

		FOR BHF USE			

LL2

Supportive Living Facility
2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2020)

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> <hr/> <p>Address: <u>8080 S Harlem Avenue</u> <u>Bridgeview</u> <u>60455</u></p> <p align="center">Number City Zip Code</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>11/12/2008</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:</p> <p>Name: <u>Michael Zahtz</u> Telephone Number: (<u>847</u>) <u>676-1700</u></p> <p>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>1/1/2020</u> to <u>12/31/2020</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 align="center">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>Manager</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>Manager</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: 1/1/2020 Ending: 12/31/2020

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	42,090	1
2	35	Double Unit Apartment	35	12,810	2
3		Other		8,717	3
4	150	TOTALS	150	63,617	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	33,969	4,069		38,038	5
6	Double Unit	18,332	863		19,195	6
7	Other					7
8	TOTALS	52,301	4,932		57,233	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.96%

D. Indicate the number of paid bed-hold days the SLF had during this year 901 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 88 (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: 12/31/2020 Fiscal Year: 12/31/2020

* 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 principal? _____
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 principal? _____
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 principal? _____
If no, explain. _____

Facility Name: Moraine Court

Report Period Beginning:

1/1/2020

Ending: 12/31/2020

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	207,529	360,204	647	568,380		568,380	1
2	Housekeeping, Laundry and Maintenance	139,068	74,928	118,269	332,265		332,265	2
3	Heat and Other Utilities			139,252	139,252		139,252	3
4	Other (specify): Waste management				38,053		38,053	4
5	TOTAL General Services	346,597	435,132	258,168	1,077,950		1,077,950	5
B. Health Care and Programs								
6	Health Care/ Personal Care	507,574	42,917	66,344	616,835		616,835	6
7	Activities and Social Services	49,498	5,266	559	55,323		55,323	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	557,072	48,183	66,903	672,158		672,158	9
C. General Administration								
10	Administrative and Clerical	195,379	1,109	805,695	1,002,183	(86,107)	916,076	10
11	Marketing Materials, Promotions and Advertising	41,743	22,850	40,126	104,719		104,719	11
12	Employee Benefits and Payroll Taxes	156,334			156,334		156,334	12
13	Insurance-Property, Liability and Malpractice	104,798			104,798	16,832	121,630	13
14	Other (specify):							14
15	TOTAL General Administration	498,254	23,959	845,821	1,368,034	(69,275)	1,298,759	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,401,923	507,274	1,170,892	3,118,142	(69,275)	3,048,867	16
Capital Expenses								
D. Ownership								
17	Depreciation			87,407	87,407	161,132	248,539	17
18	Interest					743,260	743,260	18
19	Real Estate Taxes					146,376	146,376	19
20	Rent -- Facility and Grounds			1,672,502	1,672,502	(1,672,502)		20
21	Rent -- Equipment							21
22	Other (specify): Mortgage insurance					118,063	118,063	22
23	TOTAL Ownership			1,759,909	1,759,909	(503,671)	1,256,238	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,401,923	507,274	2,930,801	4,878,051	(572,946)	4,305,105	24

Facility Name: Moraine Court

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	3	\$ 34.33	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	10	14.68	3
4	Activity Director & Assistants	1	23.70	4
5	Social Service Workers			5
6	Head Cook	1	19.90	6
7	Cook Helpers/Assistants	2	13.45	7
8	Dishwashers	4	12.50	8
9	Maintenance Workers	2	19.53	9
10	Housekeepers	2	13.00	10
11	Laundry			11
12	Managers	1	36.52	12
13	Other Administrative	3	20.18	13
14	Clerical			14
15	Marketing	1	49.84	15
16	Other			16
17	Total (lines 1 thru 16)	30	\$	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
Asbury of Kankakee Supportive Living		Kankakee	
Asbury Court		Des Plaines	
Asbury Gardens		Aurora	
Bethel Supportive Living LLC		Chicago	

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:

1/1/2020

Ending:

12/31/2020

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 attachment2										
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: 1/1/2020

Ending: 2/31/2020

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

* 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: 1/1/2020

Ending:

12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,701,852	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (8,917)	467,549		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	13,308		6
7	Other Prepaid Expenses	10,950		7
8	Accounts Receivable (owners or related parties)	559,036		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,752,695	\$	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	1,711,348		15
16	Equipment, at Historical Cost	60,100		16
17	Accumulated Depreciation (book methods)	(1,429,464)		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)	\$ 341,984	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,094,679	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 191,923	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	79,183		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	14,994		30
31	Accrued Taxes Payable	1,783		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes	78,725		34
	Other Current Liabilities(specify):			
35	Management Fees Payable	62,390		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 428,998	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	216,923		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)	\$ 216,923	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 645,921	\$	45
46	TOTAL EQUITY	\$ 2,448,758	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 3,094,679	\$	47

*(See instructions.)

Facility Name: Moraine Court

Report Period Beginning: 1/1/2020

Ending:

12/31/2020

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

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 7,197,441	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 7,197,441	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services	1,948	5
6	Special Grants		6
7	Gift and Coffee Shop	9,563	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)	\$ 11,511	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,354	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,354	14
D. Other Revenue (specify):			
15	COVID-19 Stimulus Income	377,919	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 377,919	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 7,588,225	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,077,950	19
20	Health Care/ Personal Care	672,158	20
21	General Administration	1,368,034	21
B. Capital Expense			
22	Ownership	1,759,909	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)	\$ 4,878,051	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 2,710,174	29
30	Income Taxes	\$ 76,385	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 2,633,789	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 5,025,194	32
33	Private Pay - Net Inpatient Revenue	2,172,247	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 7,197,441	37

Pg3 Reclassifications:

Professional Fees	14,500	Pg3 C10,5
Taxes	6,914	Pg3 C10,5
Licenses and Permits	75	Pg3 C10,5
Bad Debt Expense	(107,596)	Pg3 C10,5
Insurance	16,832	Pg3 C13,5
Depreciation	154,645	Pg3 D17,5
Depreciation Adj	6,487	Pg3 D17,5
Interest	743,260	Pg3 D18,5
Property Taxes	146,376	Pg3 D19,5
Rent	(1,672,502)	Pg3 D20,5
Mortgage Insurance	118,063	Pg3 D22,5
	<u>(572,946)</u>	

Pg4 Related Party Costs:

VII. C.

Description	Amount
Misc	75
Interest	743,260
Professional Fees	14,500
Depreciation	154,645
Property Taxes	146,376
Insurance	16,832
Income Taxes	6,914
Mortgage Insurance	118,063
	<u>1,200,665</u>

Description	Basls	Date	Cost	Method	Life	Prior Acc Dep	Dep	Current Acc Dep
Improvements	TB	6/30/1985	2,593.00	Straight Line	19		2,593.00	2,593.00
Improvements	TB	8/31/1985	2,989.00	Straight Line	19		2,989.00	2,989.00
Improvements	TB	9/30/1985	4,530.00	Straight Line	19		4,530.00	4,530.00
Improvements	TB	#####	23,245.00	Straight Line	19		23,245.00	23,245.00
Improvements	TB	2/28/1986	9,412.00	Straight Line	19		9,412.00	9,412.00
Improvements	TB	3/31/1989	11,648.00	Straight Line	31.5	11,389.89	258.11	11,648.00
Improvements	TB	9/30/1989	5,000.00	Straight Line	31.5	4,811.65	158.73	4,970.38
Improvements	TB	#####	5,250.00	Straight Line	31.5	5,024.33	166.67	5,191.00
Elevator	TB	10/8/1990	5,514.00	Straight Line	31.5	5,201.11	178.22	5,379.33
Improvements	TB	#####	5,064.00	Straight Line	31.5	4,699.81	160.76	4,860.57
Water Meter	TB	1/24/1991	1,348.00	Straight Line	7		1,348.00	1,348.00
Plumbing	TB	2/15/1991	3,500.00	Straight Line	31.5	3,205.56	111.11	3,316.67
Remodal	TB	4/5/1991	3,487.00	Straight Line	31.5	3,177.49	110.70	3,288.19
Remodal	TB	5/31/1991	802.00	Straight Line	31.5	726.30	25.46	751.76
Carpet	TB	1/23/1992	588.00	Straight Line	5		588.00	588.00
Carpet	TB	2/4/1992	260.00	Straight Line	5		260.00	260.00
Utility Cart	TB	2/10/1992	290.00	Straight Line	5		290.00	290.00
Compressor	TB	2/20/1992	1,248.00	Straight Line	5		1,248.00	1,248.00
Floor Steamer	TB	3/9/1992	1,134.00	Straight Line	5		1,134.00	1,134.00
Exit Alarm	TB	3/9/1992	715.00	Straight Line	5		715.00	715.00
Steam Table	TB	3/31/1992	691.00	Straight Line	5		691.00	691.00
Carpet	TB	6/2/1992	360.00	Straight Line	5		360.00	360.00
Sign	TB	6/16/1992	4,000.00	Straight Line	5		4,000.00	4,000.00
Carpet	TB	7/6/1992	582.00	Straight Line	5		582.00	582.00
Carpet	TB	8/28/1992	820.00	Straight Line	5		820.00	820.00
Paving	TB	9/3/1992	20,000.00	Straight Line	31.5	17,329.60	634.92	17,964.52
Camcorder	TB	10/2/1992	903.00	Straight Line	5		903.00	903.00
Carpet	TB	#####	3,003.00	Straight Line	5		3,003.00	3,003.00
Disposal	TB	#####	937.00	Straight Line	5		937.00	937.00
Carpet	TB	3/31/1993	478.00	Straight Line	5		478.00	478.00
Fridge	TB	3/31/1993	538.00	Straight Line	5		538.00	538.00
A/C	TB	3/31/1993	367.00	Straight Line	5		367.00	367.00
Carpet	TB	5/26/1993	345.00	Straight Line	5		345.00	345.00
A/C	TB	7/12/1993	874.00	Straight Line	5		874.00	874.00
A/C	TB	7/12/1993	874.00	Straight Line	5		874.00	874.00
A/C	TB	7/16/1993	440.00	Straight Line	5		440.00	440.00
A/C	TB	8/16/1993	440.00	Straight Line	5		440.00	440.00
Carpet	TB	9/1/1993	463.00	Straight Line	5		463.00	463.00
A/C	TB	9/2/1993	1,175.00	Straight Line	5		1,175.00	1,175.00
Carpet	TB	9/8/1993	452.00	Straight Line	5		452.00	452.00
Carpet	TB	9/16/1993	391.00	Straight Line	5		391.00	391.00
Carpet	TB	9/16/1993	352.00	Straight Line	5		352.00	352.00
Carpet	TB	9/30/1993	301.00	Straight Line	5		301.00	301.00
Freezer	TB	#####	561.00	Straight Line	5		561.00	561.00
Water Heater	TB	1/25/1994	8,392.00	Straight Line	39	5,581.90	215.18	5,797.08
Carpet	TB	2/28/1994	19,500.00	Straight Line	39	12,938.00	500.00	19,438.00
Ice Machine	TB	5/25/1994	1,398.00	Straight Line	5		1,398.00	1,398.00
A/C	TB	6/16/1994	1,684.00	Straight Line	5		1,684.00	1,684.00
A/C	TB	7/5/1994	477.00	Straight Line	5		477.00	477.00
Carpet	TB	7/12/1994	1,153.00	Straight Line	39	751.82	29.56	781.38
Garbage Disposal	TB	7/23/1994	2,300.00	Straight Line	5		2,300.00	2,300.00
Toaster	TB	7/27/1994	784.00	Straight Line	5		784.00	784.00
Tiles	TB	8/8/1994	527.00	Straight Line	39	545.56	13.51	359.98
Kit Tiles	TB	8/8/1994	7,530.00	Straight Line	39	4,897.38	193.08	5,090.46
Kit Tiles	TB	9/26/1994	5,153.00	Straight Line	39	3,338.64	132.13	3,470.77
Boiler	TB	#####	12,519.00	Straight Line	39	8,092.00	321.00	8,413.00
Remodal Kit	TB	#####	886.00	Straight Line	39	578.59	22.72	601.31
Shelves	TB	3/31/1995	557.00	Straight Line	7		557.00	557.00
Office Furniture	TB	4/10/1995	2,714.00	Straight Line	7		2,714.00	2,714.00
Chairs	TB	5/15/1995	2,147.00	Straight Line	7		2,147.00	2,147.00
Furniture	TB	6/20/1995	1,007.00	Straight Line	7		1,007.00	1,007.00
Kitchen Equipment	TB	6/28/1995	2,062.00	Straight Line	5		2,062.00	2,062.00
Furniture	TB	8/30/1995	458.00	Straight Line	7		458.00	458.00
Furniture	TB	9/26/1995	1,581.00	Straight Line	7		1,581.00	1,581.00
Heat	TB	10/8/1995	1,450.00	Straight Line	5		1,450.00	1,450.00
Furniture	TB	#####	1,600.00	Straight Line	7		1,600.00	1,600.00
Heat	TB	#####	1,595.00	Straight Line	5		1,595.00	1,595.00
Fridge	TB	4/11/1996	334.00	Straight Line	5		334.00	334.00
A/C	TB	4/26/1996	2,130.00	Straight Line	5		2,130.00	2,130.00
A/C	TB	7/3/1996	1,892.00	Straight Line	5		1,892.00	1,892.00
A/C	TB	8/5/1996	909.00	Straight Line	5		909.00	909.00
Atrium	TB	8/15/1996	1,950.00	Straight Line	7		1,950.00	1,950.00
Atrium	TB	8/15/1996	1,267.00	Straight Line	7		1,267.00	1,267.00
Vacuum	TB	#####	643.00	Straight Line	5		643.00	643.00
VCR	TB	#####	569.00	Straight Line	5		569.00	569.00
2000 Improvements	TB	7/1/2000	63,464.00	Straight Line	39	31,660.41	1,627.28	33,287.69
2000 Furniture	TB	7/1/2000	60,666.00	Straight Line	7	60,666.00		60,666.00
Water Heater	TB	10/1/2006	7,800.00	Straight Line	7		7,800.00	7,800.00
Roof	TB	1/1/2007	89,850.00	Straight Line	15	83,383.00	5,990.00	89,373.00
SLF Improvements	TB	7/1/2008	185,000.00	Straight Line	7	185,000.00		185,000.00
SLF Improvements	TB	7/1/2008	330,375.00	Straight Line	15	286,821.00	22,025.00	308,846.00
Furniture	TB	7/1/2008	131,406.00	Straight Line	7	131,406.00		131,406.00
SLF Improvements	TB	7/1/2008	15,793.00	Straight Line	15	13,710.07	1,052.87	14,762.93
Improvements	TB	1/1/2009	35,000.00	Straight Line	15	29,058.33	2,333.33	30,391.67
Parking Lot Resurface	NTB	9/1/2010	39,800.00	Straight Line	15	24,755.60	2,653.33	27,408.93
Room Rehab	TB	12/1/2011	78,949.13	Straight Line	15	42,544.81	5,263.28	47,808.08
Ejector Pump	TB	3/7/2011	9,600.00	Straight Line	7	10,685.71		10,685.71
Building Improvements	TB	5/29/2012	19,750.00	Straight Line	15	9,875.00	1,316.67	11,191.67
Windows	TB	2/21/2012	109,148.00	Straight Line	15	56,696.32	7,276.53	63,972.86
Fence	TB	#####	2,800.00	Straight Line	7		2,800.00	2,800.00
Delivery Equipment	TB	5/31/2013	28,400.80	Straight Line	7	26,710.28	1,690.52	28,400.80
Landscaping	TB	8/31/2013	78,118.88	Straight Line	7	70,678.99	7,439.89	78,118.88
Room Improvements	TB	7/31/2013	71,535.00	Straight Line	15	30,601.08	4,769.00	35,370.08
Room Improvements	TB	5/31/2014	71,907.04	Straight Line	15	26,765.40	4,793.80	31,559.20
Handrails	TB	5/31/2014	34,128.81	Straight Line	15	12,703.50	2,275.25	14,978.76
Room Improvements	TB	10/1/2018	44,776.00	Straight Line	15	4,477.60	2,985.07	7,462.67
Chart Rack	TB	4/6/2019	5,435.13	Straight Line	7	1,164.67	776.45	1,941.12
Roof Top HVAC	TB	7/16/2018	6,904.96	Straight Line	7	1,479.63	986.42	2,466.06
Flooring	TB	#####	31,558.00	Straight Line	15	1,051.93	2,103.87	3,155.80
Bathroom Remodel	TB	#####	4,950.00	Straight Line	15	165.00	330.00	495.00
#####			1,342,056.98			80,920.43		1,422,977.41
				Reclass				6,486.57
								87,407.00