

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2013  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2013)**

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><b>I. Facility ID Number:</b> <u>1000019</u></p> <p><b>Facility Name:</b> <u>The Ivy</u></p> <p><b>Address:</b> <u>2437 North Southport</u> <u>Chicago</u> <u>60614</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> ( <u>773</u> ) <u>472-8400</u> Fax # <u>(773) 935-0036</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>11/21/02</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" 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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Amanda Springborn</u> <b>Telephone Number:</b> ( <u>314</u> ) <u>925-3838</u>  <b>Email Address:</b> _____</p>	<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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2013</u> to <u>12/31/2013</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>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%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Print Name and Title) _____ (Firm Name &amp; Address) <u>McGladrey LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u> (Telephone) <u>(847) 517-7070</u> Fax <u>(847) 517-7067</u></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) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) <u>McGladrey LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u> (Telephone) <u>(847) 517-7070</u> Fax <u>(847) 517-7067</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name The Ivy

Report Period Beginning: 01/01/2013 Ending: 12/31/2013

**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 Facility ID Number:			1000019	Unit Days During Report Period	
Report Period			Report Period	Report Period	
1	113	Single Unit Apartment	113	41,245	1
2	2437 North Southp	Double Unit Apartment	5	1,825	2
3		Other		365	3
4	113	TOTALS	118	43,435	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	31,306	6,574		37,880	5
6	Double Unit	2,083			2,083	6
7	Other					7
8	TOTALS	33,389	6,574		39,963	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.01%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 708 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  Note : Non-allowable costs have been eliminated in Schedule IV, Column 5.

**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: 12/31/13 Fiscal Year: 12/31/13

\* 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:

01/01/2013

Ending: 12/31/2013

## 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	396,323	275,758	1,500	673,581		673,581	1
2	Housekeeping, Laundry and Maintenance	368,823	70,018	72,748	511,589		511,589	2
Facility ID Number:		1000019						3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	765,146	345,776	74,248	1,185,170		1,185,170	5
<b>B. Health Care and Programs</b>								
6	Health C: 2437 North Southport	260,536	21,608		282,144		282,144	6
7	Activities and Social Services	91,611	8,502	11,897	112,010		112,010	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	352,147	30,110	11,897	394,154		394,154	9
<b>C. General Administration</b>								
10	Administrative and Clerical	241,846	26,030	285,358	553,234	(25,273)	527,961	10
11	Marketing Materials, Promotions and Advertising			31,516	31,516	(31,516)		11
12	Employee Benefits and Payroll Taxes			220,521	220,521		220,521	12
13	Insurance-Property, Liability and Malpractice			73,961	73,961	5,225	79,186	13
14	Other (specify):			44,745	44,745	(44,745)		14
15	<b>TOTAL General Administration</b>	241,846	26,030	656,101	923,977	(96,309)	827,668	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,359,139	401,916	742,246	2,503,301	(96,309)	2,406,992	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			39,392	39,392	39,392	78,784	17
18	Interest			71,920	71,920	71,920	143,840	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			594,271	594,271	594,271	1,188,542	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			705,583	705,583	705,583	1,411,166	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,359,139	401,916	1,447,829	3,208,884	609,274	3,818,158	24

Facility Name: The Ivy

Report Period Beginning 01/01/2013

Ending:

12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.62	\$ 34.01	1
2	Licensed Practical Nurses	0.83	24.60	2
3	Certified Nurse Assistants	6.87	9.86	3
4	Activity Director & Assistants	3.07	14.52	4
Facility ID Number:		1000019		
6	Head Cook	1.01	16.60	6
7	Cook Helpers/Assistants	17.52	9.92	7
8	Dishwashers			8
9	Maintenan 2437 North Southport	5.00	15.00	9
10	Housekeepers	8.41	12.09	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	28.54	13
14	Clerical	5.30	16.55	14
15	Marketing			15
16	Other Qualified Mental Ret. Prof.	0.61	26.61	16
17	<b>Total (lines 1 thru 16)</b>	<b>50.24</b>	<b>\$ 18.94</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>\$</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

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

01/01/2013

Ending:

12/31/2013

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	118		1998		\$ 2,759,969	\$	40	\$ 68,999	\$ 68,999	\$ 1,048,922	1
2											2
3											3
4	Facility ID Number:		1000019								4
5											5
	Improvement Type										
6	Carpet/Flooring		1994	1994	5,181	259	20	259		5,051	6
7	Carpet/Flooc 2437 North Southport		1995	1995	12,527	626	20	626		11,584	7
8	Remodeling		1995	1995	4,936	247	20	247		4,568	8
9	Carpet/Flooring		1996	1996	7,976	399	20	399		6,981	9
10	Remodeling		1996	1996	12,212	611	20	611		10,689	10
11	Carpet/Flooring		1997	1997	13,006	650	20	650		10,727	11
12	Carpet/Flooring		1998	1998	4,476	224	20	224		3,471	12
13	Carpet/Flooring		1999	1999	23,722		20	1,186	1,186	17,198	13
14	Window Treatments		1999	1999	25,636		20	1,282	1,282	18,588	14
15	Remodeling		1999	1999	2,780	139	20	139		2,016	15
16	See Attachment 2				471,920	18,409		22,888	4,479	145,395	16
17	TOTAL (lines 1 thru 16)				\$ 3,344,341	\$ 21,564		\$ 97,510	\$ 75,946	\$ 1,285,190	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	\$ 776,442	\$ 18,727	\$ 44,024	25,297	10	\$ 747,072	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 776,442	\$ 18,727	\$ 44,024		\$ 747,072	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: 01/01/2013

Ending: 2/31/2013

**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*
Facility ID Number:				1000019		
3	Building		/ /	\$ N/A		3
4	Additions		/ /			4
5			/ /			5
6	2437 North Southport		/ /			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	2		3	4	6		7	8	9
		Name of Lender	Related**			Purpose of Loan	Date of Note			
		YES	NO			Original	Balance			
<b>A. Directly Facility Related</b>										
<b>Long-Term</b>										
1	Cambridge Realty Group		X	Mortgage	6/16/04	\$ 19,153,100	\$ 2,662,411	3/31/38	0.0525	\$ 141,131
2					/ /			/ /		
3					/ /			/ /		
<b>Working Capital</b>										
4	Due to Claridge, LLC	X		Working Capital	8/31/03	4,400,000	2,684,600	6/1/14	0.0725	68,946
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 23,553,100	\$ 5,347,011			\$ 210,077
<b>B. Non-Facility Related</b>										
8					/ /	Amortization loan fees		/ /		2,833
9					/ /	Interest Income Offset		/ /		46,994
10	TOTALS (lines 7, 8 and 9)					\$ 23,553,100	\$ 5,347,011			\$ 259,904

\* 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: 01/01/2013

Ending:

12/31/2013

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 67,404	\$ 317,773	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 135,142 )	891,119	987,119	3
	Facility ID Number:	100		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	922	10,786	7
8	Accounts Receivable 2437 North Southport	2,590,557	2,590,557	8
9	Other(specify): <u>Accrued Mgmt. Fees</u>	99,593	99,593	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,649,595	\$ 4,005,828	10
	<b>B. Long-Term Assets</b>			
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	427,461	587,538	15
16	Equipment, at Historical Cost	655,142	776,442	16
17	Accumulated Depreciation (book methods)	(724,935)	(2,032,420)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		202,610	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Loan Fees &amp; Closing Cost</u>		86,794	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 357,668	\$ 2,413,933	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,007,263	\$ 6,419,761	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 31,009	\$ 31,009	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	500,000	500,000	29
30	Accrued Salaries Payable	99,003	99,003	30
31	Accrued Taxes Payable		109,944	31
32	Accrued Interest Payable		12,115	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<u>See attachment #1 C</u>	78,214	884,414	35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 708,226	\$ 1,636,485	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	2,184,600	2,184,600	38
39	Mortgage Payable		2,662,411	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 2,184,600	\$ 4,847,011	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 2,892,826	\$ 6,483,496	45
46	<b>TOTAL EQUITY</b>	\$ 1,114,437	\$ (63,735)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 4,007,263	\$ 6,419,761	47

\*(See instructions.)

Facility Name: The Ivy

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

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

I.

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
<b>Facility ID Number:</b>			
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$	3
<b>B. Other (2437 North Southport)</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		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	46,994	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 46,994	14
<b>D. Other Revenue (specify):</b>			
15	See Attchment #1D	13,446	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 13,446	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 60,440	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	<b>1000019</b>	1,185,170	19
20	Health Care/ Personal Care	394,154	20
21	General Administration	923,977	21
<b>B. Capital Expense</b>			
22	Ownership	705,583	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 (sum of lines 19 thru 27)</b>	\$ 3,208,884	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ (3,148,444)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ (3,148,444)	31

**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	
<b>Facility ID Number:</b>		<b>1000019</b>
Jackson Corp	Chicago	
Monroe Pavillion	Chicago	
Renaissance at 87th Street	Chicago	
Renaissance at Midway	Chicago	2437 North Southport
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	

**Sch. VII-Related Parties-Other Business Entities**

	<u>Name</u>	<u>City</u>	<u>Type of Business</u>
Nucare Services		Lincolnwood	Bookkeeping Mgmt





Improvement Type	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Carpet/Flooring	2001		27,555		20	1,378	1,378	17,224	18
Remodeling	2001		13,000	650	20	650	-	8,125	19
Carpeting/Flooring	2002		500	25	20	25	-	288	20
Carpeting/Flooring	2002		30,320		20	1,516	1,516	17,522	21
Carpeting/Flooring	2003		10,154	508	20	508	-	5,331	22
Carpeting/Flooring	2004		27,297		20	1,365	1,365	12,967	23
Facility ID Number:							1000019	1,345	24
Wallcovering	2004		2,777		20	139	139	1,320	25
Carpet	2005		28,070	1,404	20	1,404	-	11,933	26
Vertical Blinds	2005		5,248	262	20	262	-	2,230	27
Countertops	2005	2437 North	1,500	75	20	75	-	638	28
Communication Cables	2005		1,031	52	20	52	-	441	29
Vertical Blinds	2006		714	36	20	36	-	269	30
Carpet/Flooring	2006		41,117	2,056	20	2,056	-	15,420	31
Window Treatments	2006		8,712	436	20	436	-	3,269	32
Shower Remodeling	2006		1,623		20	81	81	608	33
Carpeting-Install new carpet-3rd, 4th ,5th Floors	2007		36,684	1,834	20	1,834	-	12,838	34
Cabinets for kitchen & Rm 417	2007		4,638	232	20	232	-	1,624	35
Install door controllers, satelite boards & readers	2007		6,966	348	20	348	-	2,437	36
Labor & material to paint for gym, DR & lobby ceilings.	2007		4,060	203	20	203	-	1,421	37
Instalation of Carpet	2008		7,686	384	20	384	-	2,113	38
Ceramic flooring	2008		4,210	211	20	211	-	1,159	39
Paint ceilings	2008		5,194	260	20	260	-	1,429	40
Patio door furnish and install	2009		2,337	117	20	117	-	526	41
Fronk desk countertops,doors,ceiling fixtures	2009		11,014	551	20	551	-	2,478	42
Carpet 1st flr lobby,hallway,front desk	2009		23,266	1,163	20	1,163	-	5,235	43
Electrical work on outside of bldg.cameras	2009		2,698	135	20	135	-	607	44
Install pipe and boxes for elecromagnetic	2009		3,350	168	20	168	-	755	45
Installation of Wireless Internet System	2010		7,681	384	20	384	-	1,344	46

<b>Cabinets for Dinning Room</b>	<b>2010</b>		<b>4,660</b>	<b>233</b>	<b>20</b>	<b>233</b>		<b>-</b>	<b>816</b>	<b>47</b>
<b>Remove Wallpaper and Paint</b>	<b>2010</b>		<b>4,650</b>	<b>233</b>	<b>20</b>	<b>233</b>		<b>-</b>	<b>814</b>	<b>48</b>
<b>Add Hand-Held Transmitters</b>	<b>2010</b>		<b>2,405</b>	<b>120</b>	<b>20</b>	<b>120</b>		<b>-</b>	<b>421</b>	<b>49</b>
<b>Install Granite Counter Top</b>	<b>2010</b>		<b>1,812</b>	<b>91</b>	<b>20</b>	<b>91</b>		<b>-</b>	<b>317</b>	<b>50</b>
<b>Install Pantry, Cabinets and Counter Tops in Kitchen</b>	<b>2011</b>		<b>7,016</b>	<b>351</b>	<b>20</b>	<b>351</b>		<b>-</b>	<b>877</b>	<b>51</b>



