FOR BHF USE

LL2

Supportive Living Facility

2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)

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.

I. Facility ID Number: 1000030

Facility Name: RIVER VALLEY SL RESIDENCE

Address: 1975 E COURT STREET (Number) KANKAKEE (City) 60901 (Zip Code)

County: KANKAKEE

Telephone Number: (847) 329-4100 **Fax #** (847) 329-7652

Federal Employer ID Number:

Date Current Owners were Certified: 10/20/03

Type of Ownership:

	VOLUNTARY, NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: CAMILLE LOCKHART **Telephone Number:** (417) 865-8701
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/14 to 12/31/14 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer

(Signed) (Date)
(Print Name and Title) CAMILLE B. LOCKHART, CPA, PARTNER
(Firm Name & Address) BKD, LLP, P. O. BOX 1190, SPRINGFIELD, MO 65801-1190
(Telephone) (417) 865-8701 Fax (417) 865-0682

MAIL TO: BUREAU OF HEALTH FINANCE
IL DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name RIVER VALLEY SL RESIDENCE Report Period Beginning: 1/1/14 Ending: 12/31/14

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units / /

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 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 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	18,077	1,999		20,076	5
6	Double Unit	6,848	251		7,099	6
7	Other					7
8	TOTALS	24,925	2,250		27,175	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 75.97%

D. Indicate the number of paid bed-hold days the SLF had during this year 237 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** None **(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 [X]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [ ] NO [X]

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

H. ACCOUNTING BASIS
ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 12/31/14 Fiscal Year: 12/31/14
* 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? **If yes, did the facility make all of the required payments of interest and principle?** **If no, explain.** NO

Facility Name: RIVER VALLEY SL RESIDENCE **Report Period Beginning: 1/1/14 Ending: 12/31/14**

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

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	240,659	241,907	1,824	484,390		484,390	1
2	Housekeeping, Laundry and Maintenance	135,413	19,965	76,675	232,053		232,053	2
3	Heat and Other Utilities			141,330	141,330		141,330	3
4	Other (specify):							4
5	**TOTAL General Services**	376,072	261,872	219,829	857,773		857,773	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	364,281	11,990	150	376,421		376,421	6
7	Activities and Social Services	58,366	9,069	17,015	84,450		84,450	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	422,647	21,059	17,165	460,871		460,871	9
	C. General Administration							
10	Administrative and Clerical	189,810	20,247	310,586	520,643	(22)	520,621	10
11	Marketing Materials, Promotions and Advertising			47,423	47,423		47,423	11
12	Employee Benefits and Payroll Taxes			178,609	178,609		178,609	12
13	Insurance-Property, Liability and Malpractice			55,404	55,404	(6,375)	49,029	13
14	Other (specify):							14
15	**TOTAL General Administration**	189,810	20,247	592,022	802,079	(6,397)	795,682	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	988,529	303,178	829,016	2,120,723	(6,397)	2,114,326	16
	Capital Expenses							
	D. Ownership							
17	Depreciation							17
18	Interest			18,510	18,510		18,510	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			427,740	427,740		427,740	20
21	Rent -- Equipment			10,899	10,899		10,899	21
22	Other (specify):							22
23	**TOTAL Ownership**			457,149	457,149		457,149	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	988,529	303,178	1,286,165	2,577,872	(6,397)	2,571,475	24

Facility Name: RIVER VALLEY SL RESIDENCE Report Period Beginning 1/1/14 Ending: 12/31/14

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	$ 33.56	1
2	Licensed Practical Nurses	2	20.42	2
3	Certified Nurse Assistants	10	10.18	3
4	Activity Director & Assistants	3	10.94	4
5	Social Service Workers			5
6	Head Cook	1	13.15	6
7	Cook Helpers/Assistants	10	10.19	7
8	Dishwashers			8
9	Maintenance Workers	2	13.81	9
10	Housekeepers	4	9.95	10
11	Laundry			11
12	Managers	1	32.47	12
13	Other Administrative	4	13.56	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	38	$ 12.71	17

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	$ 43,296	1
2	BRIAN LEVINSON	25	5	43,295	2
3					3
4					4
5					5
			Total	$ 86591	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1		$	1
2			2
	Total	$	3

VII. RELATED ORGANIZATIONS

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

RELATED SLF's & HEALTH CARE BUSINESSES				OTHER RELATED BUSINESS ENTITIES					
Name	1	City	2	Name	3	City	4	Type of Business	5
ATTACHED									

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES [X] NO [ ]
Name of related entity: PLATINUM HEALTH CARE, LLC If yes, what is the value of those services? $ $ 73,044
(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES [X] 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: 1/1/14 Ending: 12/31/14

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	$	27.5	$ 138,195	$ 138,195	$ 1,528,954	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	DOORS, LOCKS & DOOR HOLDERS			2004	6,801		27.5	247	247	2,585	6
7	HANDICAP TOILETS			2004	1,073		27.5	39	39	408	7
8	ROOF REPAIRS			2004	2,900		27.5	105	105	992	8
9	WATER RETIANER KIT			2004	666		27.5	24	24	228	9
10	WATER HEATER REPAIR			2005	5,708		27.5	208	208	1,968	10
11	ROOF REPAIRS			2005	8,800		27.5	320	320	3,025	11
12	DRYWALL & PAINTING			2005	4,780		27.5	174	174	1,644	12
13	ELEVATOR REPAIRS			2005	1,982		27.5	72	72	683	13
14	CONCRETE, WATERPROOFING & LANDSCAPING			2006	25,100		27.5	913	913	7,722	14
15											15
16	CFWD 5C				574,762			37,037	37,037	266,916	16
17	TOTAL (lines 1 thru 16)				$ 4,432,919	$		$ 177,334	$ 177,334	$ 1,815,125	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	$ 211,101	$ 6,958	$ 12,506	5,548	VAR	$ 156,360	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 211,101	$ 6,958	$ 12,506	5,548		$ 156,360	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:** 1/1/14 **Ending:** 12/31/14

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*	
3	Original Building			/ /	$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				$			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 Name of Lender	2 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	LASALLE BANK		X	MORTGAGE	/ /	$	$	/ /		$ 265,649	1
2				(INC AMORT & MORT INS)	/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	HFG		X	WORKING CAPITAL	/ /			/ /		18,510	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$	$			$ 284,159	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$	$			$ 284,159	10

* 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:** 1/1/14 **Ending:** 12/31/14

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/14 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ (47,687)	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	687,638		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	22,586		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 662,537	$	10
	B. Long-Term Assets			
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	19,974		16
17	Accumulated Depreciation (book methods)	(27,191)		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	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 662,537	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 53,012	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	(2,735)		28
29	Short-Term Notes Payable	336,170		29
30	Accrued Salaries Payable	40,971		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Expenses, Due Others	44,079		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 471,497	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 471,497	$	45
46	**TOTAL EQUITY**	$ 191,040	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 662,537	$	47

***(See instructions.)**

Facility Name: RIVER VALLEY SL RESIDENCE **Report Period Beginning: 1/1/14 Ending: 12/31/14**

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

	Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 2,541,001	1
2	Discounts and Allowances	(36,025)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 2,504,976	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	4	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	(342)	8
9	Non-Resident Meals		9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ (338)	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,084	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 1,084	14
	D. Other Revenue (specify):		
15	**FOOD STAMP REVENUE**	68,623	15
16	**MISC INCOME**	1,387	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 70,010	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 2,575,732	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	857,773	19
20	Health Care/ Personal Care	460,871	20
21	General Administration	802,079	21
	B. Capital Expense		
22	Ownership	457,149	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	**TOTAL EXPENSES (sum of lines 19 thru 27)**	$ 2,577,872	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (2,140)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (2,140)	31

PAGE 4 SCHEDULE VII C

RENT	-427,740
REPAIRS & MAINT	34,838
DEPRECIATION	167,469
AMORTIZATION	3,267
INTEREST	240,662
MORTGAGE INSURANCE	21,720
INSURANCE	7,643
R/E TAXES	80,793
TOTAL	556,392

RELATED PARTY EXP	-25,200
PROFESSIONAL FEES	39,005

PAGE 4 SCHEDULE VII B

RELATED PARTY EXP	-43,200
UTILITIES	1,322
REPAIRS AND MAINTENANC	1,578
ADMINISTRATIVE SALARY	8,266
PROFESSIONAL FEES	6,748
FEES, SUBSCRIPTIONS	430
OFFICE	39,111
EDUCATION & SEMINAR	235
TRAVEL	1,355
INSURANCE	373
EMPLOYEE BENEFITS	9,459
DEPRECIATION (SL)	914

RENT	223
EQUIPMENT RENTAL	1,723
AMORTIZATION	0
INTEREST	341
DEPRECIATION (SL)	480
REAL ESTATE TAXES	486
TOTAL	73,044

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
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	

1/1/2014 Ending: 12/31/2014

	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation		
	8,447	8,447	60,537		1
	975	975	7,800		2
	310	310	2,480		3
		-	11,980		4
	99	99	784		5
	2,700	2,700	20,925		6
	3,800	3,800	29,767		7
	560	560	4,340		8
	192	192	1,472		9
		-	19,500		10
	101	101	774		11
	600	600	4,550		12
	147	147	1,091		13
	34	34	269		14
	138	138	1,012		15
	439	439	3,183		16
	2,334	2,334	16,533		17
	347	347	2,487		18
	360	360	2,550		19
	210	210	1,488		20
		-	1,649		21
	21,793	21,793	195,171		

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	Carryforward from page 5A			381,818		
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	

1/1/2014 Ending: 12/31/2014

	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation		
	21,793	21,793	195,171		22
	0	-	542		23
	127	127	868		24
	164	164	1,121		25
	0	-	1,731		26
	167	167	1,114		27
	250	250	1,667		28
	405	405	2,734		29
	57	57	380		30
		-	1,317		31
	1,450	1,450	9,425		32
		-	537		33
	944	944	6,058		34
	200	200	1,284		35
	705	705	4,524		36
	133	133	832		37
	934	934	5,420		38
	1,163	1,163	6,300		39
	283	283	1,486		40
	201	201	1,214		41
	361	361	1,821		42
	29,337	29,337	245,546		

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
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	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	

1/1/2014 Ending: 12/31/2014

	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation		
	29,337	29,337	245,546		43
	108	108	531		44
	47	47	231		45
	1,212	1,212	5,693		46
	33	33	153		47
	220	220	697		48
	378	378	1,166		49
	577	577	1,780		50
	324	324	918		51
	288	288	816		52
	2,583	2,583	6,437		53
	558	558	1,395		54
	361	361	542		55
	488	488	488		56
	138	138	138		57
	295	295	295		58
	90	90	90		59
		-			60
		-			61
		-			62
		-			63
	37,037	37,037	266,916		