

Facility Name & ID Number The Renaissance at 87th Street

0042093 Report Period Beginning: 01/01/08 Ending: 12/31/08

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>76,860</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>76,860</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>40,569</u>	<u>3,638</u>	<u>16,207</u>	<u>60,414</u>	8
9	SNF/PED					9
10	ICF	<u>11,443</u>	<u>1,026</u>		<u>12,469</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>52,012</u>	<u>4,664</u>	<u>16,207</u>	<u>72,883</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.83%

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

27 (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 07/1/1999

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 13,074

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: 12/31/08 Fiscal Year: 12/31/08

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

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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
	A. General Services										
1	Dietary	407,382	110,283	9,281	526,946		526,946		526,946		1
2	Food Purchase		399,538		399,538	(33,617)	365,921	(483)	365,438		2
3	Housekeeping	7,224	37,048	340,960	385,232		385,232		385,232		3
4	Laundry	6,312	22,940	149,307	178,559		178,559		178,559		4
5	Heat and Other Utilities			223,409	223,409		223,409	(6,025)	217,384		5
6	Maintenance	116,810	59,015	147,195	323,020		323,020	(3,728)	319,292		6
7	Other (specify):*										7
8	TOTAL General Services	537,728	628,824	870,152	2,036,704	(33,617)	2,003,087	(10,236)	1,992,851		8
	B. Health Care and Programs										
9	Medical Director			36,500	36,500		36,500		36,500		9
10	Nursing and Medical Records	3,861,285	250,101	11,320	4,122,706		4,122,706	4,801	4,127,507		10
10a	Therapy	166,085		10,927	177,012		177,012		177,012		10a
11	Activities	181,336	24,381	220	205,937		205,937	(12,160)	193,777		11
12	Social Services	223,677			223,677		223,677		223,677		12
13	CNA Training										13
14	Program Transportation			6,633	6,633		6,633		6,633		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,432,383	274,482	65,600	4,772,465		4,772,465	(7,359)	4,765,106		16
	C. General Administration										
17	Administrative	157,533		935,948	1,093,481		1,093,481	(889,025)	204,456		17
18	Directors Fees										18
19	Professional Services			161,601	161,601	(2,700)	158,901	(69,391)	89,510		19
20	Dues, Fees, Subscriptions & Promotions			112,783	112,783		112,783	(64,716)	48,067		20
21	Clerical & General Office Expenses	333,983	45,309	400,446	779,738		779,738	(159,405)	620,333		21
22	Employee Benefits & Payroll Taxes			1,040,501	1,040,501	33,617	1,074,118	(2,798)	1,071,320		22
23	Inservice Training & Education										23
24	Travel and Seminar			10,312	10,312		10,312	(669)	9,643		24
25	Other Admin. Staff Transportation			5,958	5,958		5,958	1,281	7,239		25
26	Insurance-Prop.Liab.Malpractice			590,663	590,663		590,663	8,854	599,517		26
27	Other (specify):*							36,587	36,587		27
28	TOTAL General Administration	491,516	45,309	3,258,212	3,795,037	30,917	3,825,954	(1,139,281)	2,686,673		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,461,627	948,615	4,193,964	10,604,206	(2,700)	10,601,506	(1,156,876)	9,444,630		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at 87th Street

#0042093

Report Period Beginning:

01/01/08

Ending:

12/31/08

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 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
	D. Ownership										
30	Depreciation			76,876	76,876		76,876	386,567	463,443		30
31	Amortization of Pre-Op. & Org.			2,152	2,152		2,152		2,152		31
32	Interest							578,334	578,334		32
33	Real Estate Taxes					2,700	2,700	324,236	326,936		33
34	Rent-Facility & Grounds			1,486,039	1,486,039		1,486,039	(1,485,606)	433		34
35	Rent-Equipment & Vehicles			9,465	9,465		9,465	3,038	12,503		35
36	Other (specify):*							47,114	47,114		36
37	TOTAL Ownership			1,574,532	1,574,532	2,700	1,577,232	(146,317)	1,430,915		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		567,395	868,543	1,435,938		1,435,938		1,435,938		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			115,290	115,290		115,290		115,290		42
43	Other (specify):*	50,824		5	50,829		50,829	(50,829)			43
44	TOTAL Special Cost Centers	50,824	567,395	983,838	1,602,057		1,602,057	(50,829)	1,551,228		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,512,451	1,516,010	6,752,334	13,780,795		13,780,795	(1,354,022)	12,426,773		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

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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	(8,645)	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	83,775	30		9
10	Interest and Other Investment Income	(141)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(255)	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	(13,975)	21		18
19	Entertainment	(1,590)	24		19
20	Contributions	(23,013)	20		20
21	Owner or Key-Man Insurance	(2,798)	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(135,680)	21		24
25	Fund Raising, Advertising and Promotional	(33,915)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(9,937)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(339,492)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (485,666)		\$	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)	(868,356)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (868,356)		36
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,354,022)		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						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

The Renaissance at 87th Street

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Report Period Beginning: 01/01/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Patient Needs	\$ (8,529)	11	1
2	Patient Clothing	(3,631)	11	2
3	Bank Charges	(12,288)	21	3
4	COPE Dues	(7,664)	20	4
5	BLDG Co - Legal Fees	(1,190)	19	5
6	BLDG Co - Fees	(1,836)	21	6
7				7
8	BLDG Co - Accounting Fees	(9,745)	19	8
9	BLDG Co - Trust Fees	(1,650)	21	9
10	BLDG Co - Amortization	(2,810)	31	10
11	VP of Program Development	(6,950)	43	11
12	Dir of Guest Services	(43,874)	43	12
13	Prior Period Legal Services	(3,107)	19	13
14	Non-Allowable Legal Fees	(69,400)	19	14
15	Medical Record Copies	(115)	10	15
16	Jury Duty	(189)	10	16
17	Contributions	(10)	20	17
18	Miscellaneous Expense	(40)	21	18
19	Marketing Travel	(5)	43	19
20	Capitalized R&M	(9,702)	06	20
21	Annual Reports	(529)	20	21
22	Non-Allowable Office Expenses	(156,000)	21	22
23	Food Sales	(228)	02	23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(339,492)		49

The Renaissance at 87th Street

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Sch. V Line

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Renaissance at 87th Street

0042093

Report Period Beginning:

01/01/08

Ending:

12/31/08

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary													1
2	Food Purchase	(483)											(483)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(8,645)			2,620								(6,025)	5
6	Maintenance	(9,702)			5,974								(3,728)	6
7	Other (specify):*													7
8	TOTAL General Services	(18,830)			8,594								(10,236)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(304)				5,105							4,801	10
10a	Therapy													10a
11	Activities	(12,160)											(12,160)	11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(12,464)				5,105							(7,359)	16
	C. General Administration													
17	Administrative			(146,741)	(742,284)								(889,025)	17
18	Directors Fees													18
19	Professional Services	(83,442)	10,935	463	2,640	12							(69,391)	19
20	Fees, Subscriptions & Promotions	(65,131)			379	36							(64,716)	20
21	Clerical & General Office Expenses	(331,406)	6,186	1,157	162,244	2,415							(159,405)	21
22	Employee Benefits & Payroll Taxes	(2,798)											(2,798)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(1,590)			921								(669)	24
25	Other Admin. Staff Transportation				1,237	44							1,281	25
26	Insurance-Prop.Liab.Malpractice		6,600		2,254								8,854	26
27	Other (specify):*			922	34,749	916							36,587	27
28	TOTAL General Administration	(484,367)	23,721	(144,199)	(537,859)	3,423							(1,139,281)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(515,661)	23,721	(144,199)	(529,265)	8,528							(1,156,876)	29

STATE OF ILLINOIS

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Summary B

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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	83,775	293,447		9,345								386,567	30
31	Amortization of Pre-Op. & Org.	(2,810)	2,810											31
32	Interest	(141)	571,678		6,797								578,334	32
33	Real Estate Taxes		316,292		7,944								324,236	33
34	Rent-Facility & Grounds		(1,486,039)		433								(1,485,606)	34
35	Rent-Equipment & Vehicles				3,038								3,038	35
36	Other (specify):*		47,114										47,114	36
37	TOTAL Ownership	80,824	(254,698)		27,557								(146,317)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(50,829)											(50,829)	43
44	TOTAL Special Cost Centers	(50,829)											(50,829)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(485,666)	(230,977)	(144,199)	(501,708)	8,528							(1,354,022)	45

Facility Name & ID Number The Renaissance at 87th Street

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Report Period Beginning:

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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:	
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)	
1	V	34 Rent Income	\$ 1,486,039	Renaissance at Beverly, LP	100.00%	\$	\$ (1,486,039)	1
2	V	32 Interest Income	2,230	Renaissance at Beverly, LP	100.00%		(2,230)	2
3	V	19 Legal Fees		Renaissance at Beverly, LP	100.00%	1,190	1,190	3
4	V	36 MIP Expense		Renaissance at Beverly, LP	100.00%	47,114	47,114	4
5	V	26 Insurance Expense		Renaissance at Beverly, LP	100.00%	6,600	6,600	5
6	V	21 Fees		Renaissance at Beverly, LP	100.00%	1,836	1,836	6
7	V	21 Appraisal Fees		Renaissance at Beverly, LP	100.00%	2,700	2,700	7
8	V	19 Accounting Fees		Renaissance at Beverly, LP	100.00%	9,745	9,745	8
9	V	21 Trust Fees		Renaissance at Beverly, LP	100.00%	1,650	1,650	9
10	V	32 Interest Expense		Renaissance at Beverly, LP	100.00%	573,908	573,908	10
11	V	33 Real Estate Taxes		Renaissance at Beverly, LP	100.00%	316,292	316,292	11
12	V	30 Depreciation		Renaissance at Beverly, LP	100.00%	293,447	293,447	12
13	V	31 Amortization		Renaissance at Beverly, LP	100.00%	2,810	2,810	13
14	Total		\$ 1,488,269			\$ 1,257,292	\$ * (230,977)	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: 01/01/08Ending: 12/31/08

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%	\$ 9,259	\$ 9,259	15
16	V	19 PROFESSIONAL FEES				463	463	16
17	V	21 OFFICE				1,157	1,157	17
18	V	27 PAYROLL TAXES				922	922	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	156,000				(156,000)	29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 156,000			\$ 11,801	\$ * (144,199)	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: 01/01/08Ending: 12/31/08

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%	\$ 2,620	\$ 2,620	15
16	V	6 REPAIRS AND MAINT.				5,974	5,974	16
17	V	17 ADMIN. - NON-OWNER				31,455	31,455	17
18	V	19 PROFESSIONAL FEES				2,640	2,640	18
19	V	20 FEES SUBSCRIPTIONS				379	379	19
20	V	21 CLERICAL & GENERAL				162,244	162,244	20
21	V	24 SEMINARS AND EDUCATION				921	921	21
22	V	25 ADMIN. STAFF TRAVEL				1,237	1,237	22
23	V	26 INSURANCE				2,254	2,254	23
24	V	27 EMPLOYEE BEN. GEN. ADMIN.				34,221	34,221	24
25	V	30 DEPRECIATION				9,345	9,345	25
26	V	32 INTEREST EXPENSE				6,797	6,797	26
27	V	33 REAL ESTATE TAX				7,944	7,944	27
28	V	34 PARKING LOT RENT				433	433	28
29	V	35 EQUIPMENT RENTAL				3,038	3,038	29
30	V	17 ADMIN. - R. HARTMAN				2,819	2,819	30
31	V	17 ADMIN. - B. CARR				2,552	2,552	31
32	V	17 ADMIN. - D. HARTMAN				838	838	32
33	V	27 EMP. BEN. - R. HARTMAN				111	111	33
34	V	27 EMP. BEN. - B. CARR				101	101	34
35	V	27 EMP. BEN. - D. HARTMAN				316	316	35
36	V							36
37	V	17 MANAGEMENT FEES	779,948				(779,948)	37
38	V							38
39	Total		\$ 779,948			\$ 278,240	\$ * (501,708)	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	10 CLINICAL SALARIES	\$	CLINICAL CONSULTING SERVICES, LLC	100.00%	\$ 5,105	\$ 5,105	15
16	V	19 PROFESSIONAL FEES				12	12	16
17	V	20 LICENSE				36	36	17
18	V	21 OFFICE WAGES				2,074	2,074	18
19	V	21 OFFICE EXPENSE				340	340	19
20	V	25 AUTO EXPENSE				44	44	20
21	V	27 PAYROLL TAXES				619	619	21
22	V	27 OTHER EMPLOYEE BENEFITS				297	297	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		\$			\$ 8,528	\$ * 8,528	39

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

Facility Name & ID Number The Renaissance at 87th Street# 0042093Report Period Beginning: 01/01/08Ending: 12/31/08

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	\$ 220,591	Diamond Insurance	40.00%	\$ 220,591	\$	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		\$ 220,591			\$ 220,591	\$ *	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.

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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

0042093

Report Period Beginning: 01/01/08

Ending: 12/31/08

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: 01/01/08

Ending: 12/31/08

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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/08 Ending: 12/31/08

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	Jack Rajchenbach	Owner	Administrative	25.00%	See Attached	5.00	7.69%	Alloc. Salary	\$ 9,259	17-7	1
2	Bernard Hollander	Owner	Administrative	25.00%	See Attached	2.00	3.08%				2
3	Robert Hartman	Owner	Administrative	20.05%	See Attached	0.72	1.44%	Alloc. Salary	2,819	17-7	3
4	Mark Berger	Relative	Administrative	0%	See Attached	2.89	7.23%	Alloc. Salary	14,096	17-7	4
5	David Hartman	Relative	Administrative	0%	See Attached	2.89	7.23%	Alloc. Salary	838	17-7	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 27,012		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: 01/01/08

Ending: 12/31/08

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: 01/01/08

Ending: 12/31/08

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

1	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	54	9	\$ 100,000	\$ 100,000	5	\$ 9,259	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	54	9	5,000		5	463	2
3	21	OFFICE	AVG. HOURS WORKED	54	9	12,497	12,497	5	1,157	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED	54	9	9,959		5	922	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	4,717				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					\$ 191,840	\$ 172,164		\$ 11,801	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

0042093

Report Period Beginning: 01/01/08

Ending: 12/31/08

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 1,063,296	13	\$ 36,243	\$	76,860	\$ 2,620	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS 1,063,296	13	82,646		76,860	5,974	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS 1,063,296	13	435,152	435,152	76,860	31,455	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 1,063,296	13	36,529		76,860	2,640	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS 1,063,296	13	5,248		76,860	379	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS 1,063,296	13	2,244,511	1,829,739	76,860	162,244	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 1,063,296	13	12,739		76,860	921	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS 1,063,296	13	17,115		76,860	1,237	8
9	26	INSURANCE	AVAIL. CENSUS DAYS 1,063,296	13	31,184		76,860	2,254	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS 1,063,296	13	473,425		76,860	34,221	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS 1,063,296	13	129,281		76,860	9,345	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 1,063,296	13	94,028		76,860	6,797	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 1,063,296	13	109,900		76,860	7,944	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS 1,063,296	13	5,996		76,860	433	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 1,063,296	13	42,030		76,860	3,038	15
16	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED 11	13	39,000	39,000	1	2,819	16
17	17	ADMIN. - B. CARR	AVG. HOURS WORKED 11	13	35,304	35,304	1	2,552	17
18	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED 38	2	11,588	11,588	3	838	18
19	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED 11	13	1,542		1	111	19
20	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED 11	13	1,395		1	101	20
21	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED 38	2	4,372		3	316	21
22									22
23									23
24									24
25	TOTALS				\$ 3,849,228	\$ 2,350,782		\$ 278,240	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

0042093

Report Period Beginning: 01/01/08

Ending: 12/31/08

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

1	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	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS 292,260	13	\$ 77,230	\$ 77,230	19,320	\$ 5,105	1
2	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 292,260	13	188		19,320	12	2
3	20	LICENSE	AVAIL. CENSUS DAYS 292,260	13	539		19,320	36	3
4	21	OFFICE WAGES	AVAIL. CENSUS DAYS 292,260	13	31,375	31,375	19,320	2,074	4
5	21	OFFICE EXPENSE	AVAIL. CENSUS DAYS 292,260	13	5,151		19,320	341	5
6	25	AUTO EXPENSE	AVAIL. CENSUS DAYS 292,260	13	668		19,320	44	6
7	27	PAYROLL TAXES	AVAIL. CENSUS DAYS 292,260	13	9,369		19,320	619	7
8	27	OTHER EMPLOYEE BENEFITS	AVAIL. CENSUS DAYS 292,260	13	4,486		19,320	297	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				\$ 129,006	\$ 108,605		\$ 8,528	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

0042093

Report Period Beginning:

01/01/08

Ending: 12/31/08

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 (847) 562-0070

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		\$	\$		\$ 220,591	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				\$	\$		\$ 220,591	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

0042093

Report Period Beginning:

01/01/08

Ending: 12/31/08

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:

01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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:

01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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:

01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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	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			
A. Directly Facility Related																				
Long-Term																				
1	Mortgage		X	Building Mortgage			\$	\$ 9,390,458		\$	540,889	1								
2	Renaissance at 87th Bldg		X								33,019	2								
3												3								
4												4								
5	See Supplemental Schedule											5								
Working Capital																				
6	Allocated From NuCare		X								6,797	6								
7												7								
8	See Supplemental Schedule											8								
9	TOTAL Facility Related						\$	\$ 9,390,458		\$	580,705	9								
B. Non-Facility Related*																				
10	Interest Income		X								(141)	10								
11	Interest Income - Bldg Co		X								(2,230)	11								
12												12								
13	See Supplemental Schedule											13								
14	TOTAL Non-Facility Related						\$	\$		\$	(2,371)	14								
15	TOTALS (line 9+line14)						\$	\$ 9,390,458		\$	578,334	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 47,114 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: 01/01/08 Ending: 12/31/08

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
	A. Directly Facility Related																			
	Long-Term																			
1							\$	\$			\$	1								
2												2								
3												3								
4												4								
5												5								
6												6								
7	TOTAL Long-Term																			
	Working Capital																			
8							\$	\$			\$	8								
9												9								
10												10								
11												11								
12												12								
13												13								
14	TOTAL Working Capital																			
	B. Non-Facility Related*																			
15							\$	\$			\$	15								
16												16								
17												17								
18												18								
19												19								
20	TOTAL Non-Facility Related																			

* 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:** 2007 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 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 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 2008 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.

2007 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 2007 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 2007.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>19-36-322-011-0000</u>	<u>Long Term Care Property</u>	\$ <u>45,411.99</u>	\$ <u>45,411.99</u>
2. <u>19-36-322-012-0000</u>	<u>Long Term Care Property</u>	\$ <u>57,382.81</u>	\$ <u>57,382.81</u>
3. <u>19-36-322-013-0000</u>	<u>Long Term Care Property</u>	\$ <u>88,231.64</u>	\$ <u>88,231.64</u>
4. <u>19-36-322-014-0000</u>	<u>Long Term Care Property</u>	\$ <u>63,552.65</u>	\$ <u>63,552.65</u>
5. <u>19-36-322-015-0000</u>	<u>Long Term Care Property</u>	\$ <u>57,382.81</u>	\$ <u>57,382.81</u>
6. <u>19-36-322-016-0000</u>	<u>Long Term Care Property</u>	\$ <u>8,553.57</u>	\$ <u>8,553.57</u>
7. <u>19-36-322-017-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,487.11</u>	\$ <u>2,487.11</u>
8. <u>19-36-322-018-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,270.42</u>	\$ <u>2,270.42</u>
9. <u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>100,029.37</u>	\$ <u>7,230.59</u>
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u>425,302.37</u>	\$ <u>332,503.59</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 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

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:** 2007 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 2007 real estate tax costs, as well as copies of your real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 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 2008 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.

2007 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. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
2. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
3. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
4. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
5. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
6. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
7. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
8. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
9. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
10. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
	TOTALS	\$ <u> </u>	\$ <u> </u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

Facility Name & ID Number The Renaissance at 87th Street

0042093 Report Period Beginning:

01/01/08 Ending:

12/31/08

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: 2,152 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>	1
2	<u>7257 N. Lincoln</u>		<u>2004</u>	<u>11,566</u>	2
3	TOTALS	51,162		\$ 155,179	3

SEE ACCOUNTANTS' COMPILATION REPORT

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
		Improvement Type**									
9	Various		1999		89,068		20	4,438	4,438	41,772	9
10	Various		2000		45,130		20	1,173	1,173	9,965	10
11	Various		2001		42,797		20	2,140	2,140	15,792	11
12	Various		2002		12,014		20	857	857	5,748	12
13	Various		2003		20,012		20	1,206	1,206	6,728	13
14	Various		2004		29,945		20	2,914	2,914	13,607	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

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		8,970,502	271,911		235,206	(36,706)	2,223,454	67
68		137,542	4,410		4,786	376	22,438	68
69			76,876			(76,876)		69
70		\$ 9,347,010	\$ 353,197		\$ 252,720	\$ (100,478)	\$ 2,339,504	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:

01/01/08

Ending:

12/31/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,347,010	\$ 353,197		\$ 252,720	\$ (100,478)	\$ 2,339,504	1
2	Heater	2005	1,500		20	75	75	238	2
3	Draperies	2005	497		20	50	50	170	3
4	Painting Walls	2005	1,400		20			1,400	4
5	Painting Walls	2005	3,800		20			3,800	5
6	Draperies	2005	718		20	72	72	233	6
7	Electrical Improvement	2005	1,169		20	117	117	390	7
8	Electrical Improvement	2005	1,800		20	180	180	585	8
9	Cabinets & Countertops	2005	3,800		20	380	380	1,267	9
10	Security Camera System	2005	3,212		20	459	459	1,453	10
11	Built & Install Cabinets	2005	2,990		20	299	299	934	11
12	Built & Install Countertop	2005	500		20	50	50	154	12
13	Install Vinyl Wood Plank	2005	4,655		20	466	466	1,435	13
14	Apply Faux Finish In Bathrooms	2005	2,600		20	260	260	802	14
15	Install 2 Insulated Glass Units	2005	800		20	80	80	260	15
16	Remove Wall & Built Post	2005	925		20	93	93	301	16
17	Cabinets & Countertops	2005	2,000		20	200	200	667	17
18	Draperies	2005	497		20	50	50	166	18
19	Parts For Exhaust Fan	2005	1,079		20	108	108	369	19
20	Chiller	2005	1,341		20	134	134	458	20
21	Chiller	2005	3,013		20	301	301	979	21
22	Kitchen Drain And Water Lines	2005	1,650		20	165	165	536	22
23	15 Doors	2005	2,394		20	239	239	778	23
24	Electrical Network Line	2005	581		20	58	58	184	24
25	Plumbing	2005	3,600		20	360	360	1,110	25
26	Kitchen Electrical Work	2005	3,200		20	320	320	987	26
27	Payment From Escrow	2005	(29,242)		20	(2,924)	(2,924)	(10,478)	27
28	Renovation For Therapy Room	2006	788		20	79	79	236	28
29	Renovation For Therapy Room	2006	783		20	78	78	235	29
30	Work Station For Therapy Room	2006	3,900		20	390	390	1,170	30
31	Re-Tile Lunchroom	2006	8,515		20	852	852	2,555	31
32	Install Vinyl In Bathroom	2006	2,908		20	291	291	872	32
33	Wallpaper App, Drywall, Paint	2006	1,865		20	373	373	1,119	33
34	TOTAL (lines 1 thru 33)		\$ 9,386,248	\$ 353,197		\$ 256,375	\$ (96,823)	\$ 2,354,869	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:

01/01/08

Ending:

12/31/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 9,386,248	\$ 353,197		\$ 256,375	\$ (96,823)	\$ 2,354,869	1
2	Circuit Installation	2006	1,600		20	160	160	480	2
3	Wall Mirrors For Therapy Area	2006	700		20	70	70	204	3
4	Circuits W/ Outlets	2006	3,500		20	350	350	1,021	4
5	Light Fixtures	2006	1,250		20	125	125	365	5
6	Path Floor & Install Carpet	2006	1,385		20	198	198	561	6
7	Metal Door & Installation	2006	1,392		20	139	139	418	7
8	Compressor	2006	9,830		20	983	983	2,703	8
9	Remove Wallpaper, Install Bed Bumpers	2006	7,800		20	1,560	1,560	4,160	9
10	Mural	2006	1,600		20	160	160	400	10
11	Remove Wallpaper, Install Bed Bumpers	2006	10,332		20	2,066	2,066	5,510	11
12	Laundry Intake Doors	2006	1,275		20	128	128	319	12
13	Relocate Smoke Detectors	2006	3,550		20	355	355	888	13
14	New Sprinkler System	2006	7,990		20	799	799	1,998	14
15	Install Vinyl Base On Floor	2006	1,206		20	121	121	302	15
16	Carpet & Installation	2006	798		20	114	114	266	16
17	Storage Room Addition	2006	8,565		20	857	857	1,999	17
18	Wall Coverings	2006	3,185		20	637	637	1,858	18
19	Wallcoverings - 34 Rooms 3Rd Fl	2006	25,500		20	5,100	5,100	11,050	19
20	Steel Door	2006	3,250		20	325	325	785	20
21	Nurses Station & Reception Area Improvements	2006	8,950		20	895	895	2,088	21
22	Copper Drain With Vent	2006	3,200		20	320	320	720	22
23	Various Lockers	2006	6,092		20	609	609	1,421	23
24	Sprinkler System Improvements	2006	3,400		20	486	486	1,052	24
25	Elevator Repairs	2007	6,126		20	613	613	715	25
26	Vct Tiles For Bathroom	2008	4,656		20	466	466	466	26
27	Upholestered Cornice And Roller Shades; Remove Existing Window	2008	8,647		20	721	721	721	27
28	Material & Labor For Power Supply & Switch For Airconditioning S	2008	5,726		20	477	477	477	28
29	Installation: Sprinkler, Ddc Valve, Expansion Tank & Anifreeze	2008	7,665		20	511	511	511	29
30	Commerical Wood Door	2008	1,943		20	65	65	65	30
31	Painted Walls	2008	3,500		20	117	117	117	31
32	Commerical Wood Door	2008	1,772		20	89	89	89	32
33	Replacement Motor & Compressor And Refrigerant Of Freezer	2008	5,368		20	298	298	298	33
34	TOTAL (lines 1 thru 33)		\$ 9,548,001	\$ 353,197		\$ 276,289	\$ (76,909)	\$ 2,398,896	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,548,001	\$ 353,197		\$ 276,289	\$ (76,909)	\$ 2,398,896	1
2	Telephone System Tadrion	2008	23,739		20	1,978	1,978	1,978	2
3	Motor Conversion	2008	2,965		20	247	247	247	3
4	Tadiran Ip X 500 Tel. System	2008	23,913		20	399	399	399	4
5	Remove Molded Drywall/Install New Mold Resistant Drywall In Hu	2008	850		20	21	21	21	5
6	130 Ft Of Sdr35 Drain Tile	2008	8,910		20	149	149	149	6
7	Painting And Touch Ups Plus Supplies	2008	1,645		20	41	41	41	7
8	Asphalt Repair Work Sealing And Striping	2008	7,600		20	190	190	190	8
9	Prime And Paint Outside Railings, Repair Walls, Paint Payroll Offi	2008	3,220		20	54	54	54	9
10	Painting Lower Level Conf Rm; Walls And Wallboard	2008	1,190		20	20	20	20	10
11	Painting - 2Nd Floor Doorframes And Dining Room	2008	2,970		20	50	50	50	11
12	Repair Walls And Paint Activity Office On 2Nd Floor	2008	1,260		20	11	11	11	12
13	Plaster, Prime, And Paint 3Rd Floor Dining Rm Walls, Window Sil	2008	10,600		20	88	88	88	13
14	Paint Basement Offices Including Removal Of Borders, Plastering I	2008	1,280		20	11	11	11	14
15	Elevator Repairs	2008	9,702		20	485	485	485	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	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:

01/01/08

Ending:

12/31/08

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		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	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:

01/01/08

Ending:

12/31/08

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		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	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:

01/01/08

Ending:

12/31/08

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		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	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:

01/01/08

Ending:

12/31/08

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 12G, Carried Forward		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	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:

01/01/08

Ending:

12/31/08

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 12H, Carried Forward		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	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:

01/01/08

Ending:

12/31/08

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 12I, Carried Forward		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	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:

01/01/08

Ending:

12/31/08

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 12J, Carried Forward		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	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:

01/01/08

Ending:

12/31/08

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 12K, Carried Forward		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	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:

01/01/08

Ending:

12/31/08

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 12L, Carried Forward		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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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)		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	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:

01/01/08

Ending:

12/31/08

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 12M, Carried Forward		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	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:

01/01/08

Ending:

12/31/08

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 12N, Carried Forward		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	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:

01/01/08

Ending:

12/31/08

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 12O, Carried Forward		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,647,845	\$ 353,197		\$ 280,033	\$ (73,164)	\$ 2,402,640	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:

01/01/08

Ending:

12/31/08

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* ^s	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	210		1999	1999	\$ 8,932,245	\$ 248,376	39	\$ 223,306	\$ (25,070)	\$ 2,152,900	4
5			1999	1999	4,436						5
6			1999	1999	(204,169)						6
7											7
8											8
	Improvement Type**										
9	Reclass from Facility			2005	29,242	2,924	20	1,462	(1,462)	10,478	9
10	Carpeting			2004	2,093	299	20	105	(194)	1,296	10
11	Paint Walls			2005	3,200	-	20	160	160	3,200	11
12	Wall Outlets			2005	1,393	139	20	70	(69)	557	12
13	Sprinkler			2005	550	79	20	28	(52)	314	13
14	Plaster Walls			2005	5,200	-	20	260	260	5,200	14
15	Boiler Pump			2005	1,241	124	20	62	(62)	476	15
16	Chair Rail- Dining Room			2005	2,140	214	20	107	(107)	803	16
17	Electrical Improvements			2005	2,172	217	20	109	(108)	815	17
18	Erect Wall			2005	1,500	150	20	75	(75)	550	18
19	Plaster Wall			2005	3,200	320	20	160	(160)	1,173	19
20	Reglaze Glass			2005	800	80	20	40	(40)	293	20
21	Bathroom Vanity			2005	2,600	260	20	130	(130)	932	21
22	Antenna Improvements			2005	454	45	20	23	(22)	163	22
23	Single Patient Station			2005	990	99	20	50	(50)	363	23
24	Wallpaper			2005	4,800	-	20	240	240	4,800	24
25	Wall Covering			2005	947	-	20	47	47	947	25
26	Install Safety Glass			2005	1,375	138	20	69	(69)	481	26
27	Security System			2005	4,220	603	20	211	(392)	2,060	27
28	Security Locks			2005	2,444	349	20	122	(227)	1,222	28
29	Pave Garbage Area			2005	4,200	420	20	210	(210)	1,435	29
30	3 Insulated Glass Units			2005	1,200	80	20	60	(20)	280	30
31	Replace Bathroom Floors			2005	4,960	496	20	248	(248)	1,736	31
32	Install Locks on Cabinets			2005	2,788	279	20	139	(140)	953	32
33	Install Bricks & Edging			2005	3,700	370	20	185	(185)	1,295	33
34	Chair Railing in Dining Room			2005	1,200	120	20	60	(60)	420	34
35	Fence			2005	1,450	145	20	73	(73)	508	35
36	Cooler Compressor			2005	2,008	201	20	100	(101)	703	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:

01/01/08

Ending:

12/31/08

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	\$ 228	20	\$ 114	\$ (114)	\$ 797	37
38	Roof	2005	642	64	20	32	(32)	219	38
39	Roof	2005	1,498	150	20	75	(75)	512	39
40	Smoke Detector	2005	775	78	20	39	(39)	278	40
41	Hopper Door	2005	1,329	133	20	66	(67)	465	41
42	Built In Kitchen Unit/Cabinet/Table Legs And Sink	2007	10,200	1,020	20	510	(510)	1,870	42
43	3Rd Floor Replace Built-In Tv	2007	2,700	270	20	135	(135)	473	43
44	2Nd Floor Replace Built-In Tv	2007	2,700	270	20	135	(135)	473	44
45	Replace Built-In Cabinets And Credenza Unit	2007	9,800	980	20	490	(490)	1,715	45
46	2Nd Floor - Sink	2007	4,800	480	20	240	(240)	840	46
47	3Rd Floor - Assisted Bathing Area	2007	5,200	520	20	260	(260)	910	47
48	90 Yds Luminous Sage - Wall Covering	2007	1,688	338	20	84	(254)	647	48
49	150 Yds Tranquility Dandelion - Wall Covering	2007	2,546	509	20	127	(382)	934	49
50	2Nd Floor Dinning Room - Electrical	2007	3,500	350	20	175	(175)	613	50
51	3Rd Floor Dinning Room - Electrical	2007	3,500	350	20	175	(175)	613	51
52	2 New Wall Outlets - Wall Hungs Tvs	2007	1,500	150	20	75	(75)	263	52
53	Basement Corridor	2007	2,750	275	20	138	(138)	481	53
54	Cove Base	2007	9,495	950	20	475	(475)	1,583	54
55	120 Rigid Vinyl Guards	2007	1,343	134	20	67	(67)	224	55
56	20Pcs Surface Mounted Corner Guards	2007	1,168	117	20	58	(59)	195	56
57	Demolish Wall And Dispose Debris	2007	8,000	800	20	400	(400)	1,333	57
58	Vct Floor	2007	9,150	915	20	458	(458)	1,525	58
59	1 Beam Above Door	2007	8,300	830	20	415	(415)	1,383	59
60	Kitchen Cabinets	2007	880	88	20	44	(44)	132	60
61	Lobby/Large Main Office - Carpeting	2007	8,578	1,225	20	429	(796)	1,940	61
62	Door Upgrades & R&M	2007	4,301	430	20	215	(215)	753	62
63	Replace Ejector Pumps For Flood Control System	2007	3,700	370	20	185	(185)	524	63
64	Cabinets	2007	10,320	1,032	20	516	(516)	1,720	64
65	2Nd Floor - 34 Patients Rooms - Painting & Bumper Guards	2007	23,282	2,328	20	1,164	(1,164)	3,686	65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 8,970,502	\$ 271,911		\$ 235,206	\$ (36,706)	\$ 2,223,454	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:

01/01/08

Ending:

12/31/08

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 5257 N. Lincoln		2004	2004	\$ 104,090	\$ 2,669	35	\$ 2,974	\$ 305	\$ 15,242	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Allocated from 5257 N. Lincoln			2004	2,069	238	20	104	(134)	466	9
10	Allocated from 5257 N. Lincoln			2005	9,489	757	20	612	(145)	2,028	10
11											11
12	Allocated from NuCare			2003	847	31	20	42	11	217	12
13	Allocated from NuCare			2004	17,190	628	20	861	233	4,053	13
14	Allocated from NuCare			2005	1,019	37	20	51	14	196	14
15	Allocated from NuCare			2006	1,382	50	20	69	19	163	15
16	Allocated from NuCare			2008	1,456	-	20	73	73	73	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:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9					
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation					
37		\$	\$		\$	\$	\$	37				
38								38				
39								39				
40								40				
41								41				
42								42				
43								43				
44								44				
45								45				
46								46				
47								47				
48								48				
49								49				
50								50				
51								51				
52								52				
53								53				
54								54				
55								55				
56								56				
57								57				
58								58				
59								59				
60								60				
61								61				
62								62				
63								63				
64								64				
65								65				
66								66				
67								67				
68								68				
69								69				
70	TOTAL (lines 4 thru 69)	\$	137,542	\$	4,410	\$	4,786	\$	376	\$	22,438	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: 01/01/08 Ending: 12/31/08

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	\$ 1,592,583	\$ 26,400	\$ 174,041	\$ 147,641	10	\$ 1,382,257	71
72	Current Year Purchases	75,338	71	9,295	9,224	10	9,295	72
73	Fully Depreciated Assets	41,184		74	74	10	41,184	73
74								74
75	TOTALS	\$ 1,709,105	\$ 26,471	\$ 183,410	\$ 156,939		\$ 1,432,736	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)	\$ 11,512,129	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 379,668	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 463,443	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 83,775	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,835,376	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>				433			6
7	TOTAL				\$ 433			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.	_____ /2009	\$ _____
13.	_____ /2010	\$ _____
14.	_____ /2011	\$ _____

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: \$ 12,503 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
 - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- SEE ACCOUNTANTS' COMPILATION REPORT

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	\$		\$ 360,641	\$ 1,784		\$ 362,425	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			138,156			138,156	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			347,155			347,155	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				432,160		432,160	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): <u>See Supplemental</u>					22,591	133,451		156,042	13
14	TOTAL			\$		\$ 868,543	\$ 567,395		\$ 1,435,938	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: 01/01/08

Ending:

12/31/08

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,500	\$ 237,539	1
2	Cash-Patient Deposits	11,243	11,243	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	2,748,730	3,639,135	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	125,581	136,174	6
7	Other Prepaid Expenses	6,677	6,677	7
8	Accounts Receivable (owners or related parties)	3,452,753	3,453,253	8
9	Other(specify): <u>See Attached Schedule</u>	4,650	181,032	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,351,134	\$ 7,665,053	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		143,613	13
14	Buildings, at Historical Cost		8,761,754	14
15	Leasehold Improvements, at Historical Cost	436,010	644,754	15
16	Equipment, at Historical Cost	643,587	1,732,598	16
17	Accumulated Depreciation (book methods)	(643,062)	(4,155,773)	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>	14,320	675,258	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 450,855	\$ 7,802,204	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,801,989	\$ 15,467,257	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,359,141	\$ 1,529,401	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,080	2,080	28
29	Short-Term Notes Payable		74,782	29
30	Accrued Salaries Payable	370,448	370,448	30
31	Accrued Taxes Payable (excluding real estate taxes)	30,532	30,532	31
32	Accrued Real Estate Taxes(Sch.IX-B)		341,537	32
33	Accrued Interest Payable		44,918	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	14	14	35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	40,208	40,208	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,802,423	\$ 2,433,920	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		(74,782)	39
40	Mortgage Payable		9,390,458	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>See Attached Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 9,315,676	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,802,423	\$ 11,749,596	46
47	TOTAL EQUITY(page 18, line 24)	\$ 4,999,566	\$ 3,717,661	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,801,989	\$ 15,467,257	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,765,139	1
2	Restatements (describe):		2
3	Medicare Bad Debts	(109,283)	3
4	Hazard Insurance - Other	(110,121)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,545,735	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,453,831	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)	\$ 1,453,831	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 4,999,566	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: 01/01/08Ending: 12/31/08**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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,837,577	1
2	Discounts and Allowances for all Levels	72,084	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,909,661	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,325,671	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,325,671	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	786,264	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	32,427	19
20	Radiology and X-Ray	17,073	20
21	Other Medical Services	162,847	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 998,611	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	141	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 141	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	542	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 542	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,234,626	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,036,704	31
32	Health Care	4,772,465	32
33	General Administration	3,795,037	33
B. Capital Expense			
34	Ownership	1,574,532	34
C. Ancillary Expense			
35	Special Cost Centers	1,486,767	35
36	Provider Participation Fee	115,290	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,780,795	40
41	Income before Income Taxes (line 30 minus line 40)**	1,453,831	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,453,831	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: 01/01/08

Ending:

12/31/08

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	2,001	2,465	\$ 113,386	\$ 46.00	1
2	Assistant Director of Nursing	757	757	25,538	33.74	2
3	Registered Nurses	23,963	26,596	953,269	35.84	3
4	Licensed Practical Nurses	49,582	54,370	1,308,087	24.06	4
5	CNAs & Orderlies	128,388	139,604	1,363,694	9.77	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	15,378	16,342	166,085	10.16	8
9	Activity Director	1,471	1,771	29,590	16.71	9
10	Activity Assistants	12,305	14,180	151,746	10.70	10
11	Social Service Workers	10,240	11,332	223,677	19.74	11
12	Dietician	4,262	4,601	100,545	21.85	12
13	Food Service Supervisor					13
14	Head Cook	5,400	6,330	78,119	12.34	14
15	Cook Helpers/Assistants	22,848	25,360	228,718	9.02	15
16	Dishwashers					16
17	Maintenance Workers	5,097	5,241	116,810	22.29	17
18	Housekeepers	626	662	7,224	10.91	18
19	Laundry	644	672	6,312	9.39	19
20	Administrator	2,001	2,091	100,982	48.29	20
21	Assistant Administrator	107	187	4,967	26.56	21
22	Other Administrative	2,492	2,582	51,584	19.98	22
23	Office Manager					23
24	Clerical	12,089	13,312	333,983	25.09	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	3,154	3,355	87,625	26.12	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	1,429	1,473	60,510	41.08	33
34	TOTAL (lines 1 - 33)	304,234	333,283	\$ 5,512,451 *	\$ 16.54	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	198	\$ 9,281	01-03	35
36	Medical Director	Monthly	36,500	09-03	36
37	Medical Records Consultant	25	1,500	10-03	37
38	Nurse Consultant	303	6,014	10-03	38
39	Pharmacist Consultant	40	3,596	10-03	39
40	Physical Therapy Consultant	156	10,893	10a-03	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	1	34	10a-03	43
44	Activity Consultant	4	220	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	<u>IMRR Consultant</u>	5	50	10-03	47
48					48
49	TOTAL (lines 35 - 48)	732	\$ 68,088		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				51
52	Certified Nurse Assistants/Aides	8	160	10-03	52
53	TOTAL (lines 50 - 52)	8	\$ 160		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

0042093

Report Period Beginning: 01/01/08

Ending: 12/31/08

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		
Juli Foy	Administrator	0%	\$ 100,982	Workers' Compensation Insurance	\$ 220,591	IDPH License Fee	\$ 995		
Sonya M. Bogan-Clayborn	Assit. Admin.	0%	4,967	Unemployment Compensation Insurance	76,868	Advertising: Employee Recruitment	26,143		
Kathleen Brander	Dir of Regulatory Mgmt	0%	10,110	FICA Taxes	402,068	Health Care Worker Background Check	4,055		
Marilyn Flaherty	VP of MC Reimb	0%	13,532	Employee Health Insurance	236,533	(Indicate # of checks performed <u>401</u>)			
Gerry Jenich	CEO	0%	27,942	Employee Meals	33,617	Patient Background Checks			
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	3,705		
				Chicago Head Tax	9,165	Licenses and Inspections	5,287		
				Union Pension Benefits	29,874	ICLTC Dues	7,467		
				Other Employee Benefits	62,604	Allocated from Clinical Consult Srvc	36		
						See Supplemental Schedule	379		
						Less: Public Relations Expense	()		
						Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 157,533	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)			
TOTAL			\$ 935,948	TOTAL		\$ 48,067			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
NuCare Services Corporation - Management Fees			\$ 779,948				Out-of-State Travel	\$	
JLR Management - Management Fees			156,000						
							In-State Travel		
							Seminar Expense	8,722	
							Allocated from NuCare	921	
							Entertainment Expense	()	
							(agree to Sch. V, line 24, col. 8)		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 935,948	TOTAL		\$	TOTAL	\$ 9,643	
C. Professional Services									
Vendor/Payee	Type		Amount						
FR&R	Accounting Services		\$ 27,715						
Personnel Planners	Unemployment Tax Consult		4,459						
CDW Computer Centers, Inc	Computer Services		3,693						
Emdeon	Computer Services		984						
Giftrap	Computer Services		8,652						
HDSI	Computer Services		8,553						
PSD Solutions	Computer Services		16,025						
See Attached	Legal Services		90,221						
Michelle Ratcliff	REAC Inspection Consult		600						
Transworld Systems, Inc	Computer Services		699						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 161,601						

* 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 FY2005	6 FY2006	7 FY2007	8 FY2008	9 FY2009	10 FY2010	11 FY2011	12 FY2012	13 FY2013
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
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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 \$7,467
- (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. \$ 56,308 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. \$ 115,290
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. \$ 33,617 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