

FOR BHF USE					

LL2

Supportive Living Facility

**2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2012)**

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>1000104</u></p> <p>Facility Name: <u>Moraine Court</u></p> <p>Address: <u>8080 South Harlem Avenue</u> <u>Bridgeview</u> <u>60455</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>708</u>) <u>594-2700</u> Fax # ()</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>11/12/08</u></p> <p>Type of Ownership:</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>IRS Exemption Code _____</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>In the event there are further questions about this report, please contact: Name: <u>Michael Zahtz</u> Telephone Number: (<u>847</u>) 676-1700 Email Address: _____</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	IRS Exemption Code _____	<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>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>1/1/12</u> to <u>12/31/12</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) <u>Michael Zahtz</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Corporate Officer</u></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) _____</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>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>Michael Zahtz</u>			(Title) <u>Corporate Officer</u>		Paid Preparer	(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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	(Telephone) () _____	Fax # () _____																																												

Facility Name: Moraine Court

Report Period Beginning:

1/1/12

Ending:

12/31/12

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	209,152	300,993	1,763	511,908		511,908	1
2	Housekeeping, Laundry and Maintenance	127,887	148,425		276,312		276,312	2
3	Heat and Other Utilities			125,738	125,738		125,738	3
4	Other (specify): Scavenger			8,649	8,649		8,649	4
5	TOTAL General Services	337,039	449,418	136,150	922,607		922,607	5
B. Health Care and Programs								
6	Health Care/ Personal Care	545,742	8,761		554,503		554,503	6
7	Activities and Social Services	28,163	18,551		46,714		46,714	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	573,905	27,312		601,217		601,217	9
C. General Administration								
10	Administrative and Clerical	156,399	58,390	377,798	592,587	18,136	610,723	10
11	Marketing Materials, Promotions and Advertising	105,652	39,703	70,167	215,522		215,522	11
12	Employee Benefits and Payroll Taxes	138,726			138,726		138,726	12
13	Insurance-Property, Liability and Malpractice	47,650			47,650	11,173	58,823	13
14	Other (specify):							14
15	TOTAL General Administration	448,427	98,093	447,965	994,485	29,309	1,023,794	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,359,371	574,823	584,115	2,518,309	29,309	2,547,618	16
Capital Expenses								
D. Ownership								
17	Depreciation			116,694	116,694	(18,871)	97,823	17
18	Interest			450	450	490,804	491,254	18
19	Real Estate Taxes					151,162	151,162	19
20	Rent -- Facility and Grounds			2,445,550	2,445,550	(2,445,550)		20
21	Rent -- Equipment							21
22	Other (specify):					85,159	85,159	22
23	TOTAL Ownership			2,562,694	2,562,694	(1,737,296)	825,398	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,359,371	574,823	3,146,809	5,081,003	(1,707,987)	3,373,016	24

Facility Name: Moraine Court

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

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 37.51	1
2	Licensed Practical Nurses	3	22.99	2
3	Certified Nurse Assistants	12	11.21	3
4	Activity Director & Assistants	1	14.34	4
5	Social Service Workers			5
6	Head Cook	1	15.87	6
7	Cook Helpers/Assistants	7	9.54	7
8	Dishwashers	2	9.27	8
9	Maintenance Workers	2	18.16	9
10	Housekeepers	3	10.40	10
11	Laundry			11
12	Managers	1	36.06	12
13	Other Administrative	2	8.53	13
14	Clerical	1	22.60	14
15	Marketing	2	26.64	15
16	Other			16
17	Total (lines 1 thru 16)	39	\$	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				\$	1
2					2
3					3
4					4
5					5
				Total	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		3

VII. RELATED ORGANIZATIONS

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

RELATED SLF's & HEALTH CARE BUSINESSES

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:

1/1/12

Ending:

12/31/12

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
	Improvement Type										
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: 1/1/12

Ending: 12/31/12

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	TOTAL				\$			7

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

9. Rental amount for movable equipment \$ _____

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	Name of Lender	2		3	4	6		7	8	9		
			Related**				Purpose of Loan	Date of Note					Amount of Note
			YES	NO			Original	Balance					
		A. Directly Facility Related											
		Long-Term											
1						/ /	\$	\$	/ /		\$	1	
2						/ /			/ /			2	
3						/ /			/ /			3	
		Working Capital											
4						/ /			/ /			4	
5						/ /			/ /			5	
6						/ /			/ /			6	
7		TOTAL Facility Related						\$	\$			\$	7
		B. Non-Facility Related											
8						/ /			/ /			8	
9						/ /			/ /			9	
10		TOTALS (lines 7, 8 and 9)						\$	\$			\$	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: 1/1/12

Ending:

12/31/12

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 411,404	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,175,617		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	22,443		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,609,464	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	1,393,733		15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)	(753,599)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 640,134	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,249,598	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 90,728	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	166,587		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	30,293		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	Management Fees Payable	30,654		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 318,262	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 318,262	\$	45
46	TOTAL EQUITY	\$ 1,931,336	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,249,598	\$	47

*(See instructions.)

Facility Name: Moraine Court

Report Period Beginning: 1/1/12

Ending:

12/31/12

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	\$ 5,543,650	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,543,650	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		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,543,650	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	922,607	19
20	Health Care/ Personal Care	601,217	20
21	General Administration	994,485	21
B. Capital Expense			
22	Ownership	2,562,694	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)	\$ 5,081,003	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 462,647	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 462,647	31

490,804.00 Pg3 D18,5
151,162.00 Pg3 D19,5
11,173.00 Pg3 C13,5
(2,445,550.00) Pg3 D20,5
85,159.00 Pg3 C10,5
18,136.00 Pg3 C10,5
(18,871.00) Pg3 D17,5
(1,707,987.00)

490,804.00 Pg3 D18,5
85,159.00 Pg3 D22,5
18,136.00 Pg3 C10,5
151,162.00 Pg3 D19,5
11,173.00 Pg3 C13,5
756,434.00

Description	Date	Cost	Method	Life	Prior Acc Dep	Dep	Current Acc Dep
Improvements	6/30/1985	2,593.00	Straight Line	19	2,384.00		2,384.00
Improvements	8/31/1985	2,989.00	Straight Line	19	2,749.00		2,749.00
Improvements	9/30/1985	4,530.00	Straight Line	19	4,160.00		4,160.00
Improvements	12/31/1985	23,245.00	Straight Line	19	21,389.00		21,389.00
Improvements	2/28/1986	9,412.00	Straight Line	19	8,643.00		8,643.00
Improvements	3/31/1989	11,648.00	Straight Line	31.5	8,431.00	370.00	8,801.00
Improvements	9/30/1989	5,000.00	Straight Line	31.5	3,541.00	159.00	3,700.00
Improvements	11/30/1989	5,250.00	Straight Line	31.5	3,690.00	167.00	3,857.00
Elevator	10/8/1990	5,614.00	Straight Line	31.5	3,776.00	178.00	3,954.00
Improvements	10/22/1990	5,064.00	Straight Line	31.5	3,413.00	161.00	3,574.00
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	2,317.00	111.00	2,428.00
Remodel	4/5/1991	3,487.00	Straight Line	31.5	2,294.00	110.00	2,404.00
Remodel	5/31/1991	802.00	Straight Line	31.5	524.00	25.00	549.00
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	12,250.00	635.00	12,885.00
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	3,861.00	215.00	4,076.00
Carpet	2/28/1994	19,500.00	Straight Line	39	8,938.00	500.00	9,438.00
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	517.00	29.00	546.00
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	236.00	14.00	250.00
Kit Tiles	8/8/1994	7,530.00	Straight Line	39	3,353.00	193.00	3,546.00
Kit Tiles	9/26/1994	5,153.00	Straight Line	39	2,282.00	132.00	2,414.00
Boiler	10/20/1994	12,519.00	Straight Line	39	5,524.00	321.00	5,845.00
Remodel Kit	10/24/1994	886.00	Straight Line	39	396.00	23.00	419.00
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	18,643.00	1,627.00	20,270.00
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	6,625.00	783.04	7,408.04
Roof	1/1/2007	89,850.00	Straight Line	15	34,539.00	6,914.00	41,453.00
SLF Improvements	7/1/2008	185,000.00	Straight Line	7	136,457.00	32,361.00	168,818.00
SLF Improvements	7/1/2008	330,375.00	Straight Line	15	104,399.00	28,247.00	132,646.00
Furniture	7/1/2008	131,406.00	Straight Line	7	96,927.00	22,987.00	119,914.00
SLF Improvements	7/1/2008	15,793.00	Straight Line	15	4,990.00	1,350.00	6,340.00
Improvements	1/1/2009	35,000.00	Straight Line	15	8,400.00	3,325.00	11,725.00
Parking Lot Resurface	9/1/2010	39,800.00	Straight Line	15	3,528.93	2,653.33	6,182.27
Room Rehab	12/1/2011	78,949.13	Straight Line	15	438.61	5,263.28	5,701.88
Ejector Pump	3/7/2011	9,600.00	Straight Line	7	1,085.71	1,371.43	2,457.14
Building Improvement	5/29/2012	19,750.00	Straight Line	15		658.33	658.33
Windows	2/21/2012	109,148.00	Straight Line	15		5,760.59	5,760.59
Fence	11/15/2012	2,800.00	Straight Line	7		50.00	50.00
		<u>1,393,733.13</u>			<u>636,905.25</u>	<u>116,694.00</u>	<u>753,599.25</u>