

		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>I. Facility ID Number: <u>1000094</u></p> <p>Facility Name: <u>Tabor Hills Supp Lvg Comm</u></p> <p>Address: <u>1439 McDowell Road</u> <u>Naperville</u> <u>60563</u> <small>Number City Zip Code</small></p> <p>County: <u>DuPage</u></p> <p>Telephone Number: (<u>630</u>) <u>778-6677</u> Fax # (<u>630</u>) <u>778-6680</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>3/14/08</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 checked="" 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 <u>501 (c)(3)</u></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>Amanda Springborn</u> Telephone Number: (<u>314</u>) <u>925-3838</u> Email Address: _____</p>	<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input checked="" 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 <u>501 (c)(3)</u>	<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>10/01/2016</u> to <u>9/30/2017</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%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>Paid Preparer</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 & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) (<u>847</u>) <u>517-7070</u> Fax (<u>847</u>) <u>517-7067</u></td> <td></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) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u>			(Telephone) (<u>847</u>) <u>517-7070</u> Fax (<u>847</u>) <u>517-7067</u>	
<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
<input checked="" 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 <u>501 (c)(3)</u>	<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 _____																																													
Officer or Administrator of Provider	(Signed) _____	(Date) _____																																												
	(Type or Print Name) _____																																													
	(Title) _____																																													
Paid Preparer	(Signed) _____	(Date) _____																																												
	(Print Name and Title) _____																																													
	(Firm Name & Address) <u>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u>																																													
	(Telephone) (<u>847</u>) <u>517-7070</u> Fax (<u>847</u>) <u>517-7067</u>																																													

Facility Name Tabor Hills Supp Lvg Comm

Report Period Beginning: 10/01/2016 Ending: 9/30/2017

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	87	Single Unit Apartment	87	31,755	1
2	8	Double Unit Apartment	8	2,920	2
3		Other			3
4	95	TOTALS	95	34,675	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	8,455	22,812		31,267	5
6	Double Unit	428	2,299		2,727	6
7	Other					7
8	TOTALS	8,883	25,111		33,994	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.04%

D. Indicate the number of paid bed-hold days the SLF had during this year
0 Also, indicate the number of unpaid bed-hold days the SLF had during this year. N/A (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? Note : Non-allowable costs have been eliminated in Schedule IV, Column 5.
 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)
N/A

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO
 Tax Year: 9/30/2017 Fiscal Year: 9/30/2017

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? Yes If yes, did the facility make all of the required payments of interest and principle? Yes
 If no, explain. N/A

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? N/A
 If no, explain. N/A

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? N/A
 If no, explain. N/A

Facility Name: Tabor Hills Supp Lvg Comm

Report Period Beginning:

10/01/2016

Ending:

9/30/2017

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			
A. General Services								
1	Dietary and Food Purchase	239,953	197,927	1,824	439,704		439,704	1
2	Housekeeping, Laundry and Maintenance	69,622	55,315	63,105	188,042	4,917	192,959	2
3	Heat and Other Utilities			235,889	235,889		235,889	3
4	Other (specify):							4
5	TOTAL General Services	309,575	253,242	300,818	863,635	4,917	868,552	5
B. Health Care and Programs								
6	Health Care/ Personal Care	528,878	10,209	11,301	550,388		550,388	6
7	Activities and Social Services	40,809	4,038	6,917	51,764		51,764	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	569,687	14,247	18,218	602,152		602,152	9
C. General Administration								
10	Administrative and Clerical	253,504	11,311	95,119	359,934	(16,438)	343,496	10
11	Marketing Materials, Promotions and Advertising			329	329		329	11
12	Employee Benefits and Payroll Taxes	19,158		202,855	222,013		222,013	12
13	Insurance-Property, Liability and Malpractice			135,607	135,607		135,607	13
14	Other (specify):							14
15	TOTAL General Administration	272,662	11,311	433,910	717,883	(16,438)	701,445	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,151,924	278,800	752,946	2,183,670	(11,522)	2,172,149	16
Capital Expenses								
D. Ownership								
17	Depreciation			513,973	513,973	(1,639)	512,334	17
18	Interest			689,756	689,756	(2,772)	686,984	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			1,203,729	1,203,729	(4,411)	1,199,318	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,151,924	278,800	1,956,675	3,387,399	(15,933)	3,371,467	24

Facility Name: Tabor Hills Supp Lvg Comm

Report Period Beginning 10/01/2016

Ending:

9/30/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.01	\$ 39.75	1
2	Licensed Practical Nurses	0.98	26.64	2
3	Certified Nurse Assistants	12.44	14.36	3
4	Activity Director & Assistants	1.37	14.43	4
5	Social Service Workers			5
6	Head Cook	4.41	15.03	6
7	Cook Helpers/Assistants	4.86	9.66	7
8	Dishwashers			8
9	Maintenance Workers	0.87	13.52	9
10	Housekeepers	1.93	10.43	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.64	60.22	13
14	Clerical			14
15	Marketing			15
16	Other Res Serv Coor & HR Dir	1.55	20.03	16
17	Total (lines 1 thru 16)	31.06	\$	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	Frances Salinas	0%	40+	51,088	1
2	Gloria Pendiak	0%	40+	76,632	2
3					3
4					4
5					5
				Total	\$ 127,720 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
Tabor Hills Health Care Facility, Inc.		Naperville	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Bohemian Home for the Aged		Naperville		Townhomes	

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? \$ N/A

(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: Tabor Hills Supp Lvg Comm

Report Period Beginning:

10/01/2016

Ending:

9/30/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,049,853 Year land was acquired 2000

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	95		2008	2008	\$ 16,529,128	\$ 415,763	40	\$ 415,763	\$	\$ 3,447,369	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Landscaping		2008	338,303	22,554	15	22,554		209,561	6
7		Landscaping		2009	12,096	302	40	302		2,570	7
8		Oak File Cabinets		2009	4,833	121	40	121		1,028	8
9		Cable and wire work for new doors		2009	2,500	63	40	63		532	9
10		Exercise room wall, mirror and trim		2009	4,590	115	40	115		976	10
11		Electrical work for spa		2009	3,071	77	40	77		653	11
12		Seeding of west and south basins		2009	4,173	278	15	278		2,364	12
13		Ecological land management		2010	7,837	261	30	261		1,958	13
14		Elevator		2010	5,883	147	40	147		1,102	14
15		Room 170 Water Leak Repair		2012	8,287	207	40	207		1,038	15
16		See Attachment 1			192,489	12,655		12,330	(326)	43,052	16
17		TOTAL (lines 1 thru 16)			\$ 17,113,190	\$ 452,543		\$ 452,217	\$ (326)	\$ 3,712,202	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	\$ 730,064	\$ 61,372	\$ 60,347	(1,025)	5-10 yrs	\$ 609,858	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 730,064	\$ 61,372	\$ 60,347	(1,025)		\$ 609,858	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	N/A	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Tabor Hills Supp Lvg Comm

Report Period Beginning: 10/01/2016

Ending: 9/30/2017

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	N/A		/ /	N/A			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 \$ N/A

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**	YES			NO	Purpose of Loan				
							Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		Illinois Revenue Authority		X	Mortgage	11/22/06	\$ 14,044,982	\$ 10,038,400	11/15/36	Varies	\$ 612,970	1
2				X	Bond Financing Expense	/ /			/ /		21,458	2
3				X	Early Extinguishment of Debt	/ /			/ /		55,328	3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 14,044,982	\$ 10,038,400			\$ 689,756	7
		B. Non-Facility Related										
8		Interest Income Offset				/ /			/ /		(2,772)	8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 14,044,982	\$ 10,038,400			\$ 686,984	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: Tabor Hills Supp Lvg Comm

Report Period Beginning: 10/01/2016

Ending:

9/30/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 9/30/2017

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 7,613	\$ 7,613	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 37,309)	277,739	277,739	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	25,123	25,123	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): BHC Interfund Transfer	6,627,182	6,627,182	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,937,657	\$ 6,937,657	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,049,853	1,049,853	13
14	Buildings, at Historical Cost	16,541,224	16,541,224	14
15	Leasehold Improvements, at Historical Cost	585,153	571,966	15
16	Equipment, at Historical Cost	732,978	730,064	16
17	Accumulated Depreciation (book methods)	(4,740,222)	(4,322,060)	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): Bond Cost	138,996	138,996	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,307,982	\$ 14,710,043	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 21,245,639	\$ 21,647,700	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 66,843	\$ 66,843	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	669,227	669,227	29
30	Accrued Salaries Payable	85,567	85,567	30
31	Accrued Taxes Payable	10	10	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Schedule 7A	5,191,685	5,191,685	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 6,013,332	\$ 6,013,332	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	9,369,173	9,369,173	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)	\$ 9,369,173	\$ 9,369,173	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 15,382,505	\$ 15,382,505	45
46	TOTAL EQUITY	\$ 5,863,134	\$ 6,265,195	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 21,245,639	\$ 21,647,700	47

*(See instructions.)

Schedule 7A

XI. Balance Sheet

C. Current Liabilities

Line 35: Other current Liabilities

<u>Description</u>	<u>Operating</u>	<u>After Consolidation</u>
Due To/Fr Town Home	5,093,205	5,093,205
State Income Tax Withholding	(202)	(202)
Employee Life Insurance	227	227
Resident Trust Fund	4,164	4,164
Application Fee	15,750	15,750
Pet Deposit Fee	500	500
Refunds	42,120	42,120
Resident Credit Balances	34,679	34,679
Public Aid Credit Balance	1,242	1,242
	<u>5,191,685</u>	<u>5,191,685</u>

Facility Name: Tabor Hills Supp Lvg Comm

Report Period Beginning: 10/01/2016

Ending:

9/30/2017

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

	1	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 4,083,937	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,083,937	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	14,447	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 14,447	11
	C. Non-Operating Revenue		
12	Contributions	260	12
13	Interest and Other Investment Income	2,772	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,032	14
	D. Other Revenue (specify):		
15	See Schedule 8A	54,763	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 54,763	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,156,179	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	863,635	19
20	Health Care/ Personal Care	602,152	20
21	General Administration	717,883	21
	B. Capital Expense		
22	Ownership	1,203,729	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)	\$ 3,387,399	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 768,780	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 768,780	31

Schedule 8A

XII. Income Statement
Section D. Other Revenue

<u>Description</u>	<u>Amount</u>
Application Revenue	2,500
Food Stamps	7,464
Gift Shop/ General Store	3,541
Activities Fundraising	5,075
Miscellaneous Income	-
Internet Private/Per Portion	2,367
Cable Income Private/Per Portion	10,417
Telephone Private/PA	22,246
Alarm Fee - Private	1,073
Resident Private - Cash Out	80
	<u>54,763</u>

	Improvement Type	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
18	Building Control Systems - Electrical	2013		17,935	1,794	10	1,794	-	8,072
19	Water Heater Installation	2013		8,432	211	40	211	-	949
20	Installation of Call Lights	2013		22,805	2,281	10	2,281	-	10,264
21	Landscaping	2014		12,830	2,566	5	2,566	-	8,981
22	Air Handling Units & VAV Boxes	2014		8,866	400	20	400	-	1,400
23	Fence Purchase & Installation	2014		4,290	429	10	429	-	1,502
24	Furnish & Install I/A System of Air Handling	2014		12,500	625	20	625	-	2,188
25	Landscaping	2015		14,389	959	15	959	-	2,398
26	Pavement Sealcoat	2015		8,895	1,271	7	1,271	-	3,177
27	Trane Heating Units	2015		4,709	118	40	118	-	295
28	LED Lighting	2015		15,430	386	40	386	-	965
29	LED Light Poles/Junction Box	2015		41,880	1,047	40	1,047	-	2,618
30	Carpet - Naperville Room	2017		19,529	244	40	244	-	244
31								-	
32								-	
33	Assets under \$2,500 Expensed				326			326	
34								-	
35								-	
36								-	
37								-	
38								-	
39								-	
40								-	
41								-	
42								-	
43								-	
44								-	

45									-	
46	Total (Attachment 1) to Schedule VIII - Line 16			\$ 192,489	\$ 12,655		\$ 12,330		\$ 326	\$ 43,052

18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44

45

46