

		FOR BHF USE			

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2018)

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.

I. Facility ID Number: 1000042

Facility Name: The Vistas Fox Valley

Address: 1599 Farnsworth Aurora 60505

Number City Zip Code

County: Kane

Telephone Number: (630) 896-7778 Fax # ()

Federal Employer ID Number:

Date Current Owners were Certified: 11/12/2004

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" 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		

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2018 to 12/31/2018 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)		(Date)	
	(Type or Print Name)			
	(Title)			
Paid Preparer	(Signed)		(Date)	
	(Print Name and Title)			
	(Firm Name & Address)	RSM US LLP 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173		
	(Telephone)	(847) 517-7070	Fax	(847) 517-7067

In the event there are further questions about this report, please contact:

Name: Amanda Springborn Telephone Number: (314) 925-3838

Email Address:

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

Facility Name **The Vistas Fox Valley**

Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	123	Single Unit Apartment	123	44,895	1		
2	13	Double Unit Apartment	13	4,745	2		
3		Other			3		
4	136	TOTALS	136	49,640	4		

B. Census-For the entire report period.

	1 Type of Unit	2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
Resident Days by Unit and Primary Source of Payment						
5	Single Unit	27,104	3,764	2,211	33,079	5
6	Double Unit	2,097	1,092		3,189	6
7	Other					7
8	TOTALS	29,201	4,856	2,211	36,268	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **73.06%**

D. Indicate the number of paid bed-hold days the SLF had during this year

1,153 Also, indicate the number of unpaid bed-hold days the SLF had during this year. - (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services? Note: Non-allowable

YES

NO

X

Note: Non-allowable costs have been eliminated in Scheudle IV, Column 5.

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES

NO

X

**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

X

MODIFIED**CASH***

CASH*

114

I. Is your fiscal year identical to your tax year?

X

☒ YES ☐ NO

Tax Year: 12/31/18 Fiscal Year: 12/31/18

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

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the

required payments of interest and principle?

If no, explain.

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the

required payments of interest and principle?

If no, explain.

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did t

make all of the required payments of interest and principle?

If no, explain.

STATE OF ILLINOIS

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Facility Name: The Vistas Fox Valley

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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	259,648	268,160	1,888	529,696	928	530,624	1
2	Housekeeping, Laundry and Maintenance	129,168	35,550	72,798	237,516	9,765	247,281	2
3	Heat and Other Utilities			147,274	147,274	854	148,128	3
4	Other (specify):							4
5	TOTAL General Services	388,816	303,710	221,960	914,486	11,547	926,033	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	740,613	8,949		749,562	58,832	808,394	6
7	Activities and Social Services	37,939		5,000	42,939	3,612	46,551	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	778,552	8,949	5,000	792,501	62,444	854,945	9
	C. General Administration							
10	Administrative and Clerical	185,810	139	362,399	548,348	140,822	689,170	10
11	Marketing Materials, Promotions and Advertising	32,436		8,325	40,761	(40,761)		11
12	Employee Benefits and Payroll Taxes			213,699	213,699	54,456	268,155	12
13	Insurance-Property, Liability and Malpractice			111,114	111,114	4,584	115,698	13
14	Other (specify):							14
15	TOTAL General Administration	218,246	139	695,537	913,922	159,101	1,073,023	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,385,614	312,798	922,497	2,620,909	233,092	2,854,001	16
	Capital Expenses							
	D. Ownership							
17	Depreciation					7,431	7,431	17
18	Interest			270	270	3,826	4,096	18
19	Real Estate Taxes			253,354	253,354	3,872	257,226	19
20	Rent -- Facility and Grounds			951,966	951,966	35,179	987,145	20
21	Rent -- Equipment			7,754	7,754	3,417	11,171	21
22	Other (specify):							22
23	TOTAL Ownership			1,213,344	1,213,344	53,725	1,267,069	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,385,614	312,798	2,135,841	3,834,253	286,817	4,121,070	24

Facility Name: The Vistas Fox Valley

Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses	3.08	27.93	2
3	Certified Nurse Assistants	14.23	13.61	3
4	Activity Director & Assistants	0.89	20.48	4
5	Social Service Workers			5
6	Head Cook	3.29	19.15	6
7	Cook Helpers/Assistants	5.90	10.49	7
8	Dishwashers			8
9	Maintenance Workers	1.00	24.11	9
10	Housekeepers	3.60	10.55	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.93	28.62	13
14	Clerical	2.17	15.04	14
15	Marketing	0.94	17.82	15
16	Other DON	0.98	77.74	16
17	Total (lines 1 thru 16)	38.01	\$	17

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
See Schedule 4A			

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	No owners received compensation from this facility.			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
Total		\$ 3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Schedule 4A					

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).

The Vistas - Fox Valley
12/31/2018
Schedule 4A

V.I.A

Owners:

<u>Name</u>	<u>Ownership Interest</u>	<u>Avg. Hours per Work Week</u>	<u>Compensation</u>
Chaim Rajchenbach	50%	N/A	N/A
Menachem Shabat	50%	N/A	N/A

VII. A

Related Organizations: Related SLF's & Health Care Businesses

<u>In State</u>	<u>City</u>
Astoria Place Living & Rehab	Chicago
Bella Terra Morton Grove	Morton Grove
Chalet Living & Rehab Center	Chicago
Elmbrook Nursing	Elmhurst
The Grove of Evanston, LLC	Evanston
The Villa at Evergreen	Evergreen Park
The Grove of Fox Valley	Aurora
The Grove of LaGrange Park, LLC	LaGrange Park
The Grove at the Lake	Zion
Lakefront Nursing & Rehab Center, LLC	Chicago
The Grove at Lincoln Park Living & Rehab	Chicago
Avantara Long-Grove	Long Grove
The Grove North Living & Rehab Center	Skokie
The Grove of Northbrook	Northbrook
Warren Barr North Shore	Highland Park
Avantara Park Ridge	Park Ridge
Peterson Park Association Ltd. Partnership	Chicago
Warren Barr South Loop	Chicago
Warren Barr	Chicago
Warren Barr Lincolnshire	Lincolnshire

<u>Name</u>	<u>City</u>	<u>Type of Business</u>
Legacy Healthcare Financial Services, LLC	Skokie	Management Company
Legacy Real Properties, LLC	Skokie	Real Estate
Grove Healthcare Properties, LLC	Skokie	Real Estate
ReMed Services, LLC	Skokie	Medical Equipment Sales
Progressive Healthcare Consulting	Skokie	Consulting
MG Property Holdings, LLC	Morton Grove	Real Estate
Lifeline Ambulance	Chicago	Ambulance Services
ProPay	Evanston	Payroll Services
ML Design Group	Skokie	Asset Management Fees
ML Enterprise	Skokie	Asset Management Fees
CF St. Louis Inc	Skokie	Management Company

Facility Name: The Vistas Fox Valley Report Period Beginning: 01/01/2018 Ending: 12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land N/A Year land was acquired N/A

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	Patio		2017		13,300		15	887	887	1,330	6
7	Fence - West Side of Bldg - Dog Walk		2017		5,400		15	360	360	510	7
8	Boiler & Mixing Valve		2017		3,410		20	171	171	228	8
9	Concrete along ramp, wooden fence		2017		4,600		15	307	307	384	9
10	96' fence and 10' wide double gate		2017		5,760		15	384	384	480	10
11	Enlarge patio, Extend fence		2017		4,800		15	320	320	400	11
12	Sidewalk connecting parking lot & city sidewalk		2017		3,700		15	247	247	288	12
13	Vinyl Flooring		2017		4,976		10	498	498	539	13
14	Lighting, Plumbing, Shelving - 103, 106, 122, 225, 506		2017		25,163		20	1,258	1,258	1,363	14
15	Cabinets for Remodeled Rooms 103, 106, 122, 225, 506		2017		2,632		20	132	132	143	15
16	See Attachment I				17,869			849		1,031	16
17	TOTAL (lines 1 thru 16)				\$ 91,610	\$		\$ 5,413	\$ 4,564	\$ 6,696	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	\$ 17,534	\$	\$ 2,018	2,018	5	\$ 4,528	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 17,534	\$	\$ 2,018	2,018		\$ 4,528	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: The Vistas Fox Valley Report Period Beginning: 01/01/2018 Ending: 2/31/2018

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Tom Neshek

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? [X] YES [] NO

		1	2	3	4	5	6		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		[] YES [X] NO
3	Original Building	2004	136	6/01/18	\$ 951,966	10		3	9. Rental amount for movable equipment \$ 11,171
4	Additions			/ /				4	
5				/ /				5	
6	Allocated from Legacy HC			/ /	35,179			6	
7	TOTAL		136		\$ 987,145			7	

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					/ /	\$		Minimal Interest Expense		\$ 270	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$ 270	7
	B. Non-Facility Related										
8					/ /			Offset Interest Income		(270)	8
9					/ /			Allocated from Mgmt. Co.		4,096	9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$ 4,096	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.

STATE OF ILLINOIS

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Facility Name: The Vistas Fox Valley

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 160,297	\$ 160,297	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 60,443)	724,762	724,762	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	3,747	3,747	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See SCH 7A	199,182	199,182	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,087,988	\$ 1,087,988	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	91,406	91,610	15
16	Equipment, at Historical Cost	10,924	17,534	16
17	Accumulated Depreciation (book methods)	(1,548)	(11,224)	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)	\$ 100,782	\$ 97,920	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,188,770	\$ 1,185,908	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 111,860	\$ 111,860	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	31,337	31,337	30
31	Accrued Taxes Payable	2,353	2,353	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See SCH 7A	832,638	832,638	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 978,188	\$ 978,188	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)	\$ 978,188	\$ 978,188	45
46	TOTAL EQUITY	\$ 210,582	\$ 207,720	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,188,770	\$ 1,185,908	47

*(See instructions.)

Schedule 7A

XI. Balance Sheet

A. Current Assets

Line 9: Other current Assets

<u>Description</u>	<u>Operating</u>	<u>After</u>
		<u>Consolidation</u>
101008 RESIDENT FUND	3,868	3,868
101009 REFUND - TRANSFER	(196)	(196)
101014 REFUND	2,038	2,038
101015 EXCHANGE	4,882	4,882
115300 PREPAID INSURANCE - LIABILITY AND PROPERTY	18,090	18,090
115760 ESCROW - R&R	97,546	97,546
118650 SECURITY DEPOSIT	3,606	3,606
140512 DUE TO/FROM HUD	69,348	69,348
	<u>199,182</u>	<u>199,182</u>

XI. Balance Sheet

C. Current Liabilities

Line 35: Other current Liabilities

<u>Description</u>	<u>Operating</u>	<u>After</u>
		<u>Consolidation</u>
101016 INSURANCE REFUND EXCHANGE	31,537	31,537
120085 DUE TO/FROM - VISTAS FOX VALLEY & MANAGEMENT COMPA	71,774	71,774
120300 DUE TO/FROM - GROVE OF FOX VALLEY & VISTAS	434,751	434,751
140000 DUE TO/FROM PRIOR OWNER	59,035	59,035
140500 DUE TO/FROM OTHERS	-	-
200100 ACCRUED EXPENSE	16,875	16,875
200110 ACCRUED ACCOUNTING FEES	6,375	6,375
200117 ACCRUED MANAGEMENT FEES ENTITIES	208,344	208,344
200130 ACCRUED BCBS EE INSURANCE	3,947	3,947
	<u>832,638</u>	<u>832,638</u>

Facility Name: The Vistas Fox Valley

Report Period Beginning: 01/01/2018

Ending:

12/31/2018

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	\$ 10,651,989	1
2	Discounts and Allowances	(6,767,258)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,884,731	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	18,376	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 18,376	14
	D. Other Revenue (specify):		
15	Rental Income		15
16	See Schedule 8A	109,140	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 109,140	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,012,247	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	914,486	19
20	Health Care/ Personal Care	792,501	20
21	General Administration	913,922	21
	B. Capital Expense		
22	Ownership	1,213,344	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)	\$ 3,834,253	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 177,994	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 177,994	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,379,508	32
33	Private Pay - Net Inpatient Revenue	505,223	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,884,731	37

Schedule 8A

XII. Income Statement

D. Other Revenue

Line 16: Other revenue

<u>Description</u>	<u>Operating</u>
400953 LINK CARD INCOME - SLF	108,966
420000 DISCOUNTS EARNED	149
440000 MISC INCOME	25
	<u>109,140</u>

	Improvement Type	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation		Adjustments	Accumulated Depreciation	
18	Remove old A/C & Install New Unit	2017		4,500	225	20	225		-	338	18
19	Mixing Valve Replacement	2017		3,543	177	20	177		-	221	19
20	Electrical Work on East/West Stairwell Doors	2017		3,000	150	20	150		-	175	20
21	Repipe at Water Boiler & Mixing Valve	2017		3,972	199	20	199		-	199	21
22	New gutters & downspouts northeaset section of roof	2018		2,650	88	15	88		-	88	22
23	Refastened gutters west side and east side.								-		23
24									-		24
25									-		25
26	Legacy Home Office	2018		204		20	10		(10)	10	26
27									-		27
28									-		28
29									-		29
30									-		30
31									-		31
32									-		32
33									-		33
34									-		34
35									-		35
36									-		36
37									-		37
38									-		38
39									-		39
40									-		40
41									-		41
42									-		42
43									-		43
44									-		44
45									-		45
46	Total (Attachment 1) to Schedule VIII - Line 16			\$ 17,869	\$ 839		\$ 849		\$ (10)	\$ 1,031	46