

		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.

I. Facility ID Number: 1000019

Facility Name: The Ivy

Address: 2437 North Southport Chicago 60614

Number City Zip Code

County: Cook

Telephone Number: (773) 472-8400 Fax # (773) 935-0036

Federal Employer ID Number:

Date Current Owners were Certified: 11/21/02

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT	☒ PROPRIETARY	☐ GOVERNMENTAL
☐ Charitable Corp.	☐ Individual	☐ State
☐ Trust	☐ Partnership	☐ County
IRS Exemption Code	☐ Corporation	☐ Other
	☒ "Sub-S" Corp.	
	☐ Limited Liability Co.	
	☐ Trust	
	☐ Other	

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

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

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/12 to 12/31/12 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)	McGladrey LLP 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173	
	(Telephone)	(847) 517-7070	Fax (847) 517-7067

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

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	<u>113</u>	Single Unit Apartment	<u>113</u>	<u>41,358</u>	1
2	<u>5</u>	Double Unit Apartment	<u>5</u>	<u>1,830</u>	2
3		Other		<u>366</u>	3
4	<u>118</u>	TOTALS	<u>118</u>	<u>43,554</u>	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	<u>30,600</u>	<u>8,510</u>		<u>39,110</u>	5
6	Double Unit	<u>1,410</u>	<u>31</u>		<u>1,441</u>	6
7	Other					7
8	TOTALS	<u>32,010</u>	<u>8,541</u>		<u>40,551</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 93.11%

D. Indicate the number of paid bed-hold days the SLF had during this year
941 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)
None

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO
Tax Year: 12/31/12 Fiscal Year: 12/31/12

* 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? N/A
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

STATE OF ILLINOIS

Page 3

Facility Name: The Ivy

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	410,768	295,149	1,500	707,417		707,417	1
2	Housekeeping, Laundry and Maintenance	376,965	72,078	84,284	533,327		533,327	2
3	Heat and Other Utilities			61,856	61,856		61,856	3
4	Other (specify):							4
5	TOTAL General Services	787,733	367,227	147,640	1,302,600		1,302,600	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	256,751	20,495		277,246		277,246	6
7	Activities and Social Services	67,168	9,660	27,533	104,361		104,361	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	323,919	30,155	27,533	381,607		381,607	9
	C. General Administration							
10	Administrative and Clerical	222,244	37,872	251,245	511,361	2,514	513,875	10
11	Marketing Materials, Promotions and Advertising			28,198	28,198	(28,198)		11
12	Employee Benefits and Payroll Taxes			237,500	237,500		237,500	12
13	Insurance-Property, Liability and Malpractice			83,524	83,524	4,874	88,398	13
14	Other (specify):			44,585	44,585	(44,585)		14
15	TOTAL General Administration	222,244	37,872	645,052	905,168	(65,395)	839,773	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,333,896	435,254	820,225	2,589,375	(65,395)	2,523,980	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			40,505	40,505	74,931	115,436	17
18	Interest			56,008	56,008	119,163	175,171	18
19	Real Estate Taxes					194,165	194,165	19
20	Rent -- Facility and Grounds			592,771	592,771	(592,771)		20
21	Rent -- Equipment							21
22	Other (specify): Mortgage Insurance					13,690	13,690	22
23	TOTAL Ownership			689,284	689,284	(190,822)	498,462	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,333,896	435,254	1,509,509	3,278,659	(256,217)	3,022,442	24

Facility Name: The Ivy

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	0.60	\$ 35.09	1
2	Licensed Practical Nurses	0.86	24.62	2
3	Certified Nurse Assistants	6.68	9.82	3
4	Activity Director & Assistants	2.77	12.41	4
5	Social Service Workers			5
6	Head Cook	1.03	16.56	6
7	Cook Helpers/Assistants	18.31	9.86	7
8	Dishwashers			8
9	Maintenance Workers	4.22	14.69	9
10	Housekeepers	9.65	12.34	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.03	26.84	13
14	Clerical	4.99	15.87	14
15	Marketing			15
16	Other Qualified Mental Ret. Prof.	0.85	18.60	16
17	Total (lines 1 thru 16)	50.99	\$ 17.88	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 Attached Schedule 1 (A)			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attached Schedule 1 (B)					

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).

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	N/A			\$	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

Facility Name: The Ivy Report Period Beginning: 1/1/12 Ending: 12/31/12

VIII. OWNERSHIP COSTS

A. Purchase price of land 33,000 Year land was acquired 1998

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	118		1998		\$ 2,759,969	\$	40	\$ 68,999	\$ 68,999	\$ 979,923	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Carpet/Flooring		1994	1994	5,181	259	20	259		4,792	6
7	Carpet/Flooring		1995	1995	12,527	626	20	626		10,958	7
8	Remodeling		1995	1995	4,936	247	20	247		4,321	8
9	Carpet/Flooring		1996	1996	7,976	399	20	399		6,582	9
10	Remodeling		1996	1996	12,212	611	20	611		10,078	10
11	Carpet/Flooring		1997	1997	13,006	650	20	650		10,077	11
12	Carpet/Flooring		1998	1998	4,476	224	20	224		3,247	12
13	Carpet/Flooring		1999	1999	23,722		20	1,186	1,186	16,012	13
14	Window Treatments		1999	1999	25,636		20	1,282	1,282	17,306	14
15	Remodeling		1999	1999	2,780	139	20	139		1,877	15
16	See Attachment 2				446,750	14,598		20,133	5,535	122,507	16
17	TOTAL (lines 1 thru 16)				\$ 3,319,171	\$ 17,753		\$ 94,755	\$ 77,002	\$ 1,187,680	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	\$ 772,930	\$ 22,752	\$ 43,433	20,681	10	\$ 727,624	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 22,752	\$ 43,433	20,681		\$ 727,624	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: The Ivy Report Period Beginning: 1/1/12 Ending: 12/31/12

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		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 NO
3	Original Building			/ /	\$ N/A			3	
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	
									9. Rental amount for movable equipment \$ None
									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	Cambridge Realty Group		X	Mortgage	6/16/04	\$ 19,153,100	\$ 2,715,146	3/31/38	0.0525	\$ 143,854	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Due to Claridge, LLC	X		Working Capital	8/31/03	4,400,000	2,784,600	6/1/13	0.0725	56,008	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 23,553,100	\$ 5,499,746			\$ 199,862	7
	B. Non-Facility Related										
8					/ /	Amortization loan fees		/ /		3,477	8
9					/ /	Interest Income Offset		/ /		-28,168	9
10	TOTALS (lines 7, 8 and 9)					\$ 23,553,100	\$ 5,499,746			\$ 175,171	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 Ivy

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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 89,102	\$ 295,282	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 92,848)	1,021,545	1,117,545	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	81,583	91,447	7
8	Accounts Receivable (owners or related parties)	3,534,963	3,534,963	8
9	Other(specify): <u>Accrued Mgmt. Fees</u>	162,397	162,397	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,889,590	\$ 5,201,634	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		33,000	13
14	Buildings, at Historical Cost		2,759,969	14
15	Leasehold Improvements, at Historical Cost	399,125	559,202	15
16	Equipment, at Historical Cost	651,630	772,930	16
17	Accumulated Depreciation (book methods)	(685,543)	(1,915,304)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		186,898	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Loan Fees & Closing Cost</u>		62,239	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 365,212	\$ 2,458,934	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,254,802	\$ 7,660,568	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 180,259	\$ 180,261	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	600,000	600,000	29
30	Accrued Salaries Payable	110,267	110,267	30
31	Accrued Taxes Payable		99,283	31
32	Accrued Interest Payable	5,660	17,775	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>See attachment #1 C</u>	121,825	928,025	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,018,011	\$ 1,935,611	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,184,600	2,184,600	38
39	Mortgage Payable		2,715,146	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)	\$ 2,184,600	\$ 4,899,746	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,202,611	\$ 6,835,357	45
46	TOTAL EQUITY	\$ 2,052,191	\$ 825,211	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,254,802	\$ 7,660,568	47

*(See instructions.)

Facility Name: The Ivy

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.)

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,947,134	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,947,134	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	28,168	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 28,168	14
	D. Other Revenue (specify):		
15	See Attchment #1D	5,402	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 5,402	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,980,704	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,302,600	19
20	Health Care/ Personal Care	381,607	20
21	General Administration	905,168	21
	B. Capital Expense		
22	Ownership	689,284	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)	\$ 3,278,659	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 702,045	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 702,045	31

(A) Sch. VII-Related Parties-Related Nursing Homes

<u>Name</u>	<u>City</u>
Bronzeville Park	Chicago
California Gardens Corp.	Chicago
Claremont Rehab. & Living	Buffalo Grove
Claremont - Hanover Park	Hanover Park
Claridge Imperial, LTD.	Chicago
Jackson Corp	Chicago
Monroe Pavillion	Chicago
Renaissance at 87th Street	Chicago
Renaissance at Midway	Chicago
Renaissance at South Shore	Chicago
Renaissance Park South	Chicago
Aria Post Acute Care	Hillside
Seven Oaks	Glendale, WI
Renaissance East	Mesa, Arizona
Renaissance West	Mesa, Arizona
Renaissance Village IL	Mesa, Arizona
Renaissance Village AL	Mesa, Arizona
Symphony Aspen Ridge, LLC D/B/A Symphony of Decatur	Decatur
Symphony Countryside, LLC D/B/A Countryside Care Centre	Aurora
Symphony Crestwood, LLC D/B/A Symphony of Crestwood	Crestwood
Symphony Deerbrook, LLC D/B/A Symphony of Joliet	Joliet
Symphony Maple Crest, LLC D/B/A Maple Crest Care Centre	Belvidere
Symphony Maple Ridge, LLC D/B/A Symphony of Lincoln	Lincoln
Symphony McKinley, LLC D/B/A McKinley Court	Decatur
Symphony Northwoods, LLC D/B/A Northwoods Care Centre	Belvidere

(B) **Sch. VII-Related Parties-Other Business Entities**

<u>Name</u>	<u>City</u>	<u>Type of Business</u>
Nucare Services	Lincolnwood	Bookeeping Mgmt
7257 N. Lincoln Ave, LLC	Lincolnwood	Building Rental
Diamond Insurance	Northbrook	Work Comp Ins.
Seasons Hospice	Park Ridge	Hospice
JLR Financial Svcs. Corp.	Lincolnwood	Management Co.
KFT Services, LLC	Lincolnwood	Management Co.
Drake Louis Enterprise, LLC	Lincolnwood	Management Co.
Clinical Consulting Serv.	Lincolnwood	Clinical Consult
Quest Services Corp.	Lincolnwood	Marketing
Integra Healthcare Equip.	Elmhurst	DME & Med. Supplies
Symphony Healthcare, LLC	Morton Grove	Sub Lessor
Symphony M.L., LLC	Morton Grove	Main Lessor
Symphony HMG, LLC	Morton Grove	Sub Lessor
Symphony Financial Services, LLC	Morton Grove	Mgmt Co.

(C)	<u>Sch. XI-Balance Sheet-Line 35: Other Current Liabilities</u>	<u>Operating</u>	<u>After Consolidation</u>
	Due to IVY	-	806,200
	Resident Credit Balances	35,941	35,941
	Accrued Accounts Payable	88,151	88,151
	Due to Employees-Old Payroll Check	449	449
	Unemployment Liability - FUTA	470	470
	Due NuVision Holdings Expense	4,140	4,140
	Resident Trust	(7,326)	(7,326)
		<u>121,825</u>	<u>928,025</u>

(D)	<u>Sch. XII. Income Statement-Line 15: Other Revenue</u>	<u>Amount</u>
	Miscellaneous Income	550
	Food Stamp Income	4,852
		<u>5,402</u>

The Ivy
 Leasehold Improvements (continued)
 12/31/2012

Attachment 2

	Improvement Type	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation		Adjustments	Accumulated Depreciation	
18	Carpet/Flooring	2001		27,555		20	1,378		1,378	15,846	18
19	Remodeling	2001		13,000	650	20	650		-	7,475	19
20	Carpeting/Flooring	2002		500	25	20	25		-	263	20
21	Carpeting/Flooring	2002		30,320		20	1,516		1,516	16,006	21
22	Carpeting/Flooring	2003		10,154	508	20	508		-	4,824	22
23	Carpeting/Flooring	2004		27,297		20	1,365		1,365	11,602	23
24	Window Treatments	2004		3,166		20	158		158	1,345	24
25	Wallcovering	2004		2,777		20	139		139	1,181	25
26	Carpet	2005		28,070	1,404	20	1,404		-	10,530	26
27	Vertical Blinds	2005		5,248	262	20	262		-	1,967	27
28	Countertops	2005		1,500	75	20	75		-	563	28
29	Communication Cables	2005		1,031	52	20	52		-	390	29
30	Vertical Blinds	2006		714	36	20	36		-	234	30
31	Carpet/Flooring	2006		41,117	2,056	20	2,056		-	13,364	31
32	Window Treatments	2006		8,712	436	20	436		-	2,834	32
33	Shower Remodeling	2006		1,623		20	81		81	527	33
34	Carpeting-Install new carpet-3rd, 4th ,5th Floors	2007		36,684	1,834	20	1,834		-	11,004	34
35	Cabinets for kitchen & Rm 417	2007		4,638	232	20	232		-	1,392	35
36	Install door controllers, satelite boards & readers	2007		6,966	348	20	348		-	2,088	36
37	Labor & material to paint for gym, DR & lobby ceilings.	2007		4,060	203	20	203		-	1,218	37
38	Instalation of Carpet	2008		7,686	384	20	384		-	1,728	38
39	Ceramic flooring	2008		4,210	211	20	211		-	949	39
40	Paint ceilings	2008		5,194	260	20	260		-	1,170	40
41	Patio door furnish and install	2009		2,337	117	20	117		-	409	41
42	Fronk desk countertops,doors,ceiling fixtures	2009		11,014	551	20	551		-	1,928	42
43	Carpet 1st flr lobby,hallway,front desk	2009		23,266	1,163	20	1,163		-	4,071	43
44	Electrical work on outside of bldg.cameras	2009		2,698	135	20	135		-	472	44
45	Install pipe and boxes for elecromagnetic	2009		3,350	168	20	168		-	588	45
46	Installation of Wireless Internet System	2010		7,681	384	20	384		-	960	46

47	Cabinets for Dinning Room	2010		4,660	233	20	233		-	583	47
48	Remove Wallpaper and Paint	2010		4,650	233	20	233		-	582	48
49	Add Hand-Held Transmitters	2010		2,405	120	20	120		-	300	49
50	Install Granite Counter Top	2010		1,812	91	20	91		-	227	50
51	Install Pantry, Cabinets and Counter Tops in Kitchen	2011		7,016	351	20	351		-	526	51
52	New Granite for Front Lobby Desk	2011		2,350	118	20	118		-	177	52
53	Beauty Shop Counter Tops, Cabinets, Flooring	2011		13,105	655	20	655		-	983	53
54	Install Wireless Emergency Call System - Nurses' Station	2012		4,913	123	20	123		-	123	54
55	Elevator 4 - South Car: Brake, Drop Ceiling, Generator	2012		83,272	2,082	20	2,082		-	2,082	55
56											56
57	To Reconcile to Book Depreciation				(898)				898		57
58											58
59	Total (Attachment 2) to Schedule VIII - Line 16			\$ 446,750	\$ 14,598		\$ 20,133		\$ 5,535	\$ 122,507	59

