

		FOR BHF USE			

LL2

Supportive Living Facility

**2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2010)**

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>I. Facility ID Number: 1000074</p> <p>Facility Name: <u>Joshua Arms of Lutheran Social Services of Illinois</u></p> <p>Address: <u>1315 Rowell Avenue</u> <u>Joliet</u> <u>60433</u> <small>Number City Zip Code</small></p> <p>County: <u>Will</u></p> <p>Telephone Number: (<u>815</u>) <u>722-6401</u> Fax # (<u>815</u>) <u>727-6477</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>2007</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input 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>IRS Exemption Code _____</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 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>In the event there are further questions about this report, please contact: Name: <u>Erika Calvo</u> Telephone Number: (<u>847</u>) <u>635-4634</u> Email Address: _____</p>	<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input 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	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/09</u> to <u>06/30/10</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;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) <u>Gerald Noonan</u> (Title) <u>Chief Financial Officer</u></td> </tr> <tr> <td style="width:20%; vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) (<u> </u>) _____ Fax # (<u> </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 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Gerald Noonan</u> (Title) <u>Chief Financial Officer</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____
<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name Joshua Arms of Lutheran Social Services of Illinois

Report Period Beginning: 07/01/09 Ending: 06/30/10

III. STATISTICAL DATA

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

Date of change in certified units N/A

	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	56	Single Unit Apartment	56	20,440	1
2		Double Unit Apartment			2
3		Other			3
4	56	TOTALS	56	20,440	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	11,352	2,555		13,907	5
6	Double Unit					6
7	Other					7
8	TOTALS	11,352	2,555		13,907	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 68.04%

D. Indicate the number of paid bed-hold days the SLF had during this year 178 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 61 (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: 06/30 Fiscal Year: 06/30

* 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: Joshua Arms of Lutheran Social Services of Illinois

Report Period Beginning:

07/01/09

Ending:

06/30/10

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

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	167,505		128,810	296,315		296,315	1
2	Housekeeping, Laundry and Maintenance	18,503	21,712	23,250	63,465		63,465	2
3	Heat and Other Utilities			13,270	13,270		13,270	3
4	Other (specify):							4
5	TOTAL General Services	186,008	21,712	165,330	373,050		373,050	5
B. Health Care and Programs								
6	Health Care/ Personal Care	342,816	2,226	6,143	351,185		351,185	6
7	Activities and Social Services	19,068		2,878	21,946		21,946	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	361,884	2,226	9,021	373,131		373,131	9
C. General Administration								
10	Administrative and Clerical	42,889	1,813	3,638	48,340		48,340	10
11	Marketing Materials, Promotions and Advertising	26,866		1,242	28,108		28,108	11
12	Employee Benefits and Payroll Taxes			129,900	129,900		129,900	12
13	Insurance-Property, Liability and Malpractice							13
14	Other (specify):			12,868	12,868		12,868	14
15	TOTAL General Administration	69,755	1,813	147,648	219,216		219,216	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	617,647	25,751	321,999	965,397		965,397	16
Capital Expenses								
D. Ownership								
17	Depreciation					333,643	333,643	17
18	Interest							18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership					333,643	333,643	23
24	GRAND TOTAL (Sum of lines 16 and 23)	617,647	25,751	321,999	965,397	333,643	1,299,040	24

Facility Name: Joshua Arms of Lutheran Social Services of Illinois

Report Period Beginning: 07/01/09

Ending:

06/30/10

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	10	10.55	3
4	Activity Director & Assistants	1	14.90	4
5	Social Service Workers	1	10.19	5
6	Head Cook	3	12.11	6
7	Cook Helpers/Assistants	3	10.92	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	9.09	10
11	Laundry			11
12	Managers	5	22.17	12
13	Other Administrative	1	14.93	13
14	Clerical			14
15	Marketing	2	16.78	15
16	Other			16
17	Total (lines 1 thru 16)	27	\$ 13.43	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	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 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

Name	1	City	2

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Lutheran Social Services of Illinois		Des Plaines		Non-Profit	

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: N/A If yes, what is the value of those services? \$ _____
 (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). Management & Human Resource overhead cost 50,473

Facility Name: Joshua Arms of Lutheran Social Services of Illinois

Report Period Beginning:

07/01/09

Ending:

06/30/10

VIII. OWNERSHIP COSTSA. Purchase price of land 25,714 Year land was acquired 1978

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			1978	1978	\$ 1,470,916	\$ 36,647	40	\$ 36,773	\$ 126	\$ 1,176,030	1
2			2007	2007	6,225,604	249,024	25	249,024		780,759	2
3											3
4											4
5											5
Improvement Type											
6		Replace boilers		1998	4,025	108	25	161	53	2,636	6
7		Replace windows		1983	12,506		10			12,506	7
8		New roof		1984	6,773		10			6,773	8
9		waterproofing		1984	14,745		10			14,745	9
10		parking lot sewer		1985	2,460		10			2,460	10
11		Sealing and parking lot		2009	2,064	224	5	413	189	224	11
12		blacktop parking lot		1988	2,070		10			2,070	12
13		Replace windows		1989	4,675		10			4,675	13
14		electrical work		1989	9,867		10			9,867	14
15		building structure repairs		1991	7,187					7,187	15
16		see pg5-continued for additional assets			601,814	15,972		17,564	1,592	300,040	16
17		TOTAL (lines 1 thru 16)			\$ 8,364,706	\$ 301,975		\$ 303,935	\$ 1,960	\$ 2,319,972	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	\$ 200,695	\$ 22,171	\$ 29,708	7,537		\$ 128,609	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 200,695	\$ 22,171	\$ 29,708	7,537		\$ 128,609	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	Land, Building & Improvements	\$ 6,124,153	\$ 132,311	\$ 5,011,046	21
22	Movable Equipment	619,715	66,550	496,817	22
23	Vehicles	89,604			23
24	TOTALS (lines 21, 22 and 23)	\$ 6,833,472	\$ 198,861	\$ 5,507,863	24

Facility Name: Joshua Arms of Lutheran Social Services of Illinois

Report Period Beginning: 07/01/09

Ending: 06/30/10

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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	TOTAL				\$			7

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

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		3	4	6		7	8	9						
			Related**				Purpose of Loan	Date of Note					Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
			YES	NO									Original	Balance			
		A. Directly Facility Related															
		Long-Term															
1		Assisted Living Conversion G	X		Conversion of 56 units to assisted living	/ /	\$ 6,339,159	\$ 5,224,399	07 / 01 / 2039	\$0	\$ 0	1					
2						/ /			/ /			2					
3						/ /			/ /			3					
		Working Capital															
4						/ /			/ /			4					
5						/ /			/ /			5					
6						/ /			/ /			6					
7		TOTAL Facility Related					\$ 6,339,159	\$ 5,224,399			\$ 0	7					
		B. Non-Facility Related															
8						/ /			/ /			8					
9						/ /			/ /			9					
10		TOTALS (lines 7, 8 and 9)					\$ 6,339,159	\$ 5,224,399			\$ 0	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: Joshua Arms of Lutheran Social Services of Illinois

Report Period Beginning: 07/01/09

Ending:

06/30/10

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/10

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$ 21,195	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 0)		227,771	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		7,413	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)	\$	\$ 256,379	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	25,714	111,800	13
14	Buildings, at Historical Cost	8,364,706	14,402,773	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	200,695	910,014	16
17	Accumulated Depreciation (book methods)	(2,448,581)	(7,956,443)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		376,614	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,142,534	\$ 7,844,758	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,142,534	\$ 8,101,137	25

*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 206,352	\$ 515,661	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		283,258	29
30	Accrued Salaries Payable			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			2,440	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 206,352	\$ 801,359	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable		1,028,977	38
39	Mortgage Payable		3,515,167	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Other long term liability	824,390	1,837,533	42
43	Assisted living conversion agreemt w/HUD	5,224,399	5,224,399	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,048,789	\$ 11,606,076	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,255,141	\$ 12,407,435	45
46	TOTAL EQUITY	\$ (112,607)	\$ (4,306,298)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,142,534	\$ 8,101,137	47

Facility Name: Joshua Arms of Lutheran Social Services of Illinois

Report Period Beginning: 07/01/09

Ending:

06/30/10

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,213,306	1
2	Discounts and Allowances	(91,062)	2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 1,122,244	3
B. Other Operating Revenue			
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	67,382	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 67,382	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15			15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 1,189,626	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	373,050	19
20	Health Care/ Personal Care	373,131	20
21	General Administration	219,216	21
B. Capital Expense			
22	Ownership	333,643	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 1,299,040	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (109,414)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (109,414)	31

Facility Name:

Report Period Beginning:

7/1/2009

Ending:

6/30/2010

VIII. OWNERSHIP COSTS

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*	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation		
3										
4										
5										
	Improvement Type		9							
16	building structure repairs	1992	65,765	0	10		0	65,765	16	
17	elevator landing system	1995	3,680	0	10		0	3,680	17	
18	domestic water pump	2009	787	79	10	79	0	82	18	
19	carpeting-lobby, activity rm, elevators	1995	2,030	0	10	0	0	2,030	19	
20	ceramic tile grout-lobby	1995	736	0	10	0	0	736	20	
21	wall vinyl-beauty shop, activity rm, restrooms	1995	2,850	0	10	0	0	2,850	21	
22	restroom upgrades	1995	241	0	10	0	0	241	22	
23	cable installation	1997	2,277	0	10	0	0	2,277	23	
24	building improvements	1995	140,194	0	10	0	0	140,194	24	
25	replace windows	1997	960	0	10	0	0	960	25	
26	carpeting-19th floor	1997	1,134	0	10	0	0	1,134	26	
27	carpeting-unit 1206 & 1510	1998	264	0	10	0	0	264	27	
28	carpeting-4th,5th, 8th & 18th floors	2000	3,134	289	10	313	24	3,134	28	
29	remodel doors	1998	644	0	10	0	0	644	29	
30	parking lot repairs & new driveway	1999	21,918	645	10	2,192	1,547	21,918	30	
31	backfill landscaping	2000	457	45	10	45	0	436	31	
32	painting & carpeting of hallways/stairwells	2001	4,580	455	10	458	3	4,186	32	
33	replace windows	2002	808	81	10	81	0	623	33	
34	electrical work	1996	5,313	186	25	213	27	3,259	34	
35	HVAC unit	1998	2,221	89	25	89	0	1,027	35	
36	office & conference room addition	1999	2,051	82	25	82	0	914	36	
37	elevator modernization	1997	335,524	13,421	25	13,421	0	42,407	37	
38	hot water heater	2008	1,422	142	10	142	0	338	38	
39	Strom sewer/ catch basin	2008	1,097	219	5	219	0	393	39	
40	metal door frame & hardware	2009	722	29	25	29	0	37	40	
41	catch basin repair	2007	1,005	201	5	201	0	511	41	
16	TOTAL	Page 5- line 16	\$ 601,814	\$ 15,972		\$ 17,564	\$ 1,601	\$ 300,040	16	

#14	Other (Specify)	Legal Fees	70001	\$5,148.00
		Audit & Actg	70003	\$0.00
		Vehicle Operating Cost	75001	\$10.00
		Employee Mileage Payment	75005	\$3,541.00
		Seminars & Prof Training	76001	\$1,342.00
		Conf & Conventions	76003	\$346.00
		Membership Dues	78001	\$2,481.00
		Mgmt & Hr Alloc	90105	\$0.00
				<hr/> <hr/>
				\$12,868.00