

		FOR BHF USE			

LL2

Supportive Living Facility

**2009
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2009)**

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: 11/21/02

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) 258-8888
 Email Address: Michael.Martin@rsmi.com

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/09 to 12/31/09 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 & Pullen, LLP</u> <u>20 N. Martingale, Suite 500, Schaumburg, IL 60173</u>	
	(Telephone) <u>(847)) 517-7070</u> Fax <u>(847) 517-7067</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: 1/1/09 Ending: 12/31/09

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 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	30,905	15,165		46,070	5
6	Double Unit					6
7	Other					7
8	TOTALS	30,905	15,165		46,070	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 106.97%

D. Indicate the number of paid bed-hold days the SLF had during this year 380 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: 12/31/09 Fiscal Year: 12/31/09

* 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:

1/1/09

Ending:

12/31/09

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	387,639	309,971	1,774	699,384		699,384	1
2	Housekeeping, Laundry and Maintenance	388,639	69,182	59,113	516,934		516,934	2
3	Heat and Other Utilities			62,954	62,954		62,954	3
4	Other (specify): Cable			6,264	6,264	(6,264)		4
5	TOTAL General Services	776,278	379,153	130,105	1,285,536	(6,264)	1,279,272	5
B. Health Care and Programs								
6	Health Care/ Personal Care	247,298	21,969		269,267		269,267	6
7	Activities and Social Services	84,193	6,177	14,225	104,595		104,595	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	331,491	28,146	14,225	373,862		373,862	9
C. General Administration								
10	Administrative and Clerical	249,610	14,351	238,774	502,735	(8,782)	493,953	10
11	Marketing Materials, Promotions and Advertising			26,594	26,594	(26,594)		11
12	Employee Benefits and Payroll Taxes			243,076	243,076		243,076	12
13	Insurance-Property, Liability and Malpractice			31,324	31,324		31,324	13
14	Other (specify): Bad Debts			28,800	28,800	(28,800)		14
15	TOTAL General Administration	249,610	14,351	568,568	832,529	(64,176)	768,353	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,357,379	421,650	712,898	2,491,927	(70,440)	2,421,487	16
Capital Expenses								
D. Ownership								
17	Depreciation			41,259	41,259	88,884	130,143	17
18	Interest			41,454	41,454	152,898	194,352	18
19	Real Estate Taxes					158,875	158,875	19
20	Rent -- Facility and Grounds			586,771	586,771	(586,771)		20
21	Rent -- Equipment							21
22	Other (specify): Mortgage Insurance Premium					14,595	14,595	22
23	TOTAL Ownership			669,484	669,484	(171,519)	497,965	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,357,379	421,650	1,382,382	3,161,411	(241,959)	2,919,452	24

Facility Name: The Ivy

Report Period Beginning 1/1/09

Ending: 12/31/09

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.62	\$ 32.41	1
2	Licensed Practical Nurses	1.13	23.74	2
3	Certified Nurse Assistants	7.45	9.65	3
4	Activity Director & Assistants	3.12	13.08	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	19.76	9.43	7
8	Dishwashers			8
9	Maintenance Workers	3.08	18.22	9
10	Housekeepers	8.43	10.83	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	34.59	13
14	Clerical	4.73	18.06	14
15	Marketing			15
16	Other Medical Records	3.14	12.63	16
17	Total (lines 1 thru 16)	52	\$ 18.26	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	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

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).

Facility Name: The Ivy

Report Period Beginning:

1/1/09

Ending:

12/31/09

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	\$ 773,426	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Carpet/Flooring		1994	1994	5,181	259	20	259		4,015	6
7	Carpet/Flooring		1995	1995	12,527	626	20	626		9,080	7
8	Remodeling		1995	1995	4,936	247	20	247		3,580	8
9	Carpet/Flooring		1996	1996	7,976	399	20	399		5,385	9
10	Remodeling		1996	1996	12,212	611	20	611		8,245	10
11	Carpet/Flooring		1997	1997	13,006	650	20	650		8,127	11
12	Carpet/Flooring		1998	1998	4,476	224	20	224		2,575	12
13	Carpet/Flooring		1999	1999	23,722	1,186	20	1,186		12,454	13
14	Window Treatments		1999	1999	25,636	1,282	20	1,282		13,460	14
15	Remodeling		1999	1999	2,780	139	20	139		1,460	15
16	Total from attachment 2 (line 38)				314,886	14,679	20	14,679	(0)	68,724	16
17	TOTAL (lines 1 thru 16)				\$ 3,187,307	\$ 20,302		\$ 89,051	\$ 68,749	\$ 910,531	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	\$ 746,553	\$ 20,957	\$ 41,092	20,135	10	\$ 570,671	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 746,553	\$ 20,957	\$ 41,092	20,135		\$ 570,671	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: 1/1/09

Ending: 12/31/09

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	TOTAL				\$			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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		Cambridge Realty Group		X	Mortgage	6/16/04	\$ 19,153,100	\$ 2,857,691	3/31/38	0.0525	\$ 151,067	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4		Due to Claridge, LLC	X		Working Capital	8/31/03	4,400,000	2,100,000	11/30/09	0.0725	41,454	4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 23,553,100	\$ 4,957,691			\$ 192,521	7
		B. Non-Facility Related										
8						/ /	Amortization loan fees		/ /		2,833	8
9						/ /	Interest Income		/ /		-1,002	9
10		TOTALS (lines 7, 8 and 9)					\$ 23,553,100	\$ 4,957,691			\$ 194,352	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: 1/1/09

Ending:

12/31/09

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 65,631	65,631	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 120,648)	844,717	844,717	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	37,966	37,966	7
8	Accounts Receivable (owners or related parties)	2,140,073	2,140,073	8
9	Other(specify): Accrued Management Fees	37,732	37,732	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,126,119	\$ 3,126,119	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable		33,000	11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost		2,759,969	14
15	Leasehold Improvements, at Historical Cost	247,166	427,338	15
16	Equipment, at Historical Cost	628,520	746,553	16
17	Accumulated Depreciation (book methods)	(562,014)	(1,481,202)	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)	\$ 313,672	\$ 2,485,658	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,439,791	\$ 5,611,777	25

*(See instructions.)

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 107,346	\$ 107,346	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	80,532	80,632	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	See Attachment 1C	700,039	700,039	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 887,917	\$ 888,017	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,100,000	4,957,691	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)	\$ 2,100,000	\$ 4,957,691	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,987,917	\$ 5,845,708	45
46	TOTAL EQUITY	\$ 451,874	\$ (233,931)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 3,439,791	\$ 5,611,777	47

Facility Name: The Ivy

Report Period Beginning: 1/1/09

Ending:

12/31/09

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	\$ 4,022,516	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,022,516	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	1,002	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,002	14
D. Other Revenue (specify):			
15	See Attachment #1D	48,374	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 48,374	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,071,892	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,285,536	19
20	Health Care/ Personal Care	373,862	20
21	General Administration	832,529	21
B. Capital Expense			
22	Ownership	669,484	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)	\$ 3,161,411	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 910,481	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 910,481	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 Hillside	Hillside, IL
Renaissance at Midway	Chicago, IL
Renaissance at South Shore	Chicago, IL
Imperial Grove Pavillion	Chicago, IL
Park South	Chicago, IL
RENAISSANCE AT EAST	MESA, ARIZONA
RENAISSANCE AT WEST	MESA, ARIZONA
RENAISSANCE AT VILLAGE IL	MESA, ARIZONA
RENAISSANCE AT VILLAGE AL	MESA, ARIZONA

(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.
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
Clinical Consulting Servic	Lincolnwood, IL	Clinical Consulting

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

A/R Exchange	32,046
Accrued Expenses	27,325
CTA Exchange	1,204
Due to Employees-Old P/R & Nuvision	194
Officer's N/P Short Term	600,000
Trust Income	1,990
Interest on Trust Fund Balance	(1,393)
Resident Credit Balances	38,673
	<u>700,039</u>

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

Misc Income-Parking Stickers	200
Miscellaneous Income	6,050
Food Stamp Income	42,124
	<u>48,374</u>

Attachment 2

	Improvement Type	Year Acquired	Year Construct ed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustme nts	Accumulated Depreciation		
18	Carpet/Flooring	2001		27,555	1,378	20	1,378	(0)	11,712	18	
19	Remodeling	2001		13,000	650	20	650		5,525	19	
20	Carpeting/Flooring	2002		500	25	20	25		188	20	
21	Carpeting/Flooring	2002		30,320	1,516	20	1,516	-	11,458	21	
22	Carpeting/Flooring	2003		10,154	508	20	508		3,301	22	
23	Carpeting/Flooring	2004		27,297	1,365	20	1,365		7,507	23	
24	Window Treatments	2004		3,166	158	20	158		870	24	
25	Wallcovering	2004		2,777	139	20	139		764	25	
26	Carpet	2005		28,070	1,404	20	1,404	-	6,318	26	
27	Vertical Blinds	2005		5,248	262	20	262	0	1,180	27	
28	Countertops	2005		1,500	75	20	75	-	338	28	
29	Communication Cables	2005		1,031	52	20	52	(0)	234	29	
30	Vertical Blinds	2006		714	36	20	36	-	126	30	
31	Carpet/Flooring	2006		41,117	2,056	20	2,056	-	7,196	31	
32	Window Treatments	2006		8,712	436	20	436	-	1,526	32	
33	Shower Remodeling	2006		1,623	81	20	81	-	284	33	
34	Carpeting-Install new carpet-3rd, 4th ,5th Floors	2007		36,684	1,834	20	1,834	-	5,502	34	
35	Cabinets for kitchen & Rm 417	2007		4,638	232	20	232	-	696	35	
36	Install door controllers, satelite boards & readers	2007		6,966	348	20	348	-	1,044	36	
37	Labor & material to paint for gym, DR & lobby ceilings.	2007		4,060	203	20	203	-	609	37	
38	Instalation of Carpet	2008		7,686	384	20	384	-	576	38	
39	Ceramic flooring	2008		4,210	211	20	211	-	316	39	
40	Paint ceilings	2008		5,194	260	20	260	-	390	40	
41	Patio door furnish and install	2009		2,337	58	20	58	-	58	41	
42	Fronk desk countertops,doors,ceiling fixtures	2009		11,014	275	20	275	-	275	42	
43	Carpet 1st flr lobby,hallway,front desk	2009		23,266	582	20	582	-	582	43	
44	Electrical work on outside of bldg.cameras	2009		2,698	67	20	67	-	67	43	
45	Install pipe and boxes for elecromagnetic	2009		3,350	84	20	84	-	84	43	
46	Total (Attachment 2) to Schedule VIII - Line 16			\$ 314,886	\$ 14,679		\$ 14,679	\$ -	\$ (0)	\$ 68,724	46