doors	2008	14,150		15.0
35		Electric	2008	4,000		20.0
36		Landscaping	2008	7,050		10.0
37		Steamer repair	2008	1,995		15.0
38		Patio project	2009	14,000		15.0
39		Repairs from fire damage (net)	2009	17,435		15.0
40		Repairs from fire damage	2009	4,238		15.0
41		Flooring-Rm 217 & 427	2009	1,214		5.0
42		Carpeting - Rms 319, 101, 419	2010	1,821		5.0
		Subtotal		485,240	0	



	7	8	9		
	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
	21,789	21,789	216,960		22
	0	-	542		23
	127	127	995		24
	164	164	1,285		25
	0	-	1,731		26
	167	167	1,281		27
	250	250	1,917		28
	405	405	3,139		29
	57	57	437		30
		-	1,317		31
	1,450	1,450	10,875		32
		-	537		33
	943	943	7,001		34
	200	200	1,484		35
	705	705	5,229		36
	133	133	965		37
	933	933	6,353		38
	1,162	1,162	7,462		39
	283	283	1,769		40
	0	-	1,214		41
	0	-	1,821		42
	28,768	28,768	274,314		



Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE LLC

Report Period Beginning:

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	4 Cost	5 Current Book Depreciation	6 Life in Years
43	<b>Carryforward from page 5B</b>			<b>485,240</b>		
44	Repair 3 water heaters		2010	1,073		10.0
45	Aluminum Fencing		2010	700		15.0
46	Carpeting		2010	6,055		5.0
47	R&R Concrete, install fascia		2010	500		15.0
48	4" Water Main repair		2011	4,393		20.0
49	Repair-roof leak/vestibule		2011	3,780		10.0
50	Carpet-4 rooms		2011	2,883		5.0
51	Reception area sets		2012	4,846		15.0
52	New kitchen equip		2012	2,880		10.0
53	Nurse call system		2012	25,807		10.0
54	Surveillance system		2012	2,790		5.0
55	Plumbing		2013	7,217		20.0
56	Carpeting		2014	3,659		5.0
57	Piping		2014	5,147		25.0
58	Elevator		2014	11,917		20.0
59	Roofing		2014	5,875		27.5
60						
61						
62						
63						
	Subtotal			574,762	0	



	7	8	9	
	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
	<b>28,768</b>	<b>28,768</b>	<b>274,314</b>	<b>43</b>
	107	107	638	44
	47	47	278	45
	362	362	6,055	46
	33	33	186	47
	220	220	917	48
	378	378	1,544	49
	577	577	2,357	50
	323	323	1,241	51
	288	288	1,104	52
	2,581	2,581	9,018	53
	558	558	1,953	54
	361	361	903	55
	732	732	1,220	56
	206	206	344	57
	596	596	891	58
	214	214	304	59
		-		60
		-		61
		-		62
		-		63
	<b>36,351</b>	<b>36,351</b>	<b>303,267</b>	

