



Facility Name & ID Number The Renaissance at 87th St

# 0042093 Report Period Beginning: 01/01/13 Ending: 12/31/13

III. STATISTICAL DATA

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

N/A

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF			<u>18,080</u>	<u>18,080</u>	8
9	SNF/PED					9
10	ICF	<u>39,737</u>	<u>3,497</u>	<u>5,961</u>	<u>49,195</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>39,737</u>	<u>3,497</u>	<u>24,041</u>	<u>67,275</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.77%

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

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES  NO

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

YES  NO

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

Date started 07/01/1999

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

YES  Date New Construction NO

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

YES  NO  If YES, enter number of beds certified 210 and days of care provided 12,693

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2013 Fiscal Year: 12/31/2013

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

The Renaissance at 87th St

# 0042093

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	345,134	73,716	17,772	436,622		436,622		436,622		1
2	Food Purchase		310,343		310,343	(28,105)	282,238	(161)	282,077		2
3	Housekeeping		6,912	363,574	370,486		370,486		370,486		3
4	Laundry		55,237	161,149	216,386		216,386		216,386		4
5	Heat and Other Utilities			202,323	202,323		202,323	(5,029)	197,294		5
6	Maintenance	101,716	53,887	131,256	286,859		286,859	11,535	298,394		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>446,850</b>	<b>500,095</b>	<b>876,074</b>	<b>1,823,019</b>	<b>(28,105)</b>	<b>1,794,914</b>	<b>6,345</b>	<b>1,801,259</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			27,000	27,000		27,000		27,000		9
10	Nursing and Medical Records	4,524,242	553,577	96,791	5,174,610		5,174,610	(15,101)	5,159,509		10
10a	Therapy	156,636	16,096		172,732		172,732		172,732		10a
11	Activities	185,828	27,138		212,966		212,966	882	213,848		11
12	Social Services	216,396			216,396		216,396		216,396		12
13	CNA Training										13
14	Program Transportation			3,612	3,612		3,612		3,612		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>5,083,102</b>	<b>596,811</b>	<b>127,403</b>	<b>5,807,316</b>		<b>5,807,316</b>	<b>(14,219)</b>	<b>5,793,097</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	142,682		1,084,039	1,226,721		1,226,721	(1,035,060)	191,661		17
18	Directors Fees										18
19	Professional Services			210,044	210,044	(23,393)	186,651	(27,340)	159,311		19
20	Dues, Fees, Subscriptions & Promotions			130,089	130,089		130,089	(90,784)	39,305		20
21	Clerical & General Office Expenses	320,678	51,509	817,189	1,189,376		1,189,376	(500,814)	688,562		21
22	Employee Benefits & Payroll Taxes			1,289,350	1,289,350	28,105	1,317,455		1,317,455		22
23	Inservice Training & Education										23
24	Travel and Seminar			12,352	12,352		12,352	(461)	11,891		24
25	Other Admin. Staff Transportation			902	902		902	1,799	2,701		25
26	Insurance-Prop.Liab.Malpractice			768,410	768,410		768,410	12,165	780,575		26
27	Other (specify):*							46,935	46,935		27
28	<b>TOTAL General Administration</b>	<b>463,360</b>	<b>51,509</b>	<b>4,312,375</b>	<b>4,827,244</b>	<b>4,712</b>	<b>4,831,956</b>	<b>(1,593,562)</b>	<b>3,238,394</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>5,993,312</b>	<b>1,148,415</b>	<b>5,315,852</b>	<b>12,457,579</b>	<b>(23,393)</b>	<b>12,434,186</b>	<b>(1,601,436)</b>	<b>10,832,751</b>		<b>29</b>

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number

The Renaissance at 87th St

#0042093

Report Period Beginning:

01/01/13

Ending:

12/31/13

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			153,201	153,201		153,201	396,629	549,830			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			142,313	142,313		142,313	285,927	428,240			32
33	Real Estate Taxes					23,393	23,393	497,763	521,156			33
34	Rent-Facility & Grounds			1,038,241	1,038,241		1,038,241	(1,032,527)	5,714			34
35	Rent-Equipment & Vehicles			37,489	37,489		37,489	5,516	43,005			35
36	Other (specify):*							56,517	56,517			36
37	<b>TOTAL Ownership</b>			1,371,244	1,371,244	23,393	1,394,637	209,825	1,604,462			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		785,835	2,195,089	2,980,924		2,980,924	(10,285)	2,970,639			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			445,110	445,110		445,110		445,110			42
43	Other (specify):*	185,035			185,035		185,035	(185,035)	0			43
44	<b>TOTAL Special Cost Centers</b>	185,035	785,835	2,640,199	3,611,069		3,611,069	(195,320)	3,415,749			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,178,347	1,934,250	9,327,295	17,439,892		17,439,892	(1,586,930)	15,852,962			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th St

# 0042093

Report Period Beginning:

01/01/13

Ending:

12/31/13

**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	(7,393)	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	50,923	30		9
10	Interest and Other Investment Income	(30,022)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(161)	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	(73,440)	21		18
19	Entertainment	(1,407)	24		19
20	Contributions	(32,750)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(558,420)	21		24
25	Fund Raising, Advertising and Promotional	(50,102)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(2,514)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(717,715)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (1,423,001)		\$	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)	(163,929)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (163,929)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (1,586,930)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

The Renaissance at 87th StID# 0042093Report Period Beginning: 01/01/13Ending: 12/31/13

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Patient Needs	\$ (17,184)	10	1
2	Patient Clothing	(3,357)	10	2
3	Bank Charges	(17,766)	21	3
4	Sequestration Fee	(69,595)	21	4
5	Guest Relations Salary	(53,558)	43	5
6	Jury Duty Income	(138)	10	6
7	Copies Record	(244)	10	7
8	USL Legal Support	(26)	21	8
9	Additional R&M	5,042	06	9
10	Collections	(6,758)	21	10
11	Building Company - Fees	(100)	20	11
12	Building Company - Accounting Fees	(10,115)	19	12
13	Building Company - Prepayment Penalty	(271,456)	21	13
14	Building Company - Amortization	(96,448)	36	14
15	COPE Dues	(9,462)	20	15
16	Marketing Salary	(131,477)	43	16
17	Non-Allowable Legal	(35,075)	19	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	<b>Total</b>	(717,715)	49

The Renaissance at 87th St

ID# 0042093

Report Period Beginning: 01/01/13

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
50		\$		1
51				2
52				3
53				4
54				5
55				6
56				7
57				8
58				9
59				10
60				11
61				12
62				13
63				14
64				15
65				16
66				17
67				18
68				19
69				20
70				21
71				22
72				23
73				24
74				25
75				26
76				27
77				28
78				29
79				30
80				31
81				32

82				33
83				34
84				35
85				36
86				37
87				38
88				39
89				40
90				41
91				42
92				43
93				44
94				45
95				46
96				47
97				48
98	<b>Total</b>		0	49

## STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

01/01/13

Ending:

12/31/13

## 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	(161)											(161)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(7,393)		2,364									(5,029)	5
6	Maintenance	5,042		6,493									11,535	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(2,512)</b>		<b>8,857</b>									<b>6,345</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(20,923)		5,822									(15,101)	10
10a	Therapy													10a
11	Activities			882									882	11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(20,923)</b>		<b>6,704</b>									<b>(14,219)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(1,047,560)				12,500					(1,035,060)	17
18	Directors Fees													18
19	Professional Services	(45,190)	10,115	7,109				625					(27,340)	19
20	Fees, Subscriptions & Promotions	(92,414)	100	1,530									(90,784)	20
21	Clerical & General Office Expenses	(999,975)	271,456	222,292				5,412					(500,814)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(1,407)		946									(461)	24
25	Other Admin. Staff Transportation			1,799									1,799	25
26	Insurance-Prop.Liab.Malpractice		10,597	1,568									12,165	26
27	Other (specify):*			45,393				1,542					46,935	27
28	<b>TOTAL General Administration</b>	<b>(1,138,985)</b>	<b>292,268</b>	<b>(766,924)</b>				<b>20,079</b>					<b>(1,593,562)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(1,162,420)</b>	<b>292,268</b>	<b>(751,362)</b>				<b>20,079</b>					<b>(1,601,436)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

01/01/13

Ending:

12/31/13

## 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)	
	<b>D. Ownership</b>													
30	Depreciation	50,923	332,622	13,084									396,629	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(30,022)	314,313	1,636									285,927	32
33	Real Estate Taxes		491,895	5,868									497,763	33
34	Rent-Facility & Grounds		(1,032,951)	424									(1,032,527)	34
35	Rent-Equipment & Vehicles			5,516									5,516	35
36	Other (specify):*	(96,448)	152,965										56,517	36
37	<b>TOTAL Ownership</b>	<b>(75,547)</b>	<b>258,844</b>	<b>26,528</b>									<b>209,825</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(5,891)		(3,945)	(449)			(10,285)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(185,035)											(185,035)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(185,035)</b>					<b>(5,891)</b>		<b>(3,945)</b>	<b>(449)</b>			<b>(195,320)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(1,423,001)	551,112	(724,835)			(5,891)	20,079	(3,945)	(449)			(1,586,930)	45

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent	\$ 1,032,951	Renaissance at Beverly LP		\$	\$ (1,032,951)	1
2	V	32 Interest Income	189	Renaissance at Beverly LP		314,502	314,313	2
3	V	36 MIP Expense		Renaissance at Beverly LP		56,517	56,517	3
4	V	26 Insurance Expense		Renaissance at Beverly LP		10,597	10,597	4
5	V	20 Fees		Renaissance at Beverly LP		100	100	5
6	V	19 Accounting Fees		Renaissance at Beverly LP		10,115	10,115	6
7	V	21 Prepayment Penalty		Renaissance at Beverly LP		271,456	271,456	7
8	V	33 Real Estate Taxes		Renaissance at Beverly LP		491,895	491,895	8
9	V	30 Depreciation		Renaissance at Beverly LP		332,622	332,622	9
10	V	36 Amortization		Renaissance at Beverly LP		96,448	96,448	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,033,140			\$ 1,584,252	\$ * 551,112	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 2,364	\$ 2,364
16	V	6 MAINTENANCE SALARIES		NUCARE SERVICES CORP.	100.00%	802	802
17	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	5,691	5,691
18	V	10 CLINICAL SALARIES		NUCARE SERVICES CORP.	100.00%	5,822	5,822
19	V	11 ACTIVITY SALARIES		NUCARE SERVICES CORP.	100.00%	882	882
20	V	17 ADMINISTRATIVE SALARIES - NON-OWNER		NUCARE SERVICES CORP.	100.00%	36,479	36,479
21	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	7,109	7,109
22	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	1,530	1,530
23	V	21 CLERICAL & GENERAL SALARIES		NUCARE SERVICES CORP.	100.00%	199,513	199,513
24	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	22,779	22,779
25	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	946	946
26	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	1,799	1,799
27	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	1,568	1,568
28	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	45,393	45,393
29	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	13,084	13,084
30	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	1,636	1,636
31	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	5,868	5,868
32	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	424	424
33	V	35 AUTO LEASE		NUCARE SERVICES CORP.	100.00%	3,397	3,397
34	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	2,119	2,119
35	V						
36	V	17 BOOKKEEPING FEES	1,084,039	NUCARE SERVICES CORP.	100.00%		(1,084,039)
37	V						
38	V						
39	Total		\$ 1,084,039			\$ 359,204	\$ * (724,835)

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22 WORKERS COMPENSATION	\$ 56,032	DIAMOND INSURANCE	100.00%	\$ 56,032	\$	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		\$ 56,032			\$ 56,032	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22 WORKERS COMPENSATION	\$ 141,207	MAPLE LEAF INSURANCE	100.00%	\$ 141,207	\$	15
16	V	26 LIABILITY INSURANCE	319,418	MAPLE LEAF INSURANCE	100.00%	319,418		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		\$ 460,625			\$ 460,625	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 AMBULANCE	\$ 33,701	LIFELINE AMBULANCE	100.00%	\$ 27,810	\$ (5,891)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 33,701			\$ 27,810	\$ * (5,891)

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	17 J. RAJCHENBACH-COMP.	\$	JLR FINANCIAL SERVICES CORP.	100.00%	\$ 12,500	\$	12,500	15
16	V	19 PROFESSIONAL FEES		JLR FINANCIAL SERVICES CORP.	100.00%	625		625	16
17	V	21 OFFICE		JLR FINANCIAL SERVICES CORP.	100.00%	5,412		5,412	17
18	V	27 EMPLOYEE BENEFITS		JLR FINANCIAL SERVICES CORP.	100.00%	1,542		1,542	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		\$			\$ 20,079	\$ *	20,079	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 DME AND MEDICAL SUPPLIES	\$ 89,951	INTEGRA HEALTHCARE EQUIPMENT	100.00%	\$ 86,006	\$ (3,945)	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		\$ 89,951			\$ 86,006	\$ * (3,945)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 RESPIRATORY SERVICES	\$ 2,235	INTEGRA RESPIRATORY SERVICES	100.00%	\$ 1,786	\$ (449)	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		\$ 2,235			\$ 1,786	\$ *	(449) 39

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	ABRAHAM J. STERN	4.9000%	CALIFORNIA GARDENS CORP.	CHICAGO	RENAISSANCE AT BEVERLY LP		BUILDING CO.	1
2	MARSHALL A. MAUER	6.2500%	CHEVY CHASE CORP. D/B/A BRONZEVILLE PARK NURSING & REI	CHICAGO	MAPLE LEAF INSURANCE	GRAND CAYMAN	LIABILITY INSURANCE	2
3	MAURICE I. AARON	4.2500%	CLAREMONT EXTENDED HEALTHCARE, L.L.C.	BUFFALO GROVE	KFT SERVICES LLC	LINCOLNWOOD	MANAGEMENT CO.	3
4	ORA AARON	2.0000%	CLARIDGE IMPERIAL, LTD.	CHICAGO	DRAKE LOUIS ENTERPRISE	LINCOLNWOOD	MANAGEMENT CO.	4
5	ORIOLE TRUST	4.9500%	JACKSON CORP.	CHICAGO	JLR FINANCIAL SERVICES CO	LINCOLNWOOD	MANAGEMENT CO.	5
6	RAJCHENBACH FAMILY TRUST	25.0000%	MONROE CORP.	CHICAGO	SEASONS HOSPICE	PARK RIDGE	HOSPICE	6
7	ROBERT HARTMAN FAMILY TRUST	20.0500%	RENAISSANCE EAST	MESA, ARIZONA	7257 N. LINCOLN AVENUE, LLC	LINCOLNWOOD	BUILDING RENTAL	7
8	SUSAN L. STERN	4.9000%	RENAISSANCE VILLAGE AL	MESA, ARIZONA	NUCARE SERVICES	LINCOLNWOOD	BOOKKEEPING	8
9	MARK HOLLANDER DISCRETIONARY TRUST	8.3333%	RENAISSANCE VILLAGE IL	MESA, ARIZONA	DIAMOND INSURANCE	NORTHBROOK	WORKERS COMP INS.	9
10	SHARON HOLLANDER DISCRETIONARY TRUST	8.3333%	RENAISSANCE WEST	MESA, ARIZONA	INTEGRA HEALTHCARE EQUI	ELMHURST	DME & MEDICAL SUPPLIES	10
11	FEIGE C. KNOBEL DISCRETIONARY TRUST	8.3334%	RENAISSANCE PARK SOUTH LLC	CHICAGO	LIFELINE AMBULANCE, LLC	CHICAGO	AMBULANCE	11
12	TODD ANDREW STERN 2001 TRUST	0.9000%	ARIA POST ACUTE CARE	HILLSIDE	INTEGRA RESPIRATORY SERV	ELMHURST	RESPIRATORY	12
13	EVAN MICHAEL STERN 2005 TRUST	0.9000%	THE RENAISSANCE AT MIDWAY, INC.	CHICAGO				13
14	JONATHAN BRYAN STERN 2001 TRUST	0.9000%	THE RENAISSANCE AT SOUTH SHORE, INC.	CHICAGO				14
15			CLAREMONT HANOVER PARK	HANOVER PARK				15
16			SEVEN OAKS	GLENDALE, WISC.				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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

The Renaissance at 87th St

# 0042093

Report Period Beginning:

01/01/13

Ending:

12/31/13

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th St # 0042093 Report Period Beginning: 01/01/13 Ending: 12/31/13

## 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	6.00	10.00%	Alloc. Sal.	\$ 12,500	17-7	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts										11
12	anticipated to be considered allowable by the IL. Dept. of HFS.										12
13								TOTAL	\$ 12,500		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 St

# 0042093

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th St

# 0042093

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS 1,205,960	16	\$ 37,199	\$	76,650	\$ 2,364	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	12,620	12,620	76,650	802	2
3	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS 1,205,960	16	89,537		76,650	5,691	3
4	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	91,606	91,606	76,650	5,822	4
5	11	ACTIVITY SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	13,872	13,872	76,650	882	5
6	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	573,931	573,931	76,650	36,479	6
7	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 1,205,960	16	111,853		76,650	7,109	7
8	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS 1,205,960	16	24,065		76,650	1,530	8
9	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS 1,205,960	16	3,139,005	3,139,005	76,650	199,513	9
10	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS 1,205,960	16	358,395		76,650	22,779	10
11	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 1,205,960	16	14,876		76,650	946	11
12	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS 1,205,960	16	28,298		76,650	1,799	12
13	26	INSURANCE	AVAIL. CENSUS DAYS 1,205,960	16	24,669		76,650	1,568	13
14	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS 1,205,960	16	714,188		76,650	45,393	14
15	30	DEPRECIATION	AVAIL. CENSUS DAYS 1,205,960	16	205,852		76,650	13,084	15
16	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 1,205,960	16	25,740		76,650	1,636	16
17	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 1,205,960	16	92,330		76,650	5,868	17
18	34	PARKING LOT RENT	AVAIL. CENSUS DAYS 1,205,960	16	6,664		76,650	424	18
19	35	AUTO LEASE	AVAIL. CENSUS DAYS 1,205,960	16	53,447		76,650	3,397	19
20	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 1,205,960	16	33,335		76,650	2,119	20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 5,651,481	\$ 3,831,033		\$ 359,204	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th St

# 0042093

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization 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

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		\$	\$		\$ 56,032	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				\$	\$		\$ 56,032	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th St

# 0042093

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Maple Leaf Insurance  
 Street Address PO Box 69, 720 West Bay Rd  
 City / State / Zip Code Grand Cayman, KY1-1102  
 Phone Number ( )  
 Fax Number ( )

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	WORKERS COMPENSATION	DIRECT ALLOCATION		\$	\$		\$ 141,207	1
2	26	LIABILITY INSURANCE	DIRECT ALLOCATION					319,418	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				\$	\$		\$ 460,625	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th St

# 0042093

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Lifeline Ambulance LLC  
 Street Address 2424 S. Wabash Avenue  
 City / State / Zip Code Chicago, IL 60616  
 Phone Number ( 312) 949-9595  
 Fax Number ( 312) 949-9262

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	39	AMBULANCE	DIRECT ALLOCATION		\$	\$		\$ 27,810	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				\$	\$		\$ 27,810	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th St

# 0042093

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization JLR FINANCIAL SERVICES CORP.  
 Street Address 6633 NORTH LINCOLN  
 City / State / Zip Code LINCOLNWOOD, IL. 60712  
 Phone Number ( 847) 679-9141  
 Fax Number ( 847) 679-1820

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	48	9	\$ 100,000	\$ 100,000	6	\$ 12,500	1
19	PROFESSIONAL FEES	AVG. HOURS WORKED	48	9	5,000		6	625	2
21	OFFICE	AVG. HOURS WORKED	48	9	43,293	43,293	6	5,412	3
27	EMPLOYEE BENEFITS	AVG. HOURS WORKED	48	9	12,338		6	1,542	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				\$ 160,631	\$ 143,293		\$ 20,079	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th St

# 0042093

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Integra Healthcare Equipment, LLC  
 Street Address 747 Church Road  
 City / State / Zip Code Elmhurst, IL 60126  
 Phone Number ( 630) 834-3700  
 Fax Number ( 630) 834-1500

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	39	DME AND MEDICAL SUPPLIE	DIRECT ALLOCATION		\$	\$		\$ 86,006	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				\$	\$		\$ 86,006	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th St

# 0042093

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Integra Respiratory Service  
 Street Address 747 Church Road  
 City / State / Zip Code Elmhurst, IL 60126  
 Phone Number ( 630) 834-3700  
 Fax Number ( 630) 834-1500

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	39	RESPIRATORY SERVICES	DIRECT ALLOCATION		\$	\$		\$ 1,786	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				\$	\$		\$ 1,786	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th St

# 0042093

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th St

# 0042093

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

The Renaissance at 87th St

# 0042093

Report Period Beginning:

01/01/13

Ending:

12/31/13

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	Mortgage Payable		X	Building			\$	\$ 9,483,098			\$	314,502						
2																		
3																		
4																		
5																		
<b>Working Capital</b>																		
6	The Private Bank		X	Line of Credit				3,440,118				142,313						
7	Allocated from 7257 N. Lincoln Ave.		X									1,054						
8	See Supplemental Schedule											582						
9	<b>TOTAL Facility Related</b>						\$	\$ 12,923,216			\$	458,451						
<b>B. Non-Facility Related*</b>																		
10	Interest Income		X									(30,022)						
11	Bldg Co - Interest Income		X									(189)						
12																		
13																		
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$	(30,211)						
15	<b>TOTALS (line 9+line14)</b>						\$	\$ 12,923,216			\$	428,240						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 56,517 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 St

# 0042093

Report Period Beginning:

01/01/13

Ending:

12/31/13

**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	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
	<b>A. Directly Facility Related</b>															
	<b>Long-Term</b>															
1							\$	\$			\$					
2																
3																
4																
5																
6																
7	<b>TOTAL Long-Term</b>															
	<b>Working Capital</b>															
8	Allocated from NuCare		X				\$	\$			\$ 582					
9																
10																
11																
12																
13																
14	<b>TOTAL Working Capital</b>										582					
	<b>B. Non-Facility Related*</b>															
15							\$	\$			\$					
16																
17																
18																
19																
20	<b>TOTAL Non-Facility Related</b>															

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

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.)

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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2012 report.		\$	<b>423,310</b>		<b>1</b>
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.)		\$	<b>452,310</b>		<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>29,000</b>		<b>3</b>
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>468,764</b>		<b>4</b>
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	<b>23,393</b>		<b>5</b>
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ 62,685 For 2010 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>521,157</b>		<b>7</b>
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2008	<u>328,537</u>	<u>8</u>	<b>FOR BHF USE ONLY</b>	
	2009	<u>387,946</u>	<u>9</u>	<b>13</b>	FROM R. E. TAX STATEMENT FOR 2012 \$ <b>13</b>
	2010	<u>404,836</u>	<u>10</u>	<b>14</b>	PLUS APPEAL COST FROM LINE 5 \$ <b>14</b>
	2011	<u>403,152</u>	<u>11</u>	<b>15</b>	LESS REFUND FROM LINE 6 \$ <b>15</b>
	2012	<u>446,442</u>	<u>12</u>	<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION \$ <b>16</b>
<b>2013 Accrual: \$446,442 x 1.05 = \$468,764</b>					
<b>Allocated from NuCare: \$5,868</b>					

**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

## 2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Renaissance at 87th St 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 2012 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 2012.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>19-36-322-011-0000</u>	<u>Long Term Care Property</u>	\$ <u>62,393.62</u>	\$ <u>62,393.62</u>
2. <u>19-36-322-012-0000</u>	<u>Long Term Care Property</u>	\$ <u>78,968.53</u>	\$ <u>78,968.53</u>
3. <u>19-36-322-013-0000</u>	<u>Long Term Care Property</u>	\$ <u>121,554.89</u>	\$ <u>121,554.89</u>
4. <u>19-36-322-014-0000</u>	<u>Long Term Care Property</u>	\$ <u>87,485.77</u>	\$ <u>87,485.77</u>
5. <u>19-36-322-015-0000</u>	<u>Long Term Care Property</u>	\$ <u>78,968.53</u>	\$ <u>78,968.53</u>
6. <u>19-36-322-016-0000</u>	<u>Long Term Care Property</u>	\$ <u>11,560.26</u>	\$ <u>11,560.26</u>
7. <u>19-36-322-017-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,846.35</u>	\$ <u>2,846.35</u>
8. <u>19-36-322-018-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,663.55</u>	\$ <u>2,663.55</u>
9. <u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>88,815.89</u>	\$ <u>5,645.08</u>
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>535,257.39</u></u>	\$ <u><u>452,086.58</u></u>

**B. Real Estate Tax Cost Allocations**

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

If YES, attach an explanation and 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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

**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.**



4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		<b>TOTALS</b>	\$ _____	\$ _____

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

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

Facility Name & ID Number The Renaissance at 87th St

# 0042093 Report Period Beginning:

01/01/13 Ending:

12/31/13

**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>Allocated from 7257 N. Lincoln Ave.</u>		<u>2004</u>	<u>10,169</u>	<u>2</u>
3	<b>TOTALS</b>	<b>51,162</b>		<b>\$ 153,782</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at 87th St

# 0042093

Report Period Beginning:

01/01/13

Ending:

12/31/13

**XI. OWNERSHIP COSTS (continued)**

**B. Building and Improvement Costs-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	210		1999	\$ 8,930,998	\$ 226,835	39	\$ 223,306	\$ (3,529)	\$ 3,279,430	4
5										5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	Various		1999	89,068		20	4,434	4,434	63,943	9
10	Various		2000	45,130		20	1,174	1,174	15,836	10
11	Various		2001	40,213		20	2,011	2,011	24,865	11
12	Various		2002	12,014		20	344	344	9,142	12
13	Various		2003	20,012		20	961	961	12,515	13
14	Various		2004	27,005		20	2,486	2,486	24,946	14
15	Various		2005	16,125		20	696	696	12,979	15
16	Various		2006	109,609		20	8,598	8,598	90,365	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

\*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

**XI. OWNERSHIP COSTS (continued)**

**B. Building and Improvement Costs-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
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59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67			732,919	74,131		36,646	(37,485)	197,343
68			145,090	6,581		5,407	(1,174)	46,062
69				153,201			(153,201)	
70			\$ 10,168,183	\$ 460,748		\$ 286,064	\$ (174,684)	\$ 3,777,425

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

# 0042093

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 10,168,183	\$ 460,748		\$ 286,064	\$ (174,684)	\$ 3,777,425	1
2	Remodel 1St Floor Showers, Replace Tile In 1&2	2010	4,217		20	422	422	1,687	2
3	Bathroom Remodeling, Remove And Install New Tiles, Grout And	2010	3,902		20	390	390	1,561	3
4	Remodel Bathrooms-Painting, Flooring, Tiling, Baseboards	2010	6,593		20	659	659	2,637	4
5	Bathroom Remodeling, Replace Drywalls And Tiles In 204,205,211	2010	2,900		20	290	290	1,136	5
6	Install 48 Openings For Cable Tv, 24 Outlets For Tv, Run Rg 6 For	2010	2,880		20	288	288	1,104	6
7	Konecto Plank Metroflor, Tuscania Florida Acorio-Breakroom Re	2010	3,664		20	366	366	1,405	7
8	Bathroom Remodeling 101, 104, 111, 120, 129, Remove/Replace Dr	2010	2,900		20	290	290	1,112	8
9	Paint Hallway Walls, 2 Coats, 2 Tones	2010	3,800		20	380	380	1,457	9
10	Roof Repair	2010	4,375		20	438	438	1,677	10
11	Install 1 Carrier Chiller, Air Cooled Rotary Scroll Chiller	2010	73,799		20	7,380	7,380	22,755	11
12	Chi. Code Modification, Insulate Supply And Return Line, New Fl	2010	12,092		20	1,209	1,209	4,434	12
13	Bathroom Remodeling 103, 105, 110, 122, 123, Remove/Replace Dr	2010	2,900		20	290	290	1,088	13
14	Staff Dining Rooms & Hallway- Patch, Sand, Repaint, Remove An	2010	3,150		20	315	315	1,181	14
15	1St Flr Resident Rooms-Furnish And Install 18 Upholstered Corni	2010	24,660		20	2,466	2,466	9,864	15
16	Remove Old Retaining Wall In Front Of Facility And Build A New	2010	6,800		20	680	680	2,550	16
17	Reimburse Bronzevill For 87Th Invoices Paid., 24 Fluorescent Ligl	2010	3,520		20	352	352	1,320	17
18	Recover Rear Patio Canopy Using Old Frame With Ferrari Fabric	2010	8,279		20	828	828	3,105	18
19	Flr 1 Dining Rm- Remove Desk, New Kitchen Cabinet Doors Touc	2010	19,500		20	1,950	1,950	7,150	19
20	Furnish And Install Interior And Exterior Sliding Doors	2010	8,479		20	848	848	3,038	20
21	30 Yds Wallcovering Field, 60 Yds Accent Wallcovering	2010	2,535		20	254	254	908	21
22	Replace Defective Parts Of Walk-In Freezer In Kitchen Office, Lau	2010	3,408		20	341	341	1,193	22
23	Install 2, Washer/Condensor, New Air Vent, New Control On Pum	2010	3,298		20	330	330	1,154	23
24	Painting Of 3Rd Floor Patient Rooms And Bathrooms W/ 2 Coats	2010	19,253		20	1,925	1,925	6,578	24
25	Furnish 7 Cameras, 6 1/3 Sony Super Had Ccd, 1 Sony Had Ir Aut	2010	5,530		20	1,106	1,106	4,424	25
26	Remove Existing Ceiling Tile And Furnish And Install New Ceiling	2010	12,535		20	1,254	1,254	4,387	26
27	Paint Patient Rooms Floor 2	2010	19,253		20	1,925	1,925	6,257	27
28	Electrical Work In 10 Rooms	2010	3,480		20	348	348	1,131	28
29	Installation Of Wood Trims	2010	5,230		20	523	523	1,700	29
30	Painting Patient Rooms On 1St Floor	2010	18,120		20	1,812	1,812	5,738	30
31	High Output High Head Pump	2010	3,600		20	720	720	2,400	31
32	Installation Of 2 Pumps, Female Check Valve, Xoeller Control Pan	2010	4,850		20	970	970	2,910	32
33	Walk In Cooler Repairs	2010	2,840		20	142	142	485	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,470,524	\$ 460,748		\$ 317,554	\$ (143,194)	\$ 3,886,949	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

# 0042093

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 10,470,524	\$ 460,748		\$ 317,554	\$ (143,194)	\$ 3,886,949	1
2	Painting	2010	2,640		20	132	132	528	2
3	Repairs To Patio Crack In Concrete	2010	4,700		20	235	235	881	3
4	Electrical Work	2010	3,440		20	172	172	631	4
5	Asphalt Repair	2010	7,225		20	361	361	1,264	5
6	Labor And Materials To Replace 91 Bathroom Lights	2011	6,822		20	682	682	1,933	6
7	1St Fir Nurse Station- Custom Built In Cabinets And Refinish Enti	2011	4,580		20	458	458	1,298	7
8	3 Flrs Dining Rooms, Fabricate 90 Custom Made Window Railing,	2011	7,500		20	750	750	2,125	8
9	Fabricate Molding For 137 Windows And Installed 6 New Window	2011	4,806		20	481	481	1,282	9
10	Custom Build 10 Floor Pad Cabinets For Patient Rooms	2011	4,750		20	475	475	1,306	10
11	2000 Lf Chair Rail Poplar 5/8' X 2 1/2 "	2011	2,746		20	275	275	687	11
12	Custom Build 53" Wall Cabinet, Beveled Edge Counter Top W/ 2	2011	5,725		20	573	573	1,431	12
13	10 Custom Build Floor Pad Cabinet For Patient Rooms, Color Mat	2011	4,750		20	475	475	1,346	13
14	10 Custom Built Cabinets Fir Floor Mattress Pads	2011	4,850		20	485	485	1,132	14
15	Window Treatments	2011	23,240		20	2,324	2,324	5,423	15
16	Painting/Lighting	2011	4,547		20	455	455	1,061	16
17	Wallpaper	2011	24,640		20			24,640	17
18	Electrical	2011	4,780		20	478	478	1,115	18
19	Millwork/Railings	2011	36,380		20	3,638	3,638	8,489	19
20	Measure And Design Cabinet Layout, Custom Build Tv Entertainr	2011	10,000		20	1,354	1,354	2,821	20
21	Room Lot Signage	2011	11,206		20	1,121	1,121	2,335	21
22	Install Kitchen Sink, Faucet, New Water And Sewer Lines, Replace	2011	2,700		20	270	270	630	22
23	Wallcovering- Lobby-Prep Walls, Install New Vinyl	2011	2,572		20	257	257	600	23
24	Installing Power Outlets & Cable Tv In Rooms	2011	2,890		20	289	289	602	24
25	Cabinets	2012	3,585		20	717	717	1,434	25
26	Divider Walls	2012	4,050		20	810	810	1,553	26
27	Divider Walls	2012	4,570		20	1,054	1,054	1,932	27
28	Lighting - Building And Parking Lot	2012	3,200		20	213	213	373	28
29	Flooring - Vinyl	2012	12,123		20	1,732	1,732	2,598	29
30	Install Wiring For Touch Screen Monitors	2012	7,500		20	1,500	1,500	2,375	30
31	101 Undersink Protective Pipe Cover Plus 5I Offset Cover	2012	4,077		20	408	408	476	31
32	Word Door Specialists - 1/2" X 5" Saddle Threshold - Aluminum, \$	2012	4,890		20	489	489	571	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,702,008	\$ 460,748		\$ 340,215	\$ (120,533)	\$ 3,961,818	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 10,702,008	\$ 460,748		\$ 340,215	\$ (120,533)	\$ 3,961,818	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,702,008	\$ 460,748		\$ 340,215	\$ (120,533)	\$ 3,961,818	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	<b>Totals from Page 12D, Carried Forward</b>								
2		\$ 10,702,008	\$ 460,748		\$ 340,215	\$ (120,533)	\$ 3,961,818		1
3									2
4									3
5									4
6									5
7									6
8									7
9									8
10									9
11									10
12									11
13									12
14									13
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26									25
27									26
28									27
29									28
30									29
31									30
32									31
33									32
34	<b>TOTAL (lines 1 thru 33)</b>								
		\$ 10,702,008	\$ 460,748		\$ 340,215	\$ (120,533)	\$ 3,961,818		33
									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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Building Company Information</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3									3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements</b>								8
9	<b>Various</b>	2005	96,496		20	4,825	4,825	68,553	9
10	<b>Built In Kitchen Unit/Cabinet/Table Legs And Sink</b>	2007	10,200		20	510	510	4,420	10
11	<b>Replace Built-In Cabinets And Credenza Unit</b>	2007	9,800		20	490	490	4,165	11
12	<b>2Nd Floor - Sink</b>	2007	4,800		20	240	240	2,040	12
13	<b>3Rd Floor - Assisted Bathing Area</b>	2007	5,200		20	260	260	2,210	13
14	<b>150 Yds Tranquility Dandelion - Wall Covering</b>	2007	2,546		20	127	127	1,569	14
15	<b>2Nd Floor Dinning Room - Electrical</b>	2007	3,500		20	175	175	1,488	15
16	<b>3Rd Floor Dinning Room - Electrical</b>	2007	3,500		20	175	175	1,488	16
17	<b>Basement Corridor</b>	2007	2,750		20	138	138	1,171	17
18	<b>Lobby/Large Main Office - Carpeting</b>	2007	8,578		20	429	429	4,085	18
19	<b>Door Upgrades &amp; R&amp;M</b>	2007	4,301		20	215	215	1,828	19
20	<b>Replace Ejector Pumps For Flood Control System</b>	2007	3,700		20	185	185	1,449	20
21	<b>Vct Tiles For Bathroom</b>	2008	4,656		20	233	233	1,398	21
22	<b>Upholstered Cornice And Roller Shades; Remove Existing Windo</b>	2008	8,647		20	432	432	2,593	22
23	<b>Material &amp; Labor For Power Supply &amp; Switch For Airconditioning</b>	2008	5,726		20	286	286	1,717	23
24	<b>Installation: Sprinkler, Ddc Valve, Expansion Tank &amp; Anitfreeze</b>	2008	7,665		20	383	383	2,299	24
25	<b>Replacement Motor &amp; Compressor And Refrigerant Of Freezer</b>	2008	5,368		20	268	268	1,609	25
26	<b>Telephone System Tadrian</b>	2008	23,739		20	1,187	1,187	7,122	26
27	<b>Motor Conversion</b>	2008	2,965		20	148	148	889	27
28	<b>130 Ft Of Sdr35 Drain Tile</b>	2008	8,910		20	446	446	2,675	28
29	<b>Asphalt Repair Work Sealing And Striping</b>	2008	7,600		20	380	380	2,280	29
30	<b>Prime And Paint Outside Railings, Repair Walls, Paint Payroll Off</b>	2008	3,220		20	161	161	966	30
31	<b>Painting - 2Nd Floor Doorframes And Dining Room</b>	2008	2,970		20	149	149	893	31
32	<b>Plaster, Prime, And Paint 3Rd Floor Dining Rm Walls, Window Si</b>	2008	10,600		20	530	530	3,180	32
33	<b>Part &amp; Labor to repair Fire Sprinkler System</b>	2009	4,224		20	211	211	1,055	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Building Company Information Continued</b>		\$	\$		\$	\$	\$	1
2	Core Glosswhite Tile	2009	2,753		20	138	138	690	2
3	Paint & Remodeling of 7 Shower Rooms	2009	17,363		20	868	868	4,340	3
4	Flooring	2011	194,042		20	9,702	9,702	29,106	4
5	Casework/Countertops	2011	68,125		20	3,406	3,406	10,218	5
6	Demolition/Carpentry	2011	74,500		20	3,725	3,725	11,175	6
7	Buildout	2011	65,045		20	3,252	3,252	9,756	7
8	Wallpaper/Paint	2011	59,430		20	2,972	2,972	8,916	8
9	Depreciation			74,131			(74,131)		9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
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30									30
31									31
32									32
33									33
34	<b>TOTAL (12F &amp; 12G lines 1 thru 33)</b>		\$ 732,919	\$ 74,131		\$ 36,646	\$ (37,485)	\$ 197,343	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Related Party Information</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3	Allocated from 7257 N. Lincoln Ave.	2004	91,525	2,347	20	2,615	268	26,477	3
4									4
5									5
6									6
7									7
8	<b>Leasehold Information</b>								8
9	Allocated from NuCare Services	2003	744	72	20	37	(35)	377	9
10	Allocated from NuCare Services	2004	15,115	1,454	20	757	(697)	7,348	10
11	Allocated from NuCare Services	2005	896	86	20	45	(41)	397	11
12	Allocated from NuCare Services	2006	1,215	117	20	61	(56)	447	12
13	Allocated from NuCare Services	2008	1,281	123	20	64	(59)	337	13
14	Allocated from NuCare Services	2009	20,620	1,984	20	1,031	(953)	4,753	14
15	Allocated from NuCare Services	2010	3,169	305	20	159	(146)	556	15
16	Allocated from NuCare Services	2011	171	16	20	9	(7)	25	16
17	Allocated from NuCare Services	2012	191	18	20	10	(8)	17	17
18									18
19	Allocated from 7257 N. Lincoln Ave.	2005	8,344	59	20	528	469	4,464	19
20	Allocated from 7257 N. Lincoln Ave.	2004	1,819		20	91	91	864	20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Related Party Information Continued</b>		\$	\$		\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (12H &amp; 12I lines 1 thru 33)</b>		\$ 145,090	\$ 6,581		\$ 5,407	\$ (1,174)	\$ 46,062	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-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	\$ 1,886,444	\$ 37,699	\$ 207,910	\$ 170,211	10	\$ 1,631,131	71
72	Current Year Purchases	16,341	406	1,588	1,182	10	1,588	72
73	Fully Depreciated Assets	399,382		4	4	10	399,382	73
74								74
75	TOTALS	\$ 2,302,166	\$ 38,105	\$ 209,502	\$ 171,397		\$ 2,032,101	75

D. Vehicle Costs. (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	2013	\$ 563	\$ 54	\$ 113	\$ 59	5	\$ 385	76
77										77
78										78
79										79
80	TOTALS			\$ 563	\$ 54	\$ 113	\$ 59		\$ 385	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)	\$ 13,158,520	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 498,907	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 549,830	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 50,923	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,994,304	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

Facility Name & ID Number The Renaissance at 87th St

# 0042093

Report Period Beginning:

01/01/13

Ending: 12/31/13

**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	Storage Rental				5,290			5
6	Allocated from NuCare (Parking Lot)				424			6
7	TOTAL				\$ 5,714			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12. \_\_\_\_\_ /2014 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2015 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2016 \$ \_\_\_\_\_

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: \$ 39,607

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	Allocated from NuCare		\$	\$ 3,397	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 3,397	21

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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	<b>TOTALS</b>	\$	\$	\$	\$
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**

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		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	\$		\$	908,627	\$		\$	908,627	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				333,175				333,175	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				922,765				922,765	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescrpts					554,091			554,091	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>						30,522	231,744			262,266	13
14	TOTAL			\$		\$	2,195,089	\$	785,835	\$	2,980,924	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 St# 0042093Report Period Beginning: 01/01/13

Ending:

12/31/13

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 8,584	\$ 554,206	1
2	Cash-Patient Deposits	17,932	17,932	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	4,423,797	4,253,380	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	1,647	14,295	6
7	Other Prepaid Expenses	6,474	6,474	7
8	Accounts Receivable (owners or related parties)	4,902,697	4,902,697	8
9	Other(specify): <u>See Attached Schedule</u>	6,362	155,943	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 9,367,493	\$ 9,904,927	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		143,613	13
14	Buildings, at Historical Cost		8,761,754	14
15	Leasehold Improvements, at Historical Cost	888,034	1,657,642	15
16	Equipment, at Historical Cost	986,373	2,290,595	16
17	Accumulated Depreciation (book methods)	(1,242,127)	(6,109,438)	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):		1,221,066	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 632,280	\$ 7,965,232	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 9,999,773	\$ 17,870,159	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,991,764	\$ 1,991,762	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	36,718	36,718	28
29	Short-Term Notes Payable	3,440,118	3,440,118	29
30	Accrued Salaries Payable	529,276	529,276	30
31	Accrued Taxes Payable (excluding real estate taxes)	35,710	35,710	31
32	Accrued Real Estate Taxes(Sch.IX-B)		468,764	32
33	Accrued Interest Payable		22,522	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36			685,517	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 6,033,586	\$ 7,210,387	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable		(133,146)	39
40	Mortgage Payable		9,616,244	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 9,483,098	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 6,033,586	\$ 16,693,485	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 3,966,187	\$ 1,176,674	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 9,999,773	\$ 17,870,159	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>3,657,512</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Rounding</b>	<b>4</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>3,657,516</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>636,671</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	<b>(328,000)</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>308,671</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>3,966,187</b>	<b>24</b> *

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,727,407	1
2	Discounts and Allowances for all Levels	(2,712,801)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 10,014,606</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	6,396,490	6
7	Oxygen	34,169	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 6,430,659</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,269,655	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	39,281	19
20	Radiology and X-Ray	116,043	20
21	Other Medical Services	113,204	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 1,538,183</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	30,022	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 30,022</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	63,093	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 63,093</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 18,076,563</b>	<b>30</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,823,019	31
32	Health Care	5,807,316	32
33	General Administration	4,827,244	33
<b>B. Capital Expense</b>			
34	Ownership	1,371,244	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	3,165,959	35
36	Provider Participation Fee	445,110	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 17,439,892</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>636,671</b>	<b>41</b>
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 636,671</b>	<b>43</b>

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 6,250,237	44
45	Private Pay - Net Inpatient Revenue	522,455	45
46	Medicare - Net Inpatient Revenue	2,173,488	46
47	Other-(specify) <u>CCHHS</u>	40,685	47
48	Other-(specify) <u>Managed Care, Hospice</u>	1,027,741	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 10,014,606</b>	<b>49</b>

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

**SEE ACCOUNTANTS' COMPILATION REPORT**

Facility Name & ID Number The Renaissance at 87th St

# 0042093

Report Period Beginning: 01/01/13

Ending: 12/31/13

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,868	2,086	\$ 116,274	\$ 55.74	1
2	Assistant Director of Nursing	1,870	2,031	81,411	40.08	2
3	Registered Nurses	34,286	36,929	1,195,557	32.37	3
4	Licensed Practical Nurses	59,292	63,830	1,664,637	26.08	4
5	CNAs & Orderlies	125,538	135,930	1,409,131	10.37	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,294	4,800	156,636	32.63	8
9	Activity Director	3,620	3,935	98,270	24.97	9
10	Activity Assistants	7,425	8,092	87,558	10.82	10
11	Social Service Workers	9,598	11,539	197,323	17.10	11
12	Dietician	1,459	1,603	32,115	20.03	12
13	Food Service Supervisor	2,274	2,504	50,263	20.07	13
14	Head Cook	5,182	5,554	71,841	12.94	14
15	Cook Helpers/Assistants	17,745	19,885	190,915	9.60	15
16	Dishwashers					16
17	Maintenance Workers	4,250	4,565	101,716	22.28	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,969	2,044	120,869	59.13	20
21	Assistant Administrator					21
22	Other Administrative	231	231	21,813	94.43	22
23	Office Manager	2,595	2,871	63,606	22.15	23
24	Clerical	13,036	14,027	257,072	18.33	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	966	1,048	30,475	29.08	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	8,546	8,952	230,865	25.79	33
34	TOTAL (lines 1 - 33)	306,044	332,456	\$ 6,178,347 *	\$ 18.58	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	376	\$ 17,772	01-03	35
36	Medical Director	Monthly	27,000	09-03	36
37	Medical Records Consultant	Monthly	76,540	10-03	37
38	Nurse Consultant	83	4,489	10-03	38
39	Pharmacist Consultant	Monthly	15,762	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				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	459	\$ 141,563		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-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	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	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

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

Report Period Beginning:

01/01/13

Ending:

12/31/13**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 Long Term Care \$20,708
- (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. \$ 3,488 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 445,110  
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.

**SEE ACCOUNTANTS' COMPILATION REPORT**

- (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. \$ 28,105 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. \$
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.