

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2017  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2017)**

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> <hr/> <p><b>Address:</b> <u>8080 S Harlem Avenue</u> <u>Bridgeview</u> <u>60455</u></p> <p align="center">Number City Zip Code</p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> ( <u>708</u> ) <u>594-2700</u> Fax # ( <u>708</u> )</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%"> <tr> <td><input 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><b>IRS Exemption Code</b> _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" 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><b>In the event there are further questions about this report, please contact:</b></p> <p><b>Name:</b> <u>Michael Zahtz</u> <b>Telephone Number:</b> ( <u>847</u> ) <u>676-1700</u></p> <p><b>Email Address:</b> _____</p>	<input 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	<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input 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>1/1/17</u> to <u>12/31/17</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Michael Zahtz</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Corporate Officer</u></td> <td></td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) ( _____ )</td> <td>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) _____	(Date) _____		(Type or Print Name) <u>Michael Zahtz</u>			(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"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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Facility Name: Moraine Court

Report Period Beginning:

1/1/17

Ending:

12/31/17

## 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	338,003	387,253	2,350	727,606		727,606	1
2	Housekeeping, Laundry and Maintenance	245,961	51,481	93,796	391,238		391,238	2
3	Heat and Other Utilities			147,672	147,672		147,672	3
4	Other (specify): Scavenger			14,492	14,492		14,492	4
5	<b>TOTAL General Services</b>	<b>583,964</b>	<b>438,734</b>	<b>258,310</b>	<b>1,281,008</b>		<b>1,281,008</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	722,605	10,037		732,642		732,642	6
7	Activities and Social Services	50,912	8,632		59,544		59,544	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>773,517</b>	<b>18,669</b>		<b>792,186</b>		<b>792,186</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	274,535	31,111	489,341	794,987	17,250	812,237	10
11	Marketing Materials, Promotions and Advertising	66,301	26,299	71,791	164,391		164,391	11
12	Employee Benefits and Payroll Taxes	254,810			254,810		254,810	12
13	Insurance-Property, Liability and Malpractice	72,749			72,749	139,420	212,169	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>668,395</b>	<b>57,410</b>	<b>561,132</b>	<b>1,286,937</b>	<b>156,670</b>	<b>1,443,607</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>2,025,876</b>	<b>514,813</b>	<b>819,442</b>	<b>3,360,131</b>	<b>156,670</b>	<b>3,516,801</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			81,708	81,708	(27,422)	54,286	17
18	Interest					783,160	783,160	18
19	Real Estate Taxes					113,014	113,014	19
20	Rent -- Facility and Grounds			1,605,588	1,605,588	(1,605,588)		20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>1,687,296</b>	<b>1,687,296</b>	<b>(736,836)</b>	<b>950,460</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>2,025,876</b>	<b>514,813</b>	<b>2,506,738</b>	<b>5,047,427</b>	<b>(580,166)</b>	<b>4,467,261</b>	<b>24</b>

Facility Name: Moraine Court

Report Period Beginning: 1/1/17 Ending: 12/31/17

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 42.57	1
2	Licensed Practical Nurses	5	25.77	2
3	Certified Nurse Assistants	15	12.80	3
4	Activity Director & Assistants	1	17.63	4
5	Social Service Workers			5
6	Head Cook	1	18.93	6
7	Cook Helpers/Assistants	11	10.84	7
8	Dishwashers	3	10.88	8
9	Maintenance Workers	4	15.28	9
10	Housekeepers	4	11.77	10
11	Laundry			11
12	Managers	1	52.87	12
13	Other Administrative	2	15.11	13
14	Clerical	2	24.58	14
15	Marketing	1	25.19	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>51</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>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

**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).

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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 ATTACHMENT2										
7											6
8											7
9											8
10											9
11											10
12											11
13											12
14											13
15											14
16											15
17	TOTAL (lines 1 thru 16)				\$	\$		\$	\$	\$	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

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**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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
1						/ /	\$	\$	/ /		\$	1
2						/ /			/ /			2
3						/ /			/ /			3
		<b>Working Capital</b>										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$	\$			\$	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$	\$			\$	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.

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Report Period Beginning: 1/1/17

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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/17

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,113,237	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	741,177		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	31,448		6
7	Other Prepaid Expenses	6,532		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>	\$ 1,892,394	\$	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	1,630,064		15
16	Equipment, at Historical Cost	47,759		16
17	Accumulated Depreciation (book methods)	(1,171,723)		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>	\$ 506,100	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,398,494	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 139,900	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	83,287		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	67,867		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	Management Fee Payable	63,168		35
36	Due to Affiliates	68,058		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 422,280	\$	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>	\$ 422,280	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,976,214	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 2,398,494	\$	47

\*(See instructions.)

Facility Name: Moraine Court

Report Period Beginning: 1/1/17

Ending:

12/31/17

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

		<b>1</b>	
<b>I. Revenue</b>		<b>Amount</b>	
<b>A. SLF Resident Care</b>			
<b>1</b>	Gross SLF Resident Revenue	\$ 6,056,078	<b>1</b>
<b>2</b>	Discounts and Allowances	(52,024)	<b>2</b>
<b>3</b>	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 6,004,054</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
<b>4</b>	Special Services		<b>4</b>
<b>5</b>	Other Health Care Services	5,834	<b>5</b>
<b>6</b>	Special Grants		<b>6</b>
<b>7</b>	Gift and Coffee Shop		<b>7</b>
<b>8</b>	Barber and Beauty Care		<b>8</b>
<b>9</b>	Non-Resident Meals	435	<b>9</b>
<b>10</b>	Laundry		<b>10</b>
<b>11</b>	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 6,269</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
<b>12</b>	Contributions		<b>12</b>
<b>13</b>	Interest and Other Investment Income	947	<b>13</b>
<b>14</b>	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 947</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
<b>15</b>			<b>15</b>
<b>16</b>			<b>16</b>
<b>17</b>	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
<b>18</b>	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 6,011,270</b>	<b>18</b>

		<b>2</b>	
<b>II. Expenses</b>		<b>Amount</b>	
<b>A. Operating Expenses</b>			
<b>19</b>	General Services	1,281,008	<b>19</b>
<b>20</b>	Health Care/ Personal Care	792,186	<b>20</b>
<b>21</b>	General Administration	1,286,937	<b>21</b>
<b>B. Capital Expense</b>			
<b>22</b>	Ownership	1,687,296	<b>22</b>
<b>C. Other Expenses</b>			
<b>23</b>	Special Cost Centers		<b>23</b>
<b>24</b>	Non-Operating Expenses		<b>24</b>
<b>25</b>	Other (specify):		<b>25</b>
<b>26</b>			<b>26</b>
<b>27</b>			<b>27</b>
<b>28</b>	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 5,047,427</b>	<b>28</b>
<b>29</b>	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 963,843</b>	<b>29</b>
<b>30</b>	<b>Income Taxes</b>	<b>\$ 15,769</b>	<b>30</b>
<b>31</b>	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 948,074</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
<b>32</b>	Medicaid - Net Inpatient Revenue	\$ 3,162,068	<b>32</b>
<b>33</b>	Private Pay - Net Inpatient Revenue	2,841,986	<b>33</b>
<b>34</b>	Medicare - Net Inpatient Revenue		<b>34</b>
<b>35</b>	Other-(specify)		<b>35</b>
<b>36</b>	Other-(specify)		<b>36</b>
<b>37</b>	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 6,004,054</b>	<b>37</b>

**Related Party Costs:**

VII. C.

<u>Description</u>	<u>Amount</u>
Billing Services	27,714.01
Interest	783,160.00
Professional Fees	17,000.00
Depreciation	62,374.00
Commission and Fees	250.00
Property Taxes	113,014.00
Insurance	139,420.00
	<u><b>1,142,932.01</b></u>

**Expense Reclassifications and Adjustments:**

Interest	783,160.00	Pg3 D18,5
Property Taxes	113,014.00	Pg3 D19,5
Professional Fees	17,000.00	Pg3 C10,5
Insurance	139,420.00	Pg3 C13,5
Depreciation Adj	(27,422.00)	Pg3 D17,5
Rent	(1,605,588)	Pg3 D20,5
Commission and Fees	250.00	Pg3 C10,5
	<u><b>(580,166.00)</b></u>	

Description	Date	Cost	Method	Life	Prior Acc Dep	Dep	Current Acc Dep
Improvements	6/30/1985	2,593.00	Straight Line	19	2,593.00		2,593.00
Improvements	8/31/1985	2,989.00	Straight Line	19	2,989.00		2,989.00
Improvements	9/30/1985	4,530.00	Straight Line	19	4,530.00		4,530.00
Improvements	12/31/1985	23,245.00	Straight Line	19	23,245.00		23,245.00
Improvements	2/28/1986	9,412.00	Straight Line	19	9,412.00		9,412.00
Improvements	3/31/1989	11,248.00	Straight Line	31.5	10,280.56	369.78	10,650.33
Improvements	9/30/1989	5,000.00	Straight Line	31.5	4,335.46	158.73	4,494.19
Improvements	11/30/1989	5,250.00	Straight Line	31.5	4,524.33	166.67	4,691.00
Elevator	10/8/1990	5,614.00	Straight Line	31.5	4,666.44	178.22	4,844.67
Improvements	10/22/1990	5,064.00	Straight Line	31.5	4,217.52	160.76	4,378.29
Water Meter	1/24/1991	1,348.00	Straight Line	7	1,348.00		1,348.00
Plumbing	2/15/1991	3,500.00	Straight Line	31.5	2,872.22	111.11	2,983.33
Remodel	4/5/1991	3,487.00	Straight Line	31.5	2,845.40	110.70	2,956.10
Remodel	5/31/1991	802.00	Straight Line	31.5	649.92	25.46	675.38
Carpet	1/23/1992	588.00	Straight Line	5	588.00		588.00
Carpet	2/4/1992	260.00	Straight Line	5	260.00		260.00
Utility Cart	2/10/1992	290.00	Straight Line	5	290.00		290.00
Compressor	2/20/1992	1,248.00	Straight Line	5	1,248.00		1,248.00
Floor Steamer	3/9/1992	1,134.00	Straight Line	5	1,134.00		1,134.00
Exit Alarm	3/9/1992	715.00	Straight Line	5	715.00		715.00
Steam Table	3/31/1992	691.00	Straight Line	5	691.00		691.00
Carpet	6/2/1992	360.00	Straight Line	5	360.00		360.00
Sign	6/18/1992	4,000.00	Straight Line	5	4,000.00		4,000.00
Carpet	7/6/1992	582.00	Straight Line	5	582.00		582.00
Carpet	8/28/1992	820.00	Straight Line	5	820.00		820.00
Paving	9/3/1992	20,000.00	Straight Line	31.5	15,424.84	634.92	16,059.76
Camcorder	10/2/1992	903.00	Straight Line	5	903.00		903.00
Carpet	12/15/1992	3,003.00	Straight Line	5	3,003.00		3,003.00
Disposal	12/22/1992	937.00	Straight Line	5	937.00		937.00
Carpet	3/31/1993	478.00	Straight Line	5	478.00		478.00
Fridge	3/31/1993	538.00	Straight Line	5	538.00		538.00
A/C	3/31/1993	367.00	Straight Line	5	367.00		367.00
Carpet	5/26/1993	345.00	Straight Line	5	345.00		345.00
A/C	7/12/1993	874.00	Straight Line	5	874.00		874.00
A/C	7/12/1993	874.00	Straight Line	5	874.00		874.00
A/C	7/16/1993	440.00	Straight Line	5	440.00		440.00
A/C	8/16/1993	440.00	Straight Line	5	440.00		440.00
Carpet	9/1/1993	463.00	Straight Line	5	463.00		463.00
A/C	9/2/1993	1,175.00	Straight Line	5	1,175.00		1,175.00
Carpet	9/8/1993	452.00	Straight Line	5	452.00		452.00
Carpet	9/16/1993	391.00	Straight Line	5	391.00		391.00
Carpet	9/16/1993	352.00	Straight Line	5	352.00		352.00
Carpet	9/30/1993	301.00	Straight Line	5	301.00		301.00
Freezer	10/26/1993	561.00	Straight Line	5	561.00		561.00
Water Heater	1/25/1994	8,392.00	Straight Line	39	4,936.36	215.18	5,151.54
Carpet	2/28/1994	19,500.00	Straight Line	39	11,438.00	500.00	11,938.00
Ice Machine	5/25/1994	1,398.00	Straight Line	5	1,398.00		1,398.00
A/C	6/16/1994	1,684.00	Straight Line	5	1,684.00		1,684.00
A/C	7/5/1994	477.00	Straight Line	5	477.00		477.00
Carpet	7/12/1994	1,153.00	Straight Line	39	663.13	29.56	692.69
Garbage Disposal	7/23/1994	2,300.00	Straight Line	5	2,300.00		2,300.00
Toaster	7/27/1994	784.00	Straight Line	5	784.00		784.00
Tiles	8/8/1994	527.00	Straight Line	39	305.03	13.51	318.54
Kit Tiles	8/8/1994	7,530.00	Straight Line	39	4,318.15	193.08	4,511.23
Kit Tiles	9/26/1994	5,153.00	Straight Line	39	2,942.26	132.13	3,074.38
Boiler	10/20/1994	12,519.00	Straight Line	39	7,129.00	321.00	7,450.00
Remodel Kit	10/24/1994	896.00	Straight Line	39	510.44	22.72	533.15
Shelves	3/31/1995	557.00	Straight Line	7	557.00		557.00
Office Furniture	4/10/1995	2,714.00	Straight Line	7	2,714.00		2,714.00
Chairs	5/15/1995	2,147.00	Straight Line	7	2,147.00		2,147.00
Furniture	6/20/1995	1,007.00	Straight Line	7	1,007.00		1,007.00
Kitchen Equipment	6/28/1995	2,062.00	Straight Line	5	2,062.00		2,062.00
Furniture	8/30/1995	458.00	Straight Line	7	458.00		458.00
Furniture	9/26/1995	1,581.00	Straight Line	7	1,581.00		1,581.00
Heat	10/8/1995	1,450.00	Straight Line	5	1,450.00		1,450.00
Furniture	11/15/1995	1,600.00	Straight Line	7	1,600.00		1,600.00
Heat	11/29/1995	1,595.00	Straight Line	5	1,595.00		1,595.00
Fridge	4/11/1996	334.00	Straight Line	5	334.00		334.00
A/C	4/26/1996	2,130.00	Straight Line	5	2,130.00		2,130.00
A/C	7/3/1996	1,892.00	Straight Line	5	1,892.00		1,892.00
A/C	8/5/1996	909.00	Straight Line	5	909.00		909.00
Atrium	8/15/1996	1,050.00	Straight Line	7	1,050.00		1,050.00
Atrium	8/15/1996	1,267.00	Straight Line	7	1,267.00		1,267.00
Vacuum	10/17/1996	643.00	Straight Line	5	643.00		643.00
VCR	11/15/1996	569.00	Straight Line	5	569.00		569.00
2000 Improvements	7/1/2000	63,464.00	Straight Line	39	26,778.56	1,627.28	28,405.85
2000 Furniture	7/1/2000	60,666.00	Straight Line	7	60,666.00		60,666.00
Water Heater	10/1/2006	7,800.00	Straight Line	7	7,800.00		7,800.00
Roof	1/1/2007	89,850.00	Straight Line	15	65,413.00	5,990.00	71,403.00
SLF Improvements	7/1/2008	185,000.00	Straight Line	7	185,000.00		185,000.00
SLF Improvements	7/1/2008	330,375.00	Straight Line	15	220,746.00	22,025.00	242,771.00
Furniture	7/1/2008	131,406.00	Straight Line	7	131,406.00		131,406.00
SLF Improvements	7/1/2008	15,793.00	Straight Line	15	10,551.47	1,052.87	11,604.33
Improvements	1/1/2009	35,000.00	Straight Line	15	21,058.33	2,333.33	23,391.67
Parking Lot Resurface	9/1/2010	39,800.00	Straight Line	15	16,795.60	2,653.33	19,448.93
Room Rehab	12/1/2011	78,949.13	Straight Line	15	26,754.98	5,263.28	32,018.26
Ejector Pump	3/7/2011	9,600.00	Straight Line	7	7,942.86	1,371.43	9,314.29
Building Improvements	5/29/2012	19,750.00	Straight Line	15	5,925.00	1,316.67	7,241.67
Windows	2/21/2012	109,148.00	Straight Line	15	34,866.72	7,276.53	42,143.26
Fence	11/15/2012	2,800.00	Straight Line	7	1,650.00	400.00	2,050.00
Dietary Equipment	5/31/2013	28,400.80	Straight Line	7	14,538.50	4,057.26	18,595.76
Landscaping	8/31/2013	78,118.88	Straight Line	7	37,199.47	11,159.84	48,359.31
Room Improvements	7/31/2013	71,535.00	Straight Line	15	16,294.08	4,769.00	21,063.08
Room Improvements	5/31/2014	71,907.04	Straight Line	15	12,383.99	4,793.80	17,177.79
Handrails	5/31/2014	34,128.81	Straight Line	15	6,877.74	2,275.25	8,152.99
		<b>1,677,823.66</b>			<b>1,090,014.37</b>	<b>81,708.40</b>	<b>1,171,722.77</b>