

		FOR BHF USE				

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**2007**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**  
**FINANCIAL AND STATISTICAL REPORT FOR**  
**LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2007)**

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 License 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:** 7/19/1999

**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 01/01/07 to 12/31/07 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) _____
	(Type or Print Name) _____ (Date) _____
<b>Paid Preparer</b>	(Title) _____
	(Signed) _____ (Date) _____
<b>Paid Preparer</b>	(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: 01/01/07 Ending: 12/31/07

III. STATISTICAL DATA

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

	1	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	<u>42,514</u>	<u>4,200</u>	<u>13,719</u>	<u>60,433</u>	8
9	SNF/PED					9
10	ICF	<u>11,991</u>	<u>1,184</u>		<u>13,175</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>54,505</u>	<u>5,384</u>	<u>13,719</u>	<u>73,608</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 96.03%

D. How many bed-hold days during this year were paid by the Department? 35 (Do not include bed-hold days in Section B.)

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

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

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

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 07/21/1999

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 210 and days of care provided 11,564

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

Is your fiscal year identical to your tax year? YES  NO

Tax Year: 12/31/2007 Fiscal Year: 12/31/2007

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

Facility Name & ID Number      The Renaissance at 87th Street      #      0042093      Report Period Beginning:      01/01/07      Ending:      12/31/07

**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 BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	380,509	101,094	11,201	492,804		492,804		492,804		1
2	Food Purchase		426,122		426,122	(35,533)	390,589	(512)	390,077		2
3	Housekeeping	88,158	40,342	221,400	349,900		349,900		349,900		3
4	Laundry	35,357	20,569	93,600	149,526		149,526		149,526		4
5	Heat and Other Utilities			213,274	213,274		213,274	(7,713)	205,561		5
6	Maintenance	120,615	68,692	150,362	339,669		339,669	6,298	345,967		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>624,639</b>	<b>656,819</b>	<b>689,837</b>	<b>1,971,295</b>	<b>(35,533)</b>	<b>1,935,762</b>	<b>(1,927)</b>	<b>1,933,835</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			46,000	46,000		46,000		46,000		9
10	Nursing and Medical Records	4,123,069	225,213	20,408	4,368,690		4,368,690	(223)	4,368,467		10
10a	Therapy	254,013		7,930	261,943		261,943		261,943		10a
11	Activities	208,360	40,499	2,807	251,666		251,666	(19,936)	231,730		11
12	Social Services	178,142		845	178,987		178,987		178,987		12
13	CNA Training										13
14	Program Transportation			2,279	2,279		2,279		2,279		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>4,763,584</b>	<b>265,712</b>	<b>80,269</b>	<b>5,109,565</b>		<b>5,109,565</b>	<b>(20,159)</b>	<b>5,089,406</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	258,079		919,422	1,177,501		1,177,501	(845,445)	332,056		17
18	Directors Fees										18
19	Professional Services			95,300	95,300		95,300	10,867	106,167		19
20	Dues, Fees, Subscriptions & Promotions			124,386	124,386		124,386	(51,923)	72,463		20
21	Clerical & General Office Expenses	407,289	52,804	457,718	917,811		917,811	(225,523)	692,288		21
22	Employee Benefits & Payroll Taxes			1,040,990	1,040,990	35,533	1,076,523	(4,326)	1,072,197		22
23	Inservice Training & Education										23
24	Travel and Seminar			8,164	8,164		8,164	(1,166)	6,998		24
25	Other Admin. Staff Transportation			8,051	8,051		8,051	1,097	9,148		25
26	Insurance-Prop.Liab.Malpractice			757,044	757,044		757,044	8,413	765,457		26
27	Other (specify):*							33,902	33,902		27
28	<b>TOTAL General Administration</b>	<b>665,368</b>	<b>52,804</b>	<b>3,411,075</b>	<b>4,129,247</b>	<b>35,533</b>	<b>4,164,780</b>	<b>(1,074,104)</b>	<b>3,090,675</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>6,053,591</b>	<b>975,335</b>	<b>4,181,181</b>	<b>11,210,107</b>		<b>11,210,107</b>	<b>(1,096,191)</b>	<b>10,113,916</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: 01/01/07 Ending: 12/31/07

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>D. Ownership</b>										
30	Depreciation			94,993	94,993	94,993	365,482	460,475			30
31	Amortization of Pre-Op. & Org.			2,507	2,507	2,507		2,507			31
32	Interest						571,355	571,355			32
33	Real Estate Taxes						359,220	359,220			33
34	Rent-Facility & Grounds			1,418,015	1,418,015	1,418,015	(1,417,556)	459			34
35	Rent-Equipment & Vehicles			7,539	7,539	7,539	3,472	11,011			35
36	Other (specify):*						47,459	47,459			36
37	<b>TOTAL Ownership</b>			1,523,054	1,523,054	1,523,054	(70,567)	1,452,487			37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		376,113	1,035,392	1,411,505	1,411,505		1,411,505			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):*	43,407		319	43,726	43,726	(43,726)				43
44	<b>TOTAL Special Cost Centers</b>	43,407	376,113	1,150,686	1,570,206	1,570,206	(43,726)	1,526,480			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	6,096,998	1,351,448	6,854,921	14,303,367	14,303,367	(1,210,484)	13,092,883			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: 01/01/07

Ending: 12/31/07

**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	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(9,957)	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	94,640	30		9
10	Interest and Other Investment Income	(35,655)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(311)	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	(35,195)	21		18
19	Entertainment	(2,757)	24		19
20	Contributions	(12,315)	20		20
21	Owner or Key-Man Insurance	(4,326)	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(170,165)	21		24
25	Fund Raising, Advertising and Promotional	(37,592)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(18,323)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(249,000)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (480,956)		\$	30

BHF USE ONLY					
48		49	50	51	52

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

		1	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)	(729,527)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (729,527)		36
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (1,210,484)		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

SEE ACCOUNTANTS' COMPILATION REPORT

NON-ALLOWABLE EXPENSES	Amount	Sch. V Line	Reference
1 Patient Needs	\$ (13,230)	11	1
2 Bank Charges	(8,731)	21	2
3 C/PPI Dues	(2,658)	20	3
4 Accounting Fees- Building Company	(10,075)	19	4
5 Travel Fees- Building Company	(1,600)	21	5
6 Amortizations- Building Company	(2,810)	31	6
7 Non-Allowable Legal Expense	(334)	19	7
8 Annual Report	(529)	20	8
9 Non-Allowable Office Expense	(151,500)	21	9
10 Marketing Salary	(10,116)	43	10
11 Food Rebates	(201)	02	11
12 Business Reimburse	24	26	12
13 Medical Records Income	(68)	10	13
14 Jury Duty Income	(152)	10	14
15 Seminar Cancellations	(180)	24	15
16 Capitalized R&M	(6,126)	06	16
17 Program Director/Guest Services Salary	(33,291)	43	17
18 Miscellaneous Income	(997)	21	18
19 Marketing Travel	(119)	43	19
20 Patient Clothing	(6,698)	11	20
21			21
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97			97
98			98
99			99
100			100
101 Total	(249,000)		101

## STATE OF ILLINOIS

Summary A

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

# 0042093

Report Period Beginning:

01/01/07

Ending:

12/31/07

## 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	(512)											(512)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(9,957)		2,244									(7,713)	5
6	Maintenance	(6,126)	8,586	3,838									6,298	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(16,595)</b>	<b>8,586</b>	<b>6,082</b>									<b>(1,927)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(223)											(223)	10
10a	Therapy													10a
11	Activities	(19,936)											(19,936)	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>(20,159)</b>											<b>(20,159)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(681,449)	(144,054)	(19,942)							(845,445)	17
18	Directors Fees													18
19	Professional Services	(10,409)	10,075	10,991	455	(245)							10,867	19
20	Fees, Subscriptions & Promotions	(53,094)		1,140		31							(51,923)	20
21	Clerical & General Office Expenses	(385,913)	1,600	157,010	1,038	742							(225,523)	21
22	Employee Benefits & Payroll Taxes	(4,326)											(4,326)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(2,907)		1,741									(1,166)	24
25	Other Admin. Staff Transportation			1,097									1,097	25
26	Insurance-Prop.Liab.Malpractice	(2)	7,100	1,315									8,413	26
27	Other (specify):*			29,791	876	3,235							33,902	27
28	<b>TOTAL General Administration</b>	<b>(456,651)</b>	<b>18,775</b>	<b>(478,364)</b>	<b>(141,685)</b>	<b>(16,179)</b>							<b>(1,074,104)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(493,405)</b>	<b>27,361</b>	<b>(472,282)</b>	<b>(141,685)</b>	<b>(16,179)</b>							<b>(1,096,191)</b>	<b>29</b>

STATE OF ILLINOIS

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/07

Ending:

Summary B

12/31/07

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	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	94,640	260,015	10,827									365,482	30
31	Amortization of Pre-Op. & Org.	(2,810)	2,810											31
32	Interest	(35,655)	599,582	7,428									571,355	32
33	Real Estate Taxes		354,431	4,789									359,220	33
34	Rent-Facility & Grounds		(1,418,015)	459									(1,417,556)	34
35	Rent-Equipment & Vehicles			3,472									3,472	35
36	Other (specify):*		47,459										47,459	36
37	<b>TOTAL Ownership</b>	<b>56,175</b>	<b>(153,718)</b>	<b>26,976</b>									<b>(70,567)</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):*	(43,726)											(43,726)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(43,726)</b>											<b>(43,726)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(480,956)</b>	<b>(126,357)</b>	<b>(445,306)</b>	<b>(141,685)</b>	<b>(16,179)</b>							<b>(1,210,484)</b>	<b>45</b>

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/07

Ending:

12/31/07

**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 Rental Income	\$ 1,418,015	Renaissance at Beverly, LP	100.00%	\$	\$ (1,418,015)	1
2	V	32 Interest Income	4,279	Renaissance at Beverly, LP	100.00%		(4,279)	2
3	V	36 MIP Expense		Renaissance at Beverly, LP	100.00%	47,459	47,459	3
4	V	26 Insurance Expense		Renaissance at Beverly, LP	100.00%	7,100	7,100	4
5	V	19 Accounting Fees		Renaissance at Beverly, LP	100.00%	10,075	10,075	5
6	V	21 Trust Fees		Renaissance at Beverly, LP	100.00%	1,600	1,600	6
7	V	32 Interest Expense		Renaissance at Beverly, LP	100.00%	603,861	603,861	7
8	V	33 Real Estate Taxes		Renaissance at Beverly, LP	100.00%	354,431	354,431	8
9	V	31 Amortization		Renaissance at Beverly, LP	100.00%	2,810	2,810	9
10	V	30 Depreciation		Renaissance at Beverly, LP	100.00%	260,015	260,015	10
11	V	06 Repairs and Maintenance		Renaissance at Beverly, LP	100.00%	8,586	8,586	11
12	V							12
13	V							13
14	Total		\$ 1,422,294			\$ 1,295,937	\$ * (126,357)	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: 01/01/07Ending: 12/31/07

## 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%	\$ 2,244	\$ 2,244	15
16	V	6 REPAIRS AND MAINT.				3,838	3,838	16
17	V	17 ADMIN. - NON-OWNER				27,658	27,658	17
18	V	19 PROFESSIONAL FEES				10,991	10,991	18
19	V	20 FEES SUBSCRIPTIONS				1,140	1,140	19
20	V	21 CLERICAL & GENERAL				157,010	157,010	20
21	V	24 SEMINARS AND EDUCATION				1,741	1,741	21
22	V	25 ADMIN. STAFF TRAVEL				1,097	1,097	22
23	V	26 INSURANCE				1,315	1,315	23
24	V	27 EMPLOYEE BEN. GEN. ADMIN.				21,102	21,102	24
25	V	30 DEPRECIATION				10,827	10,827	25
26	V	32 INTEREST EXPENSE				7,428	7,428	26
27	V	33 REAL ESTATE TAX				4,789	4,789	27
28	V	34 PARKING LOT RENT				459	459	28
29	V	35 EQUIPMENT RENTAL				3,472	3,472	29
30	V	17 ADMIN. - R. HARTMAN				14,368	14,368	30
31	V	17 ADMIN. - B. CARR				8,142	8,142	31
32	V	17 ADMIN. - D. HARTMAN						32
33	V	27 EMP. BEN. - R. HARTMAN				6,990	6,990	33
34	V	27 EMP. BEN. - B. CARR				1,699	1,699	34
35	V	27 EMP. BEN. - D. HARTMAN						35
36	V							36
37	V	17 MANAGEMENT FEES	731,617				(731,617)	37
38	V							38
39	Total		\$ 731,617			\$ 286,311	\$ * (445,306)	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# 0042093Report Period Beginning: 01/01/07Ending: 12/31/07

## 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				876	876	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	151,500				(151,500)	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		\$ 151,500			\$ 9,815	\$ * (141,685)	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 ADMINISTRATIVE	\$	CAREPATH HEALTH NETWORK	100.00%	\$ 16,363	\$ 16,363	15
16	V	19 PROFESSIONAL FEES				(245)	(245)	16
17	V	20 DUES AND SUBSCRIPRTIONS				31	31	17
18	V	21 CLERICAL AND GENERAL				742	742	18
19	V	27 GEN ADMIN.- EMP. BEN.				3,235	3,235	19
20	V							20
21	V							21
22	V							22
23	V							23
24	V	17 MANAGEMENT FEES	36,305				(36,305)	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		\$ 36,305			\$ 20,126	\$ * (16,179)	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	\$ 93,245	Diamond Insurance	40.00%	\$ 93,245	\$	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			\$ 93,245			\$ 93,245	\$ *	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

**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: 01/01/07

Ending: 12/31/07

**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: 01/01/07

Ending: 12/31/07

**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: 01/01/07 Ending: 12/31/07

## 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	20.05%	See Attached	0.80	1.60%	Allocated	\$ 14,368	17-7	1
2	Mark Berger	Relative	Administrative	0.00%	See Attached	-	0.00%	Salary	10,000	17-1	2
3	Jack Rajchenbach	Owner	Administrative	25.00%	See Attached	5.00	7.69%	Allocated	7,445	17-7	3
4	Bernard Hollander	Owner	Administrative	25.00%	See Attached	2.00	3.08%				4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 31,813		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: 01/01/07

Ending: 12/31/07

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:

01/01/07

Ending: 12/31/07

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 960,286	12	\$ 28,115	\$	76,650	\$ 2,244	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS 960,286	12	48,079		76,650	3,838	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS 960,286	12	346,499	346,499	76,650	27,658	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 960,286	12	137,702		76,650	10,991	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS 960,286	12	14,277		76,650	1,140	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS 960,286	12	1,967,057	1,688,717	76,650	157,010	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 960,286	12	21,810		76,650	1,741	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS 960,286	12	13,739		76,650	1,097	8
9	26	INSURANCE	AVAIL. CENSUS DAYS 960,286	12	16,477		76,650	1,315	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS 960,286	12	264,372		76,650	21,102	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS 960,286	12	135,649		76,650	10,827	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 960,286	12	93,063		76,650	7,428	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 960,286	12	60,000		76,650	4,789	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS 960,286	12	5,749		76,650	459	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 960,286	12	43,501		76,650	3,472	15
16	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED 10	12	180,000	180,000	76,650	14,368	16
17	17	ADMIN. - B. CARR	AVG. HOURS WORKED 50	12	102,000	102,000	76,650	8,142	17
18	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED 40	2	80,000	80,000	76,650		18
19	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED 10	12	87,577		76,650	6,990	19
20	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED 50	12	21,286		76,650	1,699	20
21	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED 40	2	16,421		76,650		21
22									22
23									23
24									24
25	TOTALS				\$ 3,683,372	\$ 2,397,215		\$ 286,311	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/07

Ending: 12/31/07

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	9,634		5	876	4
5										5
6										6
7	17	C. RAJCHENBACH-COMP.	AVG. HOURS WORKED	40	1	59,667	59,667			7
8	27	PAYROLL TAXES	AVG. HOURS WORKED	40	1	4,736				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					\$ 172,351	\$ 152,981		\$ 9,815	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning: 01/01/07

Ending: 12/31/07

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	388,800	9	\$ 175,237	\$ 175,237	36,305	\$ 16,363	1
2	19	PROFESSIONAL FEES	CARE PATH FEES	388,800	9	(2,628)		36,305	(245)	2
3	20	DUES AND SUBSCRIPRTIONS	CARE PATH FEES	388,800	9	332		36,305	31	3
4	21	CLERICAL AND GENERAL	CARE PATH FEES	388,800	9	7,946		36,305	742	4
5	27	GEN ADMIN.- EMP. BEN.	CARE PATH FEES	388,800	9	34,646		36,305	3,235	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					\$ 215,533	\$ 175,237		\$ 20,126	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning: 01/01/07

Ending: 12/31/07

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		\$	\$		\$ 93,245	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				\$	\$		\$ 93,245	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/07

Ending: 12/31/07

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:

01/01/07

Ending: 12/31/07

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:

01/01/07

Ending: 12/31/07

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:

01/01/07

Ending: 12/31/07

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:

01/01/07

Ending: 12/31/07

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

**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	Mortgage		X	Building Mortgage			\$	\$ 9,461,079			\$ 544,839	1
2	Renaissance at 87th Bldg.		X								59,022	2
3												3
4												4
5	See Supplemental Schedule											5
<b>Working Capital</b>												
6	Allocated from NuCare		X								7,428	6
7												7
8	See Supplemental Schedule											8
9	<b>TOTAL Facility Related</b>						\$	\$ 9,461,079			\$ 611,289	9
<b>B. Non-Facility Related*</b>												
10	Interest Income		X								(35,655)	10
11	Interest Income- Bldg. Co.		X								(4,279)	11
12												12
13	See Supplemental Schedule											13
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (39,934)	14
15	<b>TOTALS (line 9+line14)</b>						\$	\$ 9,461,079			\$ 571,355	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 47,459 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:      01/01/07      Ending:      12/31/07

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

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

	1	2	3	4	5	6		7	8	9	10									
						Name of Lender	Related**					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>																			
	<b>Working Capital</b>																			
8							\$	\$			\$	8								
9												9								
10												10								
11												11								
12												12								
13												13								
14	<b>TOTAL Working Capital</b>																			
	<b>B. Non-Facility Related*</b>																			
15							\$	\$			\$	15								
16												16								
17												17								
18												18								
19												19								
20	<b>TOTAL Non-Facility Related</b>																			

\* 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.)



**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2006 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 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 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 2007 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.

**2006 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 2006 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 2006.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>19-36-322-011-0000</u>	<u>Long Term Care Property</u>	<u>\$ 46,565.29</u>	<u>\$ 46,565.29</u>
2. <u>19-36-322-012-0000</u>	<u>Long Term Care Property</u>	<u>\$ 58,854.74</u>	<u>\$ 58,854.74</u>
3. <u>19-36-322-013-0000</u>	<u>Long Term Care Property</u>	<u>\$ 90,510.23</u>	<u>\$ 90,510.23</u>
4. <u>19-36-322-014-0000</u>	<u>Long Term Care Property</u>	<u>\$ 65,185.92</u>	<u>\$ 65,185.92</u>
5. <u>19-36-322-015-0000</u>	<u>Long Term Care Property</u>	<u>\$ 58,854.74</u>	<u>\$ 58,854.74</u>
6. <u>19-36-322-016-0000</u>	<u>Long Term Care Property</u>	<u>\$ 8,748.67</u>	<u>\$ 8,748.67</u>
7. <u>19-36-322-017-0000</u>	<u>Long Term Care Property</u>	<u>\$ 2,523.59</u>	<u>\$ 2,523.59</u>
8. <u>19-36-322-018-0000</u>	<u>Long Term Care Property</u>	<u>\$ 2,301.23</u>	<u>\$ 2,301.23</u>
9. <u>Home Office</u>	<u>See Attached</u>	<u>\$ 100,273.68</u>	<u>\$ 8,003.84</u>
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	<u>\$ 433,818.09</u>	<u>\$ 341,548.25</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 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

**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>		\$ _____	\$ _____

**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:

01/01/07 Ending:

12/31/07

**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: 2,507 4. Dates Incurred: 07/1999

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>	<u>1</u>
2	<u>7257 N. Lincoln</u>		<u>2004</u>	<u>12,771</u>	<u>2</u>
3	<b>TOTALS</b>	<b>51,162</b>		<b>\$ 156,384</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/07

Ending:

12/31/07

**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	37,337	9
10	Various		2000		45,130		20	1,173	1,173	8,793	10
11	Various		2001		42,797		20	2,140	2,140	13,652	11
12	Various		2002		12,014		20	857	857	4,889	12
13	Various		2003		20,012		20	1,206	1,206	5,523	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

\*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:

01/01/07

Ending:

12/31/07

**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		8,831,101	258,774		228,235	(30,539)	1,942,555	67
68		150,271	5,378		5,203	(175)	19,493	68
69			94,993			(94,993)		69
70		\$ 9,190,393	\$ 359,145		\$ 243,252	\$ (115,893)	\$ 2,032,242	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:

01/01/07

Ending:

12/31/07

**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>		\$ 9,190,393	\$ 359,145		\$ 243,252	\$ (115,893)	\$ 2,032,242	1
2	Senior Tech	2004	2,033		20	203	203	813	2
3	Rescor	2004	836		20	84	84	334	3
4	Nursing Station	2004	2,940		20	294	294	1,127	4
5	Hopper	2004	2,478		20	248	248	991	5
6	Clear Glass For Rooms	2004	1,125		20	113	113	413	6
7	Alarm System Basement	2004	728		20	73	73	267	7
8	Outlets	2004	777		20	78	78	298	8
9	American Backflow	2004	1,085		20	109	109	389	9
10	Carpeting	2004	923		20	132	132	462	10
11	Kitchen Cabinets	2004	3,000		20	200	200	700	11
12	Electrical Outlets	2004	2,043		20	204	204	715	12
13	Plumbing	2004	5,100		20	510	510	1,700	13
14	Kithchen Cabinets Installation	2004	660		20	44	44	154	14
15	Wanderguards	2004	1,378		20	138	138	517	15
16	Wanderguard System	2004	4,839		20	484	484	1,815	16
17	Heater	2005	1,500		20	75	75	163	17
18	Draperies	2005	497		20	50	50	120	18
19	Painting Walls	2005	1,400		20			1,400	19
20	Painting Walls	2005	3,800		20			3,800	20
21	Draperies	2005	718		20	72	72	162	21
22	Electrical Improvement	2005	1,169		20	117	117	273	22
23	Electrical Improvement	2005	1,800		20	180	180	405	23
24	Cabinets & Countertops	2005	3,800		20	380	380	887	24
25	Security Camera System	2005	3,212		20	459	459	994	25
26	Built & Install Cabinets	2005	2,990		20	299	299	635	26
27	Built & Install Countertop	2005	500		20	50	50	104	27
28	Install Vinyl Wood Plank	2005	4,655		20	466	466	970	28
29	Apply Faux Finish In Bathrooms	2005	2,600		20	260	260	542	29
30	Install 2 Insulated Glass Units	2005	800		20	80	80	180	30
31	Remove Wall & Built Post	2005	925		20	93	93	208	31
32	Cabinets & Countertops	2005	2,000		20	200	200	467	32
33	Draperies	2005	497		20	50	50	116	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,253,201	\$ 359,145		\$ 248,997	\$ (110,148)	\$ 2,054,363	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:

01/01/07

Ending:

12/31/07

**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>		\$ 9,253,201	\$ 359,145		\$ 248,997	\$ (110,148)	\$ 2,054,363	1
2	Parts For Exhaust Fan	2005	1,079		20	108	108	261	2
3	Chiller	2005	1,341		20	134	134	324	3
4	Chiller	2005	3,013		20	301	301	678	4
5	Kitchen Drain And Water Lines	2005	1,650		20	165	165	371	5
6	15 Doors	2005	2,394		20	239	239	539	6
7	Electrical Network Line	2005	581		20	58	58	126	7
8	Plumbing	2005	3,600		20	360	360	750	8
9	Kitchen Electrical Work	2005	3,200		20	320	320	667	9
10	Payment From Escrow	2005	(29,242)		20	(2,924)	(2,924)	(7,554)	10
11	Renovation For Therapy Room	2006	788		20	79	79	158	11
12	Renovation For Therapy Room	2006	783		20	78	78	157	12
13	Work Station For Therapy Room	2006	3,900		20	390	390	780	13
14	Re-Tile Lunchroom	2006	8,515		20	852	852	1,703	14
15	Install Vinyl In Bathroom	2006	2,908		20	291	291	582	15
16	Wallpaper App, Drywall, Paint	2006	1,865		20	373	373	746	16
17	Circuit Installation	2006	1,600		20	160	160	320	17
18	Wall Mirrors For Therapy Area	2006	700		20	70	70	134	18
19	Circuits W/ Outlets	2006	3,500		20	350	350	671	19
20	Light Fixtures	2006	1,250		20	125	125	240	20
21	Path Floor & Install Carpet	2006	1,385		20	198	198	363	21
22	Metal Door & Installation	2006	1,392		20	139	139	278	22
23	Compressor	2006	9,830		20	983	983	1,720	23
24	Remove Wallpaper, Install Bed Bumpers	2006	7,800		20	1,560	1,560	2,600	24
25	Mural	2006	1,600		20	160	160	240	25
26	Remove Wallpaper, Install Bed Bumpers	2006	10,332		20	2,066	2,066	3,444	26
27	Laundry Intake Doors	2006	1,275		20	128	128	191	27
28	Relocate Smoke Detectors	2006	3,550		20	355	355	533	28
29	New Sprinkler System	2006	7,990		20	799	799	1,199	29
30	Install Vinyl Base On Floor	2006	1,206		20	121	121	181	30
31	Carpet & Installation	2006	798		20	114	114	152	31
32	Storage Room Addition	2006	8,565		20	857	857	1,142	32
33	Wall Coverings	2006	3,185		20	637	637	1,221	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,325,534	\$ 359,145		\$ 258,643	\$ (100,502)	\$ 2,069,280	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:

01/01/07

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	<b>Totals from Page 12C, Carried Forward</b>		\$ 9,325,534	\$ 359,145		\$ 258,643	\$ (100,502)	\$ 2,069,280	1
2	Wallcoverings - 34 Rooms 3Rd Fl	2006	25,500		20	5,100	5,100	5,950	2
3	Steel Door	2006	3,250		20	325	325	460	3
4	Nurses Station & Reception Area Improvements	2006	8,950		20	895	895	1,193	4
5	Copper Drain With Vent	2006	3,200		20	320	320	400	5
6	Various Lockers	2006	6,092		20	609	609	812	6
7	Sprinkler System Improvements	2006	3,400		20	486	486	567	7
8	Built In Kitchen Unit/Cabinet/Table Legs And Sink	2007	10,200		20	850	850	850	8
9	3Rd Floor Replace Built-In Tv	2007	2,700		20	203	203	203	9
10	2Nd Floor Replace Built-In Tv	2007	2,700		20	203	203	203	10
11	Replace Built-In Cabinets And Credenza Unit	2007	9,800		20	735	735	735	11
12	2Nd Floor - Sink	2007	4,800		20	360	360	360	12
13	3Rd Floor - Assisted Bathing Area	2007	5,200		20	390	390	390	13
14	90 Yds Luminious Sage - Wall Covering	2007	1,688		20	309	309	309	14
15	150 Yds Tranquility Dandelion - Wall Covering	2007	2,546		20	424	424	424	15
16	2Nd Floor Dining Room - Electrical	2007	3,500		20	263	263	263	16
17	3Rd Floor Dining Room - Electrical	2007	3,500		20	263	263	263	17
18	2 New Wall Outlets - Wall Hungs Tvs	2007	1,500		20	113	113	113	18
19	Basement Corridor	2007	2,750		20	206	206	206	19
20	Cove Base	2007	9,495		20	633	633	633	20
21	120 Rigid Vinyl Guards	2007	1,343		20	90	90	90	21
22	20Pcs Surface Mounted Corner Guards	2007	1,168		20	78	78	78	22
23	Demolish Wall And Dispose Debris	2007	8,000		20	533	533	533	23
24	Vct Floor	2007	9,150		20	610	610	610	24
25	1 Beam Above Door	2007	8,300		20	553	553	553	25
26	Kitchen Cabinets	2007	880		20	44	44	44	26
27	Lobby/Large Main Office - Carpeting	2007	8,578		20	715	715	715	27
28	Door Upgrades & R&M	2007	4,301		20	323	323	323	28
29	Replace Ejector Pumps For Flood Control System	2007	3,700		20	154	154	154	29
30	Cabinets	2007	10,320		20	688	688	688	30
31	2Nd Floor - 34 Patients Rooms - Painting & Bumper Guards	2007	23,282		20	1,358	1,358	1,358	31
32	Elevator Repairs	2007	6,128		20	306	306	306	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	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:

01/01/07

Ending:

12/31/07

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	1
2									2
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4									4
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32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	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:

01/01/07

Ending:

12/31/07

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	1
2									2
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4									4
5									5
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32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	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:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	1
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33									33
34	TOTAL (lines 1 thru 33)		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	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:

01/01/07

Ending:

12/31/07

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12G, Carried Forward</b>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	1
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3									3
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33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	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:

01/01/07

Ending:

12/31/07

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12H, Carried Forward</b>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	1
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3									3
4									4
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33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	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:

01/01/07

Ending:

12/31/07

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12I, Carried Forward</b>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	1
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3									3
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33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	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:

01/01/07

Ending:

12/31/07

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12J, Carried Forward</b>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	1
2									2
3									3
4									4
5									5
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33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	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:

01/01/07

Ending:

12/31/07

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12K, Carried Forward</b>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	1
2									2
3									3
4									4
5									5
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33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	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:

01/01/07

Ending:

12/31/07

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12L, Carried Forward</b>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12M, Carried Forward</b>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	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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**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12N, Carried Forward</b>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	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>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	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:

01/01/07

Ending:

12/31/07

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12O, Carried Forward</b>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	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
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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>		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	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:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12P, Carried Forward		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	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
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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)		\$ 9,521,455	\$ 359,145		\$ 276,783	\$ (82,362)	\$ 2,089,066	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:

01/01/07

Ending:

12/31/07

**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	
	Bed* FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	210		1999	\$ 8,932,245	\$ 254,894	39	\$ 223,306	\$ (31,588)	\$ 1,929,594	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	750	20	1,462	712	1,906	9
10	Carpeting		2004	2,093	128	20	105	(23)	1,901	10
11	Paint Walls		2005	3,200	82	20	160	78	243	11
12	Wall Outlets		2005	1,393	36	20	70	34	106	12
13	Sprinkler		2005	550	106	20	28	(79)	392	13
14	Plaster Walls		2005	5,200	133	20	260	127	372	14
15	Boiler Pump		2005	1,241	32	20	62	30	89	15
16	Chair Rail- Dining Room		2005	2,140	55	20	107	52	149	16
17	Electrical Improvements		2005	2,172	56	20	109	53	151	17
18	Erect Wall		2005	1,500	38	20	75	37	101	18
19	Plaster Wall		2005	3,200	82	20	160	78	215	19
20	Reglaze Glass		2005	800	21	20	40	19	54	20
21	Bathroom Vanity		2005	2,600	67	20	130	63	169	21
22	Antenna Improvements		2005	454	12	20	23	11	30	22
23	Single Patient Station		2005	990	25	20	50	25	67	23
24	Wallpaper		2005	4,800	123	20	240	117	303	24
25	Wall Covering		2005	947	24	20	47	23	60	25
26	Install Safety Glass		2005	1,375	35	20	69	34	87	26
27	Security System		2005	4,220	810	20	211	(599)	3,005	27
28	Security Locks		2005	2,444	499	20	122	(377)	1,696	28
29	Pave Garbage Area		2005	4,200	108	20	210	102	256	29
30	3 Insulated Glass Units		2005	1,200	80	20	60	(20)	190	30
31	Replace Bathroom Floors		2005	4,960	127	20	248	121	313	31
32	Install Locks on Cabinets		2005	2,788	71	20	139	68	170	32
33	Install Bricks & Edging		2005	3,700	95	20	185	90	233	33
34	Chair Railing in Dining Room		2005	1,200	31	20	60	29	76	34
35	Fence		2005	1,450	37	20	73	36	91	35
36	Cooler Compressor		2005	2,008	51	20	100	49	127	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:

01/01/07

Ending:

12/31/07

**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	
37	Chiller/Oil Pump	2005	\$ 2,278	\$ 58	20	\$ 114	\$ 56	\$ 144	37
38	Roof	2005	642	16	20	32	16	39	38
39	Roof	2005	1,498	38	20	75	37	91	39
40	Smoke Detector	2005	775	20	20	39	19	51	40
41	Hopper Door	2005	1,329	34	20	66	32	84	41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
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62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 8,831,101	\$ 258,774		\$ 228,235	\$ (30,539)	\$ 1,942,555	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:

01/01/07

Ending:

12/31/07

**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	\$ 114,941	\$ 2,947	35	\$ 3,284	\$ 337	\$ 13,547	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	Allocated From NuCare			2003	935	34	20	47	13	193	9
10	Allocated from NuCare			2004	18,982	693	20	950	257	3,525	10
11	Allocated From NuCare			2005	1,125	41	20	56	15	161	11
12	Allocated From NuCare			2006	1,526	56	20	76	20	104	12
13											13
14	Allocated from 7257 N. Lincoln			2005	10,478	1,344	20	676	(668)	1,563	14
15	Allocated from 7257 N. Lincoln			2004	2,284	263	20	114	(149)	400	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:

01/01/07

Ending:

12/31/07

**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				
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56								56				
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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>	\$	150,271	\$	5,378	\$	5,203	\$	(175)	\$	19,493	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: 01/01/07 Ending: 12/31/07

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	\$ 1,490,435	\$ 6,246	\$ 169,228	\$ 162,982	10	\$ 1,296,317	71
72	Current Year Purchases	116,670	443	14,400	13,957	10	14,400	72
73	Fully Depreciated Assets	30,532		63	63	10	30,532	73
74								74
75	TOTALS	\$ 1,637,637	\$ 6,689	\$ 183,691	\$ 177,002		\$ 1,341,249	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)	\$ 11,315,476	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 365,834	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 460,474	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 94,640	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,430,315	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: N/A

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6	<u>Parking Lot (Allocated From NuCare)</u>				<u>459</u>			6
7	<b>TOTAL</b>				\$ <b>459</b>			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.	_____ /2008	\$ _____
13.	_____ /2009	\$ _____
14.	_____ /2010	\$ _____

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: \$ 11,011 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	<b>TOTAL</b>		\$	\$	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		Contract	Total
		1 Drop-outs	2 Completed		
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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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	\$		\$ 328,176	\$		\$ 328,176	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			303,362			303,362	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			393,308			393,308	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				283,248		283,248	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>					10,546	92,865		103,411	13
14	<b>TOTAL</b>			\$		\$ 1,035,392	\$ 376,113		\$ 1,411,505	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: 01/01/07

Ending:

12/31/07

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/07

(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	\$ 210,877	1
2	Cash-Patient Deposits	1,869	1,869	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	2,912,909	3,740,065	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	114,373	125,024	6
7	Other Prepaid Expenses	28,898	28,898	7
8	Accounts Receivable (owners or related parties)	1,820,630	1,820,630	8
9	Other(specify): <u>See Attached Schedule</u>	12,728	149,840	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 4,892,907	\$ 6,077,203	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	501,977	571,321	15
16	Equipment, at Historical Cost	628,913	1,604,911	16
17	Accumulated Depreciation (book methods)	(566,186)	(3,491,225)	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>	12,419	847,926	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 577,123	\$ 8,438,300	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,470,030	\$ 14,515,503	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,219,540	\$ 1,688,798	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,110	2,110	28
29	Short-Term Notes Payable		70,620	29
30	Accrued Salaries Payable	334,199	334,199	30
31	Accrued Taxes Payable (excluding real estate taxes)	86,946	86,946	31
32	Accrued Real Estate Taxes(Sch.IX-B)		350,222	32
33	Accrued Interest Payable		46,819	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	67	67	35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Attached Schedule</u>	62,029	62,029	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,704,891	\$ 2,641,810	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable		(70,620)	39
40	Mortgage Payable		9,461,079	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>See Attached Schedule</u>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 9,390,459	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 1,704,891	\$ 12,032,269	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 3,765,139	\$ 2,483,234	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 5,470,030	\$ 14,515,503	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,116,293	1
2	Restatements (describe):		2
3	Additional Allowance	(175,000)	3
4	Medicare Bad Debt Receivable Adjustment	(32,284)	4
5	Officer's Life Insurance Adjustment	27,656	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,936,665	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(171,526)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (171,526)	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 3,765,139	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: 01/01/07Ending: 12/31/07**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	\$ 11,278,967	1
2	Discounts and Allowances for all Levels	(533,063)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,745,904	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,571,758	6
7	Oxygen	973	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 2,572,731	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	551,261	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	46,078	19
20	Radiology and X-Ray	16,550	20
21	Other Medical Services	125,157	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 739,046	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	35,655	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 35,655	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	38,505	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 38,505	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 14,131,841	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,971,295	31
32	Health Care	5,109,565	32
33	General Administration	4,129,247	33
<b>B. Capital Expense</b>			
34	Ownership	1,523,054	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,455,231	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>	\$ 14,303,367	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(171,526)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (171,526)	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:

01/01/07

Ending:

12/31/07

**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	1,749	2,134	\$ 97,373	\$ 45.63	1
2	Assistant Director of Nursing	1,283	1,498	53,255	35.55	2
3	Registered Nurses	28,857	32,826	1,018,328	31.02	3
4	Licensed Practical Nurses	48,336	53,529	1,340,316	25.04	4
5	CNAs & Orderlies	141,740	155,038	1,521,822	9.82	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	25,419	27,030	254,013	9.40	8
9	Activity Director	3,217	3,555	52,398	14.74	9
10	Activity Assistants	14,407	16,167	155,962	9.65	10
11	Social Service Workers	9,235	10,107	178,142	17.63	11
12	Dietician	5,406	5,969	115,304	19.32	12
13	Food Service Supervisor					13
14	Head Cook	5,521	6,030	62,674	10.39	14
15	Cook Helpers/Assistants	22,116	23,805	202,531	8.51	15
16	Dishwashers					16
17	Maintenance Workers	5,204	5,500	120,615	21.93	17
18	Housekeepers	8,594	9,185	88,158	9.60	18
19	Laundry	3,669	3,855	35,357	9.17	19
20	Administrator	2,013	2,236	142,487	63.72	20
21	Assistant Administrator	1,572	2,026	51,931	25.63	21
22	Other Administrative	2,804	2,805	63,661	22.70	22
23	Office Manager					23
24	Clerical	19,532	21,675	407,289	18.79	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	2,599	2,765	70,443	25.48	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	2,184	2,453	64,939	26.47	33
34	TOTAL (lines 1 - 33)	355,457	390,188	\$ 6,096,998 *	\$ 15.63	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	192	\$ 11,201	01-03	35
36	Medical Director	Monthly	46,000	09-03	36
37	Medical Records Consultant	13	780	10-03	37
38	Nurse Consultant	325	6,396	10-03	38
39	Pharmacist Consultant	73	3,645	10-03	39
40	Physical Therapy Consultant	98	6,876	10a-03	40
41	Occupational Therapy Consultant	4	213	10a-03	41
42	Respiratory Therapy Consultant	29	653	10a-03	42
43	Speech Therapy Consultant	4	188	10a-03	43
44	Activity Consultant	52	2,807	11-03	44
45	Social Service Consultant	16	845	12-03	45
46	Other(specify) <u>IMRR Consultant</u>	59	584	10-03	46
47					47
48					48
49	TOTAL (lines 35 - 48)	865	\$ 80,188		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	335	7,384	10-03	51
52	Certified Nurse Assistants/Aides	61	1,619	10-03	52
53	TOTAL (lines 50 - 52)	396	\$ 9,003		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning: 01/01/07

Ending: 12/31/07

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries			D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Thomas Smith	Administrator	0%	\$ 91,397	Workers' Compensation Insurance	\$ 93,245	IDPH License Fee	\$ 995		
Sonya M. Bogan-Clayborn	Asst. Admin.	0%	51,931	Unemployment Compensation Insurance	112,284	Advertising: Employee Recruitment	50,497		
Mark Berger	Executive Dir.	0%	10,000	FICA Taxes	463,252	Health Care Worker Background Check	6,436		
Gerry Jenich	CEO	0%	27,431	Employee Health Insurance	263,239	(Indicate # of checks performed <u>618</u> )			
Jennifer Bebinger	Alzheimer Unit Dir.	0%	333	Employee Meals	35,533	Patient Background Checks			
Marilyn Flaherty	VP of MC Reimb	0%	14,768	Illinois Municipal Retirement Fund (IMRF)*		Dues and Subscriptions	2,976		
See Supplemental Schedule			62,219	Chicago Head Tax	8,700	Licenses and Inspections	1,837		
<b>TOTAL (agree to Schedule V, line 17, col. 1)</b>				Union Pension Benefits	32,048	ICLTC Dues	8,551		
(List each licensed administrator separately.)			\$ 258,079	Other Employee Benefits	63,896	Advertising and Promotion	37,592		
<b>B. Administrative - Other</b>						See Supplemental Schedule	1,171		
Description			Amount			Less: Public Relations Expense	( )		
Carepath- Network Fees			\$ 36,305			Non-allowable advertising	(37,592)		
NuCare Services Corporation- Management Fees			731,617			Yellow page advertising	( )		
JLR Management - Management Fees			151,500						
<b>TOTAL (agree to Schedule V, line 17, col. 3)</b>			\$ 919,422	<b>TOTAL (agree to Schedule V, line 22, col.8)</b>	\$ 1,072,197	<b>TOTAL (agree to Sch. V, line 20, col. 8)</b>	\$ 72,463		
(Attach a copy of any management service agreement)									
<b>C. Professional Services</b>				<b>E. Schedule of Non-Cash Compensation Paid to Owners or Employees</b>			<b>G. Schedule of Travel and Seminar**</b>		
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount	
See Attached	Legal		\$ 43,979				Out-of-State Travel	\$	
Personnel Planners	Unemployment Tax Cons.		3,194						
Frost, Ruttenberg & Rothblatt	Accounting		22,009						
CDW Computer Centers	Computer Services		2,429				In-State Travel		
Emdeon	Business Consulting		1,693						
Giftrap	Computer Services		5,543						
HDSI	Computer Services		9,259				Seminar Expense	5,257	
PSD Solutions	Computer Services		7,194				Allocate: NuCare	1,741	
<b>TOTAL (agree to Schedule V, line 19, column 3)</b>			\$ 95,300	<b>TOTAL</b>		\$	Entertainment Expense	( )	
(If total legal fees exceed \$5,000, attach copy of invoices.)							(agree to Sch. V, line 24, col. 8)	\$ 6,998	

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

**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 FY2004	6 FY2005	7 FY2006	8 FY2007	9 FY2008	10 FY2009	11 FY2010	12 FY2011	13 FY2012
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

**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 \$8,551
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 56,247 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 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. \$ 35,533 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100%ln14
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT