

Facility Name The Ivy

Report Period Beginning: 1/1/08 Ending: 12/31/08

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	43,188	1
2		Double Unit Apartment			2
3		Other			3
4	118	TOTALS	118	43,188	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	29,817	12,513		42,330	5
6	Double Unit					6
7	Other					7
8	TOTALS	29,817	12,513		42,330	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.01%

D. Indicate the number of paid bed-hold days the SLF had during this year 606 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: 12/31/08 Fiscal Year: 12/31/08

* 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:

1/1/08

Ending:

12/31/08

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			
A. General Services								
1	Dietary and Food Purchase	377,012	325,479	1,778	704,269	(842)	703,427	1
2	Housekeeping, Laundry and Maintenance	378,774	67,743	55,856	502,373		502,373	2
3	Heat and Other Utilities			82,146	82,146		82,146	3
4	Other (specify):Cable			6,264	6,264		6,264	4
5	TOTAL General Services	755,786	393,222	146,044	1,295,052	(842)	1,294,210	5
B. Health Care and Programs								
6	Health Care/ Personal Care	256,489	13,671	1,226	271,386		271,386	6
7	Activities and Social Services	81,399	6,268	15,700	103,367		103,367	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	337,888	19,939	16,926	374,753		374,753	9
C. General Administration								
10	Administrative and Clerical	247,025	27,652	129,429	404,106	(1,053)	403,053	10
11	Marketing Materials, Promotions and Advertising			36,121	36,121	(36,121)		11
12	Employee Benefits and Payroll Taxes			256,001	256,001		256,001	12
13	Insurance-Property, Liability and Malpractice			27,065	27,065		27,065	13
14	Other (specify):Bad Debts			28,800	28,800	(28,800)		14
15	TOTAL General Administration	247,025	27,652	477,416	752,093	(65,974)	686,119	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,340,699	440,813	640,386	2,421,898	(66,816)	2,355,082	16
Capital Expenses								
D. Ownership								
17	Depreciation			43,746	43,746	83,902	127,648	17
18	Interest			80,033	80,033	148,364	228,397	18
19	Real Estate Taxes					142,399	142,399	19
20	Rent -- Facility and Grounds			585,271	585,271	(585,271)		20
21	Rent -- Equipment							21
22	Other (specify):					14,595	14,595	22
23	TOTAL Ownership			709,050	709,050	(196,011)	513,039	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,340,699	440,813	1,349,436	3,130,948	(262,827)	2,868,121	24

Facility Name: The Ivy

Report Period Beginning 1/1/08 Ending: 12/31/08

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.11	\$ 24.50	1
2	Licensed Practical Nurses	1.13	23.60	2
3	Certified Nurse Assistants	7.94	9.76	3
4	Activity Director & Assistants	3.19	12.27	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	19.84	9.14	7
8	Dishwashers			8
9	Maintenance Workers	5.37	17.44	9
10	Housekeepers	8.30	10.65	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	30.97	13
14	Clerical	8.39	10.41	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	55.27	\$ 16.53	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	\$
2		
Total		\$

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

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:

1/1/08

Ending:

12/31/08

VIII. OWNERSHIP COSTSA. 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	\$ 704,677	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Carpet/Flooring		1994	1994	5,181	259	20	259		3,756	6
7	Carpet/Flooring		1995	1995	12,527	626	20	626		8,454	7
8	Remodeling		1995	1995	4,936	247	20	247		3,333	8
9	Carpet/Flooring		1996	1996	7,976	399	20	399		4,986	9
10	Remodeling		1996	1996	12,212	611	20	611		7,634	10
11	Carpet/Flooring		1997	1997	13,006	650	20	650		7,477	11
12	Carpet/Flooring		1998	1998	4,476	224	20	224		2,351	12
13	Carpet/Flooring		1999	1999	23,722	1,186	20	1,186		11,268	13
14	Window Treatments		1999	1999	25,636	1,282	20	1,282		12,178	14
15	Remodeling		1999	1999	2,780	139	20	139		1,321	15
16	Total from attachment 2 (line 38)				272,221	13,184		13,184	0	54,045	16
17	TOTAL (lines 1 thru 16)				\$ 3,144,642	\$ 18,807		\$ 87,556	\$ 68,749	\$ 821,480	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	\$ 24,939	\$ 40,092	15,153	10	\$ 529,579	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 726,563	\$ 24,939	\$ 40,092	15,153		\$ 529,579	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: 1/1/08

Ending: 12/31/08

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	2		3	4	6		7	8	9	
		Name of Lender	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	\$ 2,900,441	3/31/38	0.0525	\$ 132,946	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	96,272	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 23,553,100	\$ 5,000,441			\$ 229,218	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 23,553,100	\$ 5,000,441			\$ 229,218	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.

STATE OF ILLINOIS

Page 7

Facility Name: The Ivy

Report Period Beginning: 1/1/08

Ending:

12/31/08

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 36,256	\$ 36,256	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 239,791)	681,714	681,714	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	11,653	66,653	7
8	Accounts Receivable (owners or related parties)	1,572,348	1,572,348	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,301,971	\$ 2,356,971	10
	B. Long-Term Assets			
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	204,501	384,673	15
16	Equipment, at Historical Cost	608,529	726,563	16
17	Accumulated Depreciation (book methods)	(519,433)	(1,351,059)	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)	\$ 293,597	\$ 2,553,146	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,595,568	\$ 4,910,117	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 12,681	\$ 12,681	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	133,998	133,998	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	707,496	707,496	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 854,175	\$ 854,175	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,100,000	5,000,441	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	\$ 5,000,441	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,954,175	\$ 5,854,616	45
46	TOTAL EQUITY	\$ (358,607)	\$ (944,499)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,595,568	\$ 4,910,117	47

*(See instructions.)

Facility Name: The Ivy

Report Period Beginning: 1/1/08

Ending:

12/31/08

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	\$ 3,738,288	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 3,738,288	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	842	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 842	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	4,895	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 4,895	14
D. Other Revenue (specify):			
15	See attachment 1D	56,152	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 56,152	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,800,177	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,295,052	19
20	Health Care/ Personal Care	374,753	20
21	General Administration	752,093	21
B. Capital Expense			
22	Ownership	709,050	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 3,130,948	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 669,229	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 669,229	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.
Shaymark	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 Serv	Lincolnwood, IL	Clinical Consulting

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

A/R Exchange	(41,314)
Accrued Expenses	(42,301)
Accrued Management Fees	15,000
Wage Assign Payable	201
Uniforms	(16)
Life Insurance Exchange	130
401K Exchange	333
Due to Employees-Old P/R	(218)
Due Nuvision	(1,860)
Officer's N/P Short Term	(600,000)
Trust Income	(1,990)
Interest on Trust Fund Balance	821
Resident Credit Balances	(36,282)
	<u>(707,496)</u>

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

Misc Income-Parking Stickers	(1,000)
Miscellaneous Income	(575)
Food Stamp Income	(54,577)
	<u>(56,152)</u>

The Ivy
Leasehold Improvements (continued)
12/31/2008

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	1,378	20	1,378	(0)	10,334	18
19	Remodeling	2001		13,000	650	20	650		4,875	19
20	Carpeting/Flooring	2002		500	25	20	25		163	20
21	Carpeting/Flooring	2002		30,320	1,516	20	1,516	-	9,942	21
22	Carpeting/Flooring	2003		10,154	508	20	508		2,794	22
23	Carpeting/Flooring	2004		27,297	1,365	20	1,365		6,142	23
24	Window Treatments	2004		3,166	158	20	158		711	24
25	Wallcovering	2004		2,777	139	20	139		625	25
26	Carpet	2005		28,070	1,404	20	1,404	-	4,914	26
27	Vertical Blinds	2005		5,248	262	20	262	0	917	27
28	Countertops	2005		1,500	75	20	75	-	263	28
29	Communication Cables	2005		1,031	52	20	52	(0)	182	29
30	Vertical Blinds	2006		714	36	20	36	-	90	30
31	Carpet/Flooring	2006		41,117	2,056	20	2,056	-	5,140	31
32	Window Treatments	2006		8,712	436	20	436	-	1,090	32
33	Shower Remodeling	2006		1,623	81	20	81	-	203	33
34	Carpeting-Install new carpet-3rd, 4th ,5th Floors	2007		36,684	1,834	20	1,834	-	3,668	34
35	Cabinets for kitchen & Rm 417	2007		4,638	232	20	232	-	464	35
36	Install door controllers, satelite boards & readers	2007		6,966	348	20	348	-	696	36
37	Labor & material to paint for gym, DR & lobby ceilings	2007		4,060	203	20	203	-	406	37
38	Instalation of Carpet	2008		7,686	192	20	192	-	192	
39	Ceramic flooring	2008		4,210	105	20	105	-	105	
40	Paint ceilings	2008		5,194	130	20	130	-	130	
41	Total (Attachment 2) to Schedule VIII - Line 16			\$ 272,221	\$ 13,185		13,184	\$ (0)	\$ 54,045	38