



Facility Name & ID Number The Renaissance at 87th Street

# 0042093 Report Period Beginning: 01/01/09 Ending: 12/31/09

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	3 Private Pay	4 Other	4 Total		
8	SNF	<u>39,224</u>	<u>2,849</u>	<u>18,021</u>	<u>60,094</u>		8
9	SNF/PED						9
10	ICF	<u>11,063</u>	<u>803</u>		<u>11,866</u>		10
11	ICF/DD						11
12	SC						12
13	DD 16 OR LESS						13
14	TOTALS	<u>50,287</u>	<u>3,652</u>	<u>18,021</u>	<u>71,960</u>		14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.88%

D. How many bed-hold days during this year were paid by the Department? 90 (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 07/01/1999

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 12,497

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/09 Fiscal Year: 12/31/09

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

Facility Name & ID Number      The Renaissance at 87th Street      #      0042093      Report Period Beginning:      01/01/09      Ending:      12/31/09

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	377,122	137,414	8,464	523,000		523,000		523,000		1
2	Food Purchase		372,023		372,023	(31,518)	340,505	(1,338)	339,167		2
3	Housekeeping		28,032	348,290	376,322		376,322		376,322		3
4	Laundry		22,526	154,193	176,719		176,719		176,719		4
5	Heat and Other Utilities			177,462	177,462		177,462	(6,537)	170,925		5
6	Maintenance	120,444	82,005	167,636	370,085		370,085	23,101	393,186		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	497,566	642,000	856,045	1,995,611	(31,518)	1,964,093	15,226	1,979,320		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			48,000	48,000		48,000		48,000		9
10	Nursing and Medical Records	4,193,247	296,438	39,621	4,529,306		4,529,306	21,404	4,550,710		10
10a	Therapy	195,956			195,956		195,956		195,956		10a
11	Activities	191,848	49,227	870	241,945		241,945	(22,203)	219,742		11
12	Social Services	232,583			232,583		232,583		232,583		12
13	CNA Training										13
14	Program Transportation			19,666	19,666		19,666		19,666		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	4,813,634	345,665	108,157	5,267,456		5,267,456	(799)	5,266,657		16
	<b>C. General Administration</b>										
17	Administrative	133,278		940,459	1,073,737		1,073,737	(914,931)	158,806		17
18	Directors Fees										18
19	Professional Services			136,405	136,405	(1,190)	135,215	(16,275)	118,940		19
20	Dues, Fees, Subscriptions & Promotions			99,977	99,977		99,977	(60,707)	39,270		20
21	Clerical & General Office Expenses	311,612	52,785	465,865	830,262		830,262	(307,499)	522,763		21
22	Employee Benefits & Payroll Taxes			1,036,328	1,036,328	31,518	1,067,846	(2,390)	1,065,456		22
23	Inservice Training & Education			1,000	1,000		1,000		1,000		23
24	Travel and Seminar			12,315	12,315		12,315	(495)	11,820		24
25	Other Admin. Staff Transportation			10,861	10,861		10,861	965	11,826		25
26	Insurance-Prop.Liab.Malpractice			1,148,085	1,148,085		1,148,085	11,205	1,159,290		26
27	Other (specify):*							37,954	37,954		27
28	<b>TOTAL General Administration</b>	444,890	52,785	3,851,295	4,348,970	30,328	4,379,298	(1,252,173)	3,127,125		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,756,090	1,040,450	4,815,497	11,612,037	(1,190)	11,610,847	(1,237,746)	10,373,101		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:

01/01/09

Ending:

12/31/09

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			67,148	67,148		67,148	273,719	340,867			30
31	Amortization of Pre-Op. & Org.			3,013	3,013		3,013		3,013			31
32	Interest							534,195	534,195			32
33	Real Estate Taxes					1,190	1,190	338,853	340,043			33
34	Rent-Facility & Grounds			1,525,840	1,525,840		1,525,840	(1,525,455)	385			34
35	Rent-Equipment & Vehicles			11,486	11,486		11,486	3,306	14,792			35
36	Other (specify):*							46,750	46,750			36
37	<b>TOTAL Ownership</b>			1,607,487	1,607,487	1,190	1,608,677	(328,633)	1,280,044			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	10,939	595,745	1,054,163	1,660,847		1,660,847		1,660,847			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			114,975	114,975		114,975		114,975			42
43	Other (specify):*	42,067			42,067		42,067	(42,067)				43
44	<b>TOTAL Special Cost Centers</b>	53,006	595,745	1,169,138	1,817,889		1,817,889	(42,067)	1,775,822			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,809,096	1,636,195	7,592,122	15,037,413		15,037,413	(1,608,446)	13,428,967			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



The Renaissance at 87th Street

ID# 0042093

Report Period Beginning: 01/01/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Patient Needs	\$ (9,383)	11	1
2	Medical Record Copies	(2,612)	21	2
3	Food Sales/Rebates	(1,150)	02	3
4	Jury Duty	(52)	10	4
5	Emp Benefits- Non-allowable	(267)	22	5
6	Patient Clothing	(12,820)	11	6
7	Bank Charges	(17,201)	21	7
8	Marketing Travel	(24)	25	8
9	Dir of Guest Services	(42,067)	43	9
10	Prior Year Seminar	(255)	24	10
11	Additional R&M	15,867	06	11
12	Non-allowable Legal	(19,362)	19	12
13	COPE Dues	(6,561)	20	13
14	Non-Allowable Office Expense	(156,000)	21	14
15	Annual Report	(579)	20	15
16	Management Fees- Quest	(134,067)	17	16
17				17
18	Building Co:			18
19	Professional Fees	(11,775)	19	19
20	Office Expense	(2,190)	21	20
21	Trust Fees	(1,600)	21	21
22	Amortization	(2,810)	31	22
23				23
24	Collections Salary	(57,217)	21	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	<b>Total</b>	(462,125)		49

The Renaissance at 87th Street

ID# 0042093

Report Period Beginning: 01/01/09

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

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Renaissance at 87th Street# 0042093

Report Period Beginning:

01/01/09

Ending:

12/31/09

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(1,338)											(1,338)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(8,700)			2,163								(6,537)	5
6	Maintenance	15,867			7,234								23,101	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>5,829</b>			<b>9,397</b>								<b>15,226</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(52)				21,456							21,404	10
10a	Therapy													10a
11	Activities	(22,203)											(22,203)	11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(22,255)</b>				<b>21,456</b>							<b>(799)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	(134,067)		(151,741)	(580,017)	(49,106)							(914,931)	17
18	Directors Fees													18
19	Professional Services	(31,137)	11,775	463	2,387	237							(16,275)	19
20	Fees, Subscriptions & Promotions	(61,660)			845	108							(60,707)	20
21	Clerical & General Office Expenses	(456,461)	3,790	1,157	130,249	13,766							(307,499)	21
22	Employee Benefits & Payroll Taxes	(2,390)											(2,390)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(1,160)			531	134							(495)	24
25	Other Admin. Staff Transportation	(24)			520	470							965	25
26	Insurance-Prop.Liab.Malpractice		9,148		2,057								11,205	26
27	Other (specify):*			999	31,399	5,556							37,954	27
28	<b>TOTAL General Administration</b>	<b>(686,899)</b>	<b>24,713</b>	<b>(149,122)</b>	<b>(412,029)</b>	<b>(28,836)</b>							<b>(1,252,173)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(703,325)</b>	<b>24,713</b>	<b>(149,122)</b>	<b>(402,632)</b>	<b>(7,380)</b>							<b>(1,237,746)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Renaissance at 87th Street# 0042093

Report Period Beginning:

01/01/09

Ending:

12/31/09

## 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	(46,695)	312,586		7,675	153							273,719	30
31	Amortization of Pre-Op. & Org.	(2,810)	2,810											31
32	Interest	(13,503)	542,927		4,520	251							534,195	32
33	Real Estate Taxes		331,963		6,890								338,853	33
34	Rent-Facility & Grounds		(1,525,840)		385								(1,525,455)	34
35	Rent-Equipment & Vehicles				3,306								3,306	35
36	Other (specify):*		46,750										46,750	36
37	<b>TOTAL Ownership</b>	<b>(63,008)</b>	<b>(288,804)</b>		<b>22,775</b>	<b>404</b>							<b>(328,633)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(42,067)											(42,067)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(42,067)</b>											<b>(42,067)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(808,400)	(264,091)	(149,122)	(379,857)	(6,976)							(1,608,446)	45

**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	\$ 1,525,840	Renaissance at Beverly LP	100.00%	\$	(1,525,840)	1
2	V	32 Interest Income	591	Renaissance at Beverly LP	100.00%	543,518	542,927	2
3	V	19 Legal Fees		Renaissance at Beverly LP	100.00%	1,000	1,000	3
4	V	36 MIP Expense		Renaissance at Beverly LP	100.00%	46,750	46,750	4
5	V	26 Insurance Expense		Renaissance at Beverly LP	100.00%	9,148	9,148	5
6	V	21 Fees		Renaissance at Beverly LP	100.00%	150	150	6
7	V	19 Accounting Fees		Renaissance at Beverly LP	100.00%	10,775	10,775	7
8	V	21 Trust Fees		Renaissance at Beverly LP	100.00%	1,600	1,600	8
9	V	33 Real Estate Taxes		Renaissance at Beverly LP	100.00%	331,963	331,963	9
10	V	30 Depreciation		Renaissance at Beverly LP	100.00%	312,586	312,586	10
11	V	31 Amortization		Renaissance at Beverly LP	100.00%	2,810	2,810	11
12	V	21 Misc Fees		Renaissance at Beverly LP	100.00%	2,040	2,040	12
13	V							13
14	Total		\$ 1,526,431			\$ 1,262,340	\$ * (264,091)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	17 J. RAJCHENBACH-COMP.	\$	JLR MANAGEMENT CORP.	100.00%	\$ 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				999		999	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 ADMINISTRATIVE FEES	161,000					(161,000)	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		\$ 161,000			\$ 11,878	\$ *	(149,122)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 2,163	\$	2,163	15
16	V	6 REPAIRS AND MAINT.				7,234		7,234	16
17	V	17 ADMIN. - NON-OWNER				16,269		16,269	17
18	V	19 PROFESSIONAL FEES				2,387		2,387	18
19	V	20 FEES SUBSCRIPTIONS				845		845	19
20	V	21 CLERICAL & GENERAL				130,249		130,249	20
21	V	24 SEMINARS AND EDUCATION				531		531	21
22	V	25 ADMIN. STAFF TRAVEL				520		520	22
23	V	26 INSURANCE				2,057		2,057	23
24	V	27 EMPLOYEE BEN. GEN. ADMIN.				31,399		31,399	24
25	V	30 DEPRECIATION				7,675		7,675	25
26	V	32 INTEREST EXPENSE				4,520		4,520	26
27	V	33 REAL ESTATE TAX				6,890		6,890	27
28	V	34 PARKING LOT RENT				385		385	28
29	V	35 EQUIPMENT RENTAL				3,306		3,306	29
30	V								30
31	V	17 ADMINISTRATIVE FEES	596,286					(596,286)	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 596,286			\$ 216,429	\$ *	(379,857)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	10 CLINICAL SALARIES	\$	CLINICAL CONSULTING SERVICES, LLC	100.00%	\$ 21,456	\$	21,456	15
16	V	19 PROFESSIONAL FEES				237		237	16
17	V	20 DUES, LICENSE & INSPECTION				108		108	17
18	V	21 OFFICE WAGES				12,910		12,910	18
19	V	21 OFFICE EXPENSE				856		856	19
20	V	24 CONTINUING EDUCATION / SEMINAR				134		134	20
21	V	25 AUTO EXPENSE				470		470	21
22	V	27 PAYROLL TAXES				2,385		2,385	22
23	V	27 OTHER EMPLOYEE BENEFITS				3,171		3,171	23
24	V	30 DEPRECIATION				153		153	24
25	V	32 INTEREST				251		251	25
26	V								26
27	V	17 MANAGEMENT FEES	49,106					(49,106)	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		\$ 49,106			\$ 42,130	\$ *	(6,976)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22 Workers Compensation	\$ 177,231	Diamond Insurance	40.00%	\$ 177,231	\$	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		\$ 177,231			\$ 177,231	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
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	<b>Total</b>		\$			\$	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

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

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
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	<b>Total</b>		\$			\$	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

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

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
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	<b>Total</b>		\$			\$	\$ *	39

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

Facility Name &amp; ID Number

The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/09

Ending:

12/31/09

## 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	David Hartman	Relative	Administrative	0.00%	See Attached	2.50	6.25%	Alloc. Salary		17-7	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 9,259		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/09

Ending: 12/31/09

**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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/09

Ending: 12/31/09

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	10,792		5	999	4
5									5
6									6
7	17	C. RAJCHENBACH-COMP.	AVG. HOURS WORKED 40	1	51,889	51,889			7
8	27	PAYROLL TAXES	AVG. HOURS WORKED 40	1	4,099				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				\$ 184,277	\$ 164,386		\$ 11,878	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/09

Ending: 12/31/09

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

1	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 1,224,940	13	\$ 34,570	\$	76,650	\$ 2,163	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS 1,224,940	13	115,610		76,650	7,234	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS 1,224,940	13	260,001	260,001	76,650	16,269	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 1,224,940	13	38,148		76,650	2,387	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS 1,224,940	13	13,506		76,650	845	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS 1,224,940	13	2,081,498	1,811,576	76,650	130,249	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 1,224,940	13	8,486		76,650	531	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS 1,224,940	13	8,304		76,650	520	8
9	26	INSURANCE	AVAIL. CENSUS DAYS 1,224,940	13	32,870		76,650	2,057	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS 1,224,940	13	501,784		76,650	31,399	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS 1,224,940	13	122,648		76,650	7,675	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 1,224,940	13	72,233		76,650	4,520	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 1,224,940	13	110,113		76,650	6,890	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS 1,224,940	13	6,145		76,650	385	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 1,224,940	13	52,826		76,650	3,306	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 3,458,744	\$ 2,071,577		\$ 216,429	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/09

Ending: 12/31/09

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	1,224,940	13	\$ 342,887	\$ 342,887	76,650	21,456	1
2	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,224,940	13	3,780		76,650	237	2
3	20	DUES, LICENSE & INSPECTIO	AVAIL. CENSUS DAYS	1,224,940	13	1,732		76,650	108	3
4	21	OFFICE WAGES	AVAIL. CENSUS DAYS	1,224,940	13	206,311	206,311	76,650	12,910	4
5	21	OFFICE EXPENSE	AVAIL. CENSUS DAYS	1,224,940	13	13,685		76,650	856	5
6	24	CONTINUING EDUCATION / ST	AVAIL. CENSUS DAYS	1,224,940	13	2,134		76,650	134	6
7	25	AUTO EXPENSE	AVAIL. CENSUS DAYS	1,224,940	13	7,503		76,650	470	7
8	27	PAYROLL TAXES	AVAIL. CENSUS DAYS	1,224,940	13	38,113		76,650	2,385	8
9	27	OTHER EMPLOYEE BENEFITS	AVAIL. CENSUS DAYS	1,224,940	13	50,678		76,650	3,171	9
10	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,224,940	13	2,448		76,650	153	10
11	32	INTEREST	AVAIL. CENSUS DAYS	1,224,940	13	4,013		76,650	251	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					\$ 673,284	\$ 549,198	\$	42,131	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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.

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		\$	\$		\$ 177,231	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				\$	\$		\$ 177,231	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/09

Ending: 12/31/09

**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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/09

Ending: 12/31/09

**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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/09

Ending: 12/31/09

**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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/09

Ending: 12/31/09

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:

01/01/09

Ending: 12/31/09

**VIII. ALLOCATION OF INDIRECT COSTS**

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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.

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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

The Renaissance at 87th Street

# 0042093

Report Period Beginning:

01/01/09

Ending:

12/31/09

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										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	Mortgage		X	Building			\$	\$ 9,315,676		\$ 543,518	1								
2											2								
3											3								
4											4								
5	See Supplemental Schedule										5								
<b>Working Capital</b>																			
6	Allocated from NuCare		X							4,520	6								
7	Allocated from CCS		X							251	7								
8	See Supplemental Schedule										8								
9	TOTAL Facility Related					\$	\$ 9,315,676			\$ 548,289	9								
<b>B. Non-Facility Related*</b>																			
10	Interest Income		X							(13,503)	10								
11	Interest Income- Bldg. Co.		X							(591)	11								
12											12								
13	See Supplemental Schedule										13								
14	TOTAL Non-Facility Related					\$	\$			\$ (14,094)	14								
15	TOTALS (line 9+line14)					\$	\$ 9,315,676			\$ 534,195	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 46,750 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:

01/01/09

Ending:

12/31/09

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

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

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

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

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

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Report Period Beginning:

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Ending:

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**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

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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: 3,013 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:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>51,162</u>	<u>1994</u>	<u>\$ 143,613</u>	<u>1</u>
2	<u>7257 N. Lincoln</u>		<u>2007</u>	<u>9,512</u>	<u>2</u>
3	<b>TOTALS</b>	<b>51,162</b>		<b>\$ 153,125</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

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		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4				\$	\$		\$	\$	\$	4
5										5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	Various		1999	89,068		20	4,438	4,438	46,204	9
10	Various		2000	45,130		20	1,173	1,173	11,139	10
11	Various		2001	42,797		20	2,140	2,140	17,931	11
12	Various		2002	12,014		20	857	857	6,604	12
13	Various		2003	20,012		20	1,206	1,206	7,934	13
14	Various		2004	29,945		20	2,914	2,914	16,519	14
15	Various		2005	20,479		20	1,592	1,592	10,768	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	Related Building Company (Pages 12F & 12G)	9,099,921	277,833		241,677	(36,156)	2,471,602	67
68	Related Party Allocations (Pages 12H & 12I)	114,503	3,556		4,456	900	24,678	68
69	Financial Statement Depreciation		67,148			(67,148)		69
70	TOTAL (lines 4 thru 69)	\$ 9,473,869	\$ 348,537		\$ 260,453	\$ (88,084)	\$ 2,613,379	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,473,869	\$ 348,537		\$ 260,453	\$ (88,084)	\$ 2,613,379	1
2	Renovation For Therapy Room	2006	788		20	79	79	315	2
3	Renovation For Therapy Room	2006	783		20	78	78	313	3
4	Work Station For Therapy Room	2006	3,900		20	390	390	1,560	4
5	Re-Tile Lunchroom	2006	8,515		20	852	852	3,406	5
6	Install Vinyl In Bathroom	2006	2,908		20	291	291	1,163	6
7	Wallpaper App, Drywall, Paint	2006	1,865		20	373	373	1,492	7
8	Circuit Installation	2006	1,600		20	160	160	640	8
9	Wall Mirrors For Therapy Area	2006	700		20	70	70	274	9
10	Circuits W/ Outlets	2006	3,500		20	350	350	1,371	10
11	Light Fixtures	2006	1,250		20	125	125	490	11
12	Path Floor & Install Carpet	2006	1,385		20	198	198	758	12
13	Metal Door & Installation	2006	1,392		20	139	139	557	13
14	Compressor	2006	9,830		20	983	983	3,686	14
15	Remove Wallpaper, Install Bed Bumpers	2006	7,800		20	1,560	1,560	5,720	15
16	Mural	2006	1,600		20	160	160	560	16
17	Remove Wallpaper, Install Bed Bumpers	2006	10,332		20	2,066	2,066	7,577	17
18	Laundry Intake Doors	2006	1,275		20	128	128	446	18
19	Relocate Smoke Detectors	2006	3,550		20	355	355	1,243	19
20	New Sprinkler System	2006	7,990		20	799	799	2,797	20
21	Install Vinyl Base On Floor	2006	1,206		20	121	121	422	21
22	Carpet & Installation	2006	798		20	114	114	380	22
23	Storage Room Addition	2006	8,565		20	857	857	2,855	23
24	Wall Coverings	2006	3,185		20	637	637	2,495	24
25	Wallcoverings - 34 Rooms 3Rd Fl	2006	25,500		20	5,100	5,100	16,150	25
26	Steel Door	2006	3,250		20	325	325	1,110	26
27	Nurses Station & Reception Area Improvements	2006	8,950		20	895	895	2,983	27
28	Copper Drain With Vent	2006	3,200		20	320	320	1,040	28
29	Various Lockers	2006	6,092		20	609	609	2,031	29
30	Sprinkler System Improvements	2006	3,400		20	486	486	1,538	30
31	Elevator Repairs	2007	6,126		20	613	613	1,327	31
32	Elevator Repairs	2008	9,702		20	485	485	687	32
33	Parts And Labor To Repair Fire Sprinkler System	2009	4,224		20	176	176	176	33
34	TOTAL (lines 1 thru 33)		\$ 9,629,030	\$ 348,537		\$ 280,347	\$ (68,190)	\$ 2,680,941	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 9,629,030	\$ 348,537		\$ 280,347	\$ (68,190)	\$ 2,680,941	1
2	2009	2,753		20	46	46	46	2
3	2009	17,363		20	189	189	189	3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 9,649,146	\$ 348,537		\$ 280,582	\$ (67,955)	\$ 2,681,176	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at 87th Street

# 0042093

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XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 9,649,146	\$ 348,537		\$ 280,582	\$ (67,955)	\$ 2,681,176	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 9,649,146	\$ 348,537		\$ 280,582	\$ (67,955)	\$ 2,681,176	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 9,649,146	\$ 348,537		\$ 280,582	\$ (67,955)	\$ 2,681,176	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 9,649,146	\$ 348,537		\$ 280,582	\$ (67,955)	\$ 2,681,176	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Building Company Information</b>								1
2	<b>Buildings:</b>								2
3		1999	8,932,245	242,087	39	223,306	(18,781)	2,376,206	3
4		1999	4,436						4
5		1999	(204,169)						5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	<b>Carpeting</b>	2004	2,093		20	105	105	1,401	9
10	<b>Various</b>	2005	96,496		20	4,825	4,825	49,253	10
11	<b>Built In Kitchen Unit/Cabinet/Table Legs And Sink</b>	2007	10,200		20	510	510	2,380	11
12	<b>3Rd Floor Replace Built-In Tv</b>	2007	2,700		20	135	135	608	12
13	<b>2Nd Floor Replace Built-In Tv</b>	2007	2,700		20	135	135	608	13
14	<b>Replace Built-In Cabinets And Credenza Unit</b>	2007	9,800		20	490	490	2,205	14
15	<b>2Nd Floor - Sink</b>	2007	4,800		20	240	240	1,080	15
16	<b>3Rd Floor - Assisted Bathing Area</b>	2007	5,200		20	260	260	1,170	16
17	<b>90 Yds Luminious Sage - Wall Covering</b>	2007	1,688		20	84	84	731	17
18	<b>150 Yds Tranquility Dandelion - Wall Covering</b>	2007	2,546		20	127	127	1,061	18
19	<b>2Nd Floor Dinning Room - Electrical</b>	2007	3,500		20	175	175	788	19
20	<b>3Rd Floor Dinning Room - Electrical</b>	2007	3,500		20	175	175	788	20
21	<b>2 New Wall Outlets - Wall Hungs Tvs</b>	2007	1,500		20	75	75	338	21
22	<b>Basement Corridor</b>	2007	2,750		20	138	138	619	22
23	<b>Cove Base</b>	2007	9,495		20	475	475	2,058	23
24	<b>120 Rigid Vinyl Guards</b>	2007	1,343		20	67	67	291	24
25	<b>20Pcs Surface Mounted Corner Guards</b>	2007	1,168		20	58	58	253	25
26	<b>Demolish Wall And Dispose Debris</b>	2007	8,000		20	400	400	1,733	26
27	<b>Vct Floor</b>	2007	9,150		20	458	458	1,983	27
28	<b>1 Beam Above Door</b>	2007	8,300		20	415	415	1,798	28
29	<b>Kitchen Cabinets</b>	2007	880		20	44	44	176	29
30	<b>Lobby/Large Main Office - Carpeting</b>	2007	8,578		20	429	429	2,369	30
31	<b>Door Upgrades &amp; R&amp;M</b>	2007	4,301		20	215	215	968	31
32	<b>Replace Ejector Pumps For Flood Control System</b>	2007	3,700		20	185	185	709	32
33	<b>Cabinets</b>	2007	10,320		20	516	516	2,236	33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Building Company Information Continued</b>		\$	\$		\$	\$	\$	1
2	2Nd Floor - 34 Patients Rooms - Painting & Bumper Guards	2007	23,282		20	1,164	1,164	4,850	2
3	Vct Tiles For Bathroom	2008	4,656		20	233	233	466	3
4	Upholstered Cornice And Roller Shades; Remove Existing Windo	2008	8,647		20	432	432	865	4
5	Material & Labor For Power Supply & Switch For Airconditiong	2008	5,726		20	286	286	573	5
6	Installation: Sprinkler, Ddc Valve, Expansion Tank & Anitfreeze	2008	7,665		20	383	383	767	6
7	Commerical Wood Door	2008	1,943		20	97	97	194	7
8	Painted Walls	2008	3,500		20	175	175	350	8
9	Commerical Wood Door	2008	1,772		20	89	89	177	9
10	Replacement Motor & Compressor And Refrigerant Of Freezer	2008	5,368		20	268	268	537	10
11	Telephone System Tadrian	2008	23,739		20	1,187	1,187	2,374	11
12	Motor Conversion	2008	2,965		20	148	148	297	12
13	Tadiran Ip X 500 Tel. System	2008	23,913		20	1,196	1,196	2,391	13
14	Remove Molded Drywall/Install New Mold Resistant Drywall In H	2008	850		20	43	43	85	14
15	130 Ft Of Sdr35 Drain Tile	2008	8,910		20	446	446	891	15
16	Painting And Touch Ups Plus Supplies	2008	1,645		20	82	82	165	16
17	Asphalt Repair Work Sealing And Striping	2008	7,600		20	380	380	760	17
18	Prime And Paint Outside Railings, Repair Walls, Paint Payroll Of	2008	3,220		20	161	161	322	18
19	Painting Lower Level Conf Rm; Walls And Wallboard	2008	1,190		20	60	60	119	19
20	Painting - 2Nd Floor Doorframes And Dining Room	2008	2,970		20	149	149	297	20
21	Repair Walls And Paint Activity Office On 2Nd Floor	2008	1,260		20	63	63	126	21
22	Plaster, Prime, And Paint 3Rd Floor Dining Rm Walls, Window S	2008	10,600		20	530	530	1,060	22
23	Paint Basement Offices Including Removal Of Borders, Plastering	2008	1,280		20	64	64	128	23
24									24
25	Depreciation			35,746			(35,746)		25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (12F &amp; 12G lines 1 thru 33)</b>		\$ 9,099,921	\$ 277,833		\$ 241,677	\$ (36,156)	\$ 2,471,602	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	<b>Related Party Information</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3	Allocated from 7257 N. Lincoln Ave.	2004	81,097	2,079	35	2,317	238	14,192	3
4	Allocated from Clinical Consulting Services	2004	4,504	116	35	129	13	788	4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	Allocated from 7257 N. Lincoln Ave.	2005	7,393	585	20	477	(108)	2,057	9
10	Allocated from 7257 N. Lincoln Ave.	2004	1,612	93	20	81	(12)	443	10
11									11
12	Allocated from Clinical Consulting Services	2005	411	32	20	424	392	1,826	12
13	Allocated from Clinical Consulting Services	2004	90	5	20	72	67	394	13
14									14
15	Allocated from NuCare Services	2003	733	24	20	37	13	224	15
16	Allocated from NuCare Services	2004	14,881	496	20	745	249	4,253	16
17	Allocated from NuCare Services	2005	882	29	20	44	15	214	17
18	Allocated from NuCare Services	2006	1,196	40	20	60	20	201	18
19	Allocated from NuCare Services	2008	1,261	42	20	63	21	79	19
20	Allocated from NuCare Services	2009	443	15	20	7	(8)	7	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

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (12H & 12I lines 1 thru 33)	\$ 114,503	\$ 3,556		\$ 4,456	\$ 900	\$ 24,678	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:

01/01/09

Ending:

12/31/09

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	\$ 1,608,519	\$ 37,772	\$ 52,366	\$ 14,594	10	\$ 370,484	71
72	Current Year Purchases	83,478	1,253	7,438	6,185	10	7,438	72
73	Fully Depreciated Assets	93,670		481	481	10	93,670	73
74								74
75	TOTALS	\$ 1,785,667	\$ 39,025	\$ 60,285	\$ 21,260		\$ 471,592	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)	\$ 11,587,938	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 387,562	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 340,867	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (46,695)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,152,768	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	Allocated from NuCare (Parking Lot)				385			6
7	TOTAL				\$ 385			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

**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: \$ 14,792 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

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 \$ \_\_\_\_\_

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

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

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Total Cost (Col. 3 + 5 + 6)				
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39 - 03	hrs					\$ 429,816			\$ 429,816	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					138,019			138,019	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs					472,803			472,803	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescrpts						493,511		493,511	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>				10,939			13,525	102,234		126,698	13
14	<b>TOTAL</b>				\$ 10,939			\$ 1,054,163	\$ 595,745		\$ 1,660,847	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: 01/01/09Ending: 12/31/09

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 3,926	\$ 275,813	1
2	Cash-Patient Deposits	11,243	11,243	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	3,607,937	4,539,128	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	196,334	208,685	6
7	Other Prepaid Expenses	246,251	246,251	7
8	Accounts Receivable (owners or related parties)	2,174,920	2,183,556	8
9	Other(specify): <u>See Attached Schedule</u>	4,270	230,885	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 6,244,881	\$ 7,695,561	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		143,613	13
14	Buildings, at Historical Cost		8,761,754	14
15	Leasehold Improvements, at Historical Cost	388,865	671,042	15
16	Equipment, at Historical Cost	600,259	1,816,945	16
17	Accumulated Depreciation (book methods)	(710,210)	(4,546,158)	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>	59,330	627,887	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 338,244	\$ 7,475,083	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,583,125	\$ 15,170,644	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,135,974	\$ 1,135,974	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,080	2,080	28
29	Short-Term Notes Payable		70,375	29
30	Accrued Salaries Payable	471,339	471,339	30
31	Accrued Taxes Payable (excluding real estate taxes)	37,150	37,150	31
32	Accrued Real Estate Taxes(Sch.IX-B)		344,963	32
33	Accrued Interest Payable		44,560	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Attached Schedule</u>	85,564	85,564	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,732,107	\$ 2,192,005	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable		(70,375)	39
40	Mortgage Payable		9,315,676	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>See Attached Schedule</u>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 9,245,301	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 1,732,107	\$ 11,437,306	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 4,851,018	\$ 3,733,338	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 6,583,125	\$ 15,170,644	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b> <b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>4,999,566</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Bad Debt</b>	<b>(64,532)</b>	<b>3</b>
<b>4</b>	<b>Room &amp; Board</b>	<b>808</b>	<b>4</b>
<b>5</b>	<b>Scavenger</b>	<b>27,506</b>	<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>4,963,348</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>637,670</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	<b>(750,000)</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(112,330)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>4,851,018</b>	<b>24</b> *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street# 0042093Report Period Beginning: 01/01/09Ending: 12/31/09

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

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,206,364	1
2	Discounts and Allowances for all Levels	423,778	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 12,630,142</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,160,402	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 2,160,402</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	676,885	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	40,558	19
20	Radiology and X-Ray	10,882	20
21	Other Medical Services	138,887	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 867,212</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions	10	24
25	Interest and Other Investment Income***	13,503	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 13,513</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	3,814	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 3,814</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 15,675,083</b>	<b>30</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,995,611	31
32	Health Care	5,267,456	32
33	General Administration	4,348,970	33
<b>B. Capital Expense</b>			
34	Ownership	1,607,487	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,702,914	35
36	Provider Participation Fee	114,975	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 15,037,413</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>637,670</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 637,670</b>	<b>43</b>

\* 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:

01/01/09

Ending:

12/31/09

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,965	2,311	\$ 105,785	\$ 45.77	1
2	Assistant Director of Nursing	1,354	1,423	50,811	35.71	2
3	Registered Nurses	29,397	31,942	1,044,580	32.70	3
4	Licensed Practical Nurses	53,887	58,067	1,480,255	25.49	4
5	CNAs & Orderlies	131,180	141,811	1,461,645	10.31	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	18,502	19,675	195,956	9.96	8
9	Activity Director	3,973	4,331	78,635	18.16	9
10	Activity Assistants	10,220	11,079	113,213	10.22	10
11	Social Service Workers	9,078	11,750	232,583	19.79	11
12	Dietician	3,789	4,090	85,367	20.87	12
13	Food Service Supervisor					13
14	Head Cook	3,984	4,616	63,746	13.81	14
15	Cook Helpers/Assistants	21,819	23,970	228,009	9.51	15
16	Dishwashers					16
17	Maintenance Workers	4,426	4,829	120,444	24.94	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,869	2,268	112,861	49.76	20
21	Assistant Administrator					21
22	Other Administrative	334	334	20,417	61.13	22
23	Office Manager	942	1,043	37,653	36.10	23
24	Clerical	9,250	9,823	216,742	22.06	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,195	1,271	34,036	26.78	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	4,022	4,375	126,359	28.88	33
34	TOTAL (lines 1 - 33)	311,186	339,008	\$ 5,809,097 *	\$ 17.14	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	176	\$ 8,464	01-03	35
36	Medical Director	Monthly	48,000	09-03	36
37	Medical Records Consultant	41	2,430	10-03	37
38	Nurse Consultant	310	6,618	10-03	38
39	Pharmacist Consultant	Monthly	3,573	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	16	870	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Medical Consultant	Monthly	27,000	10-03	47
48					48
49	TOTAL (lines 35 - 48)	543	\$ 96,955		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			52
53	TOTAL (lines 50 - 52)		\$	53

SEE ACCOUNTANTS' COMPILATION REPORT

**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	
<u>Juli Foy (01/01 - 08/25/09)</u>	<u>Administrator</u>	<u>0.00%</u>	<u>\$ 80,252</u>	<u>Workers' Compensation Insurance</u>	<u>\$ 177,231</u>	<u>IDPH License Fee</u>	<u>\$ 953</u>	
<u>Jacqueline Macenas (08/25/09 -</u>	<u>Administrator</u>	<u>0.00%</u>	<u>32,609</u>	<u>Unemployment Compensation Insurance</u>	<u>92,205</u>	<u>Advertising: Employee Recruitment</u>	<u>10,515</u>	
<u>Kathleen Brander</u>	<u>Dir of Reg Management</u>	<u>0.00%</u>	<u>6,309</u>	<u>FICA Taxes</u>	<u>414,976</u>	<u>Health Care Worker Background Check</u>		
<u>Marilyn Flaherty</u>	<u>VP of MC Reimb</u>	<u>0.00%</u>	<u>14,108</u>	<u>Employee Health Insurance</u>	<u>231,246</u>	<u>(Indicate # of checks performed <u>640</u>)</u>	<u>6,400</u>	
				<u>Employee Meals</u>	<u>31,518</u>	<u>Patient Background Checks</u>		
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>		<u>Dues &amp; Subscriptions</u>	<u>11,969</u>	
				<u>Pension</u>	<u>38,111</u>	<u>Licenses &amp; Fees</u>	<u>8,480</u>	
				<u>Chicago Tax</u>	<u>9,146</u>	<u>Advertising &amp; Promotion</u>	<u>34,880</u>	
				<u>Dental</u>	<u>3,807</u>	<u>Allocated from NuCare</u>	<u>845</u>	
				<u>Emp Benefits-Other</u>	<u>67,215</u>	<u>See Supplemental Schedule</u>	<u>108</u>	
						<u>Less: Public Relations Expense</u>	<u>( )</u>	
						<u>Non-allowable advertising</u>	<u>(34,880)</u>	
						<u>Yellow page advertising</u>	<u>( )</u>	
<b>TOTAL (agree to Schedule V, line 17, col. 1)</b>			<b>\$ 133,278</b>	<b>TOTAL (agree to Schedule V,</b>	<b>\$ 1,065,455</b>	<b>TOTAL (agree to Sch. V,</b>	<b>\$ 39,270</b>	
<b>(List each licensed administrator separately.)</b>				<b>line 22, col.8)</b>		<b>line 20, col. 8)</b>		
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
<u>Administrative Fees- NuCare</u>			<u>\$ 596,286</u>				<u>Out-of-State Travel</u>	<u>\$</u>
<u>Administrative Fees- CCS</u>			<u>49,106</u>					
<u>Administrative Fees- Quest (Adj on Page 5a)</u>			<u>134,067</u>				<u>In-State Travel</u>	
<u>See Supplemental Schedule</u>			<u>161,000</u>					
<b>TOTAL (agree to Schedule V, line 17, col. 3)</b>			<b>\$ 940,459</b>				<u>Seminar Expense</u>	<u>11,155</u>
<b>(Attach a copy of any management service agreement)</b>							<u>Allocated from NuCare</u>	<u>531</u>
							<u>Allocated from CCS</u>	<u>134</u>
							<u>Entertainment Expense</u>	<u>( )</u>
							<b>TOTAL</b>	<b>\$ 11,820</b>
							<b>(agree to Sch. V,</b>	
							<b>line 24, col. 8)</b>	
C. Professional Services				<b>TOTAL</b>		<b>\$</b>		
Vendor/Payee	Type		Amount					
<u>Frost, Ruttenberg, &amp; Rothblatt</u>	<u>Accounting</u>		<u>\$ 28,398</u>					
<u>CDW</u>	<u>Computer Services</u>		<u>5,372</u>					
<u>Emdeon</u>	<u>Computer Services</u>		<u>925</u>					
<u>Giftrap</u>	<u>Computer Services</u>		<u>7,981</u>					
<u>HDSI</u>	<u>Computer Services</u>		<u>7,934</u>					
<u>PSD Solutions</u>	<u>Computer Services</u>		<u>15,910</u>					
<u>Transworld Systems</u>	<u>Computer Services</u>		<u>750</u>					
<u>Documentation Solutions</u>	<u>Consulting Services</u>		<u>11,105</u>					
<u>Personnel Planners</u>	<u>Unemployment Consulting</u>		<u>5,359</u>					
<u>Legal</u>	<u>See Attached</u>		<u>52,670</u>					
<b>TOTAL (agree to Schedule V, line 19, column 3)</b>			<b>\$ 136,404</b>					
<b>(If total legal fees exceed \$5,000, attach copy of invoices.)</b>								

\* 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	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	<b>TOTALS</b>		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street# 0042093

Report Period Beginning:

01/01/09

Ending:

12/31/09**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 \$6,561
- (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. \$ 43,121 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.
- 
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 114,975  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 31,518 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14  
d. Have vehicle usage logs been maintained? N/A  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.