

		FOR BHF USE			

LL2

**Supportive Living Facility**  
**2005**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**  
**COST REPORT FOR**  
**SUPPORTIVE LIVING FACILITIES**  
**(FISCAL YEAR 2005)**

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 (773) 935-0036 )

Federal Employer ID Number: 36-3796888

Date Current Owners were Certified: 36-3796888

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: Christine A. Hanover Telephone Number: ( 312 ) 634-4581

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2005 to 12/31/2005 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) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u>	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) <u>Altschuler, Melvoin and Glasser LLP</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u>	
	(Telephone) <u>(312) 384-6000</u> Fax <u>(312) 634-5518</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 IvyReport Period Beginning: 01/01/2005 Ending: 12/31/2005

## 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 Total	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	22,703	18,015		40,718	5
6	Double Unit					6
7	Other					7
8	TOTALS	22,703	18,015		40,718	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.54%D. Indicate the number of paid bed-hold days the SLF had during this year 343 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  NOTax Year: 12/31/2005 Fiscal Year: 01/2/31/2005

\* 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/AIf no, explain. N/AK. 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/AIf no, explain. N/AL. 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/AIf no, explain. N/A

## STATE OF ILLINOIS

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Facility Name: The Ivy

Report Period Beginning:

01/01/2005

Ending: 12/31/2005

## IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase	257,171	316,122	374	573,667	(669)	572,998	1
2	Housekeeping, Laundry and Maintenance	313,474	36,349	70,705	420,528	(428)	420,100	2
3	Heat and Other Utilities			69,673	69,673		69,673	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>570,645</b>	<b>352,471</b>	<b>140,752</b>	<b>1,063,868</b>	<b>(1,097)</b>	<b>1,062,771</b>	<b>5</b>
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	355,098	5,167		360,265		360,265	6
7	Activities and Social Services	97,163	8,805	15,656	121,624		121,624	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>452,261</b>	<b>13,972</b>	<b>15,656</b>	<b>481,889</b>		<b>481,889</b>	<b>9</b>
	<b>C. General Administration</b>							
10	Administrative and Clerical	216,924	25,894	103,147	345,965	(5,673)	340,292	10
11	Marketing Materials, Promotions and Advertising			26,290	26,290	(26,290)		11
12	Employee Benefits and Payroll Taxes			154,259	154,259		154,259	12
13	Insurance-Property, Liability and Malpractice			50,372	50,372		50,372	13
14	Other (specify): : Bad debts			78,800	78,800	(78,800)		14
15	<b>TOTAL General Administration</b>	<b>216,924</b>	<b>25,894</b>	<b>412,868</b>	<b>655,686</b>	<b>(110,763)</b>	<b>544,923</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,239,830</b>	<b>392,337</b>	<b>569,276</b>	<b>2,201,443</b>	<b>(111,860)</b>	<b>2,089,583</b>	<b>16</b>
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			35,762	35,762	81,708	117,470	17
18	Interest			104,961	104,961	159,184	264,145	18
19	Real Estate Taxes					180,751	180,751	19
20	Rent -- Facility and Grounds			590,718	590,718	(590,718)		20
21	Rent -- Equipment							21
22	Other (specify):): Mtge Ins					24,151	24,151	22
23	<b>TOTAL Ownership</b>			<b>731,441</b>	<b>731,441</b>	<b>(144,924)</b>	<b>586,517</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,239,830</b>	<b>392,337</b>	<b>1,300,717</b>	<b>2,932,884</b>	<b>(256,784)</b>	<b>2,676,100</b>	<b>24</b>

Facility Name: The Ivy

Report Period Beginning 01/01/2005 Ending: 12/31/2005

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.94	\$ 22.75	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9.70	9.55	3
4	Activity Director & Assistants	4.31	10.84	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	15.05	8.22	7
8	Dishwashers			8
9	Maintenance Workers	7.17	14.73	9
10	Housekeepers	4.96	9.09	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	37.12	13
14	Clerical	5.22	12.86	14
15	Marketing			15
16	Other See Attachment 1(A)	1.27	26.74	16
17	<b>Total (lines 1 thru 16)</b>	<b>50.62</b>	<b>\$ 11.78</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>

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 (B)			

OTHER RELATED BUSINESS ENTITIES

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

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 (B)  
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:

01/01/2005

Ending:

12/31/2005

## 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	\$ 498,430	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Carpet/Flooring		1994		5,181	518	20	259	(259)	2,979	6
7	Carpet/Flooring		1995		12,527	1,253	20	626	(627)	6,576	7
8	Remodeling		1995		4,936	247	20	247		2,592	8
9	Carpet/Flooring		1996		7,976	798	20	399	(399)	3,789	9
10	Remodeling		1996		12,212	611	20	611		5,801	10
11	Carpet/Flooring		1997		13,006	1,301	20	650	(651)	5,527	11
12	Carpet/Flooring		1998		4,476	224	20	224		1,679	12
13	Carpet/Flooring		1999		23,722	2,372	20	1,186	(1,186)	7,710	13
14	Window Treatments		1999		25,636	2,564	20	1,282	(1,282)	8,332	14
15	Remodeling		1999		2,780	139	20	139		904	15
16	Total from Attachment 2 (line 38)				150,618	9,529	20	6,590	(2,939)	19,265	16
17	TOTAL (lines 1 thru 16)				\$ 3,023,039	\$ 19,556		\$ 80,962	\$ 61,406	\$ 563,584	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	\$ 505,696	\$ 24,378	\$ 36,508	12,130	10	\$ 412,560	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 505,696	\$ 24,378	\$ 36,508	12,130		\$ 412,560	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		\$	\$	\$	21
22	N/A				22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: The Ivy

Report Period Beginning: 01/01/2005

Ending: 2/31/2005

**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		
	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 Long-Term</b>									
1	Cambridge Realty Corp		X	Mortgage	6/16/04	\$ 19,153,100	\$ 3,016,039	3/31/38	0.0525	\$ 144,415
2					/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4	Due to Claridge, LLC	X		Working Capital	8/31/03	4,400,000	2,100,000	11/30/06	0.0725	119,730
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 23,553,100	\$ 5,116,039			\$ 264,145
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 23,553,100	\$ 5,116,039			\$ 264,145

\* 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: 01/01/2005

Ending:

12/31/2005

12/31/2005

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2005

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 751	\$ 751	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 154,726 )	622,025	622,025	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	15,514	15,514	7
8	Accounts Receivable (owners or related parties)	416,554	416,554	8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,054,844	\$ 1,054,844	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	83,907	263,070	15
16	Equipment, at Historical Cost	563,559	505,696	16
17	Accumulated Depreciation (book methods)	(396,977)	(976,144)	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>	\$ 250,489	\$ 2,585,591	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,305,333	\$ 3,640,435	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 49,675	\$ 49,675	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	87,580	87,580	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	See Attachment 1 (D)	136,710	136,710	35
36	Intercompany Payable	600,000	600,000	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 873,965	\$ 873,965	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	2,100,000	2,100,000	38
39	Mortgage Payable		3,016,039	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>	\$ 2,100,000	\$ 5,116,039	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 2,973,965	\$ 5,990,004	45
46	<b>TOTAL EQUITY</b>	\$ (1,668,632)	\$ (2,349,569)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 1,305,333	\$ 3,640,435	47

\*(See instructions.)

Facility Name: The Ivy

Report Period Beginning: 01/01/2005

Ending:

12/31/2005

**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	\$ 3,149,504	1
2	Discounts and Allowances		2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 3,149,504	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	669	9
10	Laundry	428	10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$ 1,097	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$	14
<b>D. Other Revenue (specify):</b>			
15	Miscellaneous Revenue	5,318	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 5,318	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,155,919	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,063,868	19
20	Health Care/ Personal Care	481,889	20
21	General Administration	655,686	21
<b>B. Capital Expense</b>			
22	Ownership	731,441	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 2,932,884	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ 223,035	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ 223,035	31

The Ivy  
 Supplementary Information  
 12/31/2005

Attachment 1

(A) <u>Sch. V - Staffing &amp; Salary Costs - Line 16: Other</u>	Ave. Hrly.	
	FTEs	Wages
Director of Nursing	0.95	31.12
Medical Records	0.32	13.58
Total	<u>1.27</u>	<u>26.74</u>

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

Name	City
Claremont Extended Health Care	Buffalo Grove, IL
Clark Manor	Chicago, IL
Chevy Chase Corporation	Chicago, IL
Halstead Terrace	Chicago, IL
Jackson Corporation	Chicago, IL
Glenview Terrace	Glenview, IL
Harmony Nursing Rehabilitation	Chicago, IL
Monroe Corporation	Chicago, IL
California Gardens Corporation	Chicago, IL
Claridge House	North Miami, FL
Renaissance Hillside	Hillside, IL
Carlton At The Lake	Chicago, IL
Regents Park of Boca Raton	Boca Raton, FL
South Shore Renaissance	Chicago, IL
Renaissance 87th Street	Chicago, IL
Renaissance Midway	Chicago, IL
Regents Park of Adventura	Adventura, FL
Whitehall North	Deerfield, IL
Forest Villa Nursing & Rehabilitation Center	Niles, IL
Imperial Grove Pavillion	Chicago, IL

(C) Sch. VII - Related Parties - Other Related Business Entities

Name	City	Type of Business
ITEX Management Company	Lincolnwood, IL	Management Co.
NuCare Management Services	Lincolnwood, IL	Management Co.
AK Care	Lincolnwood, IL	Management Co.
Care Path Health Network	Lincolnwood, IL	Management Co.
The Claridge, L.L.C.	Lincolnwood, IL	Lessor
JLR Management	Lincolnwood, IL	Management Co.

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

A/R Exchange	68,792
Accrued Expenses	1,128
Patient Credit Balances	58,249
Due Nuvision	8,313
Other Current Liabilities	<u>228</u>
Total	<u>136,710</u>

SEE ACCOUNTANTS' COMPILATION REPORT

The Ivy  
Leasehold Improvements (continued)  
12/31/2005

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	2,756	20	1,378	(1,378)	6,200	18
19	Remodeling	2001		13,000	650	20	650		2,925	19
20	Carpeting/Flooring	2002		500	25	20	25		88	20
21	Carpeting/Flooring	2002		30,320	3,032	20	1,541	(1,491)	5,394	21
22	Carpeting/Flooring	2003		10,154	508	20	508		1,270	22
23	Carpeting/Flooring	2004		27,297	1365	20	1365		2,047	23
24	Window Treatments	2004		3,166	158	20	158		237	24
25	Wallcovering	2004		2,777	139	20	69	(70)	208	25
26	Carpet	2005		28,070	702	20	702		702	26
27	Vertical Blinds	2005		5,248	131	20	131		131	27
28	Countertops	2005		1,500	38	20	38		38	28
29	Communication Cable	2005		1,031	26	20	26		26	29
30										30
31										31
32										32
33										33
34										34
35										35
36										36
37										37
38	Total (Attachment 2) to Schedule VIII - Line 16			\$ 150,618	\$ 9,529		\$ 6,590	\$ (2,939)	\$ 19,265	38

SEE ACCOUNTANTS' COMPILATION REPORT

**The Ivy  
Supplementary Information  
12/31/05**

**Attachment 3**

<b>(A) <u>Sch VIII : Line 18 - Equipment Depreciation</u></b>		Book	S/L		Ave.	Accum
<u>Type</u>	<u>Cost</u>	<u>Depr</u>	<u>Depr</u>	<u>Adjustment</u>	<u>Life</u>	<u>Depr</u>
Equipment per G/L	384,396	24,378	24,378	-	10	324,617
Allocation from The Claridge, L.L.C.	121,300	-	12,130	12,130	10	87,943
<b>Total - Line 18</b>	<b>505,696</b>	<b>24,378</b>	<b>36,508</b>	<b>12,130</b>	<b>10</b>	<b>412,560</b>

**(B) Sch. VII(C) - Costs Derived from Related Party Transactions**

<u>Related Organization</u>	<u>Item</u>	Cost per <u>General Ledger</u>	Operating Cost of <u>Related Org.</u>
Itex	Management Fees	24,000	16,320
		<u>24,000</u>	<u>16,320</u>

**SEE ACCOUNTANTS' COMPILATION REPORT**