

		FOR BHF USE			

LL2

**Supportive Living Facility**  
**2007**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**  
**COST REPORT FOR**  
**SUPPORTIVE LIVING FACILITIES**  
**(FISCAL YEAR 2007)**

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 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: 36-3796888

Date Current Owners were Certified: 11/21/2002

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 _____	

In the event there are further questions about this report, please contact:  
 Name: Michael W. Martin Telephone Number: (217) 789-7700

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/07 to 12/31/07 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) <u>See Accountants' Compilation Report</u>	
	(Firm Name & Address) <u>McGladrey &amp; Pullen, LLP</u> <u>20 N. Martingale, Suite 500, Schaumburg, IL 60173</u>	
	(Telephone) <u>(217) 789-7700</u> Fax <u>(217) 753-1654</u>	

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: 1/1/07 Ending: 12/31/07

**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	118	Single Unit Apartment	118	43,070	1
2		Double Unit Apartment			2
3		Other			3
4	118	TOTALS	118	43,070	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	27,878	12,934		40,812	5
6	Double Unit					6
7	Other					7
8	TOTALS	27,878	12,934		40,812	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.76%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 677 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?**

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: 12/31/07 Fiscal Year: 12/31/07

\* 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

Facility Name: The Ivy

Report Period Beginning:

1/1/07

Ending:

12/31/07

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	333,498	318,080	1,645	653,223	(1,433)	651,790	1
2	Housekeeping, Laundry and Maintenance	357,567	59,745	101,003	518,315		518,315	2
3	Heat and Other Utilities			79,251	79,251		79,251	3
4	Other (specify): Cable			6,014	6,014		6,014	4
5	<b>TOTAL General Services</b>	<b>691,065</b>	<b>377,825</b>	<b>187,913</b>	<b>1,256,803</b>	<b>(1,433)</b>	<b>1,255,370</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	323,492	7,589	2,004	333,085		333,085	6
7	Activities and Social Services	81,106	8,509	13,001	102,616		102,616	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>404,598</b>	<b>16,098</b>	<b>15,005</b>	<b>435,701</b>		<b>435,701</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	256,860	27,654	167,534	452,048	(3,294)	448,754	10
11	Marketing Materials, Promotions and Advertising			33,475	33,475	(32,683)	792	11
12	Employee Benefits and Payroll Taxes			219,813	219,813		219,813	12
13	Insurance-Property, Liability and Malpractice			35,154	35,154		35,154	13
14	Other (specify): Bad Debts			28,800	28,800	(28,800)		14
15	<b>TOTAL General Administration</b>	<b>256,860</b>	<b>27,654</b>	<b>484,776</b>	<b>769,290</b>	<b>(64,777)</b>	<b>704,513</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,352,523</b>	<b>421,577</b>	<b>687,694</b>	<b>2,461,794</b>	<b>(66,210)</b>	<b>2,395,584</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			44,003	44,003	81,323	125,326	17
18	Interest			119,031	119,031	141,778	260,809	18
19	Real Estate Taxes					135,917	135,917	19
20	Rent -- Facility and Grounds			502,771	502,771	(502,771)		20
21	Rent -- Equipment							21
22	Other (specify): Mortgage Insurance					14,973	14,973	22
23	<b>TOTAL Ownership</b>			<b>665,805</b>	<b>665,805</b>	<b>(128,780)</b>	<b>537,025</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,352,523</b>	<b>421,577</b>	<b>1,353,499</b>	<b>3,127,599</b>	<b>(194,990)</b>	<b>2,932,609</b>	<b>24</b>

Facility Name: The Ivy

Report Period Beginning 1/1/07 Ending: 12/31/07

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.53	\$ 28.72	1
2	Licensed Practical Nurses	1.87	26.46	2
3	Certified Nurse Assistants	8.89	10.21	3
4	Activity Director & Assistants	3.40	11.47	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	18.38	8.72	7
8	Dishwashers			8
9	Maintenance Workers	5.50	16.66	9
10	Housekeepers	7.95	10.09	10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.94	33.75	13
14	Clerical	5.46	16.77	14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>52.92</b>	<b>\$ 12.28</b>	<b>17</b>

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
				<b>Total</b>	<b>6</b>
				\$	

VI. (B) Management fees paid to unrelated parties

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

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 <u>1</u>	City <u>2</u>
See Attached Schedule 1 (A)	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
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  See Attachment 3 (A)

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: The Ivy

Report Period Beginning:

1/1/07

Ending:

12/31/07

## 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	\$ 68,749	\$ 68,749	\$ 635,928	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Carpet/Flooring		1994	1994	5,181	518	20	259	(259)	3,497	6
7	Carpet/Flooring		1995	1995	12,527	1,253	20	626	(627)	7,828	7
8	Remodeling		1995	1995	4,936	247	20	247	(0)	3,086	8
9	Carpet/Flooring		1996	1996	7,976	798	20	399	(399)	4,587	9
10	Remodeling		1996	1996	12,212	611	20	611	(0)	7,023	10
11	Carpet/Flooring		1997	1997	13,006	1,301	20	650	(651)	6,827	11
12	Carpet/Flooring		1998	1998	4,476	224	20	224	(0)	2,127	12
13	Carpet/Flooring		1999	1999	23,722	2,372	20	1,186	(1,186)	10,082	13
14	Window Treatments		1999	1999	25,636	2,564	20	1,282	(1,282)	10,896	14
15	Remodeling		1999	1999	2,780	139	20	139		1,182	15
16	Total from Attachment 2 (line 38)				255,132	13,447	20	11,449	(1,999)	39,552	16
17	TOTAL (lines 1 thru 16)				\$ 3,127,553	\$ 23,474		\$ 85,820	\$ 62,346	\$ 732,614	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	\$ 726,563	\$ 27,376	\$ 39,506	12,130	10	\$ 489,487	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 726,563	\$ 27,376	\$ 39,506	12,130		\$ 489,487	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: 1/1/07

Ending: 12/31/07

**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		/ /	\$ N/A			3
4	Additions		/ /				4
5			/ /				5
6			/ /				6
7	<b>TOTAL</b>			\$			7

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

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	
		YES	NO			Original	Balance			Reporting Period Int. Expense	
<b>A. Directly Facility Related</b>											
<b>Long-Term</b>											
1	Cambridge Realty Group		X	Mortgage	6/16/04	\$ 19,153,100	\$ 2,941,009	3/31/38	0.0525	\$ 151,269	1
2					/ /			/ /			2
3					/ /			/ /			3
<b>Working Capital</b>											
4	Due to Claridge, LLC	X		Working Capital	8/31/03	4,400,000	2,100,000	11/30/08	0.0725	109,540	4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$ 23,553,100	\$ 5,041,009			\$ 260,809	7
<b>B. Non-Facility Related</b>											
8					/ /			/ /			8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 23,553,100	\$ 5,041,009			\$ 260,809	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: The Ivy

Report Period Beginning: 1/1/07

Ending:

12/31/07

12/31/07

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/07

(last day of reporting year)

	1	2	
	Operating	After Consolidation*	
<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 81,496	\$ 81,496
2	Cash-Patient Deposits		
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 262,326 )	637,101	637,101
4	Supply Inventory (priced at )		
5	Short-Term Investments		
6	Prepaid Insurance		
7	Other Prepaid Expenses	18,858	18,858
8	Accounts Receivable (owners or related parties)	944,896	944,896
9	Other(specify):		
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 1,682,351</b>	<b>\$ 1,682,351</b>
<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable		
12	Long-Term Investments		
13	Land		33,000
14	Buildings, at Historical Cost		2,759,969
15	Leasehold Improvements, at Historical Cost	188,798	367,584
16	Equipment, at Historical Cost	608,529	726,563
17	Accumulated Depreciation (book methods)	(475,688)	(1,222,101)
18	Deferred Charges		
19	Organization & Pre-Operating Costs		
20	Accumulated Amortization - Organization & Pre-Operating Costs		
21	Restricted Funds		
22	Other Long-Term Assets (specify):		
23	Other(specify):		
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 321,639</b>	<b>\$ 2,665,015</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 2,003,990</b>	<b>\$ 4,347,366</b>

	1	2	
	Operating	After Consolidation*	
<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 73,335	\$ 73,335
27	Officer's Accounts Payable		
28	Accounts Payable-Patient Deposits		
29	Short-Term Notes Payable		
30	Accrued Salaries Payable	134,629	134,629
31	Accrued Taxes Payable		
32	Accrued Interest Payable		
33	Deferred Compensation		
34	Federal and State Income Taxes		
<b>Other Current Liabilities(specify):</b>			
35	See attachment 1 ©	722,886	722,886
36			
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	<b>\$ 930,850</b>	<b>\$ 930,850</b>
<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	2,100,000	5,041,009
39	Mortgage Payable		
40	Bonds Payable		
41	Deferred Compensation		
<b>Other Long-Term Liabilities(specify):</b>			
42			
43			
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	<b>\$ 2,100,000</b>	<b>\$ 5,041,009</b>
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	<b>\$ 568,545</b>	<b>\$ 5,971,859</b>
46	<b>TOTAL EQUITY</b>	<b>\$ 1,435,445</b>	<b>\$ (1,624,493)</b>
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	<b>\$ 2,003,990</b>	<b>\$ 4,347,366</b>

\*(See instructions.)

Facility Name: The Ivy

Report Period Beginning: 1/1/07

Ending: 12/31/07

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,450,624	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 3,450,624	3
<b>B. Other Operating Revenue</b>			
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	1,433	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 1,433	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	13,560	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 13,560	14
<b>D. Other Revenue (specify):</b>			
15	See attachment 1(D)	70,567	15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 70,567	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 3,536,184	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,256,803	19
20	Health Care/ Personal Care	435,701	20
21	General Administration	769,290	21
<b>B. Capital Expense</b>			
22	Ownership	665,805	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	\$ 3,127,599	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ 408,585	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ 408,585	31

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

<u>Name</u>	<u>City</u>
Carlton at the Lake	Chicago, IL
Glenview Terrace N.C.	Glenview, IL
Harmony House	Chicago, IL
Whitehall North	Deerfield, IL
Bronzeville Park	Chicago, IL
California Gardens Corp.	Buffalo Grove
Claremont Rehab & Living	Buffalo Grove
Claridge Imperial, LTD.	Chicago, IL
Forest Villa	Niles, IL
Jackson Corp.	Chicago, IL
Monroe Pavilion	Chicago, IL
Renaissance at 87th Street	Chicago, IL
Renaissance at Halsted	Chicago, IL
Renaissance at Hillside	Hillside, IL
Renaissance at Midway	Chicago, IL
Renaissance at South Shore	Chicago, IL
Imperial Grove Pavillion	Chicago, IL

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

<u>Name</u>	<u>City</u>	<u>Type of Business</u>
ITEX/A.K. Care	Lincolnwood, IL	Bookeeping Co./Management Co.
JLR Management	Lincolnwood, IL	Management Co.
Shaymark	Lincolnwood, IL	Management Co.
Care Path	Lincolnwood, IL	Management Co.
Seasons Hospice	Park Ridge	Hospice
Nucare Services	Lincolnwood, IL	Bookeeping Co./Management Co.
7257 N. Lincoln Avenue, LLC	Lincolnwood, IL	Building Rental
Diamond Insurance	Northbrook, IL	Workers Comp Insurance
JEM Rehabilitation Serv.	Chicago, IL	Psychiatric Services
DBD Rehabilitation Serv.	Chicago, IL	Psychiatric Services

(C) **Sch. XI-Balance Sheet-Line 35: Other Current Liabilities**

A/R Exchange	(70,836)
Accrued Expenses	(29,518)
Accrued Rent, related party	(12,180)
Accrued Management Fees	10,000
Wage Assign Payable	150
Life Insurance Exchange	209
401K Exchange	216
Due to Employees-Old P/R	(218)
Due Nuvision	36
Due IDPA	(20,745)
Officer's N/P Short Term	(600,000)
	<u>(722,886)</u>

(D) **Sch. XII. Income Statement-Line 15: Other Revenue**

Trust-Income	(1,990)
Miscellaneous Income	(4,494)
Food Stamp Income	(64,083)
	<u>(70,567)</u>

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	2,756	20	1,378	(1,378)	8,956	18
19 Remodeling	2001		13,000	650	20	650		4,225	19
20 Carpeting/Flooring	2002		500	25	20	25		138	20
21 Carpeting/Flooring	2002		30,330	3,032	20	1,516	(1,516)	8,426	21
22 Carpeting/Flooring	2003		10,154	508	20	508		2,286	22
23 Carpeting/Flooring	2004		27,297	1,365	20	1,365		4,777	23
24 Window Treatments	2004		3,166	158	20	158		553	24
25 Wallcovering	2004		2,777	139	20	139		486	25
26 Carpet	2005		28,070	702	20	1,404	702	3,310	26
27 Vertical Blinds	2005		5,248	131	20	262	131	655	27
28 Countertops	2005		1,500	38	20	75	38	188	28
29 Communication Cables	2005		1,031	26	20	52	26	130	29
30 Vertical Blinds	2006		714	36	20	36	-	54	30
31 Carpet/Flooring	2006		41,117	2,056	20	2,056	-	3,084	31
32 Window Treatments	2006		8,712	436	20	436	-	654	32
33 Shower Remodeling	2006		1,623	81	20	81	-	122	33
34 Carpeting-Install new carpet-3rd, 4th, 5th Floors	2007		36,684	917	20	917	0	917	34
35 Cabinets for kitchen & Rm 417	2007		4,638	116	20	116	-	116	35
36 Install door controllers, satellite boards & readers	2007		6,966	174	20	174	0	174	36
37 Labor & material to paint for gym, DR & lobby ceilings	2007		4,060	102	20	102	-	102	37
38 Total (Attachment 2) to Schedule VIII - Line 16			\$ 255,132	\$ 13,447		11,449	\$ (1,998)	\$ 39,552	38