

FOR BHF USE					

LL2

Supportive Living Facility

**2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)**

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>I. Facility ID Number: <u>1000019</u></p> <p>Facility Name: <u>The Ivy</u></p> <p>Address: <u>2437 North Southport</u> <u>Chicago</u> <u>60614</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>773-472-8400</u> Fax # <u>773-935-0036</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>11/21/2002</u></p> <p>Type of Ownership:</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>IRS Exemption Code _____</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>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u> Email Address: _____</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	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 _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2015</u> to <u>12/31/2015</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%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> <td></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) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>			(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u>	
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Facility Name The Ivy

Report Period Beginning: 1/1/2015 Ending: 12/31/2015

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	113	Single Unit Apartment	113	41,245	1
2	5	Double Unit Apartment	5	1,825	2
3		Other		1,825	3
4	118	TOTALS	118	44,895	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	34,459	3,428		37,887	5
6	Double Unit	1,793	19		1,812	6
7	Other	187			187	7
8	TOTALS	36,439	3,447	0	39,886	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.84%

D. Indicate the number of paid bed-hold days the SLF had during this year 921 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: 12/31/15 Fiscal Year: 12/31/15

* 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:

1/1/2015

Ending: 12/31/2015

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	307,140	265,397	1,476	574,013	0	574,013	1
2	Housekeeping, Laundry and Maintenance	388,062	41,156	98,792	528,010	(23,716)	504,294	2
3	Heat and Other Utilities			75,197	75,197	(730)	74,467	3
4	Other (specify): Payroll Taxes	0	0	0	0	351	351	4
5	TOTAL General Services	695,202	306,553	175,465	1,177,220	(24,095)	1,153,125	5
B. Health Care and Programs								
6	Health Care/ Personal Care	411,523	6,319	0	417,842	18,221	436,063	6
7	Activities and Social Services	103,930	0	24,376	128,306	0	128,306	7
8	Other (specify): Payroll Taxes	0	0	0	0	3,733	3,733	8
9	TOTAL Health Care and Programs	515,453	6,319	24,376	546,148	21,954	568,102	9
C. General Administration								
10	Administrative and Clerical	196,777	0	435,086	631,863	(69,343)	562,520	10
11	Marketing Materials, Promotions and Advertising	37,711	0	13,193	50,904	0	50,904	11
12	Employee Benefits and Payroll Taxes	0	0	249,804	249,804	0	249,804	12
13	Insurance-Property, Liability and Malpractice	0	0	98,951	98,951	5,296	104,247	13
14	Other (specify):	0	0	0	0	8,338	8,338	14
15	TOTAL General Administration	234,488	0	797,034	1,031,522	(55,709)	975,813	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,445,143	312,872	996,875	2,754,890	(57,850)	2,697,040	16
Capital Expenses								
D. Ownership								
17	Depreciation			50,736	50,736	110,370	161,106	17
18	Interest			0	0	99,154	99,154	18
19	Real Estate Taxes			140,840	140,840	87,123	227,963	19
20	Rent -- Facility and Grounds			438,912	438,912	(438,912)	0	20
21	Rent -- Equipment			6,425	6,425	1,337	7,762	21
22	Other (specify): Amortization, Mortgage Insurance	0	0	228	228	20,603	20,831	22
23	TOTAL Ownership	0	0	637,141	637,141	(120,326)	516,815	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,445,143	312,872	1,634,016	3,392,031	(178,176)	3,213,855	24

The Ivy

Report Period Beginning: 1/1/2015
Ending: 12/31/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 109,648	17	1
2	Other Unclassified Income	(8,930)	10	2
3	Rental Income	(25,840)	2	3
4	Bank Charges	(2,118)	10	4
5	Contributions	(3,600)	10	5
6	Cable TV	(824)	03	6
7	Penalties	(155)	10	7
8	Bad Debts	(68,012)	10	8
9	Additional R&M	1,904	06	9
10	Interest Income	(13,082)	18	10
11	Rent - Sale Leaseback Arrangement	(117,152)	20	11
12				12
13	Maestro Consulting Services:			13
14	UTILITIES	94	03	14
15	MAINTENANCE SALARIES	1,531	02	15
16	MAINTENANCE EXPENSES	593	02	16
17	EMPLOYEE BENEFITS - MAINTENANCE	351	04	17
18	CLINICAL SALARIES	16,317	06	18
19	EMPLOYEE BENEFITS - CLINICAL	3,733	08	19
20	ADMINISTRATIVE SALARIES	2,410	10	20
21	PROFESSIONAL FEES	3,433	10	21
22	DUES, FEES, SUBSCRIPTIONS, ETC.	1,837	10	22
23	CLERICAL & GENERAL SALARIES	36,387	10	23
24	CLERICAL & GENERAL EXPENSES	2,075	10	24
25	SEMINARS AND EDUCATION	1,036	10	25
26	TRANSPORTATION	389	10	26
27	EMPLOYEE BENEFITS - ADMINISTRATIVE	8,338	14	27
28	DEPRECIATION	721	17	28

29	INTEREST EXPENSE	95	18	29
30	REAL ESTATE TAX	418	19	30
31	EQUIPMENT RENTAL	956	21	31
32	AUTO LEASE	380	21	32
33	MANAGEMENT FEES	(34,096)	10	33
34				34
35				35
36	Claridge Imperial LLC:			36
37	General Insurance	5,296	13	37
38	Insurance-FHA Mortgage	20,603	22	38
39	Interest	112,141	18	39
40	RE Taxes	86,705	19	40
41	Rent	(321,760)	20	41
42				42
43				43
44				44
45				45
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99			99
100			100

101	Total	(178,176)	101
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Facility Name: The Ivy

Report Period Beginning: 1/1/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.52	\$ 40.41	1
2	Licensed Practical Nurses	3.08	26.52	2
3	Certified Nurse Assistants	8.49	11.19	3
4	Activity Director & Assistants	4.19	11.93	4
5	Social Service Workers		0.00	5
6	Head Cook	2.54	12.71	6
7	Cook Helpers/Assistants	11.29	10.22	7
8	Dishwashers		0.00	8
9	Maintenance Workers	5.29	15.10	9
10	Housekeepers	8.91	11.97	10
11	Laundry		0.00	11
12	Managers		0.00	12
13	Other Administrative	0.92	42.63	13
14	Clerical	3.18	17.38	14
15	Marketing	0.45	40.43	15
16	Other		0.00	16
17	Total (lines 1 thru 16)	48.87	\$ 14.22	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	Michael Munter	20.00%	1.37	\$ 2,410	1
2					2
3					3
4					4
5					5
				Total	\$ 2,410 6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 0 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			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Maestro Consulting Services		Lincolnwood		Bookkeeping	

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:

1/1/2015

Ending:

12/31/2015

VIII. OWNERSHIP COSTS

A. Purchase price of land 33,731 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	\$ 68,999	\$ 68,999	\$ 1,186,920	1
2	Allocated from Maestro				6,577	169		188	19	2,278	2
3									0		3
4									0		4
5									0		5
Improvement Type											
6	Total From Supplemental Page 5's				411,918	200		19,742	19,542	127,441	6
7	Various		1994		5,181		20	0	0	5,181	7
8	Various		1995		17,463		20	438	438	17,463	8
9	Various		1996		20,188		20	1,010	1,010	19,690	9
10	Various		1997		13,006		20	650	650	12,027	10
11	Various		1998		4,476		20	224	224	3,919	11
12	Various		1999		52,138		20	2,607	2,607	43,016	12
13	Various		2001		40,555		20	2,028	2,028	29,404	13
14	Various		2002		30,820		20	1,541	1,541	20,892	14
15	Various		2003		10,154		20	508	508	6,347	15
16	Various		2004		33,240		20	1,662	1,662	19,115	16
17	TOTAL (lines 1 thru 16)				\$ 3,405,685	\$ 36,850		\$ 99,597	\$ 99,228	\$ 1,493,693	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	\$ 425,488	\$ 14,605	\$ 25,022	10,417		\$ 361,770	18
19	Vehicles	243	2	5	3		243	19
20	TOTAL (lines 18 and 19)	\$ 425,731	\$ 14,607	\$ 25,027	10,420		\$ 362,013	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					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

STATE OF ILLINOIS

Facility Name & ID Number The Ivy

Report Period Beginning:

1/1/2015 Ending:

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2	Installation Of Carpet	2008	7,686	20	384	384	
3	Ceramic Flooring	2008	4,210	20	211	211	
4	Paint Ceilings	2008	5,194	20	260	260	
5	Patio Door	2009	2,337	20	117	117	
6	Front Desk Countertops, Doors, Ceiling Fixtures	2009	11,014	20	551	551	
7	Carpet 1St Floor Lobby, Hallway, Front Desk	2009	23,266	20	1,163	1,163	
8	Electrical Work On Outside Of Bldg Cameras	2009	2,698	20	135	135	
9	Install Pipe & Boxes For Electromagnetic	2009	3,350	20	168	168	
10	Installation Of Wireless Internet System	2010	7,681	20	384	384	
11	Cabinets For Dining Room	2010	4,660	20	233	233	
12	Remove Wallpaper & Paint	2010	4,650	20	233	233	
13	Add Hand-Held Transmitters	2010	2,405	20	120	120	
14	Install Granite Counter Tops	2010	1,812	20	91	91	
15	Install Pantry, Cabinets & Counter Tops In Kitchen	2011	7,016	20	351	351	
16	New Granite For Front Lobby Desk	2011	2,350	20	118	118	
17	Beauty Shop Counter Tops, Cabinets, Flooring	2011	13,105	20	655	655	
18	Install Wireless Emergency Call System - Nurses' Station	2012	4,913	20	246	246	
19	Elevator 4-South Car: Brake, Drop Ceiling, Generator	2012	83,272	20	4,164	4,164	
20	Paint 1St Flr Hallway,Lobby,Offices,Rear Parking Lot	2013	4,161	20	208	208	
21	Carpet Dining Room	2013	14,520	20	726	726	
22	Sealcoat & Restripe Parking Lot	2013	4,500	20	225	225	
23	Test & Install New Brakes On Elevator #5	2013	5,155	20	258	258	
24	Replace Rectifier Board In Elevators 4 & 5	2014	4,610	20	231	231	
25	Install 20 Metal Window Covers - Stairway	2014	2,550	20	128	128	
26	Wifi Cabling Project	2015	20,056	20	1,003	1,003	
27	1 Ton Minisplit System In Computer Room On 6Th Fl	2015	3,525	20	176	176	
28					0		
29					0		
30					0		
31					0		
32					0		
33					0		
34	TOTAL (lines 1 thru 33)		\$ 250,696	\$ 0	\$ 12,538	\$ 12,538	\$

**Improvement type must be detailed in order for the cost report to be considered complete.

9	
Accumulated depreciation	
	1
2,881	2
1,581	3
1,949	4
760	5
3,580	6
7,561	7
877	8
1,091	9
2,112	10
1,282	11
1,280	12
661	13
499	14
1,578	15
530	16
2,949	17
860	18
14,573	19
520	20
1,815	21
563	22
645	23
346	24
192	25
1,003	26
176	27
0	28
0	29
0	30
0	31
0	32
0	33
51,863	34

STATE OF ILLINOIS

Facility Name & ID Number The Ivy

Report Period Beginning:

1/1/2015 Ending:

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De	
1								
2	Carpet	2005	28,070		20	1,404	1,404	
3	Vertical Blinds	2005	5,248		20	262	262	
4	Countertops	2005	1,500		20	75	75	
5	Communication Cables	2005	1,031		20	52	52	
6	Vertical Blinds	2006	714		20	36	36	
7	Carpet / Flooring	2006	41,117		20	2,056	2,056	
8	Window Treatments	2006	8,712		20	436	436	
9	Shower Remodeling	2006	1,623		20	81	81	
10	Carpet on 3rd, 4th, 5th floors	2007	36,684		20	1,834	1,834	
11	Cabinets for Kitchen and room 417	2007	4,638		20	232	232	
12	Install door controller, satellite boards, & readers	2007	6,966		20	348	348	
13	Labor & material to paint gym, dining rm, lobby ceilings	2007	4,060		20	203	203	
14						0		
15	Allocated from Maestro Consulting Services	2003	321	3	20	2	(1)	
16	Allocated from Maestro Consulting Services	2004	6,515	63	20	43	(20)	
17	Allocated from Maestro Consulting Services	2005	386	4	20	3	(1)	
18	Allocated from Maestro Consulting Services	2006	524	5	20	4	(1)	
19	Allocated from Maestro Consulting Services	2008	552	5	20	4	(1)	
20	Allocated from Maestro Consulting Services	2009	8,888	86	20	62	(24)	
21	Allocated from Maestro Consulting Services	2010	1,366	13	20	11	(2)	
22	Allocated from Maestro Consulting Services	2011	74	1	20	1		
23	Allocated from Maestro Consulting Services	2012	82	1	20	1		
24	Allocated from Maestro Consulting Services	2014	1,027	10	20	7	(3)	
25	Allocated from Maestro Consulting Services	2015	289		20			
26								
27	Allocated from 7257 N. Lincoln Avenue-Maestro	2015	104	5	20	2	(3)	
28	Allocated from 7257 N. Lincoln Avenue-Maestro	2005	600	4	20	38	34	
29	Allocated from 7257 N. Lincoln Avenue-Maestro	2004	131		20	7	7	
30						0		
31						0		
32						0		
33						0		
34	TOTAL (lines 1 thru 33)		\$ 161,222	\$ 200		\$ 7,204	\$ 7,004	\$

**Improvement type must be detailed in order for the cost report to be considered complete.

9	
Accumulated depreciation	
	1
14,741	2
2,754	3
788	4
545	5
341	6
19,532	7
4,141	8
770	9
16,507	10
2,088	11
3,133	12
1,827	13
0	14
192	15
3,822	16
206	17
241	18
196	19
2,863	20
308	21
18	22
15	23
74	24
2	25
0	26
2	27
397	28
75	29
0	30
0	31
0	32
0	33
75,578	34

STATE OF ILLINOIS

Facility Name & ID Number The Ivy

Report Period Beginning:

1/1/2015

Ending:

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2					0		
3					0		
4					0		
5					0		
6					0		
7					0		
8					0		
9					0		
10					0		
11					0		
12					0		
13					0		
14					0		
15					0		
16					0		
17					0		
18					0		
19					0		
20					0		
21					0		
22					0		
23					0		
24					0		
25					0		
26					0		
27					0		
28					0		
29					0		
30					0		
31					0		
32					0		
33					0		
34	TOTAL (lines 1 thru 33)		\$ 0	\$ 0	\$ 0	\$ 0	\$

**Improvement type must be detailed in order for the cost report to be considered complete.

9	
Accumulated depreciation	
	1
0	2
0	3
0	4
0	5
0	6
0	7
0	8
0	9
0	10
0	11
0	12
0	13
0	14
0	15
0	16
0	17
0	18
0	19
0	20
0	21
0	22
0	23
0	24
0	25
0	26
0	27
0	28
0	29
0	30
0	31
0	32
0	33
0	34

Facility Name: The Ivy

Report Period Beginning: 1/1/2015

Ending: 2/31/2015

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Main Street (Sale / Leaseback Arrangement)

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			/ /	\$ 117,152			3
4	Additions			/ /	(117,152)			4
5				/ /				5
6				/ /				6
7	TOTAL		0		\$ 0			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ 7,762

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				
	A. Directly Facility Related										
	Long-Term										
1	Mortgage-Bldg Co		X	Mortgage	/ /	\$		/ /		\$ 112,217	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Symphony		X	Note Payable	/ /		71,282	/ /			4
5	Allocated from Maestro	X			/ /			/ /		95	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 0	\$ 71,282			\$ 112,312	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		(13,082)	8
9	Interest Income - Bldg Co		X		/ /			/ /		(76)	9
10	TOTALS (lines 7, 8 and 9)					\$ 0	\$ 71,282			\$ 99,154	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: 1/1/2015

Ending: 12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 18,831	\$ 714,382	1
2	Cash-Patient Deposits	0	0	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	448,803	448,803	3
4	Supply Inventory (priced at)	0	0	4
5	Short-Term Investments	0	0	5
6	Prepaid Insurance	1,196	1,196	6
7	Other Prepaid Expenses	1,642	1,642	7
8	Accounts Receivable (owners or related parties)	0	434,242	8
9	Other(specify):	47,342	524,302	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 517,814	\$ 2,124,567	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0	0	11
12	Long-Term Investments	0	0	12
13	Land	0	0	13
14	Buildings, at Historical Cost	0	0	14
15	Leasehold Improvements, at Historical Cost	0	0	15
16	Equipment, at Historical Cost	1,904	1,904	16
17	Accumulated Depreciation (book methods)	0	0	17
18	Deferred Charges	0	0	18
19	Organization & Pre-Operating Costs	0	0	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0	0	20
21	Restricted Funds	0	0	21
22	Other Long-Term Assets (specify):	0	0	22
23	Other(specify):	13,472	13,472	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,376	\$ 15,376	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 533,190	\$ 2,139,943	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 294,382	\$ 294,382	26
27	Officer's Accounts Payable	0	0	27
28	Accounts Payable-Patient Deposits	0	0	28
29	Short-Term Notes Payable	71,282	71,282	29
30	Accrued Salaries Payable	35,539	35,539	30
31	Accrued Taxes Payable	33,523	33,523	31
32	Accrued Interest Payable	0	0	32
33	Deferred Compensation	0	0	33
34	Federal and State Income Taxes	0	0	34
	Other Current Liabilities(specify):			
35		0	0	35
36	See Attached	6,283	6,283	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 441,009	\$ 441,009	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0	0	38
39	Mortgage Payable	0	0	39
40	Bonds Payable	0	0	40
41	Deferred Compensation	0	0	41
	Other Long-Term Liabilities(specify):			
42		0	0	42
43		0	0	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 0	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 441,009	\$ 441,009	45
46	TOTAL EQUITY	\$ 92,181	\$ 1,698,934	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 533,190	\$ 2,139,943	47

*(See instructions.)

Facility Name: The Ivy

Report Period Beginning: 1/1/2015

Ending:

12/31/2015

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	\$ 4,098,388	1
2	Discounts and Allowances	0	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,098,388	3
B. Other Operating Revenue			
4	Special Services	0	4
5	Other Health Care Services	0	5
6	Special Grants	0	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	0	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 0	11
C. Non-Operating Revenue			
12	Contributions	0	12
13	Interest and Other Investment Income	13,082	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 13,082	14
D. Other Revenue (specify):			
15		34,770	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 34,770	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,146,240	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,177,220	19
20	Health Care/ Personal Care	546,148	20
21	General Administration	1,031,522	21
B. Capital Expense			
22	Ownership	637,141	22
C. Other Expenses			
23	Special Cost Centers	0	23
24	Non-Operating Expenses	0	24
25	Other (specify):	0	25
26		0	26
27		0	27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,392,031	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 754,209	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 754,209	31