

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2011  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2011)**

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 SUPPORTIVE LIVING RESIDENCE LLC</u></p> <p><b>Address:</b> <u>1957 E. COURT STREET</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</u> ) <u>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>DARRYL BUEKER</u> <b>Telephone Number:</b> ( <u>417</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>1/1/11</u> to <u>12/31/11</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%; vertical-align: top;"> <b>Officer or Administrator of Provider</b> </td> <td>                 (Signed) _____                  (Type or Print Name) _____                  (Title) _____             </td> </tr> <tr> <td style="vertical-align: top;"> <b>Paid Preparer</b> </td> <td>                 (Signed) _____                  (Date) _____                  (Print Name and Title) <u>DARRYL BUEKER, CPA</u>  <u>PARTNER</u>                  (Firm Name &amp; Address) <u>BKD, LLP</u>  <u>P. O. BOX 1190, SPRINGFIELD, MO 65801-1190</u>                  (Telephone) <u>417</u> ) <u>865-8701</u> <b>Fax #</b> ( <u>417</u> ) <u>865-0682</u> </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) _____ (Type or Print Name) _____ (Title) _____	<b>Paid Preparer</b>	(Signed) _____ (Date) _____ (Print Name and Title) <u>DARRYL BUEKER, 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</u> ) <u>865-8701</u> <b>Fax #</b> ( <u>417</u> ) <u>865-0682</u>
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Facility Name RIVER VALLEY SUPPORTIVE LIVING RESIDENCE LLC

Report Period Beginning: 1/1/11 Ending: 12/31/11

**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	19,277	1,581		20,858	5
6	Double Unit	8,727	370		9,097	6
7	Other					7
8	TOTALS	28,004	1,951		29,955	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 83.74%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 390 Also, indicate the number of unpaid bed-hold days the SLF had during this year.            **(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: 12/31/11 Fiscal Year: 12/31/11

\* 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 SUPPORTIVE LIVING RESIDENCE LLC

Report Period Beginning:

1/1/11

Ending:

12/31/11

## 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	233,777	210,055	1,767	445,599		445,599	1
2	Housekeeping, Laundry and Maintenance	125,132	22,870	90,895	238,897		238,897	2
3	Heat and Other Utilities			120,306	120,306		120,306	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>358,909</b>	<b>232,925</b>	<b>212,968</b>	<b>804,802</b>		<b>804,802</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	377,892	6,555	1,800	386,247		386,247	6
7	Activities and Social Services	39,804	10,138	1,881	51,823		51,823	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>417,696</b>	<b>16,693</b>	<b>3,681</b>	<b>438,070</b>		<b>438,070</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	146,377	9,551	304,028	459,956	(3,944)	456,012	10
11	Marketing Materials, Promotions and Advertising			50,785	50,785		50,785	11
12	Employee Benefits and Payroll Taxes			138,425	138,425		138,425	12
13	Insurance-Property, Liability and Malpractice			39,051	39,051		39,051	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>146,377</b>	<b>9,551</b>	<b>532,289</b>	<b>688,217</b>	<b>(3,944)</b>	<b>684,273</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>922,982</b>	<b>259,169</b>	<b>748,938</b>	<b>1,931,089</b>	<b>(3,944)</b>	<b>1,927,145</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation							17
18	Interest			9,941	9,941		9,941	18
19	Real Estate Taxes			60,651	60,651		60,651	19
20	Rent -- Facility and Grounds			370,582	370,582		370,582	20
21	Rent -- Equipment			22,192	22,192		22,192	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>463,366</b>	<b>463,366</b>		<b>463,366</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>922,982</b>	<b>259,169</b>	<b>1,212,304</b>	<b>2,394,455</b>	<b>(3,944)</b>	<b>2,390,511</b>	<b>24</b>

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE LLC

Report Period Beginning 1/1/11 Ending: 12/31/11

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 46.88	1
2	Licensed Practical Nurses	2	22.04	2
3	Certified Nurse Assistants	9	10.45	3
4	Activity Director & Assistants	2	11.03	4
5	Social Service Workers			5
6	Head Cook	1	13.21	6
7	Cook Helpers/Assistants	10	9.77	7
8	Dishwashers			8
9	Maintenance Workers	2	12.27	9
10	Housekeepers	4	9.21	10
11	Laundry			11
12	Managers	1	34.45	12
13	Other Administrative	3	11.10	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>35</b>	<b>\$ 12.82</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	\$ 66,144	1
2	BRIAN LEVINSON	25	6	66,143	2
3					3
4					4
5					5
				<b>Total</b>	<b>\$ 132287 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? \$ 78,580

(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 SUPPORTIVE LIVING RESIDENCE LLC

Report Period Beginning:

1/1/11

Ending:

12/31/11

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	\$ 138,180	27.5	\$ 138,195	\$ 15	\$ 1,114,369	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	1,844	6
7		HANDICAP TOILETS		2004	1,073		27.5	39	39	291	7
8		ROOF REPAIRS		2004	2,900		27.5	105	105	677	8
9		WATER RETIANER KIT		2004	666		27.5	24	24	156	9
10		WATER HEATER REPAIR		2005	5,708		27.5	208	208	1,136	10
11		ROOF REPAIRS		2005	8,800		27.5	320	320	1,745	11
12		DRYWALL & PAINTING		2005	4,780		27.5	174	174	948	12
13		ELEVATOR REPAIRS		2005	1,982		27.5	72	72	395	13
14		CONCRETE, WATERPROOFING & LANDSCAPING		2006	25,100		27.5	913	913	4,070	14
15						20,093			(20,093)		15
16		CFWD 5C			504,624			39,398	39,398	158,295	16
17		TOTAL (lines 1 thru 16)			\$ 4,362,781	\$ 158,273		\$ 179,695	\$ 21,422	\$ 1,283,926	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	\$ 170,648	\$ 16,575	\$ 18,887	2,312	5-10 yrs	\$ 105,628	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 170,648	\$ 16,575	\$ 18,887	2,312		\$ 105,628	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 SUPPORTIVE LIVING RESIDENCE LLC

Report Period Beginning: 1/1/11

Ending: 12/31/11

**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>									
	Long-Term									
1	LASALLE BANK		X	MORTGAGE	/ /	\$	\$	/ /		\$ 283,913
2				(INC AMORT & MORT INT)	/ /			/ /		
3					/ /			/ /		
	Working Capital									
4	COLE TAYLOR		X	WORKING CAPITAL	/ /			/ /		4,406
5	HFG, LLC		X	WORKING CAPITAL	/ /			/ /		5,534
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$	\$			\$ 293,853
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	\$			\$ 293,853

\* 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 SUPPORTIVE LIVING RESIDENCE LLC

Report Period Beginning: 1/1/11

Ending:

12/31/11

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/11

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 5,274	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,173,309		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	14,554		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>	\$ 1,193,137	\$	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			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			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>	\$	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,193,137	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 93,561	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	465,172		29
30	Accrued Salaries Payable	28,864		30
31	Accrued Taxes Payable	60,000		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	32,973		35
36	Due Others, Adv Billing	870,108		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,550,678	\$	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>	\$ 1,550,678	\$	45
46	<b>TOTAL EQUITY</b>	\$ (357,541)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 1,193,137	\$	47

\*(See instructions.)

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE |

Report Period Beginning: 1/1/11

Ending:

12/31/11

**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	\$ 2,780,545	1
2	Discounts and Allowances	(35,027)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,745,518</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		13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	FOOD STAMP REVENUE	123,594	15
16	MISC INCOME	507	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 124,101</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,869,619</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	804,802	19
20	Health Care/ Personal Care	438,070	20
21	General Administration	688,217	21
<b>B. Capital Expense</b>			
22	Ownership	463,366	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>\$ 2,394,455</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 475,164</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>\$ 475,164</b>	<b>31</b>

**PAGE 4 SCHEDULE VII C**

RENT	<u>370,582</u>
DEPRECIATION	174,848
AMORTIZATION	3,267
INTEREST	250,988
MORTGAGE INSURANCE	29,657
INSURANCE	7,414
ACCOUNTING	<u>12,500</u>
TOTAL	<u>478,674</u>

RELATED PARTY EXP	<u>-2,040</u>
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PROFESSIONAL FEES	1,576
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**PAGE 4 SCHEDULE VII B**

RELATED PARTY EXP	<u>-39,963</u>
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UTILITIES	1,654
REPAIRS AND MAINTENANC	2,432
ADMINISTRATIVE SALARY	8,435
PROFESSIONAL FEES	2,728
FEES, SUBSCRIPTIONS	385
OFFICE	46,459
EDUCATION & SEMINAR	20
TRAVEL	2,754
INSURANCE	-613
EMPLOYEE BENEFITS	10,229
DEPRECIATION (SL)	1,045
EQUIPMENT RENTAL	582
AMORTIZATION	125
INTEREST	629
DEPRECIATION (SL)	1,050
REAL ESTATE TAXES	<u>666</u>
TOTAL	78,580

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE LLC

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Generator		2007		126,700		15.0	8,447	8,447	35,196	1
2	Roof		2007		26,800		27.5	975	975	4,875	2
3	Cabling		2007		6,200		20.0	310	310	1,550	3
4	Surveillance Equipment		2007		11,980		5.0	2,396	2,396	11,980	4
5	Wiring Nd amplifier		2007		1,980		20.0	99	99	487	5
6	Ceramic floor		2007		54,000		20.0	2,700	2,700	12,825	6
7	Front parking lot/fence		2007		57,000		15.0	3,800	3,800	18,367	7
8	Water line routing, rear entr		2007		5,600		10.0	560	560	2,660	8
9	Railing for ramp entrance		2007		2,880		15.0	192	192	896	9
10	Remodeling-window treat, wp		2007		19,500		5.0	3,900	3,900	18,200	10
11	Pavilion & umbrella		2007		1,504		15.0	100	100	469	11
12	Lamp fixtures		2007		6,000		10.0	600	600	2,750	12
13	Parking lot, ramp, pathway		2007		2,200		15.0	147	147	650	13
14	Fix front entryway base		2007		500		15.0	33	33	165	14
15	Cylinder packings on Elevators		2007		2,750		20.0	138	138	598	15
16	Eng for projects		2007		6,575		15.0	438	438	1,864	16
17	Front lobby remodel		2007		35,000		15.0	2,333	2,333	9,529	17
18	Eng for projects		2007		5,200		15.0	347	347	1,446	18
19	Landscaping		2007		3,600		10.0	360	360	1,470	19
20	Electric lines install		2007		4,200		20.0	210	210	858	20
21	TV & mounts		2007		1,649		5.0	330	330	1,320	21
	Subtotal				381,818	0		28,415	28,415	128,155	

Facility Name: RIVER VALLEY SUPPORTIVE LIVING RESIDENCE LLC

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
22		Carryforward from page 5A			381,818			28,415	28,415	128,155	22
23	3	Two Way Radios/Battery	2008		542		5.0	108	108	434	23
24		Electric lines install--elevator	2008		2,540		20.0	127	127	487	24
25		Eng serv for blg addn	2008		4,500		27.5	164	164	629	25
26		Carpet	2008		1,731		5.0	346	346	1,270	26
27		Outdoor Gazebo & desk	2008		1,669		10.0	167	167	613	27
28		Electric work	2008		5,000		20.0	250	250	917	28
29		Repair work-kitchen appl	2008		4,048		10.0	405	405	1,519	29
30		Standby System Generator	2008		1,135		20.0	57	57	209	30
31		Carpet	2008		1,317		5.0	263	263	966	31
32		Signs	2008		14,500		10.0	1,450	1,450	5,075	32
33		Carpet	2008		537		5.0	107	107	376	33
34		Replace doors	2008		14,150		15.0	943	943	3,224	34
35		Electric	2008		4,000		20.0	200	200	684	35
36		Landscaping	2008		7,050		10.0	705	705	2,409	36
37		Steamer repair	2008		1,995		15.0	133	133	433	37
38		Patio project	2009		14,000		15.0	933	933	2,616	38
39		Repairs from fire damage (net)	2009		17,435		15.0	1,162	1,162	2,809	39
40		Repairs from fire damage	2009		4,238		15.0	283	283	637	40
41		Flooring-Rm 217 & 427	2009		1,214		5.0	243	243	527	41
42		Carpeting - Rms 319, 101, 419	2010		1,821		5.0	364	364	728	42
		Subtotal			485,240	0		36,825	36,825	154,717	

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	Life	7
	Units*			Acquired	Cost		Depreciation		in Years	
43		Carryforward from page 5B			485,240					
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										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
		Subtotal			504,624		0			

1/1/2011

Ending:

12/31/2011

Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
36,825	36,825	154,717	43
107	107	206	44
47	47	90	45
1,211	1,211	2,057	46
33	33	50	47
220	220	220	48
378	378	378	49
577	577	577	50
	-		51
	-		52
	-		53
	-		54
	-		55
	-		56
	-		57
	-		58
	-		59
	-		60
	-		61
	-		62
	-		63
39,398	39,398	158,295	