

		FOR BHF USE					

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**2006**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**  
**FINANCIAL AND STATISTICAL REPORT FOR**  
**LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2006)**

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.

**I. IDPH Facility ID Number:** 0042093

**Facility Name:** The Renaissance at 87th Street

**Address:** 2940 West 87th Street Chicago 60652  
 Number City Zip Code

**County:** Cook

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

**HFS ID Number:** 363945570001

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

**Type of Ownership:**

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input checked="" type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

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

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/06 to 12/31/06 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.

<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____
	(Type or Print Name) _____	
	(Title) _____	
<b>Paid Preparer</b>	(Signed) _____	(Date) _____
	(Print Name and Title) <u>Kimberley A. Waite, C.P.A.</u>	
	(Firm Name & Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>	
	(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u>	

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 The Renaissance at 87th Street# 0042093 Report Period Beginning: 01/01/06 Ending: 12/31/06

## 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 bedsN/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>210</u>	Skilled (SNF)	<u>210</u>	<u>76,650</u>	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	<u>210</u>	TOTALS	<u>210</u>	<u>76,650</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>40,818</u>	<u>2,496</u>	<u>17,922</u>	<u>61,236</u>	8
9	SNF/PED					9
10	ICF	<u>11,513</u>	<u>704</u>		<u>12,217</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>52,331</u>	<u>3,200</u>	<u>17,922</u>	<u>73,453</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 95.83%

D. How many bed-hold days during this year were paid by the Department?

1,167 (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)

NoneF. Does the facility maintain a daily midnight census? YesG. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?YES  NO 

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES  NO 

I. On what date did you start providing long term care at this location?

Date started 7/21/1999

J. Was the facility purchased or leased after January 1, 1978?

YES  Date New Construction NO 

K. Was the facility certified for Medicare during the reporting year?

YES  NO  If YES, enter number  
of beds certified 78 and days of care provided 13,945Medicare Intermediary National Government Services

## IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED  
CASH\*  CASH\* Is your fiscal year identical to your tax year? YES  NO Tax Year: 12/31/06 Fiscal Year: 12/31/06

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number      The Renaissance at 87th Street      #      0042093      Report Period Beginning:      01/01/06      Ending:      12/31/06

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	356,897	92,325	8,568	457,790		457,790	457,790			1
2	Food Purchase		352,339		352,339	(29,310)	323,030	(497)	322,532		2
3	Housekeeping	277,081	68,907		345,988		345,988	345,988			3
4	Laundry	101,567	23,164		124,731		124,731	124,731			4
5	Heat and Other Utilities			179,401	179,401		179,401	(13,824)	165,577		5
6	Maintenance	101,696	46,466	125,893	274,055		274,055	4,167	278,222		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>837,241</b>	<b>583,201</b>	<b>313,862</b>	<b>1,734,304</b>	<b>(29,310)</b>	<b>1,704,995</b>	<b>(10,154)</b>	<b>1,694,840</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			46,500	46,500		46,500	46,500			9
10	Nursing and Medical Records	3,658,426	228,072	14,465	3,900,963		3,900,963	(339)	3,900,624		10
10a	Therapy	171,661		3,111	174,772		174,772	174,772			10a
11	Activities	229,533	26,282	4,077	259,892		259,892	(11,470)	248,422		11
12	Social Services	158,487		763	159,250		159,250	159,250			12
13	CNA Training										13
14	Program Transportation			750	750		750	750			14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>4,218,107</b>	<b>254,354</b>	<b>69,666</b>	<b>4,542,127</b>		<b>4,542,127</b>	<b>(11,809)</b>	<b>4,530,318</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	246,212		810,310	1,056,522		1,056,522	(748,460)	308,062		17
18	Directors Fees										18
19	Professional Services			128,612	128,612		128,612	(24,473)	104,139		19
20	Dues, Fees, Subscriptions & Promotions			126,546	126,546		126,546	(80,905)	45,641		20
21	Clerical & General Office Expenses	403,460	59,560	381,872	844,892		844,892	(174,621)	670,271		21
22	Employee Benefits & Payroll Taxes			1,029,084	1,029,084	29,310	1,058,394	(27,691)	1,030,703		22
23	Inservice Training & Education										23
24	Travel and Seminar			11,864	11,864		11,864	22	11,886		24
25	Other Admin. Staff Transportation			7,836	7,836		7,836	(120)	7,716		25
26	Insurance-Prop.Liab.Malpractice			336,201	336,201		336,201	8,875	345,076		26
27	Other (specify):*							33,930	33,930		27
28	<b>TOTAL General Administration</b>	<b>649,672</b>	<b>59,560</b>	<b>2,832,325</b>	<b>3,541,557</b>	<b>29,310</b>	<b>3,570,867</b>	<b>(1,013,443)</b>	<b>2,557,424</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>5,705,020</b>	<b>897,115</b>	<b>3,215,853</b>	<b>9,817,988</b>		<b>9,817,988</b>	<b>(1,035,406)</b>	<b>8,782,582</b>		<b>29</b>

\*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 The Renaissance at 87th Street

#0042093

Report Period Beginning:

01/01/06

Ending:

12/31/06

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			106,162	106,162		106,162	231,964	338,126			30
31	Amortization of Pre-Op. & Org.			7,522	7,522		7,522		7,522			31
32	Interest			3,623	3,623		3,623	630,290	633,913			32
33	Real Estate Taxes							322,239	322,239			33
34	Rent-Facility & Grounds			1,430,542	1,430,542		1,430,542	(1,430,073)	469			34
35	Rent-Equipment & Vehicles			8,199	8,199		8,199	2,984	11,183			35
36	Other (specify):*							78,592	78,592			36
37	<b>TOTAL Ownership</b>			1,556,048	1,556,048		1,556,048	(164,004)	1,392,044			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		377,141	1,131,855	1,508,996		1,508,996		1,508,996			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			114,975	114,975		114,975		114,975			42
43	Other (specify):*	40,536			40,536		40,536	(40,536)				43
44	<b>TOTAL Special Cost Centers</b>	40,536	377,141	1,246,830	1,664,507		1,664,507	(40,536)	1,623,971			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,745,556	1,274,256	6,018,731	13,038,543		13,038,543	(1,239,946)	11,798,597			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 The Renaissance at 87th Street

# 0042093

Report Period Beginning: 01/01/06

Ending: 12/31/06

**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.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF 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	(15,312)	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	(7,318)	30		9
10	Interest and Other Investment Income	(10,226)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(153)	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	(19,187)	21		18
19	Entertainment	(1,918)	24		19
20	Contributions	(17,700)	20		20
21	Owner or Key-Man Insurance	(27,656)	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(174,050)	21		24
25	Fund Raising, Advertising and Promotional	(61,641)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(9,064)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(350)	20		28
29	Other-Attach Schedule	(570,801)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (915,376)		\$	30

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	2	
		Amount	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)	(324,570)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (324,570)		36
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (1,239,946)		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	2	3	4	
		Yes	No	Amount	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	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

NON-ALLOWABLE EXPENSES		
	Amount	Reference
1		11
2		19
3		21
4		20
5		19
6		21
7		21
8		21
9		20
10		43
11		02
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<b>Total</b>	(570,801)	101

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending:

12/31/06

## 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)	
	<b>A. General Services</b>													
1	Dietary													1
2	Food Purchase	(497)											(497)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(16,107)		2,283									(13,824)	5
6	Maintenance			4,167									4,167	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(16,604)</b>		<b>6,450</b>									<b>(10,154)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(339)											(339)	10
10a	Therapy													10a
11	Activities	(11,470)											(11,470)	11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(11,809)</b>											<b>(11,809)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(631,919)	(112,554)	(3,987)							(748,460)	17
18	Directors Fees													18
19	Professional Services	(39,470)	7,995	5,406	455	1,141							(24,473)	19
20	Fees, Subscriptions & Promotions	(83,004)	400	1,699									(80,905)	20
21	Clerical & General Office Expenses	(453,009)	118,696	157,152	1,038	1,502							(174,621)	21
22	Employee Benefits & Payroll Taxes	(27,691)											(27,691)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(1,918)		1,933		7							22	24
25	Other Admin. Staff Transportation	(518)		398									(120)	25
26	Insurance-Prop.Liab.Malpractice		7,420	1,455									8,875	26
27	Other (specify):*			28,109	862	4,959							33,930	27
28	<b>TOTAL General Administration</b>	<b>(605,610)</b>	<b>134,511</b>	<b>(435,767)</b>	<b>(110,199)</b>	<b>3,622</b>							<b>(1,013,443)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(634,023)</b>	<b>134,511</b>	<b>(429,317)</b>	<b>(110,199)</b>	<b>3,622</b>							<b>(1,035,406)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06 Ending:

12/31/06

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	(7,318)	226,835	12,447									231,964	30
31	Amortization of Pre-Op. & Org.	(223,273)	223,273											31
32	Interest	(10,226)	633,957	6,559									630,290	32
33	Real Estate Taxes		316,972	5,267									322,239	33
34	Rent-Facility & Grounds		(1,430,543)	470									(1,430,073)	34
35	Rent-Equipment & Vehicles			2,984									2,984	35
36	Other (specify):*		78,592										78,592	36
37	<b>TOTAL Ownership</b>	<b>(240,817)</b>	<b>49,086</b>	<b>27,727</b>									<b>(164,004)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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):*	(40,536)											(40,536)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(40,536)</b>											<b>(40,536)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(915,376)</b>	<b>183,597</b>	<b>(401,590)</b>	<b>(110,199)</b>	<b>3,622</b>							<b>(1,239,946)</b>	<b>45</b>

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending:

12/31/06

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Renaissance at Beverly LP		Bldg Partnership

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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent	\$ 1,430,543	Renaissance at Beverly LP	100.00%	\$	\$ (1,430,543)	1
2	V	32 Interest	3,037	Renaissance at Beverly LP	100.00%	636,994	633,957	2
3	V	36 MIP Expense		Renaissance at Beverly LP	100.00%	78,592	78,592	3
4	V	26 Insurance Expense		Renaissance at Beverly LP	100.00%	7,420	7,420	4
5	V	20 Fees		Renaissance at Beverly LP	100.00%	400	400	5
6	V	19 Accounting Fees		Renaissance at Beverly LP	100.00%	7,995	7,995	6
7	V	21 Trust Fees		Renaissance at Beverly LP	100.00%	1,600	1,600	7
8	V	21 Prepayment Penalty - HUD Mortgage		Renaissance at Beverly LP	100.00%	117,096	117,096	8
9	V	33 RE Taxes		Renaissance at Beverly LP	100.00%	316,972	316,972	9
10	V	30 Depreciation		Renaissance at Beverly LP	100.00%	226,835	226,835	10
11	V	31 Amortization		Renaissance at Beverly LP	100.00%	223,273	223,273	11
12	V							12
13	V							13
14	Total		\$ 1,433,580			\$ 1,617,177	\$ * 183,597	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street# 0042093Report Period Beginning: 01/01/06Ending: 12/31/06

## 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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 2,283	2,283	15
16	V	6 REPAIRS AND MAINT.				4,167	4,167	16
17	V	17 ADMINISTRATIVE - NON-OWNER				18,998	18,998	17
18	V	19 PROFESSIONAL FEES				5,406	5,406	18
19	V	20 FEES SUBSCRIPTIONS				1,699	1,699	19
20	V	21 CLERICAL & GENERAL				157,152	157,152	20
21	V	24 SEMINARS AND EDUCATION				1,933	1,933	21
22	V	25 ADMIN. STAFF TRAVEL				398	398	22
23	V	26 INSURANCE				1,455	1,455	23
24	V	27 EMPLOYEE BEN. GEN. ADMIN.				25,051	25,051	24
25	V	30 DEPRECIATION				12,447	12,447	25
26	V	32 INTEREST EXPENSE				6,559	6,559	26
27	V	33 REAL ESTATE TAX				5,267	5,267	27
28	V	34 BUILDING RENT				470	470	28
29	V	35 EQUIPMENT RENTAL				2,984	2,984	29
30	V	17 ADMIN. - R. HARTMAN				4,250	4,250	30
31	V	17 ADMIN. - B. CARR				7,820	7,820	31
32	V	17 ADMIN. - D. HARTMAN						32
33	V	27 EMP. BEN. - R. HARTMAN				2,449	2,449	33
34	V	27 EMP. BEN. - B. CARR				609	609	34
35	V	27 EMP. BEN. - D. HARTMAN						35
36	V							36
37	V	17 MANAGEMENT FEES	662,987				(662,987)	37
38	V							38
39	Total		\$ 662,987			\$ 261,397	\$ * (401,590)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 J. RAJCHENBACH-COMP.	\$	JLR MANAGEMENT CORP.	100.00%	\$ 7,446	7,446	15
16	V	19 PROFESSIONAL FEES				455	455	16
17	V	21 OFFICE				1,038	1,038	17
18	V	27 PAYROLL TAXES				862	862	18
19	V							19
20	V	17 C. RAJCHENBACH-COMP.						20
21	V	27 PAYROLL TAXES						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	120,000				(120,000)	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		\$ 120,000			\$ 9,801	\$ * (110,199)	39

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

**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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 ADMINISTRATIVE	\$	CAREPATH HEALTH NETWORK	100.00%	\$ 23,337	23,337	15
16	V	19 PROFESSIONAL FEES				1,141	1,141	16
17	V	21 CLERICAL AND GENERAL				1,502	1,502	17
18	V	24 SEMINARS				7	7	18
19	V	27 GEN ADMIN.- EMP. BEN.				4,959	4,959	19
20	V							20
21	V							21
22	V							22
23	V							23
24	V	17 MANAGEMENT FEES	27,324				(27,324)	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		\$ 27,324			\$ 30,946	\$ * 3,622	39

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

**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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Workers Compensation	\$ 67,741	Diamond Insurance	40.00%	\$ 67,741	\$	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			\$ 67,741			\$ 67,741	\$ *	39

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

**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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	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.

**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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	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.

**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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	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 The Renaissance at 87th Street

# 0042093

Report Period Beginning: 01/01/06

Ending: 12/31/06

**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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	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

**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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	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.

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/06 Ending: 12/31/06

## 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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Robert Hartman	Owner	Administrative	19.05%	See Attached	0.85	1.70%	Allocated	\$ 4,250	17 - 7	1
2	Bernard Hollander	Owner	Administrative	25.00%	See Attached	2.00	3.07%	Allocated			2
3	Mark Berger	Relative	Administrative	0.00%	See Attached	-	0.00%	Salary	27,093	17 - 1	3
4	Jack Rajchenbach	Owner	Administrative	25.00%	See Attached	5.00	7.69%	Allocated	7,445	17-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 38,788		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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending: 12/31/06

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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 The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending: 12/31/06

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS 901,760	11	\$ 26,855	\$	76,650	\$ 2,283	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS 901,760	11	49,026		76,650	4,167	2
3	17	ADMINISTRATIVE - NON-OWN	AVAIL. CENSUS DAYS 901,760	11	223,510	216,927	76,650	18,998	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 901,760	11	63,602		76,650	5,406	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS 901,760	11	19,990		76,650	1,699	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS 901,760	11	1,848,833	1,578,326	76,650	157,152	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 901,760	11	22,739		76,650	1,933	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS 901,760	11	4,678		76,650	398	8
9	26	INSURANCE	AVAIL. CENSUS DAYS 901,760	11	17,114		76,650	1,455	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS 901,760	11	294,714		76,650	25,051	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS 901,760	11	146,433		76,650	12,447	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 901,760	11	77,159		76,650	6,559	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 901,760	11	61,966		76,650	5,267	13
14	34	BUILDING RENT	AVAIL. CENSUS DAYS 901,760	11	5,526		76,650	470	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 901,760	11	35,109		76,650	2,984	15
16	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED 10	11	50,000	50,000	1	4,250	16
17	17	ADMIN. - B. CARR	AVG. HOURS WORKED 50	11	92,000	92,000	6	7,820	17
18	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED 40	2	70,000	70,000			18
19	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED 10	11	28,814		1	2,449	19
20	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED 50	11	7,164		6	609	20
21	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED 40	2	3,060				21
22									22
23									23
24									24
25	TOTALS				\$ 3,148,292	\$ 2,007,253		\$ 261,397	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending: 12/31/06

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	55	10	\$ 81,900	\$ 81,900	5	\$ 7,446	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	55	10	5,000		5	455	2
3	21	OFFICE	AVG. HOURS WORKED	55	10	11,414	11,414	5	1,038	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED	55	10	9,486		5	862	4
5										5
6										6
7	17	C. RAJCHENBACH-COMP.	AVG. HOURS WORKED	40	1	60,037	60,037			7
8	27	PAYROLL TAXES	AVG. HOURS WORKED	40	1	4,770				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					\$ 172,607	\$ 153,351		\$ 9,801	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending: 12/31/06

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 CAREPATH HEALTH NETWORK  
 Street Address 6633 N LINCOLN AVENUE  
 City / State / Zip Code LINCOLNWOOD, IL 60712  
 Phone Number ( 888) 707-6700  
 Fax Number ( 847) 679-2150

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATIVE	CARE PATH FEES	302,112	9	\$ 258,032	\$ 27,324	\$ 23,337	1
2	19	PROFESSIONAL FEES	CARE PATH FEES	302,112	9	12,615	27,324	1,141	2
3	21	CLERICAL AND GENERAL	CARE PATH FEES	302,112	9	16,607	27,324	1,502	3
4	24	SEMINARS	CARE PATH FEES	302,112	9	75	27,324	7	4
5	27	GEN ADMIN.- EMP. BEN.	CARE PATH FEES	302,112	9	54,833	27,324	4,959	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					\$ 342,162	\$ 258,032	\$ 30,946	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning: 01/01/06

Ending: 12/31/06

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 Diamond Insurance  
 Street Address 40 Skokie Blvd, Suite 105  
 City / State / Zip Code Northbrook, IL 60062  
 Phone Number ( 847)-559-1002  
 Fax Number ( )

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct Allocation		\$	\$		\$ 67,741	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				\$	\$		\$ 67,741	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending: 12/31/06

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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
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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 The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending: 12/31/06

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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
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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 The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending: 12/31/06

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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
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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 The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending: 12/31/06

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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
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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 The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending: 12/31/06

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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
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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 The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/06 Ending: 12/31/06

## 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 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	<b>A. Directly Facility Related</b>											
	<b>Long-Term</b>											
1	<a href="#">Mortgage</a>		X	<a href="#">Building Mortgage</a>			\$	\$ 9,527,769			\$ 564,615	1
2	<a href="#">Ren@87th Bldg.</a>		X								72,379	2
3												3
4												4
5	<a href="#">See Supplemental Schedule</a>											5
	<b>Working Capital</b>											
6	<a href="#">Sun Joint Venture</a>		X								299	6
7	<a href="#">Hillside Limited</a>		X								150	7
8	<a href="#">See Supplemental Schedule</a>										9,733	8
9	<b>TOTAL Facility Related</b>						\$	\$ 9,527,769			\$ 647,176	9
	<b>B. Non-Facility Related*</b>											
10	<a href="#">Int. Income</a>		X								(10,226)	10
11	<a href="#">Int. Income - Bldg. Co</a>		X								(3,037)	11
12												12
13	<a href="#">See Supplemental Schedule</a>											13
14	<b>TOTAL Non-Facility Related</b>						\$	\$			(13,263)	14
15	<b>TOTALS (line 9+line14)</b>						\$	\$ 9,527,769			\$ 633,913	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 78,592 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 The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/06 Ending: 12/31/06

**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						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1							\$	\$			\$	1						
2												2						
3												3						
4												4						
5												5						
6												6						
7	<b>TOTAL Long-Term</b>											7						
<b>Working Capital</b>																		
8	Shareholder Loan		X				\$	\$			\$	3,174						
9	Allocated from NuCare		X									6,559						
10												10						
11												11						
12												12						
13												13						
14	<b>TOTAL Working Capital</b>											9,733						
<b>B. Non-Facility Related*</b>																		
15							\$	\$			\$	15						
16												16						
17												17						
18												18						
19												19						
20	<b>TOTAL Non-Facility Related</b>											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.)

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

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

B. Real Estate Taxes

<p><b>Important</b>, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>																															
1. Real Estate Tax accrual used on 2005 report.		\$ <u>326,016</u>	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.)		\$ <u>318,919</u>	2																												
3. Under or (over) accrual (line 2 minus line 1).		\$ <u>(7,097)</u>	3																												
4. Real Estate Tax accrual used for 2006 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ <u>329,335</u>	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	6																												
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ <u>322,238</u>	7																												
Real Estate Tax History:																															
Real Estate Tax Bill for Calendar Year:	<table border="1"> <tr><td>2001</td><td><u>338,274</u></td><td>8</td></tr> <tr><td>2002</td><td><u>342,067</u></td><td>9</td></tr> <tr><td>2003</td><td><u>303,744</u></td><td>10</td></tr> <tr><td>2004</td><td><u>310,491</u></td><td>11</td></tr> <tr><td>2005</td><td><u>313,652</u></td><td>12</td></tr> </table>	2001	<u>338,274</u>	8	2002	<u>342,067</u>	9	2003	<u>303,744</u>	10	2004	<u>310,491</u>	11	2005	<u>313,652</u>	12	<table border="1"> <tr><td colspan="2"><b>FOR BHF USE ONLY</b></td></tr> <tr><td>13</td><td>FROM R. E. TAX STATEMENT FOR 2005 \$</td><td>13</td></tr> <tr><td>14</td><td>PLUS APPEAL COST FROM LINE 5 \$</td><td>14</td></tr> <tr><td>15</td><td>LESS REFUND FROM LINE 6 \$</td><td>15</td></tr> <tr><td>16</td><td>AMOUNT TO USE FOR RATE CALCULATION \$</td><td>16</td></tr> </table>	<b>FOR BHF USE ONLY</b>		13	FROM R. E. TAX STATEMENT FOR 2005 \$	13	14	PLUS APPEAL COST FROM LINE 5 \$	14	15	LESS REFUND FROM LINE 6 \$	15	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
2001	<u>338,274</u>	8																													
2002	<u>342,067</u>	9																													
2003	<u>303,744</u>	10																													
2004	<u>310,491</u>	11																													
2005	<u>313,652</u>	12																													
<b>FOR BHF USE ONLY</b>																															
13	FROM R. E. TAX STATEMENT FOR 2005 \$	13																													
14	PLUS APPEAL COST FROM LINE 5 \$	14																													
15	LESS REFUND FROM LINE 6 \$	15																													
16	AMOUNT TO USE FOR RATE CALCULATION \$	16																													
<u>Accrual = \$313,652 x 1.05 = \$329,335</u>																															
<u>Allocated from NuCare - \$5,267</u>																															

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.**

SEE ACCOUNTANTS' COMPILATION REPORT

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2005 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2005 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2005.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2005 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2006 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

**2005 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME The Renaissance at 87th Street 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 2005 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 2005.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>19-36-322-011-0000</u>	<u>Long Term Care Property</u>	\$ <u>43,763.81</u>	\$ <u>43,763.81</u>
2. <u>19-36-322-012-0000</u>	<u>Long Term Care Property</u>	\$ <u>55,259.42</u>	\$ <u>55,259.42</u>
3. <u>19-36-322-013-0000</u>	<u>Long Term Care Property</u>	\$ <u>84,924.34</u>	\$ <u>84,924.34</u>
4. <u>19-36-322-014-0000</u>	<u>Long Term Care Property</u>	\$ <u>61,192.51</u>	\$ <u>61,192.51</u>
5. <u>19-36-322-015-000</u>	<u>Long Term Care Property</u>	\$ <u>55,259.42</u>	\$ <u>55,259.42</u>
6. <u>19-36-322-016-0000</u>	<u>Long Term Care Property</u>	\$ <u>8,304.20</u>	\$ <u>8,304.20</u>
7. <u>19-36-322-017-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,600.84</u>	\$ <u>2,600.84</u>
8. <u>19-36-322-018-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,347.72</u>	\$ <u>2,347.72</u>
9. <u>Home Office</u>	<u>See Attached</u>	\$ <u>94,936.32</u>	\$ <u>7,883.22</u>
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u>408,588.58</u>	\$ <u>321,535.48</u>

**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 & 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 2005 tax bills which were listed in Section A to this statement. Be sure to use the 2005 tax bill which is normally paid during 2006.

**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.

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

**2000 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME The Renaissance at 87th Street 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 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)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>_____</u>	\$ <u>_____</u>

**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 The Renaissance at 87th Street

# 0042093 Report Period Beginning:

01/01/06 Ending:

12/31/06

**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  (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?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (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  NO  
If so, please complete the following:

1. Total Amount Incurred: 263,860 2. Number of Years Over Which it is Being Amortized: 40 years  
3. Current Period Amortization: 7,522 4. Dates Incurred: 7/99

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>51,162</u>	<u>1994</u>	<u>\$ 143,613</u>	1
2	<u>7257 N. Lincoln</u>		<u>2004</u>	<u>13,286</u>	2
3	<b>TOTALS</b>	<b>51,162</b>		<b>\$ 156,899</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending:

12/31/06

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-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					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
<b>Improvement Type**</b>											
9	Various			1999	89,068		20	4,438	4,438	32,906	9
10	Various			2000	45,130		20	1,173	1,173	7,617	10
11	Various			2001	42,797		20	2,140	2,140	11,512	11
12	Various			2002	12,014		20	857	857	4,031	12
13											13
14											14
15											15
16											16
17											17
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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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
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61								61
62								62
63								63
64								64
65								65
66								66
67		8,761,754	226,835		223,306	(3,529)	1,710,918	67
68		156,882	7,430		5,390	(2,040)	14,932	68
69			106,162			(106,162)		69
70		\$ 9,107,645	\$ 340,427		\$ 237,304	\$ (103,123)	\$ 1,781,916	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending:

12/31/06

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,107,645	\$ 340,427		\$ 237,304	\$ (103,123)	\$ 1,781,916	1
2	Doors	2003	1,169		20	117	117	448	2
3	Lighting	2003	1,654		20	165	165	606	3
4	Cooper Water Line	2003	648		20	65	65	216	4
5	Doors	2003	651		20	65	65	212	5
6	Wanderguard System	2003	1,990		20	100	100	373	6
7	Wanderguard System	2003	4,486		20	224	224	822	7
8	Wanderguard System	2003	2,033		20	102	102	330	8
9	Fire Alarm Key Pads	2003	968		20	48	48	153	9
10	Fire Alarm Pull Station	2003	2,159		20	108	108	423	10
11	Condenser Fan Motors	2003	1,745		20	87	87	291	11
12	Chiller Repair	2003	905		20	45	45	158	12
13	Painting & Decorating	2003	1,604		20	80	80	281	13
14	Senior Tech	2004	2,033		20	203	203	610	14
15	Rescor	2004	836		20	84	84	251	15
16	Nursing Station	2004	2,940		20	294	294	833	16
17	Hopper	2004	2,478		20	248	248	743	17
18	Clear Glass For Rooms	2004	1,125		20	113	113	300	18
19	Alarm System Basement	2004	728		20	73	73	194	19
20	Outlets	2004	777		20	78	78	220	20
21	American Backflow	2004	1,085		20	109	109	280	21
22	Carpeting	2004	923		20	132	132	330	22
23	Kitchen Cabinets	2004	3,000		20	200	200	500	23
24	Electrical Outlets	2004	2,043		20	204	204	511	24
25	Plumbing	2004	5,100		20	510	510	1,190	25
26	Kithchen Cabinets Installation	2004	660		20	44	44	110	26
27	Carpeting	2004	2,093		20	299	299	698	27
28	Wanderguards	2004	1,378		20	138	138	379	28
29	Wanderguard System	2004	4,839		20	484	484	1,331	29
30	Heater	2005	1,500		20	75	75	88	30
31	Paint Walls	2005	3,200		20			3,200	31
32	Wall Outlets	2005	1,393		20	139	139	279	32
33	Sprinkler	2005	550		20	79	79	157	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,166,338	\$ 340,427		\$ 242,016	\$ (98,411)	\$ 1,798,433	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending:

12/31/06

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 9,166,338	\$ 340,427		\$ 242,016	\$ (98,411)	\$ 1,798,433	1
2	Plaster Walls	2005	5,200		20	867	867	5,200	2
3	Boiler Pump	2005	1,241		20	124	124	228	3
4	Chair Rail Dining Room	2005	2,140		20	214	214	375	4
5	Electrical Improvements	2005	2,172		20	217	217	380	5
6	Erect Wall	2005	1,500		20	150	150	250	6
7	Plaster Wall	2005	3,200		20	320	320	533	7
8	Reglaze Glass	2005	800		20	80	80	133	8
9	Bathroom Vanity	2005	2,600		20	260	260	412	9
10	Antenna Improvement	2005	454		20	45	45	72	10
11	Single Patient Station	2005	990		20	99	99	165	11
12	Wallpaper	2005	4,800		20	2,400	2,400	4,800	12
13	Wall Covering	2005	947		20	474	474	947	13
14	Install Safety Glass	2005	1,375		20	138	138	206	14
15	Security System	2005	4,220		20	603	603	854	15
16	Draperies	2005	497		20	50	50	70	16
17	Painting Walls	2005	1,400		20	1,050	1,050	1,400	17
18	Painting Walls	2005	3,800		20	2,850	2,850	3,800	18
19	Draperies	2005	718		20	72	72	90	19
20	Electrical Improvement	2005	1,169		20	117	117	156	20
21	Electrical Improvement	2005	1,800		20	180	180	225	21
22	Cabinets & Countertops	2005	3,800		20	380	380	507	22
23	Security Locks	2005	2,444		20	349	349	524	23
24	Pave Garbage Area	2005	4,200		20	420	420	595	24
25	3 Insulated Glass Units	2005	1,200		20	80	80	120	25
26	Security Camera System	2005	3,212		20	459	459	535	26
27	Built & Install Cabinets	2005	2,990		20	299	299	336	27
28	Built & Install Countertop	2005	500		20	50	50	54	28
29	Install Vinyl Wood Plank	2005	4,655		20	466	466	504	29
30	Apply Faux Finish In Bathrooms	2005	2,600		20	260	260	282	30
31	Replace Bathroom Floors	2005	4,960		20	496	496	744	31
32	Install Locks On Cabinets	2005	2,788		20	279	279	395	32
33	Install Bricks And Edging	2005	3,700		20	370	370	555	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,244,410	\$ 340,427		\$ 256,234	\$ (84,193)	\$ 1,823,880	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number    The Renaissance at 87th Street

#    0042093

Report Period Beginning:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 9,244,410	\$ 340,427		\$ 256,234	\$ (84,193)	\$ 1,823,880	1
2	Install 2 Insulated Glass Units	2005	800		20	80	80	100	2
3	Remove Wall & Built Post	2005	925		20	93	93	116	3
4	Chair Railing In Dining Room	2005	1,200		20	120	120	180	4
5	Cabinets & Countertops	2005	2,000		20	200	200	267	5
6	Draperies	2005	497		20	50	50	66	6
7	Fence	2005	1,450		20	145	145	218	7
8	Cooler Compressor	2005	2,008		20	201	201	301	8
9	Chiller, Oil Pump	2005	2,278		20	228	228	342	9
10	Roof	2005	642		20	64	64	91	10
11	Roof	2005	1,498		20	150	150	212	11
12	Parts For Exhaust Fan	2005	1,079		20	108	108	153	12
13	Chiller	2005	1,341		20	134	134	190	13
14	Chiller	2005	3,013		20	301	301	377	14
15	Kitchen Drain And Water Lines	2005	1,650		20	165	165	206	15
16	Smoke Detector	2005	775		20	78	78	123	16
17	15 Doors	2005	2,394		20	239	239	299	17
18	Hopper Door	2005	1,329		20	133	133	199	18
19	Electrical Network Line	2005	581		20	58	58	68	19
20	Plumbing	2005	3,600		20	360	360	390	20
21	Kitchen Electrical Work	2005	3,200		20	320	320	347	21
22	Transfer To Bldg. Company	2005	(29,242)		20	(2,924)	(2,924)	(4,630)	22
23	Renovation For Therapy Room	2006	788		20	79	79	79	23
24	Renovation For Therapy Room	2006	783		20	78	78	78	24
25	Work Station For Therapy Room	2006	3,900		20	390	390	390	25
26	Re-Tile Lunchroom	2006	8,515		20	852	852	852	26
27	Install Vinyl In Bathroom	2006	2,908		20	291	291	291	27
28	Wallpaper App, Drywall, Paint	2006	1,865		20	373	373	373	28
29	Circuit Installation	2006	1,600		20	160	160	160	29
30	Wall Mirrors For Therapy Area	2006	700		20	64	64	64	30
31	Circuits W/ Outlets	2006	3,500		20	321	321	321	31
32	Light Fixtures	2006	1,250		20	115	115	115	32
33	Path Floor & Install Carpet	2006	1,385		20	165	165	165	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,274,622	\$ 340,427		\$ 259,425	\$ (81,002)	\$ 1,826,383	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 9,274,622	\$ 340,427		\$ 259,425	\$ (81,002)	\$ 1,826,383	1
2	Metal Door & Installation	2006	1,392		20	139	139	139	2
3	Compressor	2006	9,830		20	737	737	737	3
4	Remove Wallpaper, Install Bed Bumpers	2006	7,800		20	1,040	1,040	1,040	4
5	Mural	2006	1,600		20	80	80	80	5
6	Remove Wallpaper, Install Bed Bumpers	2006	10,332		20	1,378	1,378	1,378	6
7	Laundry Intake Doors	2006	1,275		20	64	64	64	7
8	Relocate Smoke Detectors	2006	3,550		20	178	178	178	8
9	New Sprinkler System	2006	7,990		20	400	400	400	9
10	Install Vinyl Base On Floor	2006	1,206		20	60	60	60	10
11	Carpet & Installation	2006	798		20	38	38	38	11
12	Storage Room Addition	2006	8,565		20	286	286	286	12
13	Wall Coverings	2006	3,185		20	584	584	584	13
14	Wallcoverings - 34 Rooms 3Rd Fl	2006	25,500		20	850	850	850	14
15	Steel Door	2006	3,250		20	135	135	135	15
16	Nurses Station & Reception Area Improvements	2006	8,950		20	298	298	298	16
17	Copper Drain With Vent	2006	3,200		20	80	80	80	17
18	Various Lockers	2006	6,092		20	203	203	203	18
19	Sprinkler System Improvements	2006	3,400		20	81	81	81	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	1
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30								30
31								31
32								32
33								33
34	<b>TOTAL (lines 1 thru 33)</b>	\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	1
2								2
3								3
4								4
5								5
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32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

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01/01/06

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12/31/06

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	1
2								2
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32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	1
2								2
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32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12I, Carried Forward	\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014		1
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29									29
30									30
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32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

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XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	1
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31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

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12/31/06

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	1
2								2
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32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12L, Carried Forward	\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014		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
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	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
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	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
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	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
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	<b>Totals from Page 12P, Carried Forward</b>		\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	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
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,382,537	\$ 340,427		\$ 266,056	\$ (74,371)	\$ 1,833,014	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending:

12/31/06

**XI. OWNERSHIP COSTS (continued)**

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

	1 Beds*	FOR OHF 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		\$ 223,306	\$ (605)	\$ 1,706,288	4
5				1999	4,436						5
6				1999	(204,169)						6
7											7
8											8
<b>Improvement Type**</b>											
9	Reclass from Facility			2005	29,242	2,924			(2,924)	4,630	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
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending:

12/31/06

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
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								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)	\$ 8,761,754	\$ 226,835		\$ 223,306	\$ (3,529)	\$ 1,710,918	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending:

12/31/06

**XI. OWNERSHIP COSTS (continued)**

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

	1 Beds*	FOR OHF 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	Allocated from 7257 N. Lincoln		2004	2004	\$ 119,573	\$ 3,066	35	\$ 3,416	\$ 350	\$ 10,676	4
5											5
6											6
7											7
8											8
<b>Improvement Type**</b>											
9	Allocated from NuCare			2003	996	69	20	50	(19)	155	9
10	Allocated from NuCare			2004	20,214	1,399	20	1,012	(387)	2,741	10
11	Allocated from NuCare			2005	1,198	83	20	60	(23)	111	11
12	Allocated from NuCare			2006	1,625	112	20	30	(82)	30	12
13											13
14	Allocated from 7257 N. Lincoln			2005	10,900	2,245	20	703	(1,542)	922	14
15	Allocated from 7257 N. Lincoln			2004	2,376	456	20	119	(337)	297	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
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending:

12/31/06

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9					
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation					
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								49				
50								50				
51								51				
52								52				
53								53				
54								54				
55								55				
56								56				
57								57				
58								58				
59								59				
60								60				
61								61				
62								62				
63								63				
64								64				
65								65				
66								66				
67								67				
68								68				
69								69				
70	<b>TOTAL (lines 4 thru 69)</b>	\$	156,882	\$	7,430	\$	5,390	\$	(2,040)	\$	14,932	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/06 Ending: 12/31/06

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	\$ 470,024	\$ 4,653	\$ 65,022	\$ 60,369	10	\$ 253,542	71
72	Current Year Purchases	61,336	365	7,049	6,684	10	7,049	72
73	Fully Depreciated Assets	992,925				10	992,925	73
74								74
75	TOTALS	\$ 1,524,285	\$ 5,018	\$ 72,071	\$ 67,053		\$ 1,253,516	75

D. Vehicle Depreciation (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				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	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)	\$ 11,063,721	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 345,445	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 338,127	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (7,318)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,086,530	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.

SEE ACCOUNTANTS' COMPILATION REPORT

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

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

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? \_\_\_\_\_

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					_____			5
6	Alloc from NuCare				470			6
7	TOTAL				\$ 470			7

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.	_____ /2007	\$ _____
13.	_____ /2008	\$ _____
14.	_____ /2009	\$ _____

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: \_\_\_\_\_ \*

**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: \$ 11,183 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.

**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.)**

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility		3	4
		1	2		
		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)	
<b>TOTAL TRAINED</b>	

- (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

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

	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	\$		\$ 432,499	\$ 1		\$ 432,500	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			172,602			172,602	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			518,602			518,602	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 prescripts				301,644		301,644	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): <a href="#">See Supplemental</a>					8,152	75,496		83,648	13
14	<b>TOTAL</b>			\$		\$ 1,131,855	\$ 377,141		\$ 1,508,996	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

Facility Name & ID Number The Renaissance at 87th Street# 0042093Report Period Beginning: 01/01/06

Ending:

12/31/06

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/06

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,500	\$ 513,303	1
2	Cash-Patient Deposits	1,867	1,867	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	3,465,335	4,207,222	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	150,062	161,268	6
7	Other Prepaid Expenses	109,266	119,266	7
8	Accounts Receivable (owners or related parties)	1,439,264	1,439,264	8
9	Other(specify): <u>See Attached Schedule</u>	86,755	239,512	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 5,254,049	\$ 6,681,702	10
	<b>B. Long-Term Assets</b>			
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	431,920	431,920	15
16	Equipment, at Historical Cost	523,486	1,491,899	16
17	Accumulated Depreciation (book methods)	(471,193)	(3,136,217)	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): <u>See Attached Schedule</u>	16,749	792,837	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 500,962	\$ 8,485,806	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,755,011	\$ 15,167,508	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,207,939	\$ 2,002,999	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,107	2,107	28
29	Short-Term Notes Payable		66,690	29
30	Accrued Salaries Payable	323,382	323,382	30
31	Accrued Taxes Payable (excluding real estate taxes)	75,030	75,030	31
32	Accrued Real Estate Taxes(Sch.IX-B)		329,335	32
33	Accrued Interest Payable		169,520	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Attached Schedule</u>	30,260	30,260	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,638,718	\$ 2,999,323	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable		(66,690)	39
40	Mortgage Payable		9,527,769	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>See Attached Schedule</u>		84,344	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 9,545,423	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 1,638,718	\$ 12,544,746	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 4,116,293	\$ 2,622,762	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 5,755,011	\$ 15,167,508	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,169,477	1
2	Restatements (describe):		2
3	<b>Bad Debts Adjustments</b>	(50,000)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,119,477	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	1,996,816	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	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ 1,996,816	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ 4,116,293	24 *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street# 0042093Report Period Beginning: 01/01/06Ending: 12/31/06**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.**

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,025,614	1
2	Discounts and Allowances for all Levels	(609,920)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 11,415,694	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,780,612	6
7	Oxygen	3,257	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 2,783,869	8
<b>C. Other Operating Revenue</b>			
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	636,693	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	49,509	19
20	Radiology and X-Ray	14,266	20
21	Other Medical Services	123,589	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 824,057	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	10,226	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 10,226	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	1,513	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,513	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 15,035,359	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,734,304	31
32	Health Care	4,542,127	32
33	General Administration	3,541,557	33
<b>B. Capital Expense</b>			
34	Ownership	1,556,048	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,549,532	35
36	Provider Participation Fee	114,975	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 13,038,543	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	1,996,816	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 1,996,816	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 The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/06

Ending:

12/31/06

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,937	2,123	\$ 99,722	\$ 46.97	1
2	Assistant Director of Nursing	1,572	1,668	60,326	36.17	2
3	Registered Nurses	28,569	31,292	834,696	26.67	3
4	Licensed Practical Nurses	44,354	48,304	1,224,880	25.36	4
5	CNAs & Orderlies	124,895	134,910	1,389,613	10.30	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	18,608	18,608	171,661	9.23	8
9	Activity Director	3,868	4,184	60,839	14.54	9
10	Activity Assistants	15,106	16,961	168,694	9.95	10
11	Social Service Workers	7,913	8,922	158,487	17.76	11
12	Dietician	5,004	5,461	95,350	17.46	12
13	Food Service Supervisor					13
14	Head Cook	4,681	5,155	55,047	10.68	14
15	Cook Helpers/Assistants	22,702	24,365	206,500	8.48	15
16	Dishwashers					16
17	Maintenance Workers	3,845	4,812	101,696	21.13	17
18	Housekeepers	27,792	29,774	277,081	9.31	18
19	Laundry	10,617	11,475	101,567	8.85	19
20	Administrator	1,917	2,086	130,966	62.78	20
21	Assistant Administrator	789	846	22,350	26.42	21
22	Other Administrative	2,841	2,841	92,896	32.70	22
23	Office Manager					23
24	Clerical	30,395	33,479	403,460	12.05	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	1,682	1,979	49,189	24.86	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	820	876	40,536	46.27	33
34	TOTAL (lines 1 - 33)	359,907	390,121	\$ 5,745,556 *	\$ 14.73	34

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 8,568	01-03	35
36	Medical Director	Monthly	46,500	09-03	36
37	Medical Records Consultant	1	25	10-03	37
38	Nurse Consultant	340	6,681	10-03	38
39	Pharmacist Consultant	72	3,591	10-03	39
40	Physical Therapy Consultant	44	3,094	10a-03	40
41	Occupational Therapy Consultant	1	17	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	75	4,077	11-03	44
45	Social Service Consultant	14	763	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	547	\$ 73,316		49

**C. CONTRACT NURSES**

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses	125	4,168	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	125	\$ 4,168		53

SEE ACCOUNTANTS' COMPILATION REPORT



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

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2003	6 FY2004	7 FY2005	8 FY2006	9 FY2007	10 FY2008	11 FY2009	12 FY2010	13 FY2011
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 &amp; ID Number The Renaissance at 87th Street

**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. ICLTC - \$8,134
- (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? \_\_\_\_\_
- (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. \$ 47,306 Line 10-02
- (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. \_\_\_\_\_
- (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.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 114,975  
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.
- (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. \$ 29,310 Has any meal income been offset against related costs? No Indicate the amount. \$ \_\_\_\_\_
- (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. \$ \_\_\_\_\_  
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?  
**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.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? \_\_\_\_\_ If no, please explain. \_\_\_\_\_
- (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 \$2500, 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.

**SEE ACCOUNTANTS' COMPILATION REPORT**