

		FOR BHF USE			

LL2

Supportive Living Facility

**2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)**

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p>I. Facility ID Number: <u>1000120</u></p> <p>Facility Name: <u>Renaissance Saint Luke SLF, LP (D/B/A Greenview Place)</u></p> <p>Address: <u>1501 West Melrose Street</u> <u>Chicago</u> <u>60657</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>773</u>) <u>525-1501</u> Fax # <u>(773) 269-6665</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>7/13/10</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td>_____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Other <u>Limited Partnership</u></td> <td>_____</td> </tr> </table>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust	_____		<input checked="" type="checkbox"/> Other <u>Limited Partnership</u>	_____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/11</u> to <u>12/31/11</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Date) _____ (Print Name and Title) <u>See Accountants' Preparation Report</u> (Firm Name & Address) <u>McGladrey & Pullen, LLP</u> <u>20 N. Martingale, Suite 500, Schaumburg, IL 60173</u> (Telephone) <u>(847) 517-7070</u> Fax <u>(847) 517-7067</u></td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>See Accountants' Preparation Report</u> (Firm Name & Address) <u>McGladrey & Pullen, LLP</u> <u>20 N. Martingale, Suite 500, Schaumburg, IL 60173</u> (Telephone) <u>(847) 517-7070</u> Fax <u>(847) 517-7067</u>
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<p>In the event there are further questions about this report, please contact: Name: <u>Michael W. Martin</u> Telephone Number: <u>(217) 258-8888</u> Email Address: _____</p>																													
<p>MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>																													

Facility Name Renaissance Saint Luke SLF, LP (D/B/A Greenview Place)

Report Period Beginning: 1/1/11 Ending: 12/31/11

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	105	Single Unit Apartment	105	38,325	1
2		Double Unit Apartment			2
3		Other		1,650	3
4	105	TOTALS	105	39,975	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	26,023	3,008		29,031	5
6	Double Unit					6
7	Other	705	540		1,245	7
8	TOTALS	26,728	3,548		30,276	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 75.74%

D. Indicate the number of paid bed-hold days the SLF had during this year
N/A Also, indicate the number of unpaid bed-hold days the SLF had during this year. N/A **(Do not include bed-hold days in Section B.)**

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES NO eliminated in Schedule IV, Column 5.

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO

G. List all services provided by your facility for non-residents.

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

None

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/11 Fiscal Year: 12/31/11

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

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? Yes If yes, did the facility make all of the required payments of interest and principle? Yes

If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? Yes If yes, did the facility make all of the required payments of interest and principle? Yes

If no, explain. N/A

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

Facility Name: Renaissance Saint Luke SLF, LP (D/B/A Greenview Place)

Report Period Beginning:

1/1/11

Ending:

12/31/11

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	229,580	228,413		457,993	51,685	509,678	1
2	Housekeeping, Laundry and Maintenance	80,442	25,641	82,213	188,296		188,296	2
3	Heat and Other Utilities			133,963	133,963		133,963	3
4	Other (specify): Entertainment			1,694	1,694	(1,694)	(0)	4
5	TOTAL General Services	310,022	254,054	217,870	781,946	49,991	831,937	5
B. Health Care and Programs								
6	Health Care/ Personal Care	264,724	4,920	267,582	537,226	(57,174)	480,052	6
7	Activities and Social Services	36,000	337		36,337		36,337	7
8	Other (specify): Social Services Fee			60,000	60,000		60,000	8
9	TOTAL Health Care and Programs	300,724	5,257	327,582	633,563	(57,174)	576,389	9
C. General Administration								
10	Administrative and Clerical	251,933	11,425	216,925	480,283	(8,794)	471,489	10
11	Marketing Materials, Promotions and Advertising	57,000		23,499	80,499	(80,499)	(0)	11
12	Employee Benefits and Payroll Taxes			183,249	183,249		183,249	12
13	Insurance-Property, Liability and Malpractice			80,078	80,078		80,078	13
14	Other (specify):							14
15	TOTAL General Administration	308,933	11,425	503,751	824,109	(89,293)	734,816	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	919,678	270,737	1,049,203	2,239,618	(96,476)	2,143,142	16
Capital Expenses								
D. Ownership								
17	Depreciation			644,419	644,419		644,419	17
18	Interest			571,007	571,007	(4,149)	566,858	18
19	Real Estate Taxes			183,114	183,114		183,114	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			3,456	3,456		3,456	21
22	Other (specify): Ownership Other			1,136,766	1,136,766	(1,136,766)		22
23	TOTAL Ownership			2,538,762	2,538,762	(1,140,915)	1,397,847	23
24	GRAND TOTAL (Sum of lines 16 and 23)	919,678	270,737	3,587,964	4,778,380	(1,237,391)	3,540,989	24

Facility Name: Renaissance Saint Luke SLF, LP (D/B/A Greenview Place)

Report Period Beginning 1/1/11 Ending: 12/31/11

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	13.38	10.00	3
4	Activity Director & Assistants	1.00	17.31	4
5	Social Service Workers			5
6	Head Cook	2.53	12.50	6
7	Cook Helpers/Assistants			7
8	Dishwashers	8.64	9.00	8
9	Maintenance Workers	2.17	15.21	9
10	Housekeepers			10
11	Laundry			11
12	Managers	1.45	26.14	12
13	Other Administrative	1.00	23.56	13
14	Clerical	2.36	12.48	14
15	Marketing	1.00	27.40	15
16	Other			16
17	Total (lines 1 thru 16)	33.53	\$ 17.07	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
Total		\$ 3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
See Attached Schedule 1 (A)			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES NO

Name of related entity: N/A If yes, what is the value of those services? \$ N/A

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Renaissance Saint Luke SLF, LP (D/B/A Greenview Place)

Report Period Beginning:

1/1/11

Ending:

12/31/11

VIII. OWNERSHIP COSTS

A. Purchase price of land 545,000 Year land was acquired 2009

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	105			2009	\$ 21,440,301	\$ 566,905	40	\$ 566,905	\$	\$ 1,176,932	1
2				2009	520,000	26,000	20	26,000		26,000	2
3											3
4											4
5											5
	Improvement Type										
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 21,960,301	\$ 592,905		\$ 592,905	\$	\$ 1,202,932	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 461,103	\$ 51,514	\$ 51,514	\$	10	\$ 98,532	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 461,103	\$ 51,514	\$ 51,514	\$		\$ 98,532	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21	N/A	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Renaissance Saint Luke SLF, LP (D/B/A Greenview Place)

Report Period Beginning: 1/1/11

Ending: 12/31/11

IX. RENTAL COSTS

A. Building and Fixed Equipment

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? YES NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$ N/A			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ 3,456

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	Name of Lender	2		3	4	6		7	8	9	
			Related**	YES			NO	Purpose of Loan				
							Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		DOH: Home Mortgage		X	Mortgage	4/1/08	\$ 2,800,000	\$ 2,800,000	6/1/48	0.0300	\$ 84,000	1
2		FHLB Mortgage		X	Mortgage	4/1/08	500,000	500,000	6/1/40			2
3		Total from attachment 2 (line 14)				/ /	14,900,000	10,190,000	/ /		375,294	3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 18,200,000	\$ 13,490,000			\$ 459,294	7
		B. Non-Facility Related										
8						/ /	Amortization loan fees		/ /		9,479	8
9						/ /	Total from attachment 2 (line 19)		/ /		98,085	9
10		TOTALS (lines 7, 8 and 9)					\$ 18,200,000	\$ 13,490,000			\$ 566,858	10

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

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

Facility Name: Renaissance Saint Luke SLF, LP (D/B/A Greenview Place)

Report Period Beginning: 1/1/11

Ending:

12/31/11

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/11

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 117,404	\$ 117,404	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance -0-)	1,100,264	1,100,264	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	610,855	610,855	5
6	Prepaid Insurance	77,054	77,054	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,905,576	\$ 1,905,576	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	545,000	545,000	13
14	Buildings, at Historical Cost	21,440,301	21,440,301	14
15	Leasehold Improvements, at Historical Cost	520,000	520,000	15
16	Equipment, at Historical Cost	461,103	461,103	16
17	Accumulated Depreciation (book methods)	(1,301,464)	(1,301,464)	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): <u>Bond Costs</u>	237,373	237,373	22
23	Other(specify): <u>Legal Fees & Leasing</u>	138,840	138,840	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 22,041,153	\$ 22,041,153	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 23,946,730	\$ 23,946,730	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 48,139	\$ 48,139	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	150,000	150,000	31
32	Accrued Interest Payable	354,102	354,102	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>See Attachment 1B</u>	38,949	38,949	35
36		(0)	(0)	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 591,190	\$ 591,190	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,300,000	4,300,000	39
40	Bonds Payable	9,190,000	9,190,000	40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	<u>See Attachment 1C</u>	2,579,920	2,579,920	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 16,069,920	\$ 16,069,920	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 16,661,110	\$ 16,661,110	45
46	TOTAL EQUITY	\$ 7,285,620	\$ 7,285,620	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 23,946,730	\$ 23,946,730	47

*(See instructions.)

Facility Name: Renaissance Saint Luke SLF, LP (D/B/A Greenview Place)

Report Period Beginning: 1/1/11

Ending:

12/31/11

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,354,160	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,354,160	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	5,489	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 5,489	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	4,149	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 4,149	14
D. Other Revenue (specify):			
15	See Attachment #1D	25,025	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 25,025	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,388,822	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	781,946	19
20	Health Care/ Personal Care	633,563	20
21	General Administration	824,109	21
B. Capital Expense			
22	Ownership	2,538,762	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 4,778,380	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (1,389,558)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (1,389,558)	31

Supplementary Information - Attachment 1
12/31/11

(A) Sch. VII-Related Parties-Related Nursing Homes

<u>Name</u>	<u>City</u>
Renaissance Realty	Chicago, IL
RRG Development	Chicago, IL
St Luke Church	Chicago, IL
Lutheran Community Services For The Aged, Inc	Chicago, IL
National Equity Fund	Chicago, IL
St. Luke Housing Ministries	Chicago, IL

(B) Sch. XI-Balance Sheet-Line 35: Other Current Liabilities

	<u>Operating</u>	<u>After Consolidation</u>
Accrued LP asset mgmt fee	30,450	30,450
Security Deposit	484	484
Key Deposit	75	75
Pet Deposit	1,802	1,802
Tenant Prepaid Rent	2,594	2,594
Tenant Deposits - Cleaning	3,614	3,614
Clearing Account	2	2
Suspense	(72)	(72)
	<u>38,949</u>	<u>38,949</u>

(C) Sch. XI-Balance Sheet-Line 42: Other Long-Term Liabilities

	<u>Operating</u>	<u>After Consolidation</u>
Accrued Developers Fee	971,645	971,645
Accrued Unrealized loss on Swap	1,608,275	1,608,275
	<u>2,579,920</u>	<u>2,579,920</u>

(D) Sch. XII. Income Statement-Line 15: Other Revenue

	<u>Operating</u>	<u>After Consolidation</u>
Late Fees	653	653
NSF Fee	620	620
Parking	9,055	9,055
Key & Lock Charges	91	91
Miscellaneous Income	14,554	14,554
Pet Usage Fee	52	52
	<u>25,025</u>	<u>25,025</u>

Renaissance Saint Luke SLE, LP (D/B/A Greenview Place)
Interest Expense (continued)
12/31/11 Attachment 2

	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
A. Directly Facility Related											
Long-Term											
3	IHDA Trust Fund Mortgage		X	Mortgage	4/1/08	\$ 1,000,000	\$ 1,000,000	6/1/40	0.0100	\$ 10,000	3
4	Series A Bond		X	Mortgage	4/1/08	13,900,000	9,190,000	6/1/40	0.0363	365,294	4
5	Total (Attachment 2) to Schedule X - Line 3				/ /	14,900,000	10,190,000	/ /		375,294	5
B. Non-Facility Related											
8					/ /	Interest Income		/ /		-4,149	8
9					/ /	Letter of Credit Expense		/ /		102,234	9
	Total (Attachment 2) to Schedule X - Line 9									98,085	