FOR BHF USE

LL1

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

I. IDPH License ID Number: 0042093

Facility Name: Renaissance At 87Th St.

Address: 2940 West 87Th Street (Number) Chicago (City) 60652 (Zip Code)

County: Cook

Telephone Number: (773) 434-8787 **Fax #** (773) 434-8717

HFS ID Number:

Date of Initial License for Current Owners: 07/19/99

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steve Lavenda **Telephone Number:** (847) 236-1111
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/11 to 12/31/11 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) (Date)
(Print Name and Title) Kimberley A. Waite, C.P.A.
(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfingsten Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 236-1111 Fax # (847) 236-1155

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	210	Skilled (SNF)	210	76,650	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	210	TOTALS	210	76,650	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF			12,903	12,903	8
9	SNF/PED					9
10	ICF	49,298	3,262	4,732	57,292	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	49,298	3,262	17,635	70,195	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.58%

D. How many bed-hold days during this year were paid by the Department?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 07/01/1999

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date New Construction NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 210 and days of care provided 11,455

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2011 Fiscal Year: 12/31/2011

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	362,241	58,854	16,010	437,105		437,105		437,105			1
2	Food Purchase		341,305		341,305	(29,711)	311,594	(158)	311,436			2
3	Housekeeping		6,862	351,955	358,817		358,817		358,817			3
4	Laundry		45,763	156,636	202,399		202,399		202,399			4
5	Heat and Other Utilities			173,886	173,886		173,886	(6,027)	167,859			5
6	Maintenance	94,864	97,376	277,930	470,170		470,170	32,468	502,638			6
7	Other (specify):*											7
8	TOTAL General Services	457,105	550,160	976,417	1,983,682	(29,711)	1,953,971	26,282	1,980,253			8
	B. Health Care and Programs											
9	Medical Director			40,050	40,050		40,050		40,050			9
10	Nursing and Medical Records	4,298,705	613,012	156,129	5,067,846		5,067,846	(30,669)	5,037,177			10
10a	Therapy	175,498		1,181	176,679		176,679		176,679			10a
11	Activities	247,118	74,664	448	322,230		322,230		322,230			11
12	Social Services	198,682			198,682		198,682		198,682			12
13	CNA Training											13
14	Program Transportation			3,146	3,146		3,146		3,146			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	4,920,003	687,676	200,954	5,808,633		5,808,633	(30,669)	5,777,964			16
	C. General Administration											
17	Administrative	214,415		915,338	1,129,753		1,129,753	(892,535)	237,218			17
18	Directors Fees											18
19	Professional Services			189,399	189,399	(3,636)	185,763	(23,909)	161,854			19
20	Dues, Fees, Subscriptions & Promotions			134,838	134,838		134,838	(79,972)	54,866			20
21	Clerical & General Office Expenses	465,529	76,082	613,616	1,155,227		1,155,227	(353,682)	801,545			21
22	Employee Benefits & Payroll Taxes			1,360,247	1,360,247	29,711	1,389,958		1,389,958			22
23	Inservice Training & Education											23
24	Travel and Seminar			25,061	25,061		25,061	(7,077)	17,984			24
25	Other Admin. Staff Transportation			12,753	12,753		12,753	876	13,629			25
26	Insurance-Prop.Liab.Malpractice			740,945	740,945		740,945	10,194	751,139			26
27	Other (specify):*							47,896	47,896			27
28	TOTAL General Administration	679,944	76,082	3,992,197	4,748,223	26,075	4,774,298	(1,298,209)	3,476,089			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,057,052	1,313,918	5,169,568	12,540,538	(3,636)	12,536,902	(1,302,595)	11,234,307			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Renaissance At 87Th St. #0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			131,107	131,107		131,107	406,078	537,185			30
31	Amortization of Pre-Op. & Org.							0	0			31
32	Interest							528,584	528,584			32
33	Real Estate Taxes					3,636	3,636	429,826	433,462			33
34	Rent-Facility & Grounds			1,572,961	1,572,961		1,572,961	(1,569,059)	3,902			34
35	Rent-Equipment & Vehicles			18,012	18,012		18,012	2,996	21,008			35
36	Other (specify):*							45,956	45,956			36
37	**TOTAL Ownership**			1,722,080	1,722,080	3,636	1,725,716	(155,619)	1,570,097			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	6,062	552,490	954,291	1,512,843		1,512,843		1,512,843			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			382,735	382,735		382,735		382,735			42
43	Other (specify):*	41,486		206,333	247,819		247,819	(247,819)	(0)			43
44	**TOTAL Special Cost Centers**	47,548	552,490	1,543,359	2,143,397		2,143,397	(247,819)	1,895,578			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	6,104,600	1,866,408	8,435,007	16,406,015		16,406,015	(1,706,033)	14,699,982			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(8,189)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	67,305	30		9
10	Interest and Other Investment Income	(888)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(158)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(2,621)	21		18
19	Entertainment	(7,278)	24		19
20	Contributions	(23,615)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(490,817)	21		24
25	Fund Raising, Advertising and Promotional	(51,623)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(354,650)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (872,534)		$	30

BHF USE ONLY									
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(833,499)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (833,499)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,706,033)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Renaissance At 87Th St.

ID# 0042093

Report Period Beginning: 01/01/11

Ending: 12/31/11

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	COPE Dues	$ (4,999)	20	1
2	Jury Duty Income	(69)	10	2
3	Records Copies	(215)	10	3
4	Bank Charges	(17,838)	21	4
5	Patient Needs	(19,991)	10	5
6	Patient Clothing	(17,651)	10	6
7	Guest Relations	(3,335)	43	7
8	Marketing Seminar	(250)	24	8
9	Non-Allowable Legal	(50,705)	19	9
10	Building Co. - Fees	(100)	20	10
11	Building Co. - Accounting Fees	(10,450)	19	11
12	Building Co. - Trust Fees	(1,600)	21	12
13	Building Co. - Amortization	(2,810)	31	13
14	Annual Reports	(779)	20	14
15	Non-Allowable Management Fee	(65,000)	43	15
16	Quest Management Fee	(138,833)	43	16
17	Non-Allowable Fees	(3,000)	21	17
18	Non-Reimburseable Salary	(38,151)	43	18
19	Additional R&M	29,088	06	19
20	Capitalized R&M	(5,462)	06	20
21	Non-Allowable Fees	(2,500)	43	21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(354,650)		49

Renaissance At 87Th St.

ID# 0042093

Report Period Beginning: 01/01/11

Ending: 12/31/11

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
50		$		1
51				2
52				3
53				4
54				5
55				6
56				7
57				8
58				9
59				10
60				11
61				12
62				13
63				14
64				15
65				16
66				17
67				18
68				19
69				20
70				21
71				22
72				23
73				24
74				25
75				26
76				27
77				28
78				29
79				30
80				31
81				32
82				33
83				34
84				35
85				36
86				37
87				38
88				39
89				40
90				41
91				42
92				43
93				44
94				45
95				46
96				47
97				48
98				49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Renaissance At 87Th St. # 0042093 **Report Period Beginning:** 01/01/11 **Ending:** 12/31/11

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary													1
2	Food Purchase	(158)											(158)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(8,189)		2,162									(6,027)	5
6	Maintenance	23,626		8,594	248								32,468	6
7	Other (specify):*													7
8	**TOTAL General Services**	15,279		10,756	248								26,282	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(37,926)			7,257								(30,669)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	**TOTAL Health Care and Programs**	(37,926)			7,257								(30,669)	16
	C. General Administration													
17	Administrative			(785,942)	(50,852)	(55,741)							(892,535)	17
18	Directors Fees													18
19	Professional Services	(61,155)	13,150	23,632		463							(23,909)	19
20	Fees, Subscriptions & Promotions	(81,116)	100	1,014	30								(79,972)	20
21	Clerical & General Office Expenses	(515,876)	1,600	143,882	15,012	1,700							(353,682)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(7,528)		259	193								(7,077)	24
25	Other Admin. Staff Transportation			603	274								876	25
26	Insurance-Prop.Liab.Malpractice		9,521	673									10,194	26
27	Other (specify):*			45,572	919	1,405							47,896	27
28	**TOTAL General Administration**	(665,675)	24,371	(570,307)	(34,425)	(52,173)							(1,298,209)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(688,322)	24,371	(559,551)	(26,920)	(52,173)							(1,302,595)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Renaissance At 87Th St. # 0042093 **Report Period Beginning:** 01/01/11 **Ending:** 12/31/11

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense D. Ownership	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
30	Depreciation	67,305	330,888	7,772	113								406,078	30
31	Amortization of Pre-Op. & Org.	(2,810)	2,810										0	31
32	Interest	(888)	527,016	2,327	129								528,584	32
33	Real Estate Taxes		422,570	7,256									429,826	33
34	Rent-Facility & Grounds		(1,569,441)	382									(1,569,059)	34
35	Rent-Equipment & Vehicles			2,996									2,996	35
36	Other (specify):*		45,956										45,956	36
37	**TOTAL Ownership**	63,607	(240,201)	20,732	242								(155,619)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(247,819)											(247,819)	43
44	**TOTAL Special Cost Centers**	(247,819)											(247,819)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(872,534)	(215,830)	(538,819)	(26,678)	(52,173)							(1,706,033)	45

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	$ 1,569,441	Renaissance at Beverly LP	100.00%	$	$ (1,569,441)	1
2	V	32	Interest	574	Renaissance at Beverly LP	100.00%	527,590	527,016	2
3	V	36	MIP Insurance		Renaissance at Beverly LP	100.00%	45,956	45,956	3
4	V	26	Insurance Expenses		Renaissance at Beverly LP	100.00%	9,521	9,521	4
5	V	20	Fees		Renaissance at Beverly LP	100.00%	100	100	5
6	V	19	Appraisal Fees		Renaissance at Beverly LP	100.00%	2,700	2,700	6
7	V	19	Accounting Fees		Renaissance at Beverly LP	100.00%	10,450	10,450	7
8	V	21	Trust Fees		Renaissance at Beverly LP	100.00%	1,600	1,600	8
9	V	33	Real Estate Taxes		Renaissance at Beverly LP	100.00%	422,570	422,570	9
10	V	30	Depreciation		Renaissance at Beverly LP	100.00%	330,888	330,888	10
11	V	31	Amortization		Renaissance at Beverly LP	100.00%	2,810	2,810	11
12	V								12
13	V								13
14	Total			$ 1,570,015			$ 1,354,185	$ * (215,830)	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	$	NUCARE SERVICES CORP.	100.00%	$ 2,162	$ 2,162	15
16	V	6	REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	8,594	8,594	16
17	V	17	ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	13,544	13,544	17
18	V	19	PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	23,632	23,632	18
19	V	20	FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	1,014	1,014	19
20	V	21	CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	143,882	143,882	20
21	V	24	SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	259	259	21
22	V	25	ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	603	603	22
23	V	26	INSURANCE		NUCARE SERVICES CORP.	100.00%	673	673	23
24	V	27	EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	45,572	45,572	24
25	V	30	DEPRECIATION		NUCARE SERVICES CORP.	100.00%	7,772	7,772	25
26	V	32	INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	2,327	2,327	26
27	V	33	REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	7,256	7,256	27
28	V	34	PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	382	382	28
29	V	35	EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	2,996	2,996	29
30	V								30
31	V	17	MANAGEMENT FEES	799,486				(799,486)	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 799,486			$ 260,667	$ * (538,819)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	MINOR EQUIPMENT	$	CLINICAL CONSULTING SERVICES, LLC	100.00%	$ 248	$ 248	15
16	V	10	CLINICAL SALARIES		CLINICAL CONSULTING SERVICES, LLC	100.00%	7,257	7,257	16
17	V	19	PROFESSIONAL FEES		CLINICAL CONSULTING SERVICES, LLC	100.00%			17
18	V	20	DUES, LICENSE & INSPECTION		CLINICAL CONSULTING SERVICES, LLC	100.00%	30	30	18
19	V	21	OFFICE WAGES		CLINICAL CONSULTING SERVICES, LLC	100.00%	14,064	14,064	19
20	V	21	OFFICE EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	948	948	20
21	V	24	CONTINUING EDUCATION / SEMINAR		CLINICAL CONSULTING SERVICES, LLC	100.00%	193	193	21
22	V	25	AUTO EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	274	274	22
23	V	27	PAYROLL TAXES		CLINICAL CONSULTING SERVICES, LLC	100.00%	73	73	23
24	V	27	OTHER EMPLOYEE BENEFITS		CLINICAL CONSULTING SERVICES, LLC	100.00%	846	846	24
25	V	30	DEPRECIATION		CLINICAL CONSULTING SERVICES, LLC	100.00%	113	113	25
26	V	32	INTEREST		CLINICAL CONSULTING SERVICES, LLC	100.00%	129	129	26
27	V								27
28	V	17	MANAGEMENT FEES	50,852				(50,852)	28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 50,852			$ 24,174	$ * (26,678)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	J. RAJCHENBACH-COMP.	$	JLR MANAGEMENT CORP.	100.00%	$ 9,259	$ 9,259	15
16	V	19	PROFESSIONAL FEES				463	463	16
17	V	21	OFFICE				1,700	1,700	17
18	V	27	EMPLOYEE BENEFITS				1,405	1,405	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V	17	MANAGEMENT FEES	65,000				(65,000)	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 65,000			$ 12,827	$ * (52,173)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Workers Compensation	$ 288,845	Diamond Insurance	40.00%	$ 288,845	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 288,845			$ 288,845	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	ABRAHAM J. STERN	4.900%	CHEVY CHASE CORP. D/B/A BRONZEVILLE PARK NURSING & REH	CHICAGO	RENAISSANCE AT BEVERLY LI		BUILDING CO.	1
2	BERNARD HOLLANDER FAMILY TRUST	25.000%	CALIFORNIA GARDENS CORP.	CHICAGO	CLINICAL CONSULTING SERV.	LINCOLNWOOD	CLINICAL CONSULTING	2
3	EVAN MICHAEL STERN 2005 TRUST	0.900%	CLAREMONT EXTENDED HEALTHCARE, L.L.C.	BUFFALO GROVE	QUEST SERVICES CORP.	LINCOLNWOOD	MARKETING	3
4	JONATHAN BRYAN STERN 2001 TRUST	0.900%	CLARIDGE IMPERIAL, LTD.	CHICAGO	DBD REHABILITAION SERV.	CHICAGO	PSYCHIATRIC SERVICES	4
5	MARSHALL A. MAUER	6.250%	FOREST VILLA NURSING & REHABILITATION CENTER, L.L.C.	NILES	JEM REHABILITATION SERV.	CHICAGO	PSYCHIATRIC SERVICES	5
6	MAURICE I. AARON	4.250%	JACKSON CORP.	CHICAGO	JLR MANAGEMENT	LINCOLNWOOD	MANAGEMENT CO.	6
7	ORA AARON	2.000%	MONROE CORP.	CHICAGO	SEASONS HOSPICE	PARK RIDGE	HOSPICE	7
8	ORIOLE TRUST	4.950%	THE RENAISSANCE AT HILLSIDE, INC.	HILLSIDE	KFT SERVICES, LLC	LINCOLNWOOD	MANAGEMENT CO.	8
9	RAJCHENBACH FAMILY TRUST	25.000%	THE RENAISSANCE AT MIDWAY, INC.	CHICAGO	7257 N. LINCOLN AVENUE, LLC	LINCOLNWOOD	BUILDING RENTAL	9
10	ROBERT HARTMAN FAMILY TRUST	20.050%	THE RENAISSANCE AT SOUTH SHORE, INC.	CHICAGO	NUCARE SERVICES	LINCOLNWOOD	BOOKEEPING / MANAGE	10
11	SUSAN L. STERN	4.900%	RENAISSANCE EAST	MESA, ARIZONA	DRAKE LOUIS ENTERPRISE, LL	LINCOLNWOOD	MANAGEMENT CO.	11
12	TODD ANDREW STERN 2001 TRUST	0.900%	RENAISSANCE PARK SOUTH,LLC	CHICAGO	DIAMOND INSURANCE	NORTHBROOK	WORKERS COMP	12
13			RENAISSANCE VILLAGE AL	MESA, ARIZONA				13
14			RENAISSANCE VILLAGE IL	MESA, ARIZONA				14
15			RENAISSANCE WEST	MESA, ARIZONA				15
16			CLAREMONT - HANOVER PARK	HANOVER PARK				16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES

A. (Continued) **Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.**

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Jack Rajchenbach	Relative	Administrative	0.00%	See Attached	5.00	7.69%	Alloc. Salary	$ 9,259	17-7	1
2	David Hartman	Relative	Administrative	0.00%	See Attached	0.70	1.75%				2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect										10
11	only amounts anticipated to be considered allowable by the IL Dept. of HFS.										11
12											12
13								TOTAL	$ 9,259		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: NUCARE SERVICES CORP.
Street Address: 7257 N. LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 933-2600
Fax Number: (847) 933-2601

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS	1,283,340	16	$ 36,192	$	76,650	$ 2,162	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	1,283,340	16	143,887		76,650	8,594	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	1,283,340	16	226,766	211,441	76,650	13,544	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,283,340	16	395,673		76,650	23,632	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,283,340	16	16,986		76,650	1,014	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	1,283,340	16	2,408,992	(706,320)	76,650	143,882	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,283,340	16	4,332		76,650	259	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	1,283,340	16	10,088		76,650	603	8
9	26	INSURANCE	AVAIL. CENSUS DAYS	1,283,340	16	11,273		76,650	673	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	1,283,340	16	763,008		76,650	45,572	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,283,340	16	130,120		76,650	7,772	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,283,340	16	38,953		76,650	2,327	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,283,340	16	121,491		76,650	7,256	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,283,340	16	6,400		76,650	382	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,283,340	16	50,154		76,650	2,996	15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 4,364,315	$		$ 260,667	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: CLINICAL CONSULTING SERVICES, LLC
Street Address: 7257 N. LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 933-2600
Fax Number: (847) 933-2601

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6	MINOR EQUIPMENT	AVAIL. CENSUS DAYS	1,283,340	17	$ 4,147	$	76,650	$ 248	1
2	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,283,340	17	121,500	121,500	76,650	7,257	2
3	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,283,340	17			76,650		3
4	20	DUES, LICENSE & INSPECTIOI	AVAIL. CENSUS DAYS	1,283,340	17	500		76,650	30	4
5	21	OFFICE WAGES	AVAIL. CENSUS DAYS	1,283,340	17	235,467	235,467	76,650	14,064	5
6	21	OFFICE EXPENSE	AVAIL. CENSUS DAYS	1,283,340	17	15,872		76,650	948	6
7	24	CONTINUING EDUCATION / SI	AVAIL. CENSUS DAYS	1,283,340	17	3,225		76,650	193	7
8	25	AUTO EXPENSE	AVAIL. CENSUS DAYS	1,283,340	17	4,586		76,650	274	8
9	27	PAYROLL TAXES	AVAIL. CENSUS DAYS	1,283,340	17	1,222		76,650	73	9
10	27	OTHER EMPLOYEE BENEFITS	AVAIL. CENSUS DAYS	1,283,340	17	14,168		76,650	846	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,283,340	17	1,896		76,650	113	11
12	32	INTEREST	AVAIL. CENSUS DAYS	1,283,340	17	2,164		76,650	129	12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 404,746	$ 356,967		$ 24,174	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: JLR MANAGEMENT CORP.
Street Address: 6633 NORTH LINCOLN
City / State / Zip Code: LINCOLNWOOD, IL. 60712
Phone Number: (847) 679-9141
Fax Number: (847) 679-1820

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	54	9	$ 100,000	$ 100,000	5	$ 9,259	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	54	9	5,000		5	463	2
3	21	OFFICE	AVG. HOURS WORKED	54	9	18,359	18,359	5	1,700	3
4	27	EMPLOYEE BENEFITS	AVG. HOURS WORKED	54	9	15,176		5	1,405	4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 138,535	$ 118,359		$ 12,827	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Diamond Insurance
Street Address: 40 Skokie Blvd, Suite 105
City / State / Zip Code: Northbrook, IL 60062
Phone Number: (847) 559-1002
Fax Number: (847) 562-0070

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct Allocation			$	$		$ 288,845	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 288,845	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Mortgage		X	Building			$	$ 9,152,629			$ 527,590	1
2												2
3												3
4												4
5	See Supplemental Schedule											5
	Working Capital											
6	Allocated from NuCare		X								2,327	6
7	Allcoated from CCS		X								129	7
8	See Supplemental Schedule											8
9	TOTAL Facility Related						$	$ 9,152,629			$ 530,046	9
	B. Non-Facility Related*											
10	Interest Income		X								(888)	10
11	Interest Income - Bldg. Co.		X								(574)	11
12												12
13	See Supplemental Schedule											13
14	TOTAL Non-Facility Related						$	$			$ (1,462)	14
15	TOTALS (line 9+line14)						$	$ 9,152,629			$ 528,584	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 45,956 Line # 36

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

SEE ACCOUNTANTS' COMPILATION REPORT

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
6												6
7	TOTAL Long-Term											7
	Working Capital											
8							$	$			$	8
9												9
10												10
11												11
12												12
13												13
14	TOTAL Working Capital											14
	B. Non-Facility Related*											
15							$	$			$	15
16												16
17												17
18												18
19												19
20	TOTAL Non-Facility Related											20

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Renaissance At 87Th St. # 0042093 **Report Period Beginning:** 01/01/11 **Ending:** 12/31/11

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2010 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 407,345	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ 412,092	2
3. Under or (over) accrual (line 2 minus line 1).		$ 4,747	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 425,078	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.**		$ 3,636	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 433,461	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2006	333,544	8
	2007	325,273	9
	2008	328,537	10
	2009	387,946	11
	2010	404,836	12

2011 Accrual = $404,836 x 1.05 = $425,078

Allocated from NuCare: $7,256

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2010	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Renaissance At 87Th St. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042093

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2010 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2010.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	19-36-322-011-0000	Long Term Care Property	$ 56,578.94	$ 56,578.94
2.	19-36-322-012-0000	Long Term Care Property	$ 71,609.17	$ 71,609.17
3.	19-36-322-013-0000	Long Term Care Property	$ 110,226.79	$ 110,226.79
4.	19-36-322-014-0000	Long Term Care Property	$ 79,332.69	$ 79,332.69
5.	19-36-322-015-0000	Long Term Care Property	$ 71,609.17	$ 71,609.17
6.	19-36-322-016-0000	Long Term Care Property	$ 10,482.98	$ 10,482.98
7.	19-36-322-017-0000	Long Term Care Property	$ 2,581.13	$ 2,581.13
8.	19-36-322-018-0000	Long Term Care Property	$ 2,415.30	$ 2,415.30
9.	10-27-319-028-0000	Home Office Allocation	$ 81,875.48	$ 4,401.16
10.	10-27-319-028-0000	Home Office Allocation	$ 81,875.48	$ 244.51
		TOTALS	$ 568,587.13	$ 409,481.84

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES _____ NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

PLEASE NOTE: ***Payment information from the Internet*** or otherwise is ***not considered acceptable tax bill documentation*** . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Renaissance At 87Th St. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042093

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 66,911 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred:
2. Number of Years Over Which it is Being Amortized:
3. Current Period Amortization:
4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	51,162	1994	$ 143,613	1
2	Allocation from 7257 N. Lincoln			9,079	2
3	TOTALS	51,162		$ 152,692	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	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	
4	210			1999	$ 8,932,245	$ 223,911	39	$ 223,306	$ (605)	$ 2,832,818	4
5				1999	4,436						5
6				1999	(204,169)						6
7											7
8											8
	Improvement Type**										
9	Various			1999	89,068		20	4,434	4,434	55,074	9
10	Various			2000	45,130		20	1,174	1,174	13,488	10
11	Various			2001	42,797		20	2,140	2,140	22,211	11
12	Various			2002	12,014		20	858	858	8,319	12
13	Various			2003	20,012		20	1,207	1,207	10,348	13
14	Various			2004	29,945		20	2,846	2,846	22,276	14
15	Various			2005	20,479		20	1,591	1,591	13,948	15
16	Various			2006	135,109		20	14,394	14,394	98,384	16
17	Various			2007	6,126		20	613	613	2,553	17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
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58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12F & 12G)		852,891	48,389		42,645	(5,744)	158,850	67
68	Related Party Allocations (Pages 12H & 12I)		172,998	5,723		4,926	(797)	31,925	68
69	Financial Statement Depreciation			131,107			(131,107)		69
70	TOTAL (lines 4 thru 69)		$ 10,159,081	$ 409,130		$ 300,133	$ (108,997)	$ 3,270,192	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 10,159,081	$ 409,130		$ 300,133	$ (108,997)	$ 3,270,192	1
2	Elevator Repairs	2008	9,702		20	485	485	1,657	2
3	Remodel 1St Floor Showers, Replace Tile In 1&2	2010	4,217		20	422	422	843	3
4	Bathroom Remodeling, Remove And Install New Tiles, Grout And	2010	3,902		20	390	390	780	4
5	Remodel Bathrooms - Paint, Tile, Floor, Baseboards	2010	6,593		20	659	659	1,319	5
6	Bathroom Remodeling, Replace Drywalls And Tiles In 204,205,211	2010	2,900		20	290	290	556	6
7	Install 48 Openings For Cable Tv, 24 Outlets For Tv, Run Rg 6 Fo	2010	2,880		20	288	288	528	7
8	Konecto Plank Metroflor, Tuscania Florida Acorio-Breakroom Re	2010	3,664		20	366	366	672	8
9	Bathroom Remodeling 101, 104, 111, 120, 129, Remove/Replace Dr	2010	2,900		20	290	290	532	9
10	Paint Hallway Walls, 2 Coats, 2 Tones	2010	3,800		20	380	380	697	10
11	Roof Repair	2010	4,375		20	438	438	802	11
12	Install 1 Carrier Chiller, Air Cooled Rotary Scroll Chiller	2010	73,799		20	7,380	7,380	7,995	12
13	Chi. Code Modification, Insulate Supply And Return Line, New Fl	2010	12,092		20	1,209	1,209	2,015	13
14	Bathroom Remodeling 103, 105, 110, 122, 123, Remove/Replace Dr	2010	2,900		20	290	290	508	14
15	Staff Dining Rooms & Hallway- Patch, Sand, Repaint, Remove An	2010	3,150		20	315	315	551	15
16	1St Flr Resident Rooms-Furnish And Install 18 Upholstered Corni	2010	24,660		20	2,466	2,466	4,932	16
17	Remove Old Retaining Wall In Front Of Facility And Build A New	2010	6,800		20	680	680	1,190	17
18	Reimburse Bronzevill For 87Th Invoices Paid,. 24 Fluorescent Lig	2010	3,520		20	352	352	616	18
19	Recover Rear Patio Canopy Using Old Frame With Ferrari Fabric	2010	8,279		20	828	828	1,449	19
20	Flr 1 Dining Rm- Remove Desk, New Kitchen Cabinet Doors Touc	2010	19,500		20	1,950	1,950	3,250	20
21	Furnish And Install Interior And Exterior Sliding Doors	2010	8,479		20	848	848	1,343	21
22	30 Yds Wallcovering Field, 60 Yds Accent Wallcovering	2010	2,535		20	254	254	401	22
23	Replace Defective Parts Of Walk-In Freezer In Kitchen Office, La	2010	3,408		20	341	341	511	23
24	Install 2, Washer/Condensor, New Air Vent, New Control On Pum	2010	3,298		20	330	330	495	24
25	Painting Of 3Rd Floor Patient Rooms And Bathrooms W/ 2 Coats	2010	19,253		20	1,925	1,925	2,727	25
26	Furnish 7 Cameras, 6 1/3 Sony Super Had Ccd, 1 Sony Had Ir Aut	2010	5,530		20	1,106	1,106	2,212	26
27	Remove Existing Ceiling Tile And Furnish And Install New Ceilin	2010	12,535		20	1,254	1,254	1,880	27
28	Paint Patient Rooms Floor 2	2010	19,253		20	1,925	1,925	2,407	28
29	Electrical Work In 10 Rooms	2010	3,480		20	348	348	435	29
30	Installation Of Wood Trims	2010	5,230		20	523	523	654	30
31	Painting Patient Rooms On 1St Floor	2010	18,120		20	1,812	1,812	2,114	31
32	High Output High Head Pump	2010	3,600		20	720	720	960	32
33	Deposit For Water Tank Expansion	2010	2,502		20	500	500	584	33
34	TOTAL (lines 1 thru 33)		$ 10,465,936	$ 409,130		$ 331,497	$ (77,633)	$ 3,317,807	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 10,465,936	$ 409,130		$ 331,497	$ (77,633)	$ 3,317,807	1
2	Walk In Cooler Repairs	2010	2,840		20	142	142	201	2
3	Painting	2010	2,640		20	132	132	264	3
4	Repairs To Patio Crack In Concrete	2010	4,700		20	235	235	411	4
5	Electrical Work	2010	3,440		20	172	172	287	5
6	Asphalt Repair	2010	7,225		20	361	361	542	6
7	Labor And Materials To Replace 91 Bathroom Lights	2011	6,822		20	569	569	569	7
8	Fabricate 10 Floor Pad Cabinets For Patient Rooms To Match Col	2011	4,750		20	396	396	396	8
9	3 Flrs Dining Rooms, Fabricate 90 Custom Made Window Railing	2011	7,500		20	625	625	625	9
10	Custom Build 10 Floor Pad Cabinets For Patient Rooms	2011	4,750		20	356	356	356	10
11	2000 Lf Chair Rail Poplar 5/8' X 2 1/2 "	2011	2,746		20	137	137	137	11
12	Custom Build 53" Wall Cabinet, Beveled Edge Counter Top W/ 2	2011	5,725		20	286	286	286	12
13	10 Custom Build Floor Pad Cabinet For Patient Rooms, Color Ma	2011	4,750		20	396	396	396	13
14	10 Custom Built Cabinets Fir Floor Mattress Pads	2011	4,850		20	162	162	162	14
15	Installation Of Pumps, Electrical Work, Piping & Fittings	2011	4,850		20	970	970	970	15
16	Window Treatments	2011	23,240		20	775	775	775	16
17	Painting/Lighting	2011	4,547		20	152	152	152	17
18	Wallpaper/Paints	2011	24,640		20	8,213	8,213	8,213	18
19	Electrical	2011	4,780		20	159	159	159	19
20	Millwork/Railings	2011	36,380		20	1,213	1,213	1,213	20
21	Measure And Design Cabinet Layout, Custom Build Tv Entertain	2011	13,540		20	113	113	113	21
22	Install Kitchen Sink, Faucet, New Water And Sewer Lines, Replac	2011	2,700		20	90	90	90	22
23	1St Flr Nurses Station - Custom Built In Cabinets & Refinish Entr	2011	4,580		20	229	229	229	23
24	Fabricate Molding For 137 Windows & Installed 6 New Windows	2011	4,806		20	240	240	240	24
25	Room Lot Signage	2011	11,206		20	560	560	560	25
26	Wallcovering - Lobby - Prep Walls, Install & New Vynyl	2011	2,572		20	129	129	129	26
27	Installing Power Outlets & Cable Tv In Rooms	2011	2,890		20	145	145	145	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,669,406	$ 409,130		$ 348,453	$ (60,677)	$ 3,335,425	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 10,669,406	$ 409,130		$ 348,453	$ (60,677)	$ 3,335,425	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,669,406	$ 409,130		$ 348,453	$ (60,677)	$ 3,335,425	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 10,669,406	$ 409,130		$ 348,453	$ (60,677)	$ 3,335,425	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,669,406	$ 409,130		$ 348,453	$ (60,677)	$ 3,335,425	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company Information								1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Carpeting	2004	2,093		20	105	105	1,611	9
10	Various	2005	96,496		20	4,825	4,825	58,903	10
11	Built In Kitchen Unit/Cabinet/Table Legs And Sink	2007	10,200		20	510	510	3,400	11
12	3Rd Floor Replace Built-In Tv	2007	2,700		20	135	135	878	12
13	2Nd Floor Replace Built-In Tv	2007	2,700		20	135	135	878	13
14	Replace Built-In Cabinets And Credenza Unit	2007	9,800		20	490	490	3,185	14
15	2Nd Floor - Sink	2007	4,800		20	240	240	1,560	15
16	3Rd Floor - Assisted Bathing Area	2007	5,200		20	260	260	1,690	16
17	90 Yds Luminious Sage - Wall Covering	2007	1,688		20	84	84	899	17
18	150 Yds Tranquility Dandelion - Wall Covering	2007	2,546		20	127	127	1,315	18
19	2Nd Floor Dinning Room - Electrical	2007	3,500		20	175	175	1,138	19
20	3Rd Floor Dinning Room - Electrical	2007	3,500		20	175	175	1,138	20
21	2 New Wall Outlets - Wall Hungs Tvs	2007	1,500		20	75	75	488	21
22	Basement Corridor	2007	2,750		20	138	138	895	22
23	Cove Base	2007	9,495		20	475	475	3,008	23
24	120 Rigid Vinyl Guards	2007	1,343		20	67	67	425	24
25	20Pcs Surface Mounted Corner Guards	2007	1,168		20	58	58	369	25
26	Demolish Wall And Dispose Debris	2007	8,000		20	400	400	2,533	26
27	Vct Floor	2007	9,150		20	458	458	2,899	27
28	1 Beam Above Door	2007	8,300		20	415	415	2,628	28
29	Kitchen Cabinets	2007	880		20	44	44	264	29
30	Lobby/Large Main Office - Carpeting	2007	8,578		20	429	429	3,227	30
31	Door Upgrades & R&M	2007	4,301		20	215	215	1,398	31
32	Replace Ejector Pumps For Flood Control System	2007	3,700		20	185	185	1,079	32
33	Cabinets	2007	10,320		20	516	516	3,268	33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company Information Continued		$	$		$	$	$	1
2	2Nd Floor - 34 Patients Rooms - Painting & Bumper Guards	2007	23,282		20	1,164	1,164	7,178	2
3	Vct Tiles For Bathroom	2008	4,656		20	233	233	932	3
4	Upholestered Cornice And Roller Shades; Remove Existing Windc	2008	8,647		20	432	432	1,729	4
5	Material & Labor For Power Supply & Switch For Airconditiong	2008	5,726		20	286	286	1,145	5
6	Installation: Sprinkler, Ddc Valve, Expansion Tank & Anitfreeze	2008	7,665		20	383	383	1,533	6
7	Commerical Wood Door	2008	1,943		20	97	97	388	7
8	Painted Walls	2008	3,500		20	175	175	700	8
9	Commerical Wood Door	2008	1,772		20	89	89	355	9
10	Replacement Motor & Compressor And Refrigerant Of Freezer	2008	5,368		20	268	268	1,073	10
11	Telephone System Tadrian	2008	23,739		20	1,187	1,187	4,748	11
12	Motor Conversion	2008	2,965		20	148	148	593	12
13	Tadiran Ip X 500 Tel. System	2008	23,913		20	1,196	1,196	4,783	13
14	Remove Molded Drywall/Install New Mold Resistant Drywall In H	2008	850		20	43	43	171	14
15	130 Ft Of Sdr35 Drain Tile	2008	8,910		20	446	446	1,783	15
16	Painting And Touch Ups Plus Supplies	2008	1,645		20	82	82	329	16
17	Asphalt Repair Work Sealing And Striping	2008	7,600		20	380	380	1,520	17
18	Prime And Paint Outside Railings, Repair Walls, Paint Payroll Of	2008	3,220		20	161	161	644	18
19	Painting Lower Level Conf Rm; Walls And Wallboard	2008	1,190		20	60	60	239	19
20	Painting - 2Nd Floor Doorframes And Dining Room	2008	2,970		20	149	149	595	20
21	Repair Walls And Paint Activity Office On 2Nd Floor	2008	1,260		20	63	63	252	21
22	Plaster, Prime, And Paint 3Rd Floor Dining Rm Walls, Window S	2008	10,600		20	530	530	2,120	22
23	Paint Basement Offices Including Removal Of Borders, Plastering	2008	1,280		20	64	64	256	23
24	Part & Labor to repair Fire Sprinkler System	2009	4,224		20	211	211	633	24
25	Core Glosswhite Tile	2009	2,753		20	138	138	414	25
26	Paint & Remodeling of 7 Shower Rooms	2009	17,363		20	868	868	2,604	26
27	Flooring	2011	194,042		20	9,702	9,702	9,702	27
28	Casework/Countertops	2011	68,125		20	3,406	3,406	3,406	28
29	Demolition/Carpentry	2011	74,500		20	3,725	3,725	3,725	29
30	Buildout	2011	65,045		20	3,252	3,252	3,252	30
31	Wallpaper/Paint	2011	59,430		20	2,972	2,972	2,972	31
32									32
33	Depreciation			48,389			(48,389)		33
34	TOTAL (12F & 12G lines 1 thru 33)		$ 852,891	$ 48,389		$ 42,645	$ (5,744)	$ 158,850	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party Information		$	$		$	$	$	1
2	Buildings:								2
3	Allocated from 7257 N. Lincoln Ave.	2004	77,406	1,985	35	2,212	227	17,969	3
4	Allocated from Clinical Consulting Services	2004	4,300	110	35	123	13	998	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from 7257 N. Lincoln Ave.	2005	7,056	53	20	455	402	2,874	9
10	Allocated from 7257 N. Lincoln Ave.	2004	1,538		20	77	77	577	10
11									11
12	Allocated from Clinical Consulting Services	2005	392	3	20	25	22	160	12
13	Allocated from Clinical Consulting Services	2004	85		20	4	4	32	13
14									14
15	Allocated from NuCare Services	2003	700	30	20	35	5	284	15
16	Allocated from NuCare Services	2004	55,818	617	20	711	94	5,482	16
17	Allocated from NuCare Services	2005	842	37	20	42	5	288	17
18	Allocated from NuCare Services	2006	1,142	50	20	57	7	306	18
19	Allocated from NuCare Services	2008	1,203	52	20	60	8	196	19
20	Allocated from NuCare Services	2009	19,377	2,650	20	969	(1,681)	2,528	20
21	Allocated from NuCare Services	2010	2,978	129	20	149	20	224	21
22	Allocated from NuCare Services	2011	161	7	20	7		7	22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party Information Continued								1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (12H & 12I lines 1 thru 33)		$ 172,998	$ 5,723		$ 4,926	$ (797)	$ 31,925	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,703,353	$ 60,501	$ 180,689	$ 120,188	10	$ 1,417,392	71
72	Current Year Purchases	121,572	224	7,815	7,591	10	7,815	72
73	Fully Depreciated Assets	338,142		121	121	10	338,142	73
74								74
75	TOTALS	$ 2,163,067	$ 60,725	$ 188,625	$ 127,900		$ 1,763,348	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Allocated from Nucare	2011	$ 529	$ 23	$ 106	$ 83	5	$ 150	76
77										77
78										78
79										79
80	TOTALS			$ 529	$ 23	$ 106	$ 83		$ 150	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 12,985,693	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 469,878	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 537,183	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 67,305	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 5,098,924	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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? If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5	Storage Rental				3,520			5
6	Allocated from NuCare (Parking Lot)				382			6
7	TOTAL				$ 3,902 **			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease ____.

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

10. Effective dates of current rental agreement:
Beginning ____
Ending ____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2012	$
13.	/2013	$
14.	/2014	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ 21,009 Description: See Attached Schedule
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 449,894	$		$ 449,894	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			145,810			145,810	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			346,736			346,736	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				428,734		428,734	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Supplemental			6,062		11,851	123,756		141,669	13
14	TOTAL			$ 6,062		$ 954,291	$ 552,490		$ 1,512,843	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Facility Name & ID Number Renaissance At 87Th St. # 0042093 **Report Period Beginning:** 01/01/11 **Ending:** 12/31/11

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/11 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 9,518	$ 244,793	1
2	Cash-Patient Deposits	16,026	16,026	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	5,206,670	6,150,215	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	167,898	179,514	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	1,221,004	1,269,261	8
9	Other(specify): See Attached Schedule	9,376	192,126	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 6,630,492	$ 8,051,935	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		143,613	13
14	Buildings, at Historical Cost		8,761,754	14
15	Leasehold Improvements, at Historical Cost	838,478	1,608,086	15
16	Equipment, at Historical Cost	851,380	2,155,602	16
17	Accumulated Depreciation (book methods)	(929,969)	(5,115,818)	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): See Attached Schedule	126	233,459	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 760,015	$ 7,786,696	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 7,390,507	$ 15,838,631	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 2,671,866	$ 2,671,865	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	36,072	36,072	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	452,003	452,003	30
31	Accrued Taxes Payable (excluding real estate taxes)	51,584	51,584	31
32	Accrued Real Estate Taxes(Sch.IX-B)		425,078	32
33	Accrued Interest Payable		43,780	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	170,257	170,257	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,381,782	$ 3,850,639	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		(88,799)	39
40	Mortgage Payable		9,241,428	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule			43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 9,152,629	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,381,782	$ 13,003,268	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 4,008,725	$ 2,835,363	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 7,390,507	$ 15,838,631	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number Renaissance At 87Th St. # 0042093 **Report Period Beginning:** 01/01/11 **Ending:** 12/31/11

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 4,793,099	1
2	Restatements (describe):		2
3	**Late Entries - Bad Debts/MCR Part B Coins W/O**	(251,112)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 4,541,987	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(533,262)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (533,262)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 4,008,725	24 *

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 12,343,406	1
2	Discounts and Allowances for all Levels	(323,118)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 12,020,288	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,557,899	6
7	Oxygen	39,753	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,597,652	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	980,092	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	43,190	19
20	Radiology and X-Ray	77,493	20
21	Other Medical Services	152,866	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,253,641	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	888	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 888	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	284	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 284	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 15,872,753	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,983,682	31
32	Health Care	5,808,633	32
33	General Administration	4,748,223	33
	B. Capital Expense		
34	Ownership	1,722,080	34
	C. Ancillary Expense		
35	Special Cost Centers	1,760,662	35
36	Provider Participation Fee	382,735	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 16,406,015	40
41	**Income before Income Taxes (line 30 minus line 40)****	(533,262)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (533,262)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT**

**** **Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,981	2,110	$ 109,643	$ 51.96	1
2	Assistant Director of Nursing	1,973	2,086	93,732	44.93	2
3	Registered Nurses	23,476	24,918	755,819	30.33	3
4	Licensed Practical Nurses	58,664	62,408	1,612,113	25.83	4
5	CNAs & Orderlies	142,223	154,590	1,669,530	10.80	5
6	CNA Trainees					6
7	Licensed Therapist	160	160	6,062	37.89	7
8	Rehab/Therapy Aides	15,756	16,762	175,498	10.47	8
9	Activity Director	3,726	4,005	108,007	26.97	9
10	Activity Assistants	12,734	13,852	139,111	10.04	10
11	Social Service Workers	10,377	11,158	181,210	16.24	11
12	Dietician	3,685	4,049	81,190	20.05	12
13	Food Service Supervisor	138	152	3,050	20.07	13
14	Head Cook	4,243	4,936	63,841	12.93	14
15	Cook Helpers/Assistants	20,570	22,497	214,160	9.52	15
16	Dishwashers					16
17	Maintenance Workers	4,034	4,465	94,864	21.25	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,029	2,086	108,584	52.05	20
21	Assistant Administrator	1,280	1,320	39,983	30.29	21
22	Other Administrative	839	839	65,848	78.48	22
23	Office Manager	2,831	3,122	99,666	31.92	23
24	Clerical	21,674	24,441	365,863	14.97	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	935	1,027	28,014	27.28	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	4,560	4,560	88,812	19.48	33
34	TOTAL (lines 1 - 33)	337,888	365,543	$ 6,104,600 *	$ 16.70	34

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	341	$ 16,010	01-03	35
36	Medical Director	Monthly	40,050	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	338	7,284	10-03	38
39	Pharmacist Consultant	Monthly	12,329	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	8	448	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Medical Consultant	Monthly	136,516	10-03	47
48	Therapy	Per Visit	1,181	10a-03	48
49	TOTAL (lines 35 - 48)	687	$ 213,817		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		$		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Daniel Johnson	Administrator	0.00%	$ 108,584
Bridget Forbes	Assist. Administrator	0.00%	39,983
Marilyn Flaherty	VP of MC Reimb	0.00%	14,522
William Prather	Administrative	0.00%	51,326
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 214,415

B. Administrative - Other

Description	Amount
NuCare Services - Administrative Fees	$ 799,486
Clinical Consulting Services - Administrative Fees	50,852
JLR Management - Administrative Fees	65,000
TOTAL (agree to Schedule V, line 17, col. 3)	$ 915,338
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
See Attached	Legal	$ 109,811
Frost, Ruttenberg & Rothblatt	Accounting	27,283
CDW Government, Inc	Computer Services	754
Emdeon	Computer Services	488
Giftrap Corporation	Computer Services	2,408
HDSI	Computer Services	3,938
IT Tourtech	Computer Services	195
PSD Solutions	Computer Services	9,330
Personnel Planners	Unemployment Consulting	5,988
Documentations Solutions	Consulting Services	5,106
Michael Gantt	REAC Consulting	1,250
See Supplemetal Schedule		22,849
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 189,399

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 288,845
Unemployment Compensation Insurance	191,706
FICA Taxes	448,881
Employee Health Insurance	294,305
Employee Meals	29,711
Illinois Municipal Retirement Fund (IMRF)*	
Chicago Head Tax	7,164
Other Employee Benefits	76,981
Dental Insurance	6,808
Pension Expense	41,233
401K Employee	4,206
Vision Insurance	118
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,389,959

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,497
Advertising: Employee Recruitment	7,108
Health Care Worker Background Check	
(Indicate # of checks performed 906)	13,444
Patient Background Checks	
Dues & Subscriptions	23,139
Licenses & Inspections	8,634
Advertising & Promotions	51,623
Allocated from NuCare	1,014
See Supplemental Schedule	30
Less: Public Relations Expense	( )
Non-allowable advertising	(51,623)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 54,866

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	17,533
Allocated from NuCare	259
Allocated from CCS	193
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 17,985

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St. # 0042093 **Report Period Beginning:** 01/01/11 **Ending:** 12/31/11

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **Yes**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **ILCLTC = $20,110; IL Assoc of HC = $5,040**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **4,063** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **382,735**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **29,711** Has any meal income been offset against related costs? **No** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **100% Ln 14**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) If total legal fees are in excess of $5,000, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.