

		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><b>I. Facility ID Number:</b> <u>1000104</u></p> <p><b>Facility Name:</b> <u>Moraine Court</u></p> <p><b>Address:</b> <u>8080 South Harlem Avenue</u> <u>Bridgeview</u> <u>60455</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> ( <u>708</u> ) <u>594-2700</u> Fax # (    )</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>11/12/08</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT  <input type="checkbox"/> Charitable Corp.  <input type="checkbox"/> Trust            IRS Exemption Code _____         </td> <td style="width:33%; border: none;"> <input type="checkbox"/> PROPRIETARY  <input type="checkbox"/> Individual  <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation  <input checked="" type="checkbox"/> "Sub-S" Corp.  <input type="checkbox"/> Limited Liability Co.  <input type="checkbox"/> Trust  <input type="checkbox"/> Other _____         </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL  <input type="checkbox"/> State  <input type="checkbox"/> County  <input type="checkbox"/> Other _____         </td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Michael Zahtz</u> <b>Telephone Number:</b> ( <u>847</u> ) <u>676-1700</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <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>1/1/10</u> to <u>12/31/10</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%; border: none;"> <tr> <td style="width:50%; border: none;"><b>Officer or Administrator of Provider</b></td> <td style="border: none;">(Signed) _____</td> <td style="border: none;">4/29/2011</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Type or Print Name) <u>Michael Zahtz</u></td> <td style="border: none;">(Date)</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Title) <u>Corporate Officer</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>Paid Preparer</b></td> <td style="border: none;">(Signed) _____</td> <td style="border: none;">(Date)</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Print Name and Title) _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Firm Name &amp; Address) _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Telephone) (    ) _____</td> <td style="border: none;">Fax # (    ) _____</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>	<b>Officer or Administrator of Provider</b>	(Signed) _____	4/29/2011		(Type or Print Name) <u>Michael Zahtz</u>	(Date)		(Title) <u>Corporate Officer</u>		<b>Paid Preparer</b>	(Signed) _____	(Date)		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) (    ) _____	Fax # (    ) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____																							
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<b>Paid Preparer</b>	(Signed) _____	(Date)																							
	(Print Name and Title) _____																								
	(Firm Name & Address) _____																								
	(Telephone) (    ) _____	Fax # (    ) _____																							

Facility Name Moraine Court

Report Period Beginning: 1/1/10 Ending: 12/31/10

**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	115	Single Unit Apartment	115	41,975	1
2	35	Double Unit Apartment	35	12,775	2
3		Other		910	3
4	150	TOTALS	150	55,660	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	20,963	11,897		32,860	5
6	Double Unit	468	1,625		2,093	6
7	Other					7
8	TOTALS	21,431	13,522		34,953	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 62.80%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
495 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: 12/31/10 Fiscal Year: \_\_\_\_\_

\* 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: Moraine Court

Report Period Beginning:

1/1/10

Ending:

12/31/10

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	195,369	205,035	1,225	401,629		401,629	1
2	Housekeeping, Laundry and Maintenance	104,435	94,042		198,477		198,477	2
3	Heat and Other Utilities			121,940	121,940		121,940	3
4	Other (specify): Scavenger and snow plow			14,465	14,465		14,465	4
5	<b>TOTAL General Services</b>	<b>299,804</b>	<b>299,077</b>	<b>137,630</b>	<b>736,511</b>		<b>736,511</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	358,396	5,853	400	364,649		364,649	6
7	Activities and Social Services	22,684	8,926		31,610		31,610	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>381,080</b>	<b>14,779</b>	<b>400</b>	<b>396,259</b>		<b>396,259</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	166,069	25,756	263,846	455,671		455,671	10
11	Marketing Materials, Promotions and Advertising	102,008	46,613	89,430	238,051		238,051	11
12	Employee Benefits and Payroll Taxes	129,872			129,872		129,872	12
13	Insurance-Property, Liability and Malpractice	40,954			40,954	7,171	48,125	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>438,903</b>	<b>72,369</b>	<b>353,276</b>	<b>864,548</b>	<b>7,171</b>	<b>871,719</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,119,787</b>	<b>386,225</b>	<b>491,306</b>	<b>1,997,318</b>	<b>7,171</b>	<b>2,004,489</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			101,813	101,813	(18,251)	83,562	17
18	Interest			7,785	7,785	364,443	372,228	18
19	Real Estate Taxes					47,098	47,098	19
20	Rent -- Facility and Grounds			872,032	872,032	(872,032)		20
21	Rent -- Equipment			1,872	1,872		1,872	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>983,502</b>	<b>983,502</b>	<b>(478,742)</b>	<b>504,760</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,119,787</b>	<b>386,225</b>	<b>1,474,808</b>	<b>2,980,820</b>	<b>(471,571)</b>	<b>2,509,249</b>	<b>24</b>

Facility Name: Moraine Court

Report Period Beginning 1/1/10

Ending: 12/31/10

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 41.82	1
2	Licensed Practical Nurses	2	24.55	2
3	Certified Nurse Assistants	10	8.93	3
4	Activity Director & Assistants	1	11.40	4
5	Social Service Workers			5
6	Head Cook	1	15.86	6
7	Cook Helpers/Assistants	5	10.03	7
8	Dishwashers	2	8.56	8
9	Maintenance Workers	2	16.68	9
10	Housekeepers	2	10.28	10
11	Laundry			11
12	Managers	1	36.05	12
13	Other Administrative	3	8.46	13
14	Clerical	1	20.60	14
15	Marketing	2	27.04	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>33</b>	<b>\$</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				\$	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

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

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Moraine Court Property LLC		Bridgeview		Property	
AJM Management LLC		Bridgeview		Management	

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: \_\_\_\_\_ 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).

Facility Name: Moraine Court

Report Period Beginning:

1/1/10

Ending:

12/31/10

**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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	See Attached										6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$	\$		\$	\$	\$	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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: Moraine Court

Report Period Beginning: 1/1/10

Ending: 12/31/10

**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

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	
		Related**				Amount of Note					
	Name of Lender	YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
<b>A. Directly Facility Related</b>											
<b>Long-Term</b>											
1					/ /	\$	\$	/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
<b>Working Capital</b>											
4	Bank Leumi		X	Working Capital	1/29/10		300,000	/ /	3.1500	7,785	4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$	\$ 300,000			\$ 7,785	7
<b>B. Non-Facility Related</b>											
8					/ /			/ /			8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	\$ 300,000			\$ 7,785	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: Moraine Court

Report Period Beginning: 1/1/10

Ending:

12/31/10

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 418,872	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	240,336		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	29,796		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	100,238		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 789,242	\$	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	1,173,486		15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)	(531,791)		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>	\$ 641,695	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,430,937	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 4,546	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	190,772		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	17,130		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	Due to Affiliates	23,405		35
36	Line of Credit	300,000		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 535,853	\$	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>	\$ 535,853	\$	45
46	<b>TOTAL EQUITY</b>	\$ 895,084	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 1,430,937	\$	47

\*(See instructions.)

Facility Name: Moraine Court

Report Period Beginning: 1/1/10

Ending:

12/31/10

## 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	\$ 3,654,921	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 3,654,921	3
<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</b> (sum of lines 4 thru 10)	\$	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$	14
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 3,654,921	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	736,511	19
20	Health Care/ Personal Care	396,259	20
21	General Administration	871,719	21
<b>B. Capital Expense</b>			
22	Ownership	504,760	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</b> (sum of lines 19 thru 27)	\$ 2,509,249	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ 1,145,672	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ 1,145,672	31

**Expense Reclassifications and Adjustments:**

Interest	364,443.00	Pg3 D18,5
Property Taxes	47,098.00	Pg3 D19,5
Insurance	7,171.00	Pg3 C13,5
Rent	(872,032.00)	Pg3 D20,5
Depreciation Method	<u>(18,251.00)</u>	Pg3 D17,5
	<b><u>(471,571.00)</u></b>	

**Related Party Costs:**

Interest	364,443.00	Pg3 D18,5
Property Taxes	47,098.00	Pg3 D19,5
Insurance	<u>7,171.00</u>	Pg3 C13,5
	<b><u>418,712.00</u></b>	

<b>Description</b>	<b>Basis</b>	<b>Date</b>	<b>Cost</b>	<b>Method</b>	<b>Life</b>	<b>Prior Acc Dep</b>	<b>Dep</b>	<b>Current Acc Dep</b>
Improvements	TB	6/30/1985	2,593	Straight Line	19	2,384		2,384
Improvements	TB	8/31/1985	2,989	Straight Line	19	2,749		2,749
Improvements	TB	9/30/1985	4,530	Straight Line	19	4,160		4,160
Improvements	TB	12/31/1985	23,245	Straight Line	19	21,389		21,389
Improvements	TB	2/28/1986	9,412	Straight Line	19	8,643		8,643
Improvements	TB	3/31/1989	11,648	Straight Line	31.5	7,691	370	8,061
Improvements	TB	9/30/1989	5,000	Straight Line	31.5	3,223	159	3,382
Improvements	TB	11/30/1989	5,250	Straight Line	31.5	3,356	167	3,523
Elevator	TB	10/8/1990	5,614	Straight Line	31.5	3,420	178	3,598
Improvements	TB	10/22/1990	5,064	Straight Line	31.5	3,091	161	3,252
Water Meter	TB	1/24/1991	1,348	Straight Line	7	1,348		1,348
Plumbing	TB	2/15/1991	3,500	Straight Line	31.5	2,095	111	2,206
Remodel	TB	4/5/1991	3,487	Straight Line	31.5	2,074	110	2,184
Remodel	TB	5/31/1991	802	Straight Line	31.5	474	25	499
Carpet	TB	1/23/1992	588	Straight Line	5	588		588
Carpet	TB	2/4/1992	260	Straight Line	5	260		260
Utility Cart	TB	2/10/1992	290	Straight Line	5	290		290
Compressor	TB	2/20/1992	1,248	Straight Line	5	1,248		1,248
Floor Steamer	TB	3/9/1992	1,134	Straight Line	5	1,134		1,134
Exit Alarm	TB	3/9/1992	715	Straight Line	5	715		715
Steam Table	TB	3/31/1992	691	Straight Line	5	691		691
Carpet	TB	6/2/1992	360	Straight Line	5	360		360
Sign	TB	6/18/1992	4,000	Straight Line	5	4,000		4,000
Carpet	TB	7/6/1992	582	Straight Line	5	582		582
Carpet	TB	8/28/1992	820	Straight Line	5	820		820
Paving	TB	9/3/1992	20,000	Straight Line	31.5	10,980	635	11,615
Camcorder	TB	10/2/1992	903	Straight Line	5	903		903
Carpet	TB	12/15/1992	3,003	Straight Line	5	3,003		3,003
Disposal	TB	12/22/1992	937	Straight Line	5	937		937
Carpet	TB	3/31/1993	478	Straight Line	5	478		478
Fridge	TB	3/31/1993	538	Straight Line	5	538		538
A/C	TB	3/31/1993	367	Straight Line	5	367		367

Description	Basis	Date	Cost	Method	Life	Prior Acc Dep	Dep	Current Acc Dep
Carpet	TB	5/26/1993	345	Straight Line	5	345		345
A/C	TB	7/12/1993	874	Straight Line	5	874		874
A/C	TB	7/12/1993	874	Straight Line	5	874		874
A/C	TB	7/16/1993	440	Straight Line	5	440		440
A/C	TB	8/16/1993	440	Straight Line	5	440		440
Carpet	TB	9/1/1993	463	Straight Line	5	463		463
A/C	TB	9/2/1993	1,175	Straight Line	5	1,175		1,175
Carpet	TB	9/8/1993	452	Straight Line	5	452		452
Carpet	TB	9/16/1993	391	Straight Line	5	391		391
Carpet	TB	9/16/1993	352	Straight Line	5	352		352
Carpet	TB	9/30/1993	301	Straight Line	5	301		301
Freezer	TB	10/26/1993	561	Straight Line	5	561		561
Water Heater	TB	1/25/1994	8,392	Straight Line	39	3,431	215	3,646
Carpet	TB	2/28/1994	19,500	Straight Line	39	7,938	500	8,438
Ice Machine	TB	5/25/1994	1,398	Straight Line	5	1,398		1,398
A/C	TB	6/16/1994	1,684	Straight Line	5	1,684		1,684
A/C	TB	7/5/1994	477	Straight Line	5	477		477
Carpet	TB	7/12/1994	1,153	Straight Line	39	459	29	488
Garbage Disposal	TB	7/23/1994	2,300	Straight Line	5	2,300		2,300
Toaster	TB	7/27/1994	784	Straight Line	5	784		784
Tiles	TB	8/8/1994	527	Straight Line	39	208	14	222
Kit Tiles	TB	8/8/1994	7,530	Straight Line	39	2,967	193	3,160
Kit Tiles	TB	9/26/1994	5,153	Straight Line	39	2,018	132	2,150
Boiler	TB	10/20/1994	12,519	Straight Line	39	4,882	321	5,203
Remodel Kit	TB	10/24/1994	886	Straight Line	39	350	23	373
Shelves	TB	3/31/1995	557	Straight Line	7	557		557
Office Furniture	TB	4/10/1995	2,714	Straight Line	7	2,714		2,714
Chairs	TB	5/15/1995	2,147	Straight Line	7	2,147		2,147
Furniture	TB	6/20/1995	1,007	Straight Line	7	1,007		1,007
Kitchen Equipment	TB	6/28/1995	2,062	Straight Line	5	2,062		2,062
Furniture	TB	8/30/1995	458	Straight Line	7	458		458
Furniture	TB	9/26/1995	1,581	Straight Line	7	1,581		1,581
Heat	TB	10/8/1995	1,450	Straight Line	5	1,450		1,450
Furniture	TB	11/15/1995	1,600	Straight Line	7	1,600		1,600
Heat	TB	11/29/1995	1,595	Straight Line	5	1,595		1,595
Fridge	TB	4/11/1996	334	Straight Line	5	334		334

Description	Basis	Date	Cost	Method	Life	Prior Acc Dep	Dep	Current Acc Dep
A/C	TB	4/26/1996	2,130	Straight Line	5	2,130		2,130
A/C	TB	7/3/1996	1,892	Straight Line	5	1,892		1,892
A/C	TB	8/5/1996	909	Straight Line	5	909		909
Atrium	TB	8/15/1996	1,050	Straight Line	7	1,050		1,050
Atrium	TB	8/15/1996	1,267	Straight Line	7	1,267		1,267
Vacuum	TB	10/17/1996	643	Straight Line	5	643		643
VCR	TB	11/15/1996	569	Straight Line	5	569		569
2000 Improvements	TB	7/1/2000	63,464	Straight Line	39	15,389	1,627	17,016
2000 Furniture	TB	7/1/2000	60,666	Straight Line	7	60,666		60,666
Water Heater	TB	10/1/2006	7,800	Straight Line	7	5,059	783	5,842
Roof	TB	1/1/2007	89,850	Straight Line	15	20,711	6,914	27,625
SLF Improvements	TB	7/1/2008	185,000	Straight Line	7	71,735	32,361	104,096
SLF Improvements	TB	7/1/2008	330,375	Straight Line	15	47,905	28,247	76,152
Furniture	TB	7/1/2008	131,406	Straight Line	7	50,953	22,987	73,940
SLF Improvements	TB	7/1/2008	15,793	Straight Line	15	2,290	1,350	3,640
Improvements	TB	1/1/2009	35,000	Straight Line	15	1,750	3,325	5,075
Parking Lot Resurface	NTB	9/1/2010	39,800	Straight Line	15		876	876
			1,173,486			429,978	101,813	531,791