

Facility Name & ID Number The Renaissance at 87th Street

0042093 Report Period Beginning: 01/01/10 Ending: 12/31/10

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	4 Private Pay	Other	Total		
8	SNF			<u>12,306</u>	<u>12,306</u>		8
9	SNF/PED						9
10	ICF	<u>48,695</u>	<u>5,449</u>	<u>4,449</u>	<u>58,593</u>		10
11	ICF/DD						11
12	SC						12
13	DD 16 OR LESS						13
14	TOTALS	<u>48,695</u>	<u>5,449</u>	<u>16,755</u>	<u>70,899</u>		14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.50%

D. How many bed-hold days during this year were paid by the Department? _____ (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 11,336

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: 12/31/2010 Fiscal Year: 12/31/2010

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

Facility Name & ID Number The Renaissance at 87th Street # 0042093 Report Period Beginning: 01/01/10 Ending: 12/31/10

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	373,059	100,127	19,177	492,363		492,363		492,363		1
2	Food Purchase		376,873		376,873	(32,522)	344,352	(650)	343,701		2
3	Housekeeping		18,917	351,955	370,872		370,872		370,872		3
4	Laundry		31,838	156,636	188,474		188,474		188,474		4
5	Heat and Other Utilities			194,276	194,276		194,276	(7,482)	186,794		5
6	Maintenance	113,861	109,822	216,199	439,882		439,882	(3,104)	436,778		6
7	Other (specify):*										7
8	TOTAL General Services	486,920	637,577	938,243	2,062,740	(32,522)	2,030,219	(11,237)	2,018,982		8
	B. Health Care and Programs										
9	Medical Director			46,600	46,600		46,600		46,600		9
10	Nursing and Medical Records	4,619,033	911,163	43,631	5,573,827		5,573,827	26,704	5,600,531		10
10a	Therapy	173,231			173,231		173,231		173,231		10a
11	Activities	128,105	91,719	1,120	220,944		220,944	(31,565)	189,379		11
12	Social Services	238,167			238,167		238,167		238,167		12
13	CNA Training										13
14	Program Transportation			4,850	4,850		4,850		4,850		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,158,536	1,002,882	96,201	6,257,619		6,257,619	(4,861)	6,252,758		16
	C. General Administration										
17	Administrative	88,198		819,491	907,689		907,689	(790,169)	117,520		17
18	Directors Fees										18
19	Professional Services			190,826	190,826	(421)	190,405	7,329	197,734		19
20	Dues, Fees, Subscriptions & Promotions			150,508	150,508		150,508	(82,599)	67,909		20
21	Clerical & General Office Expenses	339,133	70,403	327,623	737,159		737,159	(110,792)	626,367		21
22	Employee Benefits & Payroll Taxes			1,116,249	1,116,249	32,522	1,148,771	(3,173)	1,145,598		22
23	Inservice Training & Education										23
24	Travel and Seminar			24,102	24,102		24,102	(2,266)	21,836		24
25	Other Admin. Staff Transportation			8,528	8,528		8,528	1,290	9,818		25
26	Insurance-Prop.Liab.Malpractice			534,611	534,611		534,611	11,645	546,256		26
27	Other (specify):*							40,779	40,779		27
28	TOTAL General Administration	427,331	70,403	3,171,938	3,669,672	32,101	3,701,773	(927,958)	2,773,815		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,072,787	1,710,862	4,206,382	11,990,031	(421)	11,989,610	(944,055)	11,045,555		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:

01/01/10

Ending:

12/31/10

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			88,652	88,652		88,652	263,010	351,662			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							482,887	482,887			32
33	Real Estate Taxes					421	421	456,877	457,298			33
34	Rent-Facility & Grounds			1,538,771	1,538,771		1,538,771	(1,538,473)	298			34
35	Rent-Equipment & Vehicles			12,167	12,167		12,167	4,058	16,225			35
36	Other (specify):*							46,364	46,364			36
37	TOTAL Ownership			1,639,590	1,639,590	421	1,640,011	(285,277)	1,354,734			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	12,269	88,949	1,003,611	1,104,829		1,104,829		1,104,829			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):*	5,011		293,852	298,863		298,863	(298,863)				43
44	TOTAL Special Cost Centers	17,280	88,949	1,412,438	1,518,667		1,518,667	(298,863)	1,219,804			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,090,067	1,799,811	7,258,410	15,148,288		15,148,288	(1,528,196)	13,620,092			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: 01/01/10

Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	COPE Dues	\$ (7,450)	20	1
2	Non-Allowable Management Fee	(156,000)	43	2
3	Quest Management Fee	(137,827)	43	3
4	Collections Salary	(59,416)	21	4
5	Jury Duty Income	(120)	10	5
6	Patient Needs	(22,659)	11	6
7	Patient Clothing	(8,906)	11	7
8	Bank Charges	(18,227)	21	8
9	Capitalized R&M	(20,845)	06	9
10	Additional R&M	11,957	06	10
11	Web Media	(25)	43	11
12	Annual Report	(429)	20	12
13	Non-Allowable Seminars	(2,597)	24	13
14	Non-Allowable Travel	(6)	25	14
15	Building Company Fees	(250)	20	15
16	Building Company Accounting Expense	(10,400)	19	16
17	Building Company Trust Fees	(1,600)	21	17
18	Building Company Amortization	(2,810)	31	18
19	Records Copies	(499)	10	19
20	Security Deposit Income	(40)	06	20
21	Employee Purchase Income	(64)	21	21
22	Supply Income	(42)	21	22
23	Dietary Rebate & Catering Reimbursement	(361)	02	23
24	Payrol Exchange	(128)	21	24
25	Id Badge Revenue	(50)	21	25
26	Non-Allowable Legal	(2,439)	19	26
27	Director of Guest Services Salary	(5,011)	43	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	(446,244)		49

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(9,872)	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	(68,324)	30		9
10	Interest and Other Investment Income	(52,410)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(289)	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	(72,160)	21		18
19	Entertainment	(887)	24		19
20	Contributions	(33,560)	20		20
21	Owner or Key-Man Insurance	(3,173)	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(132,000)	21		24
25	Fund Raising, Advertising and Promotional	(42,432)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(446,244)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (861,352)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(666,844)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (666,844)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,528,196)		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

BHF USE ONLY							
48		49		50		51	

SEE ACCOUNTANTS' COMPILATION REPORT

The Renaissance at 87th Street

ID# 0042093

Report Period Beginning: 01/01/10

Ending: 12/31/10

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:

01/01/10

Ending:

12/31/10**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	(650)											(650)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(9,872)		2,390									(7,482)	5
6	Maintenance	(8,928)		5,824									(3,104)	6
7	Other (specify):*													7
8	TOTAL General Services	(19,450)		8,213									(11,237)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(619)				27,323							26,704	10
10a	Therapy													10a
11	Activities	(31,565)											(31,565)	11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(32,184)				27,323							(4,861)	16
	C. General Administration													
17	Administrative			(597,946)	5,001	(50,483)		(146,741)					(790,169)	17
18	Directors Fees													18
19	Professional Services	(12,839)	10,400	9,275		30		463					7,329	19
20	Fees, Subscriptions & Promotions	(84,121)	250	1,242		30							(82,599)	20
21	Clerical & General Office Expenses	(283,687)	1,600	147,672		22,466		1,157					(110,792)	21
22	Employee Benefits & Payroll Taxes	(3,173)											(3,173)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(3,484)		1,063		155							(2,266)	24
25	Other Admin. Staff Transportation	(6)		1,082		214							1,290	25
26	Insurance-Prop.Liab.Malpractice		10,122	1,523									11,645	26
27	Other (specify):*			32,850	202	6,905		822					40,779	27
28	TOTAL General Administration	(387,310)	22,372	(403,241)	5,203	(20,683)		(144,299)					(927,958)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(438,944)	22,372	(395,027)	5,203	6,640		(144,299)					(944,055)	29

STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

01/01/10

Ending:

12/31/10

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

	Capital Expense	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)	
	D. Ownership													
30	Depreciation	(68,324)	323,889	7,312		133							263,010	30
31	Amortization of Pre-Op. & Org.	(2,810)	2,810											31
32	Interest	(52,410)	531,751	3,359		187							482,887	32
33	Real Estate Taxes		450,328	6,549									456,877	33
34	Rent-Facility & Grounds		(1,538,771)	298									(1,538,473)	34
35	Rent-Equipment & Vehicles			4,058									4,058	35
36	Other (specify):*		46,364										46,364	36
37	TOTAL Ownership	(123,544)	(183,629)	21,576		320							(285,277)	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):*	(298,863)											(298,863)	43
44	TOTAL Special Cost Centers	(298,863)											(298,863)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(861,352)	(161,257)	(373,451)	5,203	6,960		(144,299)					(1,528,196)	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		Building Co.

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 Rental Income	\$ 1,538,771	Renaissance at Beverly LP	100.00%	\$	\$ (1,538,771)	1
2	V	32 Interest	528	Renaissance at Beverly LP	100.00%	532,279	531,751	2
3	V	36 MIP Insurance		Renaissance at Beverly LP	100.00%	46,364	46,364	3
4	V	26 Insurance Expense		Renaissance at Beverly LP	100.00%	10,122	10,122	4
5	V	20 Fees		Renaissance at Beverly LP	100.00%	250	250	5
6	V	19 Accounting		Renaissance at Beverly LP	100.00%	10,400	10,400	6
7	V	21 Trust Fees		Renaissance at Beverly LP	100.00%	1,600	1,600	7
8	V	33 Real Estate Taxes		Renaissance at Beverly LP	100.00%	450,328	450,328	8
9	V	30 Depreciation		Renaissance at Beverly LP	100.00%	323,889	323,889	9
10	V	31 Amortization		Renaissance at Beverly LP	100.00%	2,810	2,810	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,539,299			\$ 1,378,042	\$ * (161,257)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:				
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)				
15	V	17 ADMIN. - R. HARTMAN		NUCARE SERVICES CORP.	100.00%	5,001	\$	5,001	15		
16	V								16		
17	V								17		
18	V								18		
19	V								19		
20	V	27 EMP. BEN. - R. HARTMAN		NUCARE SERVICES CORP.	100.00%	202		202	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		\$				\$	5,203	\$ *	5,203	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%	\$ 2,390	\$ 2,390
16	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	5,824	5,824
17	V	17 ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	15,062	15,062
18	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	9,275	9,275
19	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	1,242	1,242
20	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	147,672	147,672
21	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	1,063	1,063
22	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	1,082	1,082
23	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	1,523	1,523
24	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	32,850	32,850
25	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	7,312	7,312
26	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	3,359	3,359
27	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	6,549	6,549
28	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	298	298
29	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	4,058	4,058
30	V						
31	V	17 MANAGEMENT FEES	613,008				(613,008)
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 613,008			\$ 239,557	\$ * (373,451)

* 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%	\$ 27,323	\$	27,323	15
16	V	19 PROFESSIONAL FEES		CLINICAL CONSULTING SERVICES, LLC	100.00%	30		30	16
17	V	20 DUES, LICENSE & INSPECTION		CLINICAL CONSULTING SERVICES, LLC	100.00%	30		30	17
18	V	21 OFFICE WAGES		CLINICAL CONSULTING SERVICES, LLC	100.00%	19,961		19,961	18
19	V	21 OFFICE EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	2,505		2,505	19
20	V	24 CONTINUING EDUCATION / SEMINAR		CLINICAL CONSULTING SERVICES, LLC	100.00%	155		155	20
21	V	25 AUTO EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	214		214	21
22	V	27 PAYROLL TAXES		CLINICAL CONSULTING SERVICES, LLC	100.00%	3,252		3,252	22
23	V	27 OTHER EMPLOYEE BENEFITS		CLINICAL CONSULTING SERVICES, LLC	100.00%	3,653		3,653	23
24	V	30 DEPRECIATION		CLINICAL CONSULTING SERVICES, LLC	100.00%	133		133	24
25	V	32 INTEREST		CLINICAL CONSULTING SERVICES, LLC	100.00%	187		187	25
26	V								26
27	V	17 MANAGEMENT FEES	50,483					(50,483)	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		\$ 50,483			\$ 57,443	\$ *	6,960	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	\$ 111,929	Diamond Insurance	40.00%	\$ 111,929	\$	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		\$ 111,929			\$ 111,929	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	17 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				822		822	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V	17 MANAGEMENT FEES	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			\$ 11,701	\$ *	(144,299)	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	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: 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	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: 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	Total		\$			\$	\$ *	39

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

Facility Name & ID Number

The Renaissance at 87th Street

#

0042093

Report Period Beginning:

01/01/10

Ending:

12/31/10

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	Relative	Administrative	0.00%	See Attached	5.00	7.69%	Alloc. Salary	\$ 9,259	17-7	1
2	David Hartman	Relative	Administrative	0.00%	See Attached	0.74	1.85%				2
3	Robert Hartman	Relative	Administrative	0.00%	See Attached	1.25	2.50%	Alloc. Salary	5,001	17-7	3
4											4
5											5
6											6
7	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only amounts anticipated to be considered allowable by the										7
8	IL Dept. of HFS.										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 14,260		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:

01/01/10

Ending: 12/31/10

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:

01/01/10

Ending: 12/31/10

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	1,226,110	16	\$ 38,227	\$ 76,650	\$ 2,390	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	1,226,110	16	93,156	76,650	5,824	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	1,226,110	16	240,928	240,928	15,062	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,226,110	16	148,362	76,650	9,275	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,226,110	16	19,864	76,650	1,242	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	1,226,110	16	2,362,190	2,024,369	147,672	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,226,110	16	16,998	76,650	1,063	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	1,226,110	16	17,306	76,650	1,082	8
9	26	INSURANCE	AVAIL. CENSUS DAYS	1,226,110	16	24,362	76,650	1,523	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	1,226,110	16	525,475	76,650	32,850	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,226,110	16	116,967	76,650	7,312	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,226,110	16	53,729	76,650	3,359	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,226,110	16	104,761	76,650	6,549	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,226,110	16	4,765	76,650	298	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,226,110	16	64,914	76,650	4,058	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,832,004	\$ 2,265,297	\$ 239,557	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

0042093

Report Period Beginning:

01/01/10

Ending: 12/31/10

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	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED	20	16	80,000	1	5,001	1
2									2
3									3
4									4
5									5
6	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED	20	16	3,234	1	202	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					\$ 83,234	\$ 80,000	\$ 5,203	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

0042093

Report Period Beginning:

01/01/10

Ending: 12/31/10

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	1,226,110	16	\$ 437,066	\$ 437,066	76,650	27,323	1
2	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,226,110	16	484		76,650	30	2
3	20	DUES, LICENSE & INSPECTION	AVAIL. CENSUS DAYS	1,226,110	16	488		76,650	30	3
4	21	OFFICE WAGES	AVAIL. CENSUS DAYS	1,226,110	16	319,300	319,300	76,650	19,961	4
5	21	OFFICE EXPENSE	AVAIL. CENSUS DAYS	1,226,110	16	40,077		76,650	2,505	5
6	24	CONTINUING EDUCATION / SE	AVAIL. CENSUS DAYS	1,226,110	16	2,480		76,650	155	6
7	25	AUTO EXPENSE	AVAIL. CENSUS DAYS	1,226,110	16	3,430		76,650	214	7
8	27	PAYROLL TAXES	AVAIL. CENSUS DAYS	1,226,110	16	52,028		76,650	3,252	8
9	27	OTHER EMPLOYEE BENEFITS	AVAIL. CENSUS DAYS	1,226,110	16	58,440		76,650	3,653	9
10	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,226,110	16	2,132		76,650	133	10
11	32	INTEREST	AVAIL. CENSUS DAYS	1,226,110	16	2,985		76,650	187	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					\$ 918,910	\$ 756,366		\$ 57,443	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

0042093

Report Period Beginning:

01/01/10

Ending: 12/31/10

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		\$	\$		\$ 111,929	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				\$	\$		\$ 111,929	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

0042093

Report Period Beginning:

01/01/10

Ending: 12/31/10

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	8,881		5	822	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				\$ 126,378	\$ 112,497		\$ 11,701	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street

0042093

Report Period Beginning:

01/01/10

Ending: 12/31/10

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:

01/01/10

Ending: 12/31/10

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: 01/01/10 Ending: 12/31/10

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:

01/01/10

Ending: 12/31/10

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:

01/01/10

Ending:

12/31/10

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			
A. Directly Facility Related																			
Long-Term																			
1	Mortgage		X	Building			\$	\$ 9,236,486		\$ 532,279	1								
2											2								
3											3								
4											4								
5	See Supplemental Schedule										5								
Working Capital																			
6	Allocated From NuCare		X							3,359	6								
7	Allocated From CCS		X							187	7								
8	See Supplemental Schedule										8								
9	TOTAL Facility Related					\$	\$ 9,236,486			\$ 535,825	9								
B. Non-Facility Related*																			
10	Interest Income		X							(52,410)	10								
11	Interest Income- Bldg Co.		X							(528)	11								
12											12								
13	See Supplemental Schedule										13								
14	TOTAL Non-Facility Related					\$	\$			\$ (52,938)	14								
15	TOTALS (line 9+line14)					\$	\$ 9,236,486			\$ 482,887	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 46,364 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:

01/01/10

Ending:

12/31/10

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									7										
Working Capital																				
8										8										
9										9										
10										10										
11										11										
12										12										
13										13										
14	TOTAL Working Capital									14										
B. Non-Facility Related*																				
15										15										
16										16										
17										17										
18										18										
19										19										
20	TOTAL Non-Facility Related									20										

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

Facility Name & ID Number **The Renaissance at 87th Street**

0042093

Report Period Beginning: **01/01/10**

Ending:

12/31/10

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2009 report.		\$	344,963	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	394,495	2
3. Under or (over) accrual (line 2 minus line 1).		\$	49,532	3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	407,345	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	421	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	457,298	7

Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2005	313,652	8
	2006	333,544	9
	2007	325,273	10
	2008	328,537	11
	2009	387,946	12

2010 Accrual = \$387,946 X 1.05 = \$407,345			
Allocated From NuCare: \$6,549			

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2009	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

2009 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 2009 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 2009.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>19-36-322-011-0000</u>	<u>Long Term Care Property</u>	\$ <u>54,218.58</u>	\$ <u>54,218.58</u>
2. <u>19-36-322-012-0000</u>	<u>Long Term Care Property</u>	\$ <u>68,621.79</u>	\$ <u>68,621.79</u>
3. <u>19-36-322-013-0000</u>	<u>Long Term Care Property</u>	\$ <u>105,628.35</u>	\$ <u>105,628.35</u>
4. <u>19-36-322-014-0000</u>	<u>Long Term Care Property</u>	\$ <u>76,023.09</u>	\$ <u>76,023.09</u>
5. <u>19-36-322-015-0000</u>	<u>Long Term Care Property</u>	\$ <u>68,621.79</u>	\$ <u>68,621.79</u>
6. <u>19-36-322-016-0000</u>	<u>Long Term Care Property</u>	\$ <u>10,045.63</u>	\$ <u>10,045.63</u>
7. <u>19-36-322-017-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,473.46</u>	\$ <u>2,473.46</u>
8. <u>19-36-322-018-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,314.52</u>	\$ <u>2,314.52</u>
9. <u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>81,288.74</u>	\$ <u>4,573.57</u>
10. <u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>81,228.74</u>	\$ <u>253.90</u>
TOTALS		\$ <u>550,464.69</u>	\$ <u>392,774.68</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 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

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.**

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

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

XI. OWNERSHIP COSTS:

	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>Allocation From 7257 N. Lincoln</u>			<u>9,502</u>	<u>2</u>
3	TOTALS	51,162		\$ 153,115	3

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				\$	\$		\$	\$	\$
5									
6									
7									
8									
Improvement Type**									
9	Various		1999	89,068		20	4,434	4,434	50,639
10	Various		2000	45,130		20	1,174	1,174	12,314
11	Various		2001	42,797		20	2,140	2,140	20,071
12	Various		2002	12,014		20	858	858	7,461
13	Various		2003	20,012		20	1,207	1,207	9,141
14	Various		2004	29,945		20	2,912	2,912	19,430
15	Various		2005	20,479		20	1,591	1,591	12,357
16	Various		2006	135,109		20	18,618	18,618	83,991
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
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		9,124,261	263,641		242,894	(20,747)	2,725,716	67
68		180,904	5,665		7,251	1,586	30,620	68
69			42,993			(42,993)		69
70		\$ 9,699,719	\$ 312,299		\$ 283,079	\$ (29,220)	\$ 2,971,739	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:

01/01/10

Ending:

12/31/10

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		\$ 9,699,719	\$ 312,299		\$ 283,079	\$ (29,220)	\$ 2,971,739	1
2	Elevator Repairs	2007	6,126		20	613	613	1,940	2
3	Elevator Repairs	2008	9,702		20	485	485	1,172	3
4	Remodel 1St Floor Showers, Replace Tile In 1&2	2010	4,217		20	212	212	212	4
5	Bathroom Remodeling, Remove And Install New Tiles, Grout And	2010	3,902		20	390	390	390	5
6	Remodel Bathrooms-Painting, Flooring, Tiling, Baseboards	2010	6,593		20	174	174	174	6
7	Bathroom Remodeling, Replace Drywalls And Tiles In 204,205,211	2010	2,900		20	266	266	266	7
8	Install 48 Openings For Cable Tv, 24 Outlets For Tv, Run Rg 6 Fo	2010	2,880		20	240	240	240	8
9	Konecto Plank Flooring	2010	3,664		20	217	217	217	9
10	Bathroom Remodeling 101, 104, 111, 120, 129, Remove/Replace D	2010	2,900		20	242	242	242	10
11	Paint Hallway Walls, 2 Coats, 2 Tones	2010	3,800		20	317	317	317	11
12	Roof Repair	2010	4,375		20	365	365	365	12
13	Install 1 Carrier Chiller, Air Cooled Rotary Scroll Chiller	2010	73,799		20	615	615	615	13
14	Chi. Code Modification, Insulate Supply And Return Line, New Fl	2010	12,092		20	806	806	806	14
15	Bathroom Remodeling 103, 105, 110, 122, 123, Remove/Replace D	2010	2,900		20	218	218	218	15
16	Staff Dining Rooms & Hallway- Patch, Sand, Repaint, Remove An	2010	3,150		20	236	236	236	16
17	1St Flr Resident Rooms-Furnish And Install 18 Upholstered Corn	2010	24,660		20	2,466	2,466	2,466	17
18	Remove Old Retaining Wall In Front Of Facility And Build A New	2010	6,800		20	510	510	510	18
19	Reimburse Bronzevill For 87Th Invoices Paid., 24 Fluorescent Lig	2010	3,520		20	264	264	264	19
20	Recover Rear Patio Canopy Using Old Frame With Ferrari Fabric	2010	8,279		20	621	621	621	20
21	Flr 1 Dining Rm- Remove Desk, New Kitchen Cabinet Doors Touc	2010	19,500		20	1,300	1,300	1,300	21
22	Furnish And Install Interior And Exterior Sliding Doors	2010	8,479		20	495	495	495	22
23	30 Yds Wallcovering Field, 60 Yds Accent Wallcovering	2010	2,535		20	148	148	148	23
24	Replace Defective Parts Of Walk-In Freezer In Kitchen Office, La	2010	3,408		20	170	170	170	24
25	Install 2, Washer/Condensor, New Air Vent, New Control On Pum	2010	3,298		20	165	165	165	25
26	Painting Of 3Rd Floor Patient Rooms And Bathrooms W/ 2 Coats	2010	19,253		20	802	802	802	26
27	Furnish 7 Cameras, 6 1/3 Sony Super Had Ccd, 1 Sony Had Ir Aut	2010	5,530		20	1,106	1,106	1,106	27
28	Remove Existing Ceiling Tile And Furnish And Install New Ceilin	2010	12,535		20	627	627	627	28
29	Paint Patient Rooms Floor 2	2010	19,253		20	481	481	481	29
30	Electrical Work In 10 Rooms	2010	3,480		20	87	87	87	30
31	Installation Of Wood Trims	2010	5,230		20	17	17	17	31
32	Painting Patient Rooms On 1St Floor	2010	18,120		20	302	302	302	32
33	High Output High Head Pump	2010	3,600		20	240	240	240	33
34	TOTAL (lines 1 thru 33)		\$ 10,010,198	\$ 312,299		\$ 298,274	\$ (14,025)	\$ 2,988,949	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:

01/01/10

Ending:

12/31/10

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		\$ 10,010,198	\$ 312,299		\$ 298,274	\$ (14,025)	\$ 2,988,949	1
2	Water Tank Expansion	2010	2,502		20	83	83	83	2
3	Walk In Cooler Repairs	2010	2,840		20	142	142	142	3
4	Painting	2010	2,640		20	132	132	132	4
5	Repairs To Patio- Cracks In Concrete	2010	4,700		20	235	235	235	5
6	Electrical Work	2010	3,440		20	172	172	172	6
7	Asphalt Repair	2010	7,225		20	361	361	361	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)		\$ 10,033,545	\$ 312,299		\$ 299,400	\$ (12,899)	\$ 2,990,075	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:

01/01/10

Ending:

12/31/10

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		\$ 10,033,545	\$ 312,299		\$ 299,400	\$ (12,899)	\$ 2,990,075	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)	\$ 10,033,545	\$ 312,299		\$ 299,400	\$ (12,899)	\$ 2,990,075	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		\$ 10,033,545	\$ 312,299		\$ 299,400	\$ (12,899)	\$ 2,990,075	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)	\$ 10,033,545	\$ 312,299		\$ 299,400	\$ (12,899)	\$ 2,990,075	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:

01/01/10

Ending:

12/31/10

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	Building Company Information								1
2	Buildings:								2
3		1999	8,932,245	229,631	39	223,306	(6,325)	2,609,512	3
4		1999	4,436						4
5		1999	(204,169)						5
6									6
7									7
8	Leasehold Improvements:								8
9	Carpeting	2004	2,093		20	105	105	1,506	9
10	Various	2005	96,496		20	4,825	4,825	54,078	10
11	Built In Kitchen Unit/Cabinet/Table Legs And Sink	2007	10,200		20	510	510	2,890	11
12	3Rd Floor Replace Built-In Tv	2007	2,700		20	135	135	743	12
13	2Nd Floor Replace Built-In Tv	2007	2,700		20	135	135	743	13
14	Replace Built-In Cabinets And Credenza Unit	2007	9,800		20	490	490	2,695	14
15	2Nd Floor - Sink	2007	4,800		20	240	240	1,320	15
16	3Rd Floor - Assisted Bathing Area	2007	5,200		20	260	260	1,430	16
17	90 Yds Luminous Sage - Wall Covering	2007	1,688		20	84	84	815	17
18	150 Yds Tranquility Dandelion - Wall Covering	2007	2,546		20	127	127	1,188	18
19	2Nd Floor Dinning Room - Electrical	2007	3,500		20	175	175	963	19
20	3Rd Floor Dinning Room - Electrical	2007	3,500		20	175	175	963	20
21	2 New Wall Outlets - Wall Hungs Tvs	2007	1,500		20	75	75	413	21
22	Basement Corridor	2007	2,750		20	138	138	757	22
23	Cove Base	2007	9,495		20	475	475	2,533	23
24	120 Rigid Vinyl Guards	2007	1,343		20	67	67	358	24
25	20Pcs Surface Mounted Corner Guards	2007	1,168		20	58	58	311	25
26	Demolish Wall And Dispose Debris	2007	8,000		20	400	400	2,133	26
27	Vet Floor	2007	9,150		20	458	458	2,441	27
28	1 Beam Above Door	2007	8,300		20	415	415	2,213	28
29	Kitchen Cabinets	2007	880		20	44	44	220	29
30	Lobby/Large Main Office - Carpeting	2007	8,578		20	429	429	2,798	30
31	Door Upgrades & R&M	2007	4,301		20	215	215	1,183	31
32	Replace Ejector Pumps For Flood Control System	2007	3,700		20	185	185	894	32
33	Cabinets	2007	10,320		20	516	516	2,752	33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at 87th Street

0042093

Report Period Beginning:

01/01/10

Ending:

12/31/10

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	Building Company Information Continued		\$	\$		\$	\$	\$	1
2	2Nd Floor - 34 Patients Rooms - Painting & Bumper Guards	2007	23,282		20	1,164	1,164	6,014	2
3	Vet Tiles For Bathroom	2008	4,656		20	233	233	699	3
4	Upholstered Cornice And Roller Shades; Remove Existing Windo	2008	8,647		20	432	432	1,297	4
5	Material & Labor For Power Supply & Switch For Airconditiong	2008	5,726		20	286	286	859	5
6	Installation: Sprinkler, Ddc Valve, Expansion Tank & Anitfreeze	2008	7,665		20	383	383	1,150	6
7	Commerical Wood Door	2008	1,943		20	97	97	291	7
8	Painted Walls	2008	3,500		20	175	175	525	8
9	Commerical Wood Door	2008	1,772		20	89	89	266	9
10	Replacement Motor & Compressor And Refrigerant Of Freezer	2008	5,368		20	268	268	805	10
11	Telephone System Tadrian	2008	23,739		20	1,187	1,187	3,561	11
12	Motor Conversion	2008	2,965		20	148	148	445	12
13	Tadiran Ip X 500 Tel. System	2008	23,913		20	1,196	1,196	3,587	13
14	Remove Molded Drywall/Install New Mold Resistant Drywall In H	2008	850		20	43	43	128	14
15	130 Ft Of Sdr35 Drain Tile	2008	8,910		20	446	446	1,337	15
16	Painting And Touch Ups Plus Supplies	2008	1,645		20	82	82	247	16
17	Asphalt Repair Work Sealing And Striping	2008	7,600		20	380	380	1,140	17
18	Prime And Paint Outside Railings, Repair Walls, Paint Payroll Of	2008	3,220		20	161	161	483	18
19	Painting Lower Level Conf Rm; Walls And Wallboard	2008	1,190		20	60	60	179	19
20	Painting - 2Nd Floor Doorframes And Dining Room	2008	2,970		20	149	149	446	20
21	Repair Walls And Paint Activity Office On 2Nd Floor	2008	1,260		20	63	63	189	21
22	Plaster, Prime, And Paint 3Rd Floor Dining Rm Walls, Window S	2008	10,600		20	530	530	1,590	22
23	Paint Basement Offices Including Removal Of Borders, Plastering	2008	1,280		20	64	64	192	23
24	Part & Labor to repair Fire Sprinkler System	2009	4,224		20	211	211	422	24
25	Core Glosswhite Tile	2009	2,753		20	138	138	276	25
26	Paint & Remodeling of 7 Shower Rooms	2009	17,363		20	868	868	1,736	26
27									27
28	Depreciation			34,010			(34,010)		28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (12F & 12G lines 1 thru 33)		\$ 9,124,261	\$ 263,641		\$ 242,894	\$ (20,747)	\$ 2,725,716	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	Related Party Information		\$	\$		\$	\$		1
2	Buildings:								2
3	Allocated from 7257 N. Lincoln Ave.	2004	81,019	2,077	35	2,315	238	16,493	3
4	Allocated from Clinical Consulting Services	2004	4,501	115	35	129	14	916	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from 7257 N. Lincoln Ave.	2005	7,386	322	20	477	155	2,531	9
10	Allocated from 7257 N. Lincoln Ave.	2004	1,610		20	81	81	523	10
11									11
12	Allocated from Clinical Consulting Services	2005	410	18	20	26	8	141	12
13	Allocated from Clinical Consulting Services	2004	89		20	4	4	29	13
14									14
15	Allocated from NuCare Services	2003	732	27	20	37	10	261	15
16	Allocated from NuCare Services	2004	14,866	542	20	744	202	4,994	16
17	Allocated from NuCare Services	2005	881	32	20	44	12	258	17
18	Allocated from NuCare Services	2006	1,195	44	20	60	16	261	18
19	Allocated from NuCare Services	2008	1,260	46	20	63	17	142	19
20	Allocated from NuCare Services	2009	63,838	2,328	20	3,192	864	3,992	20
21	Allocated from NuCare Services	2010	3,117	114	20	79	(35)	79	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)		\$ 180,904	\$ 5,665		\$ 7,251	\$ 1,586	\$ 30,620	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:

01/01/10

Ending:

12/31/10

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	\$ 1,541,424	\$ 83,246	\$ 31,113	\$ (52,133)	10	\$ 251,940	71
72	Current Year Purchases	190,848	24,421	20,836	(3,585)	10	20,836	72
73	Fully Depreciated Assets	244,185		267	267	10	244,185	73
74								74
75	TOTALS	\$ 1,976,457	\$ 107,667	\$ 52,216	\$ (55,451)		\$ 516,961	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		Allocated From NuCare	2010	\$ 554	\$ 20	\$ 46	\$ 26	5	\$ 46	76
77										77
78										78
79										79
80	TOTALS			\$ 554	\$ 20	\$ 46	\$ 26		\$ 46	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 12,163,671	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 419,986	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 351,662	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (68,324)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,507,082	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>Allocated From NuCare (Parking Lot)</u>				<u>298</u>			6
7	TOTAL				\$ <u>298</u>			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: \$ 16,225 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. _____ /2011 \$ _____

13. _____ /2012 \$ _____

14. _____ /2013 \$ _____

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
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	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units of Service			Units	Cost									
1	Licensed Occupational Therapist	39 - 03	hrs					\$ 361,406							\$ 361,406	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					184,678							184,678	2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	39 - 03	hrs					446,049							446,049	4
5	Physician Care		visits													5
6	Dental Care		visits													6
7	Work Related Program		hrs													7
8	Habilitation		hrs													8
9	Pharmacy		# of prescripts													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>				12,269			11,478		88,949					112,696	13
14	TOTAL				\$ 12,269			\$ 1,003,611		\$ 88,949					\$ 1,104,829	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: 01/01/10Ending: 12/31/10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(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	\$ 279,215	1
2	Cash-Patient Deposits	14,355	14,355	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	3,780,646	4,729,702	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	132,205	143,887	6
7	Other Prepaid Expenses	409,250	409,250	7
8	Accounts Receivable (owners or related parties)	2,128,361	2,132,849	8
9	Other(specify): <u>See Attached Schedule</u>	7,068	216,967	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,473,385	\$ 7,926,225	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	656,245	964,711	15
16	Equipment, at Historical Cost	710,949	2,004,001	16
17	Accumulated Depreciation (book methods)	(798,862)	(4,642,653)	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>	873	564,268	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 569,205	\$ 7,795,694	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,042,590	\$ 15,721,919	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,586,279	\$ 1,586,278	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	7,060	7,060	28
29	Short-Term Notes Payable		83,857	29
30	Accrued Salaries Payable	502,561	502,561	30
31	Accrued Taxes Payable (excluding real estate taxes)	45,921	45,921	31
32	Accrued Real Estate Taxes(Sch.IX-B)		407,345	32
33	Accrued Interest Payable		44,181	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	107,670	107,670	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,249,491	\$ 2,784,873	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable		(83,857)	39
40	Mortgage Payable		9,236,486	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)	\$	\$ 9,152,629	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,249,491	\$ 11,937,502	46
47	TOTAL EQUITY(page 18, line 24)	\$ 4,793,099	\$ 3,784,417	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,042,590	\$ 15,721,919	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,851,018	1
2	Restatements (describe):		2
3	Rounding Adjustment	(1)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 4,851,017	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(57,918)	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)	\$ (57,918)	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)	\$ 4,793,099	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: 01/01/10Ending: 12/31/10

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	\$ 12,451,966	1
2	Discounts and Allowances for all Levels	(1,346,618)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,105,348	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,385,567	6
7	Oxygen	12,343	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,397,910	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	1,219,284	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	100,834	19
20	Radiology and X-Ray	43,818	20
21	Other Medical Services	169,235	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,533,171	23
D. Non-Operating Revenue			
24	Contributions	228	24
25	Interest and Other Investment Income***	52,410	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 52,638	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	1,303	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,303	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,090,370	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,062,740	31
32	Health Care	6,257,619	32
33	General Administration	3,669,672	33
B. Capital Expense			
34	Ownership	1,639,590	34
C. Ancillary Expense			
35	Special Cost Centers	1,403,692	35
36	Provider Participation Fee	114,975	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,148,288	40
41	Income before Income Taxes (line 30 minus line 40)**	(57,918)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (57,918)	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:

01/01/10

Ending:

12/31/10

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	4,029	4,286	\$ 206,364	\$ 48.15	1
2	Assistant Director of Nursing	2,029	2,188	85,956	39.29	2
3	Registered Nurses	35,861	38,340	1,138,478	29.69	3
4	Licensed Practical Nurses	50,741	54,452	1,408,602	25.87	4
5	CNAs & Orderlies	135,316	146,359	1,721,556	11.76	5
6	CNA Trainees					6
7	Licensed Therapist	165	165	12,269	74.36	7
8	Rehab/Therapy Aides	15,955	16,967	173,231	10.21	8
9	Activity Director					9
10	Activity Assistants	11,812	12,927	128,105	9.91	10
11	Social Service Workers	10,290	11,269	238,167	21.13	11
12	Dietician	3,817	4,123	82,386	19.98	12
13	Food Service Supervisor					13
14	Head Cook	4,217	4,883	70,035	14.34	14
15	Cook Helpers/Assistants	21,026	23,052	220,638	9.57	15
16	Dishwashers					16
17	Maintenance Workers	4,464	4,761	113,861	23.92	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,389	1,438	73,316	50.98	20
21	Assistant Administrator					21
22	Other Administrative	282	292	14,882	50.97	22
23	Office Manager	958	1,043	38,788	37.19	23
24	Clerical	13,885	15,167	300,345	19.80	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	1,100	1,191	30,851	25.90	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	2,489	2,489	32,237	12.95	33
34	TOTAL (lines 1 - 33)	319,825	345,392	\$ 6,090,067 *	\$ 17.63	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 19,177	01-03	35
36	Medical Director	Monthly	46,600	09-03	36
37	Medical Records Consultant	7	420	10-03	37
38	Nurse Consultant	330	6,529	10-03	38
39	Pharmacist Consultant	Monthly	10,682	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	20	1,120	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Medical Consultant	Monthly	26,000	10-03	47
48					48
49	TOTAL (lines 35 - 48)	357	\$ 110,528		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	
Daniel Johnson	Administrator	0.00%	\$ 64,238	Workers' Compensation Insurance	\$ 111,929	IDPH License Fee	\$ 995	
Kathleen Brander	Dir. Reg. Mgmt.	0.00%	836	Unemployment Compensation Insurance	134,324	Advertising: Employee Recruitment	32,386	
Marilyn Flaherty	VP of MC Reim	0.00%	14,046	FICA Taxes	438,026	Health Care Worker Background Check		
Jacqueline Macenas	Administrator	0.00%	9,078	Employee Health Insurance	275,397	(Indicate # of checks performed <u>1341</u>)	16,209	
				Employee Meals	32,522	Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Dues	11,315	
				Chicago Head Tax	9,332	Subscriptions	900	
				Other Employee Benefits	96,580	Licenses	4,832	
				Dental Insurance	8,281	Advertising & Promotions	42,432	
				Pension Expense	39,207	See Supplemental Schedule	1,272	
						Less: Public Relations Expense	()	
						Non-allowable advertising	(42,432)	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 88,198	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,145,598	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 67,909	
(List each licensed administrator separately.)								
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
Administrative Fees- NuCare			\$ 613,008				Out-of-State Travel	\$
Administrative Fees- CCS			50,483					
Administrative Fees- JLR Management			156,000				In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 819,491				Seminar Expense	20,618
(Attach a copy of any management service agreement)							Allocated From NuCare	1,063
							Allocated From CCS	155
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
				TOTAL		\$	TOTAL	\$ 21,836

* 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								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th Street# 0042093Report Period Beginning: 01/01/10Ending: 12/31/10**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. IL Council on LTC \$17,775
- (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. \$ 42,485 Line 10-02
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 114,975
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 32,522 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
- (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.