

FOR BHF USE					

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**Supportive Living Facility**

**2011  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2011)**

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) 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>Michael W. Martin</u> <b>Telephone Number:</b> ( <u>(217) 258-8888</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>1/1/11</u> to <u>12/31/11</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;"> <b>Officer or Administrator of Provider</b> </td> <td>                 (Signed) _____                  (Type or Print Name) _____ to _____                  (Date) _____                  (Title) _____             </td> </tr> <tr> <td style="vertical-align: top;"> <b>Paid Preparer</b> </td> <td>                 (Signed) _____                  (Date) _____                  (Print Name and Title) <u>See Accountants' Preparation Report</u>                  (Firm Name &amp; Address) <u>McGladrey &amp; 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> </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>	<b>Officer or Administrator of Provider</b>	(Signed) _____ (Type or Print Name) _____ to _____ (Date) _____ (Title) _____	<b>Paid Preparer</b>	(Signed) _____ (Date) _____ (Print Name and Title) <u>See Accountants' Preparation Report</u> (Firm Name & Address) <u>McGladrey &amp; 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>
<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: 1/1/11 Ending: 12/31/11

**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	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	32,576	8,355		40,931	5
6	Double Unit					6
7	Other					7
8	TOTALS	32,576	8,355		40,931	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.03%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 1,434 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)

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**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

**I. Is your fiscal year identical to your tax year?**  YES  NO

Tax Year: 12/31/11 Fiscal Year: 12/31/11

\* 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:

1/1/11

Ending:

12/31/11

## 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	412,715	311,291	1,824	725,830		725,830	1
2	Housekeeping, Laundry and Maintenance	410,858	65,210	58,616	534,684		534,684	2
3	Heat and Other Utilities			64,797	64,797		64,797	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>823,573</b>	<b>376,501</b>	<b>125,237</b>	<b>1,325,311</b>		<b>1,325,311</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	240,180	22,678		262,858		262,858	6
7	Activities and Social Services	72,183	6,117	14,065	92,365		92,365	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>312,363</b>	<b>28,795</b>	<b>14,065</b>	<b>355,223</b>		<b>355,223</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	258,557	94,993	265,158	618,708	1,628	620,336	10
11	Marketing Materials, Promotions and Advertising			26,847	26,847	(26,847)		11
12	Employee Benefits and Payroll Taxes			247,875	247,875		247,875	12
13	Insurance-Property, Liability and Malpractice			35,356	35,356	4,995	40,351	13
14	Other (specify): IL Tax, Bad Debt			30,525	30,525	(30,525)		14
15	<b>TOTAL General Administration</b>	<b>258,557</b>	<b>94,993</b>	<b>605,761</b>	<b>959,311</b>	<b>(50,749)</b>	<b>908,562</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,394,493</b>	<b>500,289</b>	<b>745,063</b>	<b>2,639,845</b>	<b>(50,749)</b>	<b>2,589,096</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			42,118	42,118	93,040	135,158	17
18	Interest			32,236	32,236	136,990	169,226	18
19	Real Estate Taxes					204,413	204,413	19
20	Rent -- Facility and Grounds			590,521	590,521	(590,521)		20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>664,875</b>	<b>664,875</b>	<b>(156,078)</b>	<b>508,797</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,394,493</b>	<b>500,289</b>	<b>1,409,938</b>	<b>3,304,720</b>	<b>(206,827)</b>	<b>3,097,893</b>	<b>24</b>

Facility Name: The Ivy

Report Period Beginning 1/1/11 Ending: 12/31/11

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.62	\$ 34.89	1
2	Licensed Practical Nurses	0.88	24.25	2
3	Certified Nurse Assistants	6.94	9.81	3
4	Activity Director & Assistants	2.78	12.47	4
5	Social Service Workers			5
6	Head Cook	0.05	15.77	6
7	Cook Helpers/Assistants	19.84	9.96	7
8	Dishwashers			8
9	Maintenance Workers	3.84	16.12	9
10	Housekeepers	8.48	11.41	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	30.01	13
14	Clerical	5.57	16.93	14
15	Qualified Mental Ret Prof	0.04	13.21	15
16	Other Medical Records	2.95	13.21	16
17	<b>Total (lines 1 thru 16)</b>	<b>53.00</b>	<b>\$ 12.58</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	\$ 1
2		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	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:

1/1/11

Ending:

12/31/11

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	\$ 68,749	\$ 68,749	\$ 910,924	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Carpet/Flooring		1994	1994	5,181	259	20	259		4,533	6
7	Carpet/Flooring		1995	1995	12,527	626	20	626		10,332	7
8	Remodeling		1995	1995	4,936	247	20	247		4,074	8
9	Carpet/Flooring		1996	1996	7,976	399	20	399		6,183	9
10	Remodeling		1996	1996	12,212	611	20	611		9,467	10
11	Carpet/Flooring		1997	1997	13,006	650	20	650		9,427	11
12	Carpet/Flooring		1998	1998	4,476	224	20	224		3,023	12
13	Carpet/Flooring		1999	1999	23,722	1,186	20	1,186		14,826	13
14	Window Treatments		1999	1999	25,636	1,282	20	1,282		16,024	14
15	Remodeling		1999	1999	2,780	139	20	139		1,738	15
16					358,565	17,369		17,369	0	102,372	16
17	TOTAL (lines 1 thru 16)				\$ 3,230,986	\$ 22,992		\$ 91,741	\$ 68,749	\$ 1,092,923	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	\$ 760,174	\$ 19,126	\$ 42,773	23,647	10	\$ 655,916	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 760,174	\$ 19,126	\$ 42,773	23,647		\$ 655,916	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: 1/1/11

Ending: 12/31/11

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: \_\_\_\_\_

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		
	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			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	Cambridge Realty Group		X	Mortgage	6/16/04	\$ 19,153,100	\$ 2,715,146	3/31/38	0.0525	\$ 146,342
2					/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4	Due to Claridge, LLC	X		Working Capital	8/31/03	4,400,000	2,085,300	11/30/09	0.0725	32,236
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 23,553,100	\$ 4,800,446			\$ 178,578
	<b>B. Non-Facility Related</b>									
8					/ /	Amortization loan fees		/ /		2,833
9					/ /	Interest Income		/ /		(12,185)
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 23,553,100	\$ 4,800,446			\$ 169,226

\* 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: 1/1/11

Ending:

12/31/11

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/11

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 31,991	\$ 31,991	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 81,783 )	978,156	978,156	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	14,565	14,564	7
8	Accounts Receivable (owners or related parties)	2,911,812	2,911,812	8
9	Other(specify): <u>Accrued Mgmt. Fees</u>	11,181	11,181	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,947,705	\$ 3,947,704	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	179,398	471,017	15
16	Equipment, at Historical Cost	778,170	784,179	16
17	Accumulated Depreciation (book methods)	(645,038)	(1,748,839)	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	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 312,530	\$ 2,299,326	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,260,235	\$ 6,247,030	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 17,583	\$ 17,583	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	89,405	89,405	30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			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>	717,801	717,801	35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 824,789	\$ 824,789	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	2,085,300	4,800,446	38
39	Mortgage Payable			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>	\$ 2,085,300	\$ 4,800,446	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 2,910,089	\$ 5,625,235	45
46	<b>TOTAL EQUITY</b>	\$ 1,350,146	\$ 621,795	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 4,260,235	\$ 6,247,030	47

\*(See instructions.)

Facility Name: The Ivy

Report Period Beginning: 1/1/11

Ending:

12/31/11

## 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	\$ 3,982,419	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,982,419</b>	<b>3</b>
<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		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	12,185	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 12,185</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attchment #1D	11,309	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 11,309</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 4,005,913</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services		19
20	Health Care/ Personal Care		20
21	General Administration		21
<b>B. Capital Expense</b>			
22	Ownership		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>	<b>\$</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 4,005,913</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 4,005,913</b>	<b>31</b>

**Sch. VII-Related Parties-Related Nursing Homes**

<b><u>Name</u></b>	<b><u>City</u></b>
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
Claremont - Hanover Park	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
Renaissance 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

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

<b><u>Name</u></b>	<b><u>City</u></b>	<b><u>Type of Business</u></b>
ITEX/A.K. Care	Lincolnwood, IL	Bookkeeping Co./Management Co.
JLR Management	Lincolnwood, IL	Management Co.
Seasons Hospice	Park Ridge	Hospice
Nucare Services	Lincolnwood, IL	Bookkeeping Co./Management Co.
7257 N. Lincoln Avenue, LLC	Lincolnwood, IL	Building Rental
Diamond Insurance	Northbrook, IL	Workers Comp Insurance

Improvement Type	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Carpet/Flooring	2001		27,555	1,378	20	1,378	(0)	14,468	18
Remodeling	2001		13,000	650	20	650		6,825	19
Carpeting/Flooring	2002		500	25	20	25		238	20
Carpeting/Flooring	2002		30,320	1,516	20	1,516	-	14,490	21
Carpeting/Flooring	2003		10,154	508	20	508		4,316	22
Carpeting/Flooring	2004		27,297	1,365	20	1,365		10,237	23
Window Treatments	2004		3,166	158	20	158		1,187	24
Wallcovering	2004		2,777	139	20	139		1,042	25
Carpet	2005		28,070	1,404	20	1,404	-	9,126	26
Vertical Blinds	2005		5,248	262	20	262	0	1,705	27
Countertops	2005		1,500	75	20	75	-	488	28
Communication Cables	2005		1,031	52	20	52	(0)	338	29
Vertical Blinds	2006		714	36	20	36	-	198	30
Carpet/Flooring	2006		41,117	2,056	20	2,056	-	11,308	31
Window Treatments	2006		8,712	436	20	436	-	2,398	32
Shower Remodeling	2006		1,623	81	20	81	-	446	33
Carpeting-Install new carpet-3rd, 4th ,5th Floors	2007		36,684	1,834	20	1,834	-	9,170	34
Cabinets for kitchen & Rm 417	2007		4,638	232	20	232	-	1,160	35
Install door controllers, satelite boards & readers	2007		6,966	348	20	348	-	1,740	36
Labor & material to paint for gym, DR & lobby ceilings.	2007		4,060	203	20	203	-	1,015	37
Instalation of Carpet	2008		7,686	384	20	384	-	1,344	38
Ceramic flooring	2008		4,210	211	20	211	-	738	39
Paint ceilings	2008		5,194	260	20	260	-	910	40
Patio door furnish and install	2009		2,337	117	20	117	-	292	41
Fronk desk countertops,doors,ceiling fixtures	2009		11,014	551	20	551	-	1,377	42
Carpet 1st flr lobby,hallway,front desk	2009		23,266	1,163	20	1,163	-	2,908	43
Electrical work on outside of bldg.cameras	2009		2,698	135	20	135	-	337	44
Install pipe and boxes for elecromagnetic	2009		3,350	168	20	168	-	420	45
Installation of Wireless Internet System	2010		7,681	384	20	384		576	46
Cabinets for Dinning Room	2010		4,660	233	20	233		350	47
Remove Wallpaper and Paint	2010		4,650	233	20	233		349	48
Add Hand-Held Transmitters	2010		2,405	120	20	120		180	49
Install Granite Counter Top	2010		1,812	91	20	91		136	50
Install Pantry, Cabinets and Counter Tops in Kitchen	2011		7,016	175	20	175		175	51

