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|  |  | FOR BHF USE |  |  |  |  |  |
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2011  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
FINANCIAL AND STATISTICAL REPORT (COST REPORT)  
FOR LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2011)

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------|-------------------------------------------|-------------------------------------|--------------------------------|--------------------------------|--------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|--|------------------------------------------------|--|--|--------------------------------|--|--|--------------------------------------|--|
| <b>I. IDPH License ID Number:</b> <u>0042093</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                          | <b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>Facility Name:</b> <u>Renaissance At 87Th St.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                          | <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/11</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>                                                                                                                                                                                                |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>Address:</b> <u>2940 West 87Th Street</u> <u>Chicago</u> <u>60652</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| Number City Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>County:</b> <u>Cook</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>Telephone Number:</b> <u>(773) 434-8787</u> <b>Fax #</b> <u>(773) 434-8717</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>HFS ID Number:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                          | <table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) _____</td></tr><tr><td>(Title) _____</td></tr><tr><td>(Signed) _____</td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Print Name and Title) <u>Kimberley A. Waite, C.P.A.</u></td></tr><tr><td>(Firm Name &amp; Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u><br/><u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td></tr><tr><td>(Telephone) <u>(847) 236-1111</u> <b>Fax #</b> <u>(847) 236-1155</u></td></tr><tr><td>MAIL TO: BUREAU OF HEALTH FINANCE<br/>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES<br/>201 S. Grand Avenue East<br/>Springfield, IL 62763-0001<br/>Phone # (217) 782-1630</td></tr></table> |                                                 | Officer or Administrator of Provider  | (Signed) _____                            | (Type or Print Name) _____          | (Title) _____                  | (Signed) _____                 | Paid Preparer                        | (Print Name and Title) <u>Kimberley A. Waite, C.P.A.</u> | (Firm Name & Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u><br><u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> | (Telephone) <u>(847) 236-1111</u> <b>Fax #</b> <u>(847) 236-1155</u> | MAIL TO: BUREAU OF HEALTH FINANCE<br>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES<br>201 S. Grand Avenue East<br>Springfield, IL 62763-0001<br>Phone # (217) 782-1630 |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| Officer or Administrator of Provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Signed) _____                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Type or Print Name) _____                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Title) _____                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Signed) _____                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| Paid Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (Print Name and Title) <u>Kimberley A. Waite, C.P.A.</u>                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Firm Name & Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u><br><u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Telephone) <u>(847) 236-1111</u> <b>Fax #</b> <u>(847) 236-1155</u>                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MAIL TO: BUREAU OF HEALTH FINANCE<br>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES<br>201 S. Grand Avenue East<br>Springfield, IL 62763-0001<br>Phone # (217) 782-1630 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>Date of Initial License for Current Owners:</b> <u>07/19/99</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>Type of Ownership:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <table><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><b>IRS Exemption Code</b> _____</td><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Other _____</td></tr><tr><td></td><td><input checked="" 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 type="checkbox"/> Other _____</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                          | <b>IRS Exemption Code</b> _____                                                                                                  | <input type="checkbox"/> Corporation                                 | <input type="checkbox"/> Other _____                                                                                                                                     |  | <input checked="" type="checkbox"/> "Sub-S" Corp. |  |  | <input type="checkbox"/> Limited Liability Co. |  |  | <input type="checkbox"/> Trust |  |  | <input type="checkbox"/> Other _____ |  |
| <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>IRS Exemption Code</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Corporation                                                                                                                                     | <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> "Sub-S" Corp.                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Limited Liability Co.                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Trust                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Other _____                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>In the event there are further questions about this report, please contact:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>Name:</b> <u>Steve Lavenda</u> <b>Telephone Number:</b> <u>(847) 236-1111</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |
| <b>Email Address:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                       |                                           |                                     |                                |                                |                                      |                                                          |                                                                                                                                  |                                                                      |                                                                                                                                                                          |  |                                                   |  |  |                                                |  |  |                                |  |  |                                      |  |

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St.

# 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

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 | 210                                | Skilled (SNF)               | 210                          | 76,650                                 | 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 | 210                                | TOTALS                      | 210                          | 76,650                                 | 7 |

B. Census-For the entire report period.

|    | 1<br>Level of Care | 2 3 4 5<br>Patient Days by Level of Care and Primary Source of Payment |             |        |        |    |
|----|--------------------|------------------------------------------------------------------------|-------------|--------|--------|----|
|    |                    | Medicaid Recipient                                                     | Private Pay | Other  | Total  |    |
| 8  | SNF                |                                                                        |             | 12,903 | 12,903 | 8  |
| 9  | SNF/PED            |                                                                        |             |        |        | 9  |
| 10 | ICF                | 49,298                                                                 | 3,262       | 4,732  | 57,292 | 10 |
| 11 | ICF/DD             |                                                                        |             |        |        | 11 |
| 12 | SC                 |                                                                        |             |        |        | 12 |
| 13 | DD 16 OR LESS      |                                                                        |             |        |        | 13 |
| 14 | TOTALS             | 49,298                                                                 | 3,262       | 17,635 | 70,195 | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.58%

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 X

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES NO X

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 X Date New Construction NO

K. Was the facility certified for Medicare during the reporting year? YES X NO If YES, enter number of beds certified 210 and days of care provided 11,455

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL X MODIFIED CASH\* CASH\*

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

Tax Year: 12/31/2011 Fiscal Year: 12/31/2011

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

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

|     | Operating Expenses                                               | Costs Per General Ledger |               |            |            | Reclass-<br>ification<br>5 | Reclassified<br>Total<br>6 | Adjust-<br>ments<br>7 | Adjusted<br>Total<br>8 | FOR BHF USE ONLY |    |     |
|-----|------------------------------------------------------------------|--------------------------|---------------|------------|------------|----------------------------|----------------------------|-----------------------|------------------------|------------------|----|-----|
|     |                                                                  | Salary/Wage<br>1         | Supplies<br>2 | Other<br>3 | Total<br>4 |                            |                            |                       |                        | 9                | 10 |     |
|     | <b>A. General Services</b>                                       |                          |               |            |            |                            |                            |                       |                        |                  |    |     |
| 1   | Dietary                                                          | 362,241                  | 58,854        | 16,010     | 437,105    |                            | 437,105                    |                       | 437,105                |                  |    | 1   |
| 2   | Food Purchase                                                    |                          | 341,305       |            | 341,305    | (29,711)                   | 311,594                    | (158)                 | 311,436                |                  |    | 2   |
| 3   | Housekeeping                                                     |                          | 6,862         | 351,955    | 358,817    |                            | 358,817                    |                       | 358,817                |                  |    | 3   |
| 4   | Laundry                                                          |                          | 45,763        | 156,636    | 202,399    |                            | 202,399                    |                       | 202,399                |                  |    | 4   |
| 5   | Heat and Other Utilities                                         |                          |               | 173,886    | 173,886    |                            | 173,886                    | (6,027)               | 167,859                |                  |    | 5   |
| 6   | Maintenance                                                      | 94,864                   | 97,376        | 277,930    | 470,170    |                            | 470,170                    | 32,468                | 502,638                |                  |    | 6   |
| 7   | Other (specify):*                                                |                          |               |            |            |                            |                            |                       |                        |                  |    | 7   |
| 8   | <b>TOTAL General Services</b>                                    | 457,105                  | 550,160       | 976,417    | 1,983,682  | (29,711)                   | 1,953,971                  | 26,282                | 1,980,253              |                  |    | 8   |
|     | <b>B. Health Care and Programs</b>                               |                          |               |            |            |                            |                            |                       |                        |                  |    |     |
| 9   | Medical Director                                                 |                          |               | 40,050     | 40,050     |                            | 40,050                     |                       | 40,050                 |                  |    | 9   |
| 10  | Nursing and Medical Records                                      | 4,298,705                | 613,012       | 156,129    | 5,067,846  |                            | 5,067,846                  | (30,669)              | 5,037,177              |                  |    | 10  |
| 10a | Therapy                                                          | 175,498                  |               | 1,181      | 176,679    |                            | 176,679                    |                       | 176,679                |                  |    | 10a |
| 11  | Activities                                                       | 247,118                  | 74,664        | 448        | 322,230    |                            | 322,230                    |                       | 322,230                |                  |    | 11  |
| 12  | Social Services                                                  | 198,682                  |               |            | 198,682    |                            | 198,682                    |                       | 198,682                |                  |    | 12  |
| 13  | CNA Training                                                     |                          |               |            |            |                            |                            |                       |                        |                  |    | 13  |
| 14  | Program Transportation                                           |                          |               | 3,146      | 3,146      |                            | 3,146                      |                       | 3,146                  |                  |    | 14  |
| 15  | Other (specify):*                                                |                          |               |            |            |                            |                            |                       |                        |                  |    | 15  |
| 16  | <b>TOTAL Health Care and Programs</b>                            | 4,920,003                | 687,676       | 200,954    | 5,808,633  |                            | 5,808,633                  | (30,669)              | 5,777,964              |                  |    | 16  |
|     | <b>C. General Administration</b>                                 |                          |               |            |            |                            |                            |                       |                        |                  |    |     |
| 17  | Administrative                                                   | 214,415                  |               | 915,338    | 1,129,753  |                            | 1,129,753                  | (892,535)             | 237,218                |                  |    | 17  |
| 18  | Directors Fees                                                   |                          |               |            |            |                            |                            |                       |                        |                  |    | 18  |
| 19  | Professional Services                                            |                          |               | 189,399    | 189,399    | (3,636)                    | 185,763                    | (23,909)              | 161,854                |                  |    | 19  |
| 20  | Dues, Fees, Subscriptions & Promotions                           |                          |               | 134,838    | 134,838    |                            | 134,838                    | (79,972)              | 54,866                 |                  |    | 20  |
| 21  | Clerical & General Office Expenses                               | 465,529                  | 76,082        | 613,616    | 1,155,227  |                            | 1,155,227                  | (353,682)             | 801,545                |                  |    | 21  |
| 22  | Employee Benefits & Payroll Taxes                                |                          |               | 1,360,247  | 1,360,247  | 29,711                     | 1,389,958                  |                       | 1,389,958              |                  |    | 22  |
| 23  | Inservice Training & Education                                   |                          |               |            |            |                            |                            |                       |                        |                  |    | 23  |
| 24  | Travel and Seminar                                               |                          |               | 25,061     | 25,061     |                            | 25,061                     | (7,077)               | 17,984                 |                  |    | 24  |
| 25  | Other Admin. Staff Transportation                                |                          |               | 12,753     | 12,753     |                            | 12,753                     | 876                   | 13,629                 |                  |    | 25  |
| 26  | Insurance-Prop.Liab.Malpractice                                  |                          |               | 740,945    | 740,945    |                            | 740,945                    | 10,194                | 751,139                |                  |    | 26  |
| 27  | Other (specify):*                                                |                          |               |            |            |                            |                            | 47,896                | 47,896                 |                  |    | 27  |
| 28  | <b>TOTAL General Administration</b>                              | 679,944                  | 76,082        | 3,992,197  | 4,748,223  | 26,075                     | 4,774,298                  | (1,298,209)           | 3,476,089              |                  |    | 28  |
| 29  | <b>TOTAL Operating Expense<br/>(sum of lines 8, 16 &amp; 28)</b> | 6,057,052                | 1,313,918     | 5,169,568  | 12,540,538 | (3,636)                    | 12,536,902                 | (1,302,595)           | 11,234,307             |                  |    | 29  |

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

V. COST CENTER EXPENSES (continued)

|    | Capital Expense                                | Cost Per General Ledger |           |           |            | Reclass-ification | Reclassified Total | Adjust-ments | Adjusted Total | FOR BHF USE ONLY |    |    |
|----|------------------------------------------------|-------------------------|-----------|-----------|------------|-------------------|--------------------|--------------|----------------|------------------|----|----|
|    |                                                | Salary/Wage             | Supplies  | Other     | Total      |                   |                    |              |                | 9                | 10 |    |
|    | D. Ownership                                   | 1                       | 2         | 3         | 4          | 5                 | 6                  | 7            | 8              |                  |    |    |
| 30 | Depreciation                                   |                         |           | 131,107   | 131,107    |                   | 131,107            | 406,078      | 537,185        |                  |    | 30 |
| 31 | Amortization of Pre-Op. & Org.                 |                         |           |           |            |                   |                    | 0            | 0              |                  |    | 31 |
| 32 | Interest                                       |                         |           |           |            |                   |                    | 528,584      | 528,584        |                  |    | 32 |
| 33 | Real Estate Taxes                              |                         |           |           |            | 3,636             | 3,636              | 429,826      | 433,462        |                  |    | 33 |
| 34 | Rent-Facility & Grounds                        |                         |           | 1,572,961 | 1,572,961  |                   | 1,572,961          | (1,569,059)  | 3,902          |                  |    | 34 |
| 35 | Rent-Equipment & Vehicles                      |                         |           | 18,012    | 18,012     |                   | 18,012             | 2,996        | 21,008         |                  |    | 35 |
| 36 | Other (specify):*                              |                         |           |           |            |                   |                    | 45,956       | 45,956         |                  |    | 36 |
| 37 | TOTAL Ownership                                |                         |           | 1,722,080 | 1,722,080  | 3,636             | 1,725,716          | (155,619)    | 1,570,097      |                  |    | 37 |
|    | Ancillary Expense                              |                         |           |           |            |                   |                    |              |                |                  |    |    |
|    | E. Special Cost Centers                        |                         |           |           |            |                   |                    |              |                |                  |    |    |
| 38 | Medically Necessary Transportation             |                         |           |           |            |                   |                    |              |                |                  |    | 38 |
| 39 | Ancillary Service Centers                      | 6,062                   | 552,490   | 954,291   | 1,512,843  |                   | 1,512,843          |              | 1,512,843      |                  |    | 39 |
| 40 | Barber and Beauty Shops                        |                         |           |           |            |                   |                    |              |                |                  |    | 40 |
| 41 | Coffee and Gift Shops                          |                         |           |           |            |                   |                    |              |                |                  |    | 41 |
| 42 | Provider Participation Fee                     |                         |           | 382,735   | 382,735    |                   | 382,735            |              | 382,735        |                  |    | 42 |
| 43 | Other (specify):*                              | 41,486                  |           | 206,333   | 247,819    |                   | 247,819            | (247,819)    | (0)            |                  |    | 43 |
| 44 | TOTAL Special Cost Centers                     | 47,548                  | 552,490   | 1,543,359 | 2,143,397  |                   | 2,143,397          | (247,819)    | 1,895,578      |                  |    | 44 |
| 45 | GRAND TOTAL COST<br>(sum of lines 29, 37 & 44) | 6,104,600               | 1,866,408 | 8,435,007 | 16,406,015 |                   | 16,406,015         | (1,706,033)  | 14,699,982     |                  |    | 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

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.)

|    | NON-ALLOWABLE EXPENSES                                         | 1<br>Amount  | 2<br>Refer-<br>ence | 3<br>BHF USE<br>ONLY |    |
|----|----------------------------------------------------------------|--------------|---------------------|----------------------|----|
| 1  | Day Care                                                       | \$           |                     | \$                   | 1  |
| 2  | Other Care for Outpatients                                     |              |                     |                      | 2  |
| 3  | Governmental Sponsored Special Programs                        |              |                     |                      | 3  |
| 4  | Non-Patient Meals                                              |              |                     |                      | 4  |
| 5  | Telephone, TV & Radio in Resident Rooms                        | (8,189)      | 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                                  | 67,305       | 30                  |                      | 9  |
| 10 | Interest and Other Investment Income                           | (888)        | 32                  |                      | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds                       |              |                     |                      | 11 |
| 12 | Non-Working Officer's or Owner's Salary                        |              |                     |                      | 12 |
| 13 | Sales Tax                                                      | (158)        | 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                                            | (2,621)      | 21                  |                      | 18 |
| 19 | Entertainment                                                  | (7,278)      | 24                  |                      | 19 |
| 20 | Contributions                                                  | (23,615)     | 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                                                       | (490,817)    | 21                  |                      | 24 |
| 25 | Fund Raising, Advertising and Promotional                      | (51,623)     | 20                  |                      | 25 |
| 26 | Income Taxes and Illinois Personal<br>Property Replacement Tax |              |                     |                      | 26 |
| 27 | CNA Training for Non-Employees                                 |              |                     |                      | 27 |
| 28 | Yellow Page Advertising                                        |              |                     |                      | 28 |
| 29 | Other-Attach Schedule                                          | (354,650)    |                     |                      | 29 |
| 30 | SUBTOTAL (A): (Sum of lines 1-29)                              | \$ (872,534) |                     | \$                   | 30 |

| BHF USE ONLY |  |    |  |    |  |    |  |
|--------------|--|----|--|----|--|----|--|
| 48           |  | 49 |  | 50 |  | 51 |  |
|              |  |    |  |    |  | 52 |  |

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

|    |                                                              | 1<br>Amount    | 2<br>Reference |    |
|----|--------------------------------------------------------------|----------------|----------------|----|
| 31 | Non-Paid Workers-Attach Schedule*                            | \$             |                | 31 |
| 32 | Donated Goods-Attach Schedule*                               |                |                | 32 |
| 33 | Amortization of Organization &<br>Pre-Operating Expense      |                |                | 33 |
| 34 | Adjustments for Related Organization<br>Costs (Schedule VII) | (833,499)      |                | 34 |
| 35 | Other- Attach Schedule                                       |                |                | 35 |
| 36 | SUBTOTAL (B): (sum of lines 31-35)                           | \$ (833,499)   |                | 36 |
| 37 | (sum of SUBTOTALS<br>TOTAL ADJUSTMENTS (A) and (B) )         | \$ (1,706,033) |                | 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<br>Yes | 2<br>No | 3<br>Amount | 4<br>Reference |    |
|----|---------------------------------|----------|---------|-------------|----------------|----|
| 38 | Medically Necessary Transport.  |          |         | \$          |                | 38 |
| 39 |                                 |          |         |             |                | 39 |
| 40 | Gift and Coffee Shops           |          |         |             |                | 40 |
| 41 | Barber and Beauty Shops         |          |         |             |                | 41 |
| 42 | Laboratory and Radiology        |          |         |             |                | 42 |
| 43 | Prescription Drugs              |          |         |             |                | 43 |
| 44 |                                 |          |         |             |                | 44 |
| 45 | Other-Attach Schedule           |          |         |             |                | 45 |
| 46 | Other-Attach Schedule           |          |         |             |                | 46 |
| 47 | TOTAL (C): (sum of lines 38-46) |          |         | \$          |                | 47 |

ID#

0042093

Report Period Beginning:

01/01/11

Ending:

12/31/11

| NON-ALLOWABLE EXPENSES |                                |            | Sch. V Line |    |
|------------------------|--------------------------------|------------|-------------|----|
|                        |                                | Amount     | Reference   |    |
| 1                      | COPE Dues                      | \$ (4,999) | 20          | 1  |
| 2                      | Jury Duty Income               | (69)       | 10          | 2  |
| 3                      | Records Copies                 | (215)      | 10          | 3  |
| 4                      | Bank Charges                   | (17,838)   | 21          | 4  |
| 5                      | Patient Needs                  | (19,991)   | 10          | 5  |
| 6                      | Patient Clothing               | (17,651)   | 10          | 6  |
| 7                      | Guest Relations                | (3,335)    | 43          | 7  |
| 8                      | Marketing Seminar              | (250)      | 24          | 8  |
| 9                      | Non-Allowable Legal            | (50,705)   | 19          | 9  |
| 10                     | Building Co. - Fees            | (100)      | 20          | 10 |
| 11                     | Building Co. - Accounting Fees | (10,450)   | 19          | 11 |
| 12                     | Building Co. - Trust Fees      | (1,600)    | 21          | 12 |
| 13                     | Building Co. - Amortization    | (2,810)    | 31          | 13 |
| 14                     | Annual Reports                 | (779)      | 20          | 14 |
| 15                     | Non-Allowable Management Fee   | (65,000)   | 43          | 15 |
| 16                     | Quest Management Fee           | (138,833)  | 43          | 16 |
| 17                     | Non-Allowable Fees             | (3,000)    | 21          | 17 |
| 18                     | Non-Reimburseable Salary       | (38,151)   | 43          | 18 |
| 19                     | Additional R&M                 | 29,088     | 06          | 19 |
| 20                     | Capitalized R&M                | (5,462)    | 06          | 20 |
| 21                     | Non-Allowable Fees             | (2,500)    | 43          | 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                     | Total                          | (354,650)  |             | 49 |

Renaissance At 87Th St.

|                          |     |          |
|--------------------------|-----|----------|
|                          | ID# | 0042093  |
| Report Period Beginning: |     | 01/01/11 |
| Ending:                  |     | 12/31/11 |

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



## Summary B

12/31/11

[illegible]

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          |       | 2    | 3 Cost Per General Ledger | 4            | 5 Cost to Related Organization | 6                    | 7                                      | 8 Difference:                                          |    |
|------------|-------|------|---------------------------|--------------|--------------------------------|----------------------|----------------------------------------|--------------------------------------------------------|----|
| Schedule V |       | Line | Item                      | Amount       | Name of Related Organization   | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) |    |
| 1          | V     | 34   | Rental Income             | \$ 1,569,441 | Renaissance at Beverly LP      | 100.00%              | \$                                     | (1,569,441)                                            | 1  |
| 2          | V     | 32   | Interest                  | 574          | Renaissance at Beverly LP      | 100.00%              | 527,590                                | 527,016                                                | 2  |
| 3          | V     | 36   | MIP Insurance             |              | Renaissance at Beverly LP      | 100.00%              | 45,956                                 | 45,956                                                 | 3  |
| 4          | V     | 26   | Insurance Expenses        |              | Renaissance at Beverly LP      | 100.00%              | 9,521                                  | 9,521                                                  | 4  |
| 5          | V     | 20   | Fees                      |              | Renaissance at Beverly LP      | 100.00%              | 100                                    | 100                                                    | 5  |
| 6          | V     | 19   | Appraisal Fees            |              | Renaissance at Beverly LP      | 100.00%              | 2,700                                  | 2,700                                                  | 6  |
| 7          | V     | 19   | Accounting Fees           |              | Renaissance at Beverly LP      | 100.00%              | 10,450                                 | 10,450                                                 | 7  |
| 8          | V     | 21   | Trust Fees                |              | Renaissance at Beverly LP      | 100.00%              | 1,600                                  | 1,600                                                  | 8  |
| 9          | V     | 33   | Real Estate Taxes         |              | Renaissance at Beverly LP      | 100.00%              | 422,570                                | 422,570                                                | 9  |
| 10         | V     | 30   | Depreciation              |              | Renaissance at Beverly LP      | 100.00%              | 330,888                                | 330,888                                                | 10 |
| 11         | V     | 31   | Amortization              |              | Renaissance at Beverly LP      | 100.00%              | 2,810                                  | 2,810                                                  | 11 |
| 12         | V     |      |                           |              |                                |                      |                                        |                                                        | 12 |
| 13         | V     |      |                           |              |                                |                      |                                        |                                                        | 13 |
| 14         | Total |      |                           | \$ 1,570,015 |                                |                      | \$ 1,354,185                           | \$ * (215,830)                                         | 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%              | \$ 2,162                               | \$ 2,162                                               | 15 |
| 16         | V     | 6    | REPAIRS AND MAINT.        |            | NUCARE SERVICES CORP.          | 100.00%              | 8,594                                  | 8,594                                                  | 16 |
| 17         | V     | 17   | ADMIN. - NON-OWNER        |            | NUCARE SERVICES CORP.          | 100.00%              | 13,544                                 | 13,544                                                 | 17 |
| 18         | V     | 19   | PROFESSIONAL FEES         |            | NUCARE SERVICES CORP.          | 100.00%              | 23,632                                 | 23,632                                                 | 18 |
| 19         | V     | 20   | FEES SUBSCRIPTIONS        |            | NUCARE SERVICES CORP.          | 100.00%              | 1,014                                  | 1,014                                                  | 19 |
| 20         | V     | 21   | CLERICAL & GENERAL        |            | NUCARE SERVICES CORP.          | 100.00%              | 143,882                                | 143,882                                                | 20 |
| 21         | V     | 24   | SEMINARS AND EDUCATION    |            | NUCARE SERVICES CORP.          | 100.00%              | 259                                    | 259                                                    | 21 |
| 22         | V     | 25   | ADMIN. STAFF TRAVEL       |            | NUCARE SERVICES CORP.          | 100.00%              | 603                                    | 603                                                    | 22 |
| 23         | V     | 26   | INSURANCE                 |            | NUCARE SERVICES CORP.          | 100.00%              | 673                                    | 673                                                    | 23 |
| 24         | V     | 27   | EMPLOYEE BEN. GEN. ADMIN. |            | NUCARE SERVICES CORP.          | 100.00%              | 45,572                                 | 45,572                                                 | 24 |
| 25         | V     | 30   | DEPRECIATION              |            | NUCARE SERVICES CORP.          | 100.00%              | 7,772                                  | 7,772                                                  | 25 |
| 26         | V     | 32   | INTEREST EXPENSE          |            | NUCARE SERVICES CORP.          | 100.00%              | 2,327                                  | 2,327                                                  | 26 |
| 27         | V     | 33   | REAL ESTATE TAX           |            | NUCARE SERVICES CORP.          | 100.00%              | 7,256                                  | 7,256                                                  | 27 |
| 28         | V     | 34   | PARKING LOT RENT          |            | NUCARE SERVICES CORP.          | 100.00%              | 382                                    | 382                                                    | 28 |
| 29         | V     | 35   | EQUIPMENT RENTAL          |            | NUCARE SERVICES CORP.          | 100.00%              | 2,996                                  | 2,996                                                  | 29 |
| 30         | V     |      |                           |            |                                |                      |                                        |                                                        | 30 |
| 31         | V     | 17   | MANAGEMENT FEES           | 799,486    |                                |                      |                                        | (799,486)                                              | 31 |
| 32         | V     |      |                           |            |                                |                      |                                        |                                                        | 32 |
| 33         | V     |      |                           |            |                                |                      |                                        |                                                        | 33 |
| 34         | V     |      |                           |            |                                |                      |                                        |                                                        | 34 |
| 35         | V     |      |                           |            |                                |                      |                                        |                                                        | 35 |
| 36         | V     |      |                           |            |                                |                      |                                        |                                                        | 36 |
| 37         | V     |      |                           |            |                                |                      |                                        |                                                        | 37 |
| 38         | V     |      |                           |            |                                |                      |                                        |                                                        | 38 |
| 39         | Total |      |                           | \$ 799,486 |                                |                      | \$ 260,667                             | \$ * (538,819)                                         | 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     | 6    | MINOR EQUIPMENT                | \$        | CLINICAL CONSULTING SERVICES, LLC | 100.00%              | \$ 248                                 | \$ 248                                                 | 15 |
| 16         | V     | 10   | CLINICAL SALARIES              |           | CLINICAL CONSULTING SERVICES, LLC | 100.00%              | 7,257                                  | 7,257                                                  | 16 |
| 17         | V     | 19   | PROFESSIONAL FEES              |           | CLINICAL CONSULTING SERVICES, LLC | 100.00%              |                                        |                                                        | 17 |
| 18         | V     | 20   | DUES, LICENSE & INSPECTION     |           | CLINICAL CONSULTING SERVICES, LLC | 100.00%              | 30                                     | 30                                                     | 18 |
| 19         | V     | 21   | OFFICE WAGES                   |           | CLINICAL CONSULTING SERVICES, LLC | 100.00%              | 14,064                                 | 14,064                                                 | 19 |
| 20         | V     | 21   | OFFICE EXPENSE                 |           | CLINICAL CONSULTING SERVICES, LLC | 100.00%              | 948                                    | 948                                                    | 20 |
| 21         | V     | 24   | CONTINUING EDUCATION / SEMINAR |           | CLINICAL CONSULTING SERVICES, LLC | 100.00%              | 193                                    | 193                                                    | 21 |
| 22         | V     | 25   | AUTO EXPENSE                   |           | CLINICAL CONSULTING SERVICES, LLC | 100.00%              | 274                                    | 274                                                    | 22 |
| 23         | V     | 27   | PAYROLL TAXES                  |           | CLINICAL CONSULTING SERVICES, LLC | 100.00%              | 73                                     | 73                                                     | 23 |
| 24         | V     | 27   | OTHER EMPLOYEE BENEFITS        |           | CLINICAL CONSULTING SERVICES, LLC | 100.00%              | 846                                    | 846                                                    | 24 |
| 25         | V     | 30   | DEPRECIATION                   |           | CLINICAL CONSULTING SERVICES, LLC | 100.00%              | 113                                    | 113                                                    | 25 |
| 26         | V     | 32   | INTEREST                       |           | CLINICAL CONSULTING SERVICES, LLC | 100.00%              | 129                                    | 129                                                    | 26 |
| 27         | V     |      |                                |           |                                   |                      |                                        |                                                        | 27 |
| 28         | V     | 17   | MANAGEMENT FEES                | 50,852    |                                   |                      |                                        | (50,852)                                               | 28 |
| 29         | V     |      |                                |           |                                   |                      |                                        |                                                        | 29 |
| 30         | V     |      |                                |           |                                   |                      |                                        |                                                        | 30 |
| 31         | V     |      |                                |           |                                   |                      |                                        |                                                        | 31 |
| 32         | V     |      |                                |           |                                   |                      |                                        |                                                        | 32 |
| 33         | V     |      |                                |           |                                   |                      |                                        |                                                        | 33 |
| 34         | V     |      |                                |           |                                   |                      |                                        |                                                        | 34 |
| 35         | V     |      |                                |           |                                   |                      |                                        |                                                        | 35 |
| 36         | V     |      |                                |           |                                   |                      |                                        |                                                        | 36 |
| 37         | V     |      |                                |           |                                   |                      |                                        |                                                        | 37 |
| 38         | V     |      |                                |           |                                   |                      |                                        |                                                        | 38 |
| 39         | Total |      |                                | \$ 50,852 |                                   |                      | \$ 24,174                              | \$ * (26,678)                                          | 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     | 17   | J. RAJCHENBACH-COMP.      | \$        | JLR MANAGEMENT CORP.           | 100.00%              | \$ 9,259                               | \$ 9,259                                               | 15 |
| 16         | V     | 19   | PROFESSIONAL FEES         |           |                                |                      | 463                                    | 463                                                    | 16 |
| 17         | V     | 21   | OFFICE                    |           |                                |                      | 1,700                                  | 1,700                                                  | 17 |
| 18         | V     | 27   | EMPLOYEE BENEFITS         |           |                                |                      | 1,405                                  | 1,405                                                  | 18 |
| 19         | V     |      |                           |           |                                |                      |                                        |                                                        | 19 |
| 20         | V     |      |                           |           |                                |                      |                                        |                                                        | 20 |
| 21         | V     |      |                           |           |                                |                      |                                        |                                                        | 21 |
| 22         | V     |      |                           |           |                                |                      |                                        |                                                        | 22 |
| 23         | V     |      |                           |           |                                |                      |                                        |                                                        | 23 |
| 24         | V     |      |                           |           |                                |                      |                                        |                                                        | 24 |
| 25         | V     |      |                           |           |                                |                      |                                        |                                                        | 25 |
| 26         | V     |      |                           |           |                                |                      |                                        |                                                        | 26 |
| 27         | V     |      |                           |           |                                |                      |                                        |                                                        | 27 |
| 28         | V     |      |                           |           |                                |                      |                                        |                                                        | 28 |
| 29         | V     | 17   | MANAGEMENT FEES           | 65,000    |                                |                      |                                        | (65,000)                                               | 29 |
| 30         | V     |      |                           |           |                                |                      |                                        |                                                        | 30 |
| 31         | V     |      |                           |           |                                |                      |                                        |                                                        | 31 |
| 32         | V     |      |                           |           |                                |                      |                                        |                                                        | 32 |
| 33         | V     |      |                           |           |                                |                      |                                        |                                                        | 33 |
| 34         | V     |      |                           |           |                                |                      |                                        |                                                        | 34 |
| 35         | V     |      |                           |           |                                |                      |                                        |                                                        | 35 |
| 36         | V     |      |                           |           |                                |                      |                                        |                                                        | 36 |
| 37         | V     |      |                           |           |                                |                      |                                        |                                                        | 37 |
| 38         | V     |      |                           |           |                                |                      |                                        |                                                        | 38 |
| 39         | Total |      |                           | \$ 65,000 |                                |                      | \$ 12,827                              | \$ * (52,173)                                          | 39 |

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      | \$ 288,845 | Diamond Insurance              | 40.00%               | \$ 288,845                             | \$                                                     | 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 |      |                           | \$ 288,845 |                                |                      | \$ 288,845                             | \$ *                                                   | 39 |

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

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

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

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

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

VII. RELATED PARTIES

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

|    | 1<br>OWNERS                     |             | 2<br>RELATED NURSING HOMES                             |               | 3<br>OTHER RELATED BUSINESS ENTITIES |             |                     |    |
|----|---------------------------------|-------------|--------------------------------------------------------|---------------|--------------------------------------|-------------|---------------------|----|
|    | Name                            | Ownership % | Name                                                   | City          | Name                                 | City        | Type of Business    |    |
| 1  | ABRAHAM J. STERN                | 4.900%      | CHEVY CHASE CORP. D/B/A BRONZEVILLE PARK NURSING & REH | CHICAGO       | RENAISSANCE AT BEVERLY LE            |             | BUILDING CO.        | 1  |
| 2  | BERNARD HOLLANDER FAMILY TRUST  | 25.000%     | CALIFORNIA GARDENS CORP.                               | CHICAGO       | CLINICAL CONSULTING SERV.            | LINCOLNWOOD | CLINICAL CONSULTING | 2  |
| 3  | EVAN MICHAEL STERN 2005 TRUST   | 0.900%      | CLAREMONT EXTENDED HEALTHCARE, L.L.C.                  | BUFFALO GROVE | QUEST SERVICES CORP.                 | LINCOLNWOOD | MARKETING           | 3  |
| 4  | JONATHAN BRYAN STERN 2001 TRUST | 0.900%      | CLARIDGE IMPERIAL, LTD.                                | CHICAGO       | DBD REHABILITAION SERV.              | CHICAGO     | PSYCHIATRIC SERVICE | 4  |
| 5  | MARSHALL A. MAUER               | 6.250%      | FOREST VILLA NURSING & REHABILITATION CENTER, L.L.C.   | NILES         | JEM REHABILITATION SERV.             | CHICAGO     | PSYCHIATRIC SERVICE | 5  |
| 6  | MAURICE I. AARON                | 4.250%      | JACKSON CORP.                                          | CHICAGO       | JLR MANAGEMENT                       | LINCOLNWOOD | MANAGEMENT CO.      | 6  |
| 7  | ORA AARON                       | 2.000%      | MONROE CORP.                                           | CHICAGO       | SEASONS HOSPICE                      | PARK RIDGE  | HOSPICE             | 7  |
| 8  | ORIOLE TRUST                    | 4.950%      | THE RENAISSANCE AT HILLSIDE, INC.                      | HILLSIDE      | KFT SERVICES, LLC                    | LINCOLNWOOD | MANAGEMENT CO.      | 8  |
| 9  | RAJCHENBACH FAMILY TRUST        | 25.000%     | THE RENAISSANCE AT MIDWAY, INC.                        | CHICAGO       | 7257 N. LINCOLN AVENUE, LLC          | LINCOLNWOOD | BUILDING RENTAL     | 9  |
| 10 | ROBERT HARTMAN FAMILY TRUST     | 20.050%     | THE RENAISSANCE AT SOUTH SHORE, INC.                   | CHICAGO       | NUCARE SERVICES                      | LINCOLNWOOD | BOOKEEPING / MANAGI | 10 |
| 11 | SUSAN L. STERN                  | 4.900%      | RENAISSANCE EAST                                       | MESA, ARIZONA | DRAKE LOUIS ENTERPRISE, LI           | LINCOLNWOOD | MANAGEMENT CO.      | 11 |
| 12 | TODD ANDREW STERN 2001 TRUST    | 0.900%      | RENAISSANCE PARK SOUTH,LLC                             | CHICAGO       | DIAMOND INSURANCE                    | NORTHBROOK  | WORKERS COMP        | 12 |
| 13 |                                 |             | RENAISSANCE VILLAGE AL                                 | MESA, ARIZONA |                                      |             |                     | 13 |
| 14 |                                 |             | RENAISSANCE VILLAGE IL                                 | MESA, ARIZONA |                                      |             |                     | 14 |
| 15 |                                 |             | RENAISSANCE WEST                                       | MESA, ARIZONA |                                      |             |                     | 15 |
| 16 |                                 |             | CLAREMONT - HANOVER PARK                               | HANOVER PARK  |                                      |             |                     | 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 |

VII. RELATED PARTIES

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

|    | 1<br>OWNERS |             | 2<br>RELATED NURSING HOMES |      | 3<br>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 |

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<br><br>Name                                                                                           | 2<br><br>Title | 3<br><br>Function | 4<br><br>Ownership Interest | 5<br><br>Compensation Received From Other Nursing Homes* | 6<br><br>Average Hours Per Work Week Devoted to this Facility and % of Total Work Week |         | 7<br><br>Compensation Included in Costs for this Reporting Period** |          | 8<br><br>Schedule V. Line & Column Reference |    |
|----|---------------------------------------------------------------------------------------------------------|----------------|-------------------|-----------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------|----------|----------------------------------------------|----|
|    |                                                                                                         |                |                   |                             |                                                          | Hours                                                                                  | Percent | Description                                                         | Amount   |                                              |    |
| 1  | Jack Rajchenbach                                                                                        | Relative       | Administrative    | 0.00%                       | See Attached                                             | 5.00                                                                                   | 7.69%   | Alloc. Salary                                                       | \$ 9,259 | 17-7                                         | 1  |
| 2  | David Hartman                                                                                           | Relative       | Administrative    | 0.00%                       | See Attached                                             | 0.70                                                                                   | 1.75%   |                                                                     |          |                                              | 2  |
| 3  |                                                                                                         |                |                   |                             |                                                          |                                                                                        |         |                                                                     |          |                                              | 3  |
| 4  |                                                                                                         |                |                   |                             |                                                          |                                                                                        |         |                                                                     |          |                                              | 4  |
| 5  |                                                                                                         |                |                   |                             |                                                          |                                                                                        |         |                                                                     |          |                                              | 5  |
| 6  |                                                                                                         |                |                   |                             |                                                          |                                                                                        |         |                                                                     |          |                                              | 6  |
| 7  |                                                                                                         |                |                   |                             |                                                          |                                                                                        |         |                                                                     |          |                                              | 7  |
| 8  |                                                                                                         |                |                   |                             |                                                          |                                                                                        |         |                                                                     |          |                                              | 8  |
| 9  |                                                                                                         |                |                   |                             |                                                          |                                                                                        |         |                                                                     |          |                                              | 9  |
| 10 | Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect |                |                   |                             |                                                          |                                                                                        |         |                                                                     |          |                                              | 10 |
| 11 | only amounts anticipated to be considered allowable by the IL Dept. of HFS.                             |                |                   |                             |                                                          |                                                                                        |         |                                                                     |          |                                              | 11 |
| 12 |                                                                                                         |                |                   |                             |                                                          |                                                                                        |         |                                                                     |          |                                              | 12 |
| 13 |                                                                                                         |                |                   |                             |                                                          |                                                                                        |         | TOTAL                                                               | \$ 9,259 |                                              | 13 |

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

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

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

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 X

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

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

|    | 1                               | 2    | 3                                                              | 4           | 5                                              | 6                                         | 7                                                 | 8                 | 9                                  |    |
|----|---------------------------------|------|----------------------------------------------------------------|-------------|------------------------------------------------|-------------------------------------------|---------------------------------------------------|-------------------|------------------------------------|----|
|    | Schedule V<br>Line<br>Reference | Item | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(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 |

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

|    | 1          | 2                        | 3                        | 4           | 5               | 6              | 7                | 8        | 9                    |    |
|----|------------|--------------------------|--------------------------|-------------|-----------------|----------------|------------------|----------|----------------------|----|
|    | Schedule V |                          | Unit of Allocation       |             | Number of       | Total Indirect | Amount of Salary | Facility | Allocation           |    |
|    | Line       | Item                     | (i.e.,Days, Direct Cost, | Total Units | Subunits Being  | Cost Being     | Cost Contained   | Units    | (col.8/col.4)x col.6 |    |
|    | Reference  |                          | Square Feet)             |             | Allocated Among | Allocated      | in Column 6      |          |                      |    |
| 1  | 5          | UTILITIES                | AVAIL. CENSUS DAYS       | 1,283,340   | 16              | \$ 36,192      | \$               | 76,650   | \$ 2,162             | 1  |
| 2  | 6          | REPAIRS AND MAINT.       | AVAIL. CENSUS DAYS       | 1,283,340   | 16              | 143,887        |                  | 76,650   | 8,594                | 2  |
| 3  | 17         | ADMIN. - NON-OWNER       | AVAIL. CENSUS DAYS       | 1,283,340   | 16              | 226,766        | 211,441          | 76,650   | 13,544               | 3  |
| 4  | 19         | PROFESSIONAL FEES        | AVAIL. CENSUS DAYS       | 1,283,340   | 16              | 395,673        |                  | 76,650   | 23,632               | 4  |
| 5  | 20         | FEES SUBSCRIPTIONS       | AVAIL. CENSUS DAYS       | 1,283,340   | 16              | 16,986         |                  | 76,650   | 1,014                | 5  |
| 6  | 21         | CLERICAL & GENERAL       | AVAIL. CENSUS DAYS       | 1,283,340   | 16              | 2,408,992      | (706,320)        | 76,650   | 143,882              | 6  |
| 7  | 24         | SEMINARS AND EDUCATION   | AVAIL. CENSUS DAYS       | 1,283,340   | 16              | 4,332          |                  | 76,650   | 259                  | 7  |
| 8  | 25         | ADMIN. STAFF TRAVEL      | AVAIL. CENSUS DAYS       | 1,283,340   | 16              | 10,088         |                  | 76,650   | 603                  | 8  |
| 9  | 26         | INSURANCE                | AVAIL. CENSUS DAYS       | 1,283,340   | 16              | 11,273         |                  | 76,650   | 673                  | 9  |
| 10 | 27         | EMPLOYEE BEN. GEN. ADMIN | AVAIL. CENSUS DAYS       | 1,283,340   | 16              | 763,008        |                  | 76,650   | 45,572               | 10 |
| 11 | 30         | DEPRECIATION             | AVAIL. CENSUS DAYS       | 1,283,340   | 16              | 130,120        |                  | 76,650   | 7,772                | 11 |
| 12 | 32         | INTEREST EXPENSE         | AVAIL. CENSUS DAYS       | 1,283,340   | 16              | 38,953         |                  | 76,650   | 2,327                | 12 |
| 13 | 33         | REAL ESTATE TAX          | AVAIL. CENSUS DAYS       | 1,283,340   | 16              | 121,491        |                  | 76,650   | 7,256                | 13 |
| 14 | 34         | PARKING LOT RENT         | AVAIL. CENSUS DAYS       | 1,283,340   | 16              | 6,400          |                  | 76,650   | 382                  | 14 |
| 15 | 35         | EQUIPMENT RENTAL         | AVAIL. CENSUS DAYS       | 1,283,340   | 16              | 50,154         |                  | 76,650   | 2,996                | 15 |
| 16 |            |                          |                          |             |                 |                |                  |          |                      | 16 |
| 17 |            |                          |                          |             |                 |                |                  |          |                      | 17 |
| 18 |            |                          |                          |             |                 |                |                  |          |                      | 18 |
| 19 |            |                          |                          |             |                 |                |                  |          |                      | 19 |
| 20 |            |                          |                          |             |                 |                |                  |          |                      | 20 |
| 21 |            |                          |                          |             |                 |                |                  |          |                      | 21 |
| 22 |            |                          |                          |             |                 |                |                  |          |                      | 22 |
| 23 |            |                          |                          |             |                 |                |                  |          |                      | 23 |
| 24 |            |                          |                          |             |                 |                |                  |          |                      | 24 |
| 25 | TOTALS     |                          |                          |             |                 | \$ 4,364,315   | \$               |          | \$ 260,667           | 25 |

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

|    | 1          | 2                          | 3                        | 4           | 5               | 6              | 7                | 8        | 9                    |    |
|----|------------|----------------------------|--------------------------|-------------|-----------------|----------------|------------------|----------|----------------------|----|
|    | Schedule V |                            | Unit of Allocation       |             | Number of       | Total Indirect | Amount of Salary | Facility | Allocation           |    |
|    | Line       | Item                       | (i.e.,Days, Direct Cost, | Total Units | Subunits Being  | Cost Being     | Cost Contained   | Units    | (col.8/col.4)x col.6 |    |
|    | Reference  |                            | Square Feet)             |             | Allocated Among | Allocated      | in Column 6      |          |                      |    |
| 1  | 6          | MINOR EQUIPMENT            | AVAIL. CENSUS DAYS       | 1,283,340   | 17              | \$ 4,147       | \$               | 76,650   | \$ 248               | 1  |
| 2  | 10         | CLINICAL SALARIES          | AVAIL. CENSUS DAYS       | 1,283,340   | 17              | 121,500        | 121,500          | 76,650   | 7,257                | 2  |
| 3  | 19         | PROFESSIONAL FEES          | AVAIL. CENSUS DAYS       | 1,283,340   | 17              |                |                  | 76,650   |                      | 3  |
| 4  | 20         | DUES, LICENSE & INSPECTION | AVAIL. CENSUS DAYS       | 1,283,340   | 17              | 500            |                  | 76,650   | 30                   | 4  |
| 5  | 21         | OFFICE WAGES               | AVAIL. CENSUS DAYS       | 1,283,340   | 17              | 235,467        | 235,467          | 76,650   | 14,064               | 5  |
| 6  | 21         | OFFICE EXPENSE             | AVAIL. CENSUS DAYS       | 1,283,340   | 17              | 15,872         |                  | 76,650   | 948                  | 6  |
| 7  | 24         | CONTINUING EDUCATION / SE  | AVAIL. CENSUS DAYS       | 1,283,340   | 17              | 3,225          |                  | 76,650   | 193                  | 7  |
| 8  | 25         | AUTO EXPENSE               | AVAIL. CENSUS DAYS       | 1,283,340   | 17              | 4,586          |                  | 76,650   | 274                  | 8  |
| 9  | 27         | PAYROLL TAXES              | AVAIL. CENSUS DAYS       | 1,283,340   | 17              | 1,222          |                  | 76,650   | 73                   | 9  |
| 10 | 27         | OTHER EMPLOYEE BENEFITS    | AVAIL. CENSUS DAYS       | 1,283,340   | 17              | 14,168         |                  | 76,650   | 846                  | 10 |
| 11 | 30         | DEPRECIATION               | AVAIL. CENSUS DAYS       | 1,283,340   | 17              | 1,896          |                  | 76,650   | 113                  | 11 |
| 12 | 32         | INTEREST                   | AVAIL. CENSUS DAYS       | 1,283,340   | 17              | 2,164          |                  | 76,650   | 129                  | 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     |                            |                          |             |                 | \$ 404,746     | \$ 356,967       |          | \$ 24,174            | 25 |

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

|    | 1          | 2                    | 3                        | 4           | 5               | 6              | 7                | 8        | 9                    |    |
|----|------------|----------------------|--------------------------|-------------|-----------------|----------------|------------------|----------|----------------------|----|
|    | Schedule V |                      | Unit of Allocation       |             | Number of       | Total Indirect | Amount of Salary | Facility | Allocation           |    |
|    | Line       | Item                 | (i.e.,Days, Direct Cost, | Total Units | Subunits Being  | Cost Being     | Cost Contained   | Units    | (col.8/col.4)x col.6 |    |
|    | Reference  |                      | Square Feet)             |             | Allocated Among | Allocated      | in Column 6      |          |                      |    |
| 1  | 17         | J. RAJCHENBACH-COMP. | AVG. HOURS WORKED        | 54          | 9               | \$ 100,000     | \$ 100,000       | 5        | \$ 9,259             | 1  |
| 2  | 19         | PROFESSIONAL FEES    | AVG. HOURS WORKED        | 54          | 9               | 5,000          |                  | 5        | 463                  | 2  |
| 3  | 21         | OFFICE               | AVG. HOURS WORKED        | 54          | 9               | 18,359         | 18,359           | 5        | 1,700                | 3  |
| 4  | 27         | EMPLOYEE BENEFITS    | AVG. HOURS WORKED        | 54          | 9               | 15,176         |                  | 5        | 1,405                | 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     |                      |                          |             |                 | \$ 138,535     | \$ 118,359       |          | \$ 12,827            | 25 |

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Diamond Insurance  
Street Address 40 Skokie Blvd, Suite 105  
City / State / Zip Code Northbrook, IL 60062  
Phone Number ( 847) 559-1002  
Fax Number ( 847) 562-0070

|    | 1                               | 2                    | 3                                                              | 4           | 5                                              | 6                                         | 7                                                 | 8                 | 9                                  |    |
|----|---------------------------------|----------------------|----------------------------------------------------------------|-------------|------------------------------------------------|-------------------------------------------|---------------------------------------------------|-------------------|------------------------------------|----|
|    | Schedule V<br>Line<br>Reference | Item                 | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(col.8/col.4)x col.6 |    |
| 1  | 22                              | Workers Compensation | Direct Allocation                                              |             |                                                | \$                                        | \$                                                |                   | \$ 288,845                         | 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                          |                      |                                                                |             |                                                | \$                                        | \$                                                |                   | \$ 288,845                         | 25 |

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

|    | 1                               | 2    | 3                                                              | 4           | 5                                              | 6                                         | 7                                                 | 8                 | 9                                  |    |
|----|---------------------------------|------|----------------------------------------------------------------|-------------|------------------------------------------------|-------------------------------------------|---------------------------------------------------|-------------------|------------------------------------|----|
|    | Schedule V<br>Line<br>Reference | Item | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(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 |

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

|    | 1                               | 2    | 3                                                              | 4           | 5                                              | 6                                         | 7                                                 | 8                 | 9                                  |    |
|----|---------------------------------|------|----------------------------------------------------------------|-------------|------------------------------------------------|-------------------------------------------|---------------------------------------------------|-------------------|------------------------------------|----|
|    | Schedule V<br>Line<br>Reference | Item | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(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 |

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

|    | 1                               | 2    | 3                                                              | 4           | 5                                              | 6                                         | 7                                                 | 8                 | 9                                  |    |
|----|---------------------------------|------|----------------------------------------------------------------|-------------|------------------------------------------------|-------------------------------------------|---------------------------------------------------|-------------------|------------------------------------|----|
|    | Schedule V<br>Line<br>Reference | Item | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(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 |

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

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<br>Line<br>Reference | Item | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(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 |

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

|    | 1                               | 2    | 3                                                              | 4           | 5                                              | 6                                         | 7                                                 | 8                 | 9                                  |    |
|----|---------------------------------|------|----------------------------------------------------------------|-------------|------------------------------------------------|-------------------------------------------|---------------------------------------------------|-------------------|------------------------------------|----|
|    | Schedule V<br>Line<br>Reference | Item | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(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 |

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

| 1  |                                        | 2         |    | 3               | 4                        | 5            | 6              |           | 7             | 8                        | 9                                 | 10      |    |
|----|----------------------------------------|-----------|----|-----------------|--------------------------|--------------|----------------|-----------|---------------|--------------------------|-----------------------------------|---------|----|
|    | Name of Lender                         | Related** |    | Purpose of Loan | Monthly Payment Required | Date of Note | Amount of Note |           | Maturity Date | Interest Rate (4 Digits) | Reporting Period Interest Expense |         |    |
|    |                                        | YES       | NO |                 |                          |              | Original       | Balance   |               |                          |                                   |         |    |
|    | A. Directly Facility Related Long-Term |           |    |                 |                          |              |                |           |               |                          |                                   |         |    |
| 1  | Mortgage                               |           | X  | Building        |                          |              | \$             | 9,152,629 |               |                          | \$                                | 527,590 | 1  |
| 2  |                                        |           |    |                 |                          |              |                |           |               |                          |                                   |         | 2  |
| 3  |                                        |           |    |                 |                          |              |                |           |               |                          |                                   |         | 3  |
| 4  |                                        |           |    |                 |                          |              |                |           |               |                          |                                   |         | 4  |
| 5  | See Supplemental Schedule              |           |    |                 |                          |              |                |           |               |                          |                                   |         | 5  |
|    | Working Capital                        |           |    |                 |                          |              |                |           |               |                          |                                   |         |    |
| 6  | Allocated from NuCare                  |           | X  |                 |                          |              |                |           |               |                          |                                   | 2,327   | 6  |
| 7  | Allcoated from CCS                     |           | X  |                 |                          |              |                |           |               |                          |                                   | 129     | 7  |
| 8  | See Supplemental Schedule              |           |    |                 |                          |              |                |           |               |                          |                                   |         | 8  |
| 9  | TOTAL Facility Related                 |           |    |                 |                          |              | \$             | 9,152,629 |               |                          | \$                                | 530,046 | 9  |
|    | B. Non-Facility Related*               |           |    |                 |                          |              |                |           |               |                          |                                   |         |    |
| 10 | Interest Income                        |           | X  |                 |                          |              |                |           |               |                          |                                   | (888)   | 10 |
| 11 | Interest Income - Bldg. Co.            |           | X  |                 |                          |              |                |           |               |                          |                                   | (574)   | 11 |
| 12 |                                        |           |    |                 |                          |              |                |           |               |                          |                                   |         | 12 |
| 13 | See Supplemental Schedule              |           |    |                 |                          |              |                |           |               |                          |                                   |         | 13 |
| 14 | TOTAL Non-Facility Related             |           |    |                 |                          |              | \$             |           |               |                          | \$                                | (1,462) | 14 |
| 15 | TOTALS (line 9+line14)                 |           |    |                 |                          |              | \$             | 9,152,629 |               |                          | \$                                | 528,584 | 15 |

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 45,956 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.)

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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

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

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

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

B. Real Estate Taxes

|                                                                                                                                                                                                                                                                                                    |  |                                                                                                                            |         |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|---------|----|--|
|                                                                                                                                                                                                                                                                                                    |  | Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report. |         |    |  |
| 1. Real Estate Tax accrual used on 2010 report.                                                                                                                                                                                                                                                    |  | \$                                                                                                                         | 407,345 | 1  |  |
| 2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)                                                                                                                                              |  | \$                                                                                                                         | 412,092 | 2  |  |
| 3. Under or (over) accrual (line 2 minus line 1).                                                                                                                                                                                                                                                  |  | \$                                                                                                                         | 4,747   | 3  |  |
| 4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)                                                                                                                                                                         |  | \$                                                                                                                         | 425,078 | 4  |  |
| 5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C.<br>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county. |  | \$                                                                                                                         | 3,636   | 5  |  |
| 6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.                                                                                                                  |  |                                                                                                                            |         |    |  |
| TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)                                                                                                                                                                                                      |  | \$                                                                                                                         |         | 6  |  |
| 7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.                                                                                                                                                                                        |  | \$                                                                                                                         | 433,461 | 7  |  |
| Real Estate Tax History:                                                                                                                                                                                                                                                                           |  |                                                                                                                            |         |    |  |
| Real Estate Tax Bill for Calendar Year:                                                                                                                                                                                                                                                            |  | 2006                                                                                                                       | 333,544 | 8  |  |
|                                                                                                                                                                                                                                                                                                    |  | 2007                                                                                                                       | 325,273 | 9  |  |
|                                                                                                                                                                                                                                                                                                    |  | 2008                                                                                                                       | 328,537 | 10 |  |
|                                                                                                                                                                                                                                                                                                    |  | 2009                                                                                                                       | 387,946 | 11 |  |
|                                                                                                                                                                                                                                                                                                    |  | 2010                                                                                                                       | 404,836 | 12 |  |
| 2011 Accrual = \$404,836 x 1.05 = \$425,078                                                                                                                                                                                                                                                        |  |                                                                                                                            |         |    |  |
| Allocated from NuCare: \$7,256                                                                                                                                                                                                                                                                     |  |                                                                                                                            |         |    |  |
|                                                                                                                                                                                                                                                                                                    |  |                                                                                                                            |         |    |  |
|                                                                                                                                                                                                                                                                                                    |  |                                                                                                                            |         |    |  |
|                                                                                                                                                                                                                                                                                                    |  |                                                                                                                            |         |    |  |

|                  |                                       |    |
|------------------|---------------------------------------|----|
| FOR BHF USE ONLY |                                       |    |
| 13               | FROM R. E. TAX STATEMENT FOR 2010 \$  | 13 |
| 14               | PLUS APPEAL COST FROM LINE 5 \$       | 14 |
| 15               | LESS REFUND FROM LINE 6 \$            | 15 |
| 16               | AMOUNT TO USE FOR RATE CALCULATION \$ | 16 |

- NOTES:
1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

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 2010 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 2010.

| (A)                           | (B)                            | (C)                  | (D)                                                       |
|-------------------------------|--------------------------------|----------------------|-----------------------------------------------------------|
| <u>Tax Index Number</u>       | <u>Property Description</u>    | <u>Total Tax</u>     | <u>Tax</u><br><u>Applicable to</u><br><u>Nursing Home</u> |
| 1. <u>19-36-322-011-0000</u>  | <u>Long Term Care Property</u> | \$ <u>56,578.94</u>  | \$ <u>56,578.94</u>                                       |
| 2. <u>19-36-322-012-0000</u>  | <u>Long Term Care Property</u> | \$ <u>71,609.17</u>  | \$ <u>71,609.17</u>                                       |
| 3. <u>19-36-322-013-0000</u>  | <u>Long Term Care Property</u> | \$ <u>110,226.79</u> | \$ <u>110,226.79</u>                                      |
| 4. <u>19-36-322-014-0000</u>  | <u>Long Term Care Property</u> | \$ <u>79,332.69</u>  | \$ <u>79,332.69</u>                                       |
| 5. <u>19-36-322-015-0000</u>  | <u>Long Term Care Property</u> | \$ <u>71,609.17</u>  | \$ <u>71,609.17</u>                                       |
| 6. <u>19-36-322-016-0000</u>  | <u>Long Term Care Property</u> | \$ <u>10,482.98</u>  | \$ <u>10,482.98</u>                                       |
| 7. <u>19-36-322-017-0000</u>  | <u>Long Term Care Property</u> | \$ <u>2,581.13</u>   | \$ <u>2,581.13</u>                                        |
| 8. <u>19-36-322-018-0000</u>  | <u>Long Term Care Property</u> | \$ <u>2,415.30</u>   | \$ <u>2,415.30</u>                                        |
| 9. <u>10-27-319-028-0000</u>  | <u>Home Office Allocation</u>  | \$ <u>81,875.48</u>  | \$ <u>4,401.16</u>                                        |
| 10. <u>10-27-319-028-0000</u> | <u>Home Office Allocation</u>  | \$ <u>81,875.48</u>  | \$ <u>244.51</u>                                          |
| TOTALS                        |                                | \$ <u>568,587.13</u> | \$ <u>409,481.84</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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

**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.**

## 2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

|               |                                |        |             |
|---------------|--------------------------------|--------|-------------|
| FACILITY NAME | <u>Renaissance At 87Th St.</u> | COUNTY | <u>Cook</u> |
|---------------|--------------------------------|--------|-------------|

FACILITY IDPH LICENSE NUMBER 0042093

CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

### A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

| (A)                     | (B)                         | (C)              | (D)                                           |
|-------------------------|-----------------------------|------------------|-----------------------------------------------|
| <u>Tax Index Number</u> | <u>Property Description</u> | <u>Total Tax</u> | <u>Tax<br/>Applicable to<br/>Nursing Home</u> |
| 1.                      |                             | \$               | \$                                            |
| 2.                      |                             | \$               | \$                                            |
| 3.                      |                             | \$               | \$                                            |
| 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?

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.

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?  
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:

A. Land.

|   | 1                               | 2           | 3             | 4          |   |
|---|---------------------------------|-------------|---------------|------------|---|
|   | Use                             | Square Feet | Year Acquired | Cost       |   |
| 1 | Facility                        | 51,162      | 1994          | \$ 143,613 | 1 |
| 2 | Allocation from 7257 N. Lincoln |             |               | 9,079      | 2 |
| 3 | TOTALS                          | 51,162      |               | \$ 152,692 | 3 |

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At 87Th St.

#

0042093

Report Period Beginning:

01/01/11

Ending:

12/31/11

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<br>Acquired | Year<br>Constructed | Cost         | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |  |
| 4  | 210                |                  |                  | 1999                | \$ 8,932,245 | \$ 223,911                   | 39               | \$ 223,306                    | \$ (605)    | \$ 2,832,818                | 4  |  |
| 5  |                    |                  |                  | 1999                | 4,436        |                              |                  |                               |             |                             | 5  |  |
| 6  |                    |                  |                  | 1999                | (204,169)    |                              |                  |                               |             |                             | 6  |  |
| 7  |                    |                  |                  |                     |              |                              |                  |                               |             |                             | 7  |  |
| 8  |                    |                  |                  |                     |              |                              |                  |                               |             |                             | 8  |  |
|    | Improvement Type** |                  |                  |                     |              |                              |                  |                               |             |                             |    |  |
| 9  | Various            |                  |                  | 1999                | 89,068       |                              | 20               | 4,434                         | 4,434       | 55,074                      | 9  |  |
| 10 | Various            |                  |                  | 2000                | 45,130       |                              | 20               | 1,174                         | 1,174       | 13,488                      | 10 |  |
| 11 | Various            |                  |                  | 2001                | 42,797       |                              | 20               | 2,140                         | 2,140       | 22,211                      | 11 |  |
| 12 | Various            |                  |                  | 2002                | 12,014       |                              | 20               | 858                           | 858         | 8,319                       | 12 |  |
| 13 | Various            |                  |                  | 2003                | 20,012       |                              | 20               | 1,207                         | 1,207       | 10,348                      | 13 |  |
| 14 | Various            |                  |                  | 2004                | 29,945       |                              | 20               | 2,846                         | 2,846       | 22,276                      | 14 |  |
| 15 | Various            |                  |                  | 2005                | 20,479       |                              | 20               | 1,591                         | 1,591       | 13,948                      | 15 |  |
| 16 | Various            |                  |                  | 2006                | 135,109      |                              | 20               | 14,394                        | 14,394      | 98,384                      | 16 |  |
| 17 | Various            |                  |                  | 2007                | 6,126        |                              | 20               | 613                           | 613         | 2,553                       | 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

Facility Name &amp; ID Number Renaissance At 87Th St.

# 0042093

Report Period Beginning:

01/01/11

Ending:

12/31/11

**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<br>Constructed | Cost          | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments  | Accumulated<br>Depreciation |    |
| 37                 |                     | \$            | \$                           |                  | \$                            | \$           | \$                          | 37 |
| 38                 |                     |               |                              |                  |                               |              |                             | 38 |
| 39                 |                     |               |                              |                  |                               |              |                             | 39 |
| 40                 |                     |               |                              |                  |                               |              |                             | 40 |
| 41                 |                     |               |                              |                  |                               |              |                             | 41 |
| 42                 |                     |               |                              |                  |                               |              |                             | 42 |
| 43                 |                     |               |                              |                  |                               |              |                             | 43 |
| 44                 |                     |               |                              |                  |                               |              |                             | 44 |
| 45                 |                     |               |                              |                  |                               |              |                             | 45 |
| 46                 |                     |               |                              |                  |                               |              |                             | 46 |
| 47                 |                     |               |                              |                  |                               |              |                             | 47 |
| 48                 |                     |               |                              |                  |                               |              |                             | 48 |
| 49                 |                     |               |                              |                  |                               |              |                             | 49 |
| 50                 |                     |               |                              |                  |                               |              |                             | 50 |
| 51                 |                     |               |                              |                  |                               |              |                             | 51 |
| 52                 |                     |               |                              |                  |                               |              |                             | 52 |
| 53                 |                     |               |                              |                  |                               |              |                             | 53 |
| 54                 |                     |               |                              |                  |                               |              |                             | 54 |
| 55                 |                     |               |                              |                  |                               |              |                             | 55 |
| 56                 |                     |               |                              |                  |                               |              |                             | 56 |
| 57                 |                     |               |                              |                  |                               |              |                             | 57 |
| 58                 |                     |               |                              |                  |                               |              |                             | 58 |
| 59                 |                     |               |                              |                  |                               |              |                             | 59 |
| 60                 |                     |               |                              |                  |                               |              |                             | 60 |
| 61                 |                     |               |                              |                  |                               |              |                             | 61 |
| 62                 |                     |               |                              |                  |                               |              |                             | 62 |
| 63                 |                     |               |                              |                  |                               |              |                             | 63 |
| 64                 |                     |               |                              |                  |                               |              |                             | 64 |
| 65                 |                     |               |                              |                  |                               |              |                             | 65 |
| 66                 |                     |               |                              |                  |                               |              |                             | 66 |
| 67                 |                     | 852,891       | 48,389                       |                  | 42,645                        | (5,744)      | 158,850                     | 67 |
| 68                 |                     | 172,998       | 5,723                        |                  | 4,926                         | (797)        | 31,925                      | 68 |
| 69                 |                     |               | 131,107                      |                  |                               | (131,107)    |                             | 69 |
| 70                 |                     | \$ 10,159,081 | \$ 409,130                   |                  | \$ 300,133                    | \$ (108,997) | \$ 3,270,192                | 70 |

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Renaissance At 87Th St.

# 0042093

Report Period Beginning:

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Ending:

12/31/11

**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>                      |                  | \$ 10,159,081 | \$ 409,130                |               | \$ 300,133                 | \$ (108,997) | \$ 3,270,192             | 1  |
| 2  | Elevator Repairs                                                  | 2008             | 9,702         |                           | 20            | 485                        | 485          | 1,657                    | 2  |
| 3  | Remodel 1St Floor Showers, Replace Tile In 1&2                    | 2010             | 4,217         |                           | 20            | 422                        | 422          | 843                      | 3  |
| 4  | Bathroom Remodeling, Remove And Install New Tiles, Grout And      | 2010             | 3,902         |                           | 20            | 390                        | 390          | 780                      | 4  |
| 5  | Remodel Bathrooms - Paint, Tile, Floor, Baseboards                | 2010             | 6,593         |                           | 20            | 659                        | 659          | 1,319                    | 5  |
| 6  | Bathroom Remodeling, Replace Drywalls And Tiles In 204,205,211    | 2010             | 2,900         |                           | 20            | 290                        | 290          | 556                      | 6  |
| 7  | Install 48 Openings For Cable Tv, 24 Outlets For Tv, Run Rg 6 Fo  | 2010             | 2,880         |                           | 20            | 288                        | 288          | 528                      | 7  |
| 8  | Konecto Plank Metroflor, Tuscania Florida Acorio-Breakroom Re     | 2010             | 3,664         |                           | 20            | 366                        | 366          | 672                      | 8  |
| 9  | Bathroom Remodeling 101, 104, 111, 120, 129, Remove/Replace D     | 2010             | 2,900         |                           | 20            | 290                        | 290          | 532                      | 9  |
| 10 | Paint Hallway Walls, 2 Coats, 2 Tones                             | 2010             | 3,800         |                           | 20            | 380                        | 380          | 697                      | 10 |
| 11 | Roof Repair                                                       | 2010             | 4,375         |                           | 20            | 438                        | 438          | 802                      | 11 |
| 12 | Install 1 Carrier Chiller, Air Cooled Rotary Scroll Chiller       | 2010             | 73,799        |                           | 20            | 7,380                      | 7,380        | 7,995                    | 12 |
| 13 | Chi. Code Modification, Insulate Supply And Return Line, New Fl   | 2010             | 12,092        |                           | 20            | 1,209                      | 1,209        | 2,015                    | 13 |
| 14 | Bathroom Remodeling 103, 105, 110, 122, 123, Remove/Replace D     | 2010             | 2,900         |                           | 20            | 290                        | 290          | 508                      | 14 |
| 15 | Staff Dining Rooms & Hallway- Patch, Sand, Repaint, Remove An     | 2010             | 3,150         |                           | 20            | 315                        | 315          | 551                      | 15 |
| 16 | 1St Flr Resident Rooms-Furnish And Install 18 Upholstered Corn    | 2010             | 24,660        |                           | 20            | 2,466                      | 2,466        | 4,932                    | 16 |
| 17 | Remove Old Retaining Wall In Front Of Facility And Build A New    | 2010             | 6,800         |                           | 20            | 680                        | 680          | 1,190                    | 17 |
| 18 | Reimburse Bronzeville For 87Th Invoices Paid,. 24 Fluorescent Lig | 2010             | 3,520         |                           | 20            | 352                        | 352          | 616                      | 18 |
| 19 | Recover Rear Patio Canopy Using Old Frame With Ferrari Fabric     | 2010             | 8,279         |                           | 20            | 828                        | 828          | 1,449                    | 19 |
| 20 | Flr 1 Dining Rm- Remove Desk, New Kitchen Cabinet Doors Touch     | 2010             | 19,500        |                           | 20            | 1,950                      | 1,950        | 3,250                    | 20 |
| 21 | Furnish And Install Interior And Exterior Sliding Doors           | 2010             | 8,479         |                           | 20            | 848                        | 848          | 1,343                    | 21 |
| 22 | 30 Yds Wallcovering Field, 60 Yds Accent Wallcovering             | 2010             | 2,535         |                           | 20            | 254                        | 254          | 401                      | 22 |
| 23 | Replace Defective Parts Of Walk-In Freezer In Kitchen Office, La  | 2010             | 3,408         |                           | 20            | 341                        | 341          | 511                      | 23 |
| 24 | Install 2, Washer/Condensor, New Air Vent, New Control On Pun     | 2010             | 3,298         |                           | 20            | 330                        | 330          | 495                      | 24 |
| 25 | Painting Of 3Rd Floor Patient Rooms And Bathrooms W/ 2 Coats      | 2010             | 19,253        |                           | 20            | 1,925                      | 1,925        | 2,727                    | 25 |
| 26 | Furnish 7 Cameras, 6 1/3 Sony Super Had Ccd, 1 Sony Had Ir Aut    | 2010             | 5,530         |                           | 20            | 1,106                      | 1,106        | 2,212                    | 26 |
| 27 | Remove Existing Ceiling Tile And Furnish And Install New Ceilin   | 2010             | 12,535        |                           | 20            | 1,254                      | 1,254        | 1,880                    | 27 |
| 28 | Paint Patient Rooms Floor 2                                       | 2010             | 19,253        |                           | 20            | 1,925                      | 1,925        | 2,407                    | 28 |
| 29 | Electrical Work In 10 Rooms                                       | 2010             | 3,480         |                           | 20            | 348                        | 348          | 435                      | 29 |
| 30 | Installation Of Wood Trims                                        | 2010             | 5,230         |                           | 20            | 523                        | 523          | 654                      | 30 |
| 31 | Painting Patient Rooms On 1St Floor                               | 2010             | 18,120        |                           | 20            | 1,812                      | 1,812        | 2,114                    | 31 |
| 32 | High Output High Head Pump                                        | 2010             | 3,600         |                           | 20            | 720                        | 720          | 960                      | 32 |
| 33 | Deposit For Water Tank Expansion                                  | 2010             | 2,502         |                           | 20            | 500                        | 500          | 584                      | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>                                    |                  | \$ 10,465,936 | \$ 409,130                |               | \$ 331,497                 | \$ (77,633)  | \$ 3,317,807             | 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 Renaissance At 87Th St.

# 0042093

Report Period Beginning:

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Ending:

12/31/11

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

| 1  | Improvement Type**                                                | 3<br>Year<br>Constructed | 4<br>Cost     | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|-------------------------------------------------------------------|--------------------------|---------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1  | <b>Totals from Page 12B, Carried Forward</b>                      |                          | \$ 10,465,936 | \$ 409,130                        |                       | \$ 331,497                         | \$ (77,633)      | \$ 3,317,807                     | 1  |
| 2  | Walk In Cooler Repairs                                            | 2010                     | 2,840         |                                   | 20                    | 142                                | 142              | 201                              | 2  |
| 3  | Painting                                                          | 2010                     | 2,640         |                                   | 20                    | 132                                | 132              | 264                              | 3  |
| 4  | Repairs To Patio Crack In Concrete                                | 2010                     | 4,700         |                                   | 20                    | 235                                | 235              | 411                              | 4  |
| 5  | Electrical Work                                                   | 2010                     | 3,440         |                                   | 20                    | 172                                | 172              | 287                              | 5  |
| 6  | Asphalt Repair                                                    | 2010                     | 7,225         |                                   | 20                    | 361                                | 361              | 542                              | 6  |
| 7  | Labor And Materials To Replace 91 Bathroom Lights                 | 2011                     | 6,822         |                                   | 20                    | 569                                | 569              | 569                              | 7  |
| 8  | Fabricate 10 Floor Pad Cabinets For Patient Rooms To Match Col    | 2011                     | 4,750         |                                   | 20                    | 396                                | 396              | 396                              | 8  |
| 9  | 3 Flrs Dining Rooms, Fabricate 90 Custom Made Window Railing      | 2011                     | 7,500         |                                   | 20                    | 625                                | 625              | 625                              | 9  |
| 10 | Custom Build 10 Floor Pad Cabinets For Patient Rooms              | 2011                     | 4,750         |                                   | 20                    | 356                                | 356              | 356                              | 10 |
| 11 | 2000 Lf Chair Rail Poplar 5/8' X 2 1/2 "                          | 2011                     | 2,746         |                                   | 20                    | 137                                | 137              | 137                              | 11 |
| 12 | Custom Build 53" Wall Cabinet, Beveled Edge Counter Top W/ 2      | 2011                     | 5,725         |                                   | 20                    | 286                                | 286              | 286                              | 12 |
| 13 | 10 Custom Build Floor Pad Cabinet For Patient Rooms, Color Ma     | 2011                     | 4,750         |                                   | 20                    | 396                                | 396              | 396                              | 13 |
| 14 | 10 Custom Built Cabinets Fir Floor Mattress Pads                  | 2011                     | 4,850         |                                   | 20                    | 162                                | 162              | 162                              | 14 |
| 15 | Installation Of Pumps, Electrical Work, Piping & Fittings         | 2011                     | 4,850         |                                   | 20                    | 970                                | 970              | 970                              | 15 |
| 16 | Window Treatments                                                 | 2011                     | 23,240        |                                   | 20                    | 775                                | 775              | 775                              | 16 |
| 17 | Painting/Lighting                                                 | 2011                     | 4,547         |                                   | 20                    | 152                                | 152              | 152                              | 17 |
| 18 | Wallpaper/Paints                                                  | 2011                     | 24,640        |                                   | 20                    | 8,213                              | 8,213            | 8,213                            | 18 |
| 19 | Electrical                                                        | 2011                     | 4,780         |                                   | 20                    | 159                                | 159              | 159                              | 19 |
| 20 | Millwork/Railings                                                 | 2011                     | 36,380        |                                   | 20                    | 1,213                              | 1,213            | 1,213                            | 20 |
| 21 | Measure And Design Cabinet Layout, Custom Build Tv Entertaini     | 2011                     | 13,540        |                                   | 20                    | 113                                | 113              | 113                              | 21 |
| 22 | Install Kitchen Sink, Faucet, New Water And Sewer Lines, Replac   | 2011                     | 2,700         |                                   | 20                    | 90                                 | 90               | 90                               | 22 |
| 23 | 1St Flr Nurses Station - Custom Built In Cabinets & Refinish Entr | 2011                     | 4,580         |                                   | 20                    | 229                                | 229              | 229                              | 23 |
| 24 | Fabricate Molding For 137 Windows & Installed 6 New Windows       | 2011                     | 4,806         |                                   | 20                    | 240                                | 240              | 240                              | 24 |
| 25 | Room Lot Signage                                                  | 2011                     | 11,206        |                                   | 20                    | 560                                | 560              | 560                              | 25 |
| 26 | Wallcovering - Lobby - Prep Walls, Install & New Vynyl            | 2011                     | 2,572         |                                   | 20                    | 129                                | 129              | 129                              | 26 |
| 27 | Installing Power Outlets & Cable Tv In Rooms                      | 2011                     | 2,890         |                                   | 20                    | 145                                | 145              | 145                              | 27 |
| 28 |                                                                   |                          |               |                                   |                       |                                    |                  |                                  | 28 |
| 29 |                                                                   |                          |               |                                   |                       |                                    |                  |                                  | 29 |
| 30 |                                                                   |                          |               |                                   |                       |                                    |                  |                                  | 30 |
| 31 |                                                                   |                          |               |                                   |                       |                                    |                  |                                  | 31 |
| 32 |                                                                   |                          |               |                                   |                       |                                    |                  |                                  | 32 |
| 33 |                                                                   |                          |               |                                   |                       |                                    |                  |                                  | 33 |
| 34 | <b>TOTAL (lines 1 thru 33)</b>                                    |                          | \$ 10,669,406 | \$ 409,130                        |                       | \$ 348,453                         | \$ (60,677)      | \$ 3,335,425                     | 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                  |                                       | 3                   | 4             | 5                            | 6                | 7                             | 8           | 9                           |    |
|--------------------|---------------------------------------|---------------------|---------------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|
| Improvement Type** |                                       | Year<br>Constructed | Cost          | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |
| 1                  | Totals from Page 12C, Carried Forward |                     | \$ 10,669,406 | \$ 409,130                   |                  | \$ 348,453                    | \$ (60,677) | \$ 3,335,425                | 1  |
| 2                  |                                       |                     |               |                              |                  |                               |             |                             | 2  |
| 3                  |                                       |                     |               |                              |                  |                               |             |                             | 3  |
| 4                  |                                       |                     |               |                              |                  |                               |             |                             | 4  |
| 5                  |                                       |                     |               |                              |                  |                               |             |                             | 5  |
| 6                  |                                       |                     |               |                              |                  |                               |             |                             | 6  |
| 7                  |                                       |                     |               |                              |                  |                               |             |                             | 7  |
| 8                  |                                       |                     |               |                              |                  |                               |             |                             | 8  |
| 9                  |                                       |                     |               |                              |                  |                               |             |                             | 9  |
| 10                 |                                       |                     |               |                              |                  |                               |             |                             | 10 |
| 11                 |                                       |                     |               |                              |                  |                               |             |                             | 11 |
| 12                 |                                       |                     |               |                              |                  |                               |             |                             | 12 |
| 13                 |                                       |                     |               |                              |                  |                               |             |                             | 13 |
| 14                 |                                       |                     |               |                              |                  |                               |             |                             | 14 |
| 15                 |                                       |                     |               |                              |                  |                               |             |                             | 15 |
| 16                 |                                       |                     |               |                              |                  |                               |             |                             | 16 |
| 17                 |                                       |                     |               |                              |                  |                               |             |                             | 17 |
| 18                 |                                       |                     |               |                              |                  |                               |             |                             | 18 |
| 19                 |                                       |                     |               |                              |                  |                               |             |                             | 19 |
| 20                 |                                       |                     |               |                              |                  |                               |             |                             | 20 |
| 21                 |                                       |                     |               |                              |                  |                               |             |                             | 21 |
| 22                 |                                       |                     |               |                              |                  |                               |             |                             | 22 |
| 23                 |                                       |                     |               |                              |                  |                               |             |                             | 23 |
| 24                 |                                       |                     |               |                              |                  |                               |             |                             | 24 |
| 25                 |                                       |                     |               |                              |                  |                               |             |                             | 25 |
| 26                 |                                       |                     |               |                              |                  |                               |             |                             | 26 |
| 27                 |                                       |                     |               |                              |                  |                               |             |                             | 27 |
| 28                 |                                       |                     |               |                              |                  |                               |             |                             | 28 |
| 29                 |                                       |                     |               |                              |                  |                               |             |                             | 29 |
| 30                 |                                       |                     |               |                              |                  |                               |             |                             | 30 |
| 31                 |                                       |                     |               |                              |                  |                               |             |                             | 31 |
| 32                 |                                       |                     |               |                              |                  |                               |             |                             | 32 |
| 33                 |                                       |                     |               |                              |                  |                               |             |                             | 33 |
| 34                 | TOTAL (lines 1 thru 33)               |                     | \$ 10,669,406 | \$ 409,130                   |                  | \$ 348,453                    | \$ (60,677) | \$ 3,335,425                | 34 |

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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<br>Constructed | Cost          | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |
| 1                  | Totals from Page 12D, Carried Forward |                     | \$ 10,669,406 | \$ 409,130                   |                  | \$ 348,453                    | \$ (60,677) | \$ 3,335,425                | 1  |
| 2                  |                                       |                     |               |                              |                  |                               |             |                             | 2  |
| 3                  |                                       |                     |               |                              |                  |                               |             |                             | 3  |
| 4                  |                                       |                     |               |                              |                  |                               |             |                             | 4  |
| 5                  |                                       |                     |               |                              |                  |                               |             |                             | 5  |
| 6                  |                                       |                     |               |                              |                  |                               |             |                             | 6  |
| 7                  |                                       |                     |               |                              |                  |                               |             |                             | 7  |
| 8                  |                                       |                     |               |                              |                  |                               |             |                             | 8  |
| 9                  |                                       |                     |               |                              |                  |                               |             |                             | 9  |
| 10                 |                                       |                     |               |                              |                  |                               |             |                             | 10 |
| 11                 |                                       |                     |               |                              |                  |                               |             |                             | 11 |
| 12                 |                                       |                     |               |                              |                  |                               |             |                             | 12 |
| 13                 |                                       |                     |               |                              |                  |                               |             |                             | 13 |
| 14                 |                                       |                     |               |                              |                  |                               |             |                             | 14 |
| 15                 |                                       |                     |               |                              |                  |                               |             |                             | 15 |
| 16                 |                                       |                     |               |                              |                  |                               |             |                             | 16 |
| 17                 |                                       |                     |               |                              |                  |                               |             |                             | 17 |
| 18                 |                                       |                     |               |                              |                  |                               |             |                             | 18 |
| 19                 |                                       |                     |               |                              |                  |                               |             |                             | 19 |
| 20                 |                                       |                     |               |                              |                  |                               |             |                             | 20 |
| 21                 |                                       |                     |               |                              |                  |                               |             |                             | 21 |
| 22                 |                                       |                     |               |                              |                  |                               |             |                             | 22 |
| 23                 |                                       |                     |               |                              |                  |                               |             |                             | 23 |
| 24                 |                                       |                     |               |                              |                  |                               |             |                             | 24 |
| 25                 |                                       |                     |               |                              |                  |                               |             |                             | 25 |
| 26                 |                                       |                     |               |                              |                  |                               |             |                             | 26 |
| 27                 |                                       |                     |               |                              |                  |                               |             |                             | 27 |
| 28                 |                                       |                     |               |                              |                  |                               |             |                             | 28 |
| 29                 |                                       |                     |               |                              |                  |                               |             |                             | 29 |
| 30                 |                                       |                     |               |                              |                  |                               |             |                             | 30 |
| 31                 |                                       |                     |               |                              |                  |                               |             |                             | 31 |
| 32                 |                                       |                     |               |                              |                  |                               |             |                             | 32 |
| 33                 |                                       |                     |               |                              |                  |                               |             |                             | 33 |
| 34                 | TOTAL (lines 1 thru 33)               |                     | \$ 10,669,406 | \$ 409,130                   |                  | \$ 348,453                    | \$ (60,677) | \$ 3,335,425                | 34 |

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Facility Name &amp; ID Number Renaissance At 87Th St.

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Report Period Beginning:

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**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>Carpeting</b>                                         | 2004             | 2,093  |                           | 20            | 105                        | 105         | 1,611                    | 9  |
| 10 | <b>Various</b>                                           | 2005             | 96,496 |                           | 20            | 4,825                      | 4,825       | 58,903                   | 10 |
| 11 | <b>Built In Kitchen Unit/Cabinet/Table Legs And Sink</b> | 2007             | 10,200 |                           | 20            | 510                        | 510         | 3,400                    | 11 |
| 12 | <b>3Rd Floor Replace Built-In Tv</b>                     | 2007             | 2,700  |                           | 20            | 135                        | 135         | 878                      | 12 |
| 13 | <b>2Nd Floor Replace Built-In Tv</b>                     | 2007             | 2,700  |                           | 20            | 135                        | 135         | 878                      | 13 |
| 14 | <b>Replace Built-In Cabinets And Credenza Unit</b>       | 2007             | 9,800  |                           | 20            | 490                        | 490         | 3,185                    | 14 |
| 15 | <b>2Nd Floor - Sink</b>                                  | 2007             | 4,800  |                           | 20            | 240                        | 240         | 1,560                    | 15 |
| 16 | <b>3Rd Floor - Assisted Bathing Area</b>                 | 2007             | 5,200  |                           | 20            | 260                        | 260         | 1,690                    | 16 |
| 17 | <b>90 Yds Luminious Sage - Wall Covering</b>             | 2007             | 1,688  |                           | 20            | 84                         | 84          | 899                      | 17 |
| 18 | <b>150 Yds Tranquility Dandelion - Wall Covering</b>     | 2007             | 2,546  |                           | 20            | 127                        | 127         | 1,315                    | 18 |
| 19 | <b>2Nd Floor Dinning Room - Electrical</b>               | 2007             | 3,500  |                           | 20            | 175                        | 175         | 1,138                    | 19 |
| 20 | <b>3Rd Floor Dinning Room - Electrical</b>               | 2007             | 3,500  |                           | 20            | 175                        | 175         | 1,138                    | 20 |
| 21 | <b>2 New Wall Outlets - Wall Hungs Tvs</b>               | 2007             | 1,500  |                           | 20            | 75                         | 75          | 488                      | 21 |
| 22 | <b>Basement Corridor</b>                                 | 2007             | 2,750  |                           | 20            | 138                        | 138         | 895                      | 22 |
| 23 | <b>Cove Base</b>                                         | 2007             | 9,495  |                           | 20            | 475                        | 475         | 3,008                    | 23 |
| 24 | <b>120 Rigid Vinyl Guards</b>                            | 2007             | 1,343  |                           | 20            | 67                         | 67          | 425                      | 24 |
| 25 | <b>20Pcs Surface Mounted Corner Guards</b>               | 2007             | 1,168  |                           | 20            | 58                         | 58          | 369                      | 25 |
| 26 | <b>Demolish Wall And Dispose Debris</b>                  | 2007             | 8,000  |                           | 20            | 400                        | 400         | 2,533                    | 26 |
| 27 | <b>Vct Floor</b>                                         | 2007             | 9,150  |                           | 20            | 458                        | 458         | 2,899                    | 27 |
| 28 | <b>1 Beam Above Door</b>                                 | 2007             | 8,300  |                           | 20            | 415                        | 415         | 2,628                    | 28 |
| 29 | <b>Kitchen Cabinets</b>                                  | 2007             | 880    |                           | 20            | 44                         | 44          | 264                      | 29 |
| 30 | <b>Lobby/Large Main Office - Carpeting</b>               | 2007             | 8,578  |                           | 20            | 429                        | 429         | 3,227                    | 30 |
| 31 | <b>Door Upgrades &amp; R&amp;M</b>                       | 2007             | 4,301  |                           | 20            | 215                        | 215         | 1,398                    | 31 |
| 32 | <b>Replace Ejector Pumps For Flood Control System</b>    | 2007             | 3,700  |                           | 20            | 185                        | 185         | 1,079                    | 32 |
| 33 | <b>Cabinets</b>                                          | 2007             | 10,320 |                           | 20            | 516                        | 516         | 3,268                    | 33 |
| 34 |                                                          |                  |        |                           |               |                            |             |                          | 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 Renaissance At 87Th St.

# 0042093

Report Period Beginning:

01/01/11

Ending:

12/31/11

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

| 1  | Improvement Type**                                               | 3<br>Year<br>Constructed | 4<br>Cost  | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|------------------------------------------------------------------|--------------------------|------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1  | <b>Building Company Information Continued</b>                    |                          | \$         | \$                                |                       | \$                                 | \$               | \$                               | 1  |
| 2  | 2Nd Floor - 34 Patients Rooms - Painting & Bumper Guards         | 2007                     | 23,282     |                                   | 20                    | 1,164                              | 1,164            | 7,178                            | 2  |
| 3  | Vct Tiles For Bathroom                                           | 2008                     | 4,656      |                                   | 20                    | 233                                | 233              | 932                              | 3  |
| 4  | Upholstered Cornice And Roller Shades; Remove Existing Window    | 2008                     | 8,647      |                                   | 20                    | 432                                | 432              | 1,729                            | 4  |
| 5  | Material & Labor For Power Supply & Switch For Airconditioning   | 2008                     | 5,726      |                                   | 20                    | 286                                | 286              | 1,145                            | 5  |
| 6  | Installation: Sprinkler, Ddc Valve, Expansion Tank & Antifreeze  | 2008                     | 7,665      |                                   | 20                    | 383                                | 383              | 1,533                            | 6  |
| 7  | Commercial Wood Door                                             | 2008                     | 1,943      |                                   | 20                    | 97                                 | 97               | 388                              | 7  |
| 8  | Painted Walls                                                    | 2008                     | 3,500      |                                   | 20                    | 175                                | 175              | 700                              | 8  |
| 9  | Commercial Wood Door                                             | 2008                     | 1,772      |                                   | 20                    | 89                                 | 89               | 355                              | 9  |
| 10 | Replacement Motor & Compressor And Refrigerant Of Freezer        | 2008                     | 5,368      |                                   | 20                    | 268                                | 268              | 1,073                            | 10 |
| 11 | Telephone System Tadrian                                         | 2008                     | 23,739     |                                   | 20                    | 1,187                              | 1,187            | 4,748                            | 11 |
| 12 | Motor Conversion                                                 | 2008                     | 2,965      |                                   | 20                    | 148                                | 148              | 593                              | 12 |
| 13 | Tadiran Ip X 500 Tel. System                                     | 2008                     | 23,913     |                                   | 20                    | 1,196                              | 1,196            | 4,783                            | 13 |
| 14 | Remove Molded Drywall/Install New Mold Resistant Drywall In H    | 2008                     | 850        |                                   | 20                    | 43                                 | 43               | 171                              | 14 |
| 15 | 130 Ft Of Sdr35 Drain Tile                                       | 2008                     | 8,910      |                                   | 20                    | 446                                | 446              | 1,783                            | 15 |
| 16 | Painting And Touch Ups Plus Supplies                             | 2008                     | 1,645      |                                   | 20                    | 82                                 | 82               | 329                              | 16 |
| 17 | Asphalt Repair Work Sealing And Striping                         | 2008                     | 7,600      |                                   | 20                    | 380                                | 380              | 1,520                            | 17 |
| 18 | Prime And Paint Outside Railings, Repair Walls, Paint Payroll Of | 2008                     | 3,220      |                                   | 20                    | 161                                | 161              | 644                              | 18 |
| 19 | Painting Lower Level Conf Rm; Walls And Wallboard                | 2008                     | 1,190      |                                   | 20                    | 60                                 | 60               | 239                              | 19 |
| 20 | Painting - 2Nd Floor Doorframes And Dining Room                  | 2008                     | 2,970      |                                   | 20                    | 149                                | 149              | 595                              | 20 |
| 21 | Repair Walls And Paint Activity Office On 2Nd Floor              | 2008                     | 1,260      |                                   | 20                    | 63                                 | 63               | 252                              | 21 |
| 22 | Plaster, Prime, And Paint 3Rd Floor Dining Rm Walls, Window S    | 2008                     | 10,600     |                                   | 20                    | 530                                | 530              | 2,120                            | 22 |
| 23 | Paint Basement Offices Including Removal Of Borders, Plastering  | 2008                     | 1,280      |                                   | 20                    | 64                                 | 64               | 256                              | 23 |
| 24 | Part & Labor to repair Fire Sprinkler System                     | 2009                     | 4,224      |                                   | 20                    | 211                                | 211              | 633                              | 24 |
| 25 | Core Glosswhite Tile                                             | 2009                     | 2,753      |                                   | 20                    | 138                                | 138              | 414                              | 25 |
| 26 | Paint & Remodeling of 7 Shower Rooms                             | 2009                     | 17,363     |                                   | 20                    | 868                                | 868              | 2,604                            | 26 |
| 27 | Flooring                                                         | 2011                     | 194,042    |                                   | 20                    | 9,702                              | 9,702            | 9,702                            | 27 |
| 28 | Casework/Countertops                                             | 2011                     | 68,125     |                                   | 20                    | 3,406                              | 3,406            | 3,406                            | 28 |
| 29 | Demolition/Carpentry                                             | 2011                     | 74,500     |                                   | 20                    | 3,725                              | 3,725            | 3,725                            | 29 |
| 30 | Buildout                                                         | 2011                     | 65,045     |                                   | 20                    | 3,252                              | 3,252            | 3,252                            | 30 |
| 31 | Wallpaper/Paint                                                  | 2011                     | 59,430     |                                   | 20                    | 2,972                              | 2,972            | 2,972                            | 31 |
| 32 |                                                                  |                          |            |                                   |                       |                                    |                  |                                  | 32 |
| 33 | Depreciation                                                     |                          |            | 48,389                            |                       |                                    | (48,389)         |                                  | 33 |
| 34 | <b>TOTAL (12F &amp; 12G lines 1 thru 33)</b>                     |                          | \$ 852,891 | \$ 48,389                         |                       | \$ 42,645                          | \$ (5,744)       | \$ 158,850                       | 34 |

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance At 87Th St.

# 0042093

Report Period Beginning:

01/01/11

Ending:

12/31/11

XI. OWNERSHIP COSTS (continued)

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

| 1  | Improvement Type**                          | 3<br>Year<br>Constructed | 4<br>Cost | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|---------------------------------------------|--------------------------|-----------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1  | Related Party Information                   |                          | \$        | \$                                |                       | \$                                 | \$               | \$                               | 1  |
| 2  | Buildings:                                  |                          |           |                                   |                       |                                    |                  |                                  | 2  |
| 3  | Allocated from 7257 N. Lincoln Ave.         | 2004                     | 77,406    | 1,985                             | 35                    | 2,212                              | 227              | 17,969                           | 3  |
| 4  | Allocated from Clinical Consulting Services | 2004                     | 4,300     | 110                               | 35                    | 123                                | 13               | 998                              | 4  |
| 5  |                                             |                          |           |                                   |                       |                                    |                  |                                  | 5  |
| 6  |                                             |                          |           |                                   |                       |                                    |                  |                                  | 6  |
| 7  |                                             |                          |           |                                   |                       |                                    |                  |                                  | 7  |
| 8  | Leasehold Improvements:                     |                          |           |                                   |                       |                                    |                  |                                  | 8  |
| 9  | Allocated from 7257 N. Lincoln Ave.         | 2005                     | 7,056     | 53                                | 20                    | 455                                | 402              | 2,874                            | 9  |
| 10 | Allocated from 7257 N. Lincoln Ave.         | 2004                     | 1,538     |                                   | 20                    | 77                                 | 77               | 577                              | 10 |
| 11 |                                             |                          |           |                                   |                       |                                    |                  |                                  | 11 |
| 12 | Allocated from Clinical Consulting Services | 2005                     | 392       | 3                                 | 20                    | 25                                 | 22               | 160                              | 12 |
| 13 | Allocated from Clinical Consulting Services | 2004                     | 85        |                                   | 20                    | 4                                  | 4                | 32                               | 13 |
| 14 |                                             |                          |           |                                   |                       |                                    |                  |                                  | 14 |
| 15 | Allocated from NuCare Services              | 2003                     | 700       | 30                                | 20                    | 35                                 | 5                | 284                              | 15 |
| 16 | Allocated from NuCare Services              | 2004                     | 55,818    | 617                               | 20                    | 711                                | 94               | 5,482                            | 16 |
| 17 | Allocated from NuCare Services              | 2005                     | 842       | 37                                | 20                    | 42                                 | 5                | 288                              | 17 |
| 18 | Allocated from NuCare Services              | 2006                     | 1,142     | 50                                | 20                    | 57                                 | 7                | 306                              | 18 |
| 19 | Allocated from NuCare Services              | 2008                     | 1,203     | 52                                | 20                    | 60                                 | 8                | 196                              | 19 |
| 20 | Allocated from NuCare Services              | 2009                     | 19,377    | 2,650                             | 20                    | 969                                | (1,681)          | 2,528                            | 20 |
| 21 | Allocated from NuCare Services              | 2010                     | 2,978     | 129                               | 20                    | 149                                | 20               | 224                              | 21 |
| 22 | Allocated from NuCare Services              | 2011                     | 161       | 7                                 | 20                    | 7                                  |                  | 7                                | 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                  |                                     | 3                   | 4          | 5                            | 6                | 7                             | 8           | 9                           |    |
|--------------------|-------------------------------------|---------------------|------------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|
| Improvement Type** |                                     | Year<br>Constructed | Cost       | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |
| 1                  | Related Party Information Continued |                     |            |                              |                  |                               |             |                             | 1  |
| 2                  |                                     |                     |            |                              |                  |                               |             |                             | 2  |
| 3                  |                                     |                     |            |                              |                  |                               |             |                             | 3  |
| 4                  |                                     |                     |            |                              |                  |                               |             |                             | 4  |
| 5                  |                                     |                     |            |                              |                  |                               |             |                             | 5  |
| 6                  |                                     |                     |            |                              |                  |                               |             |                             | 6  |
| 7                  |                                     |                     |            |                              |                  |                               |             |                             | 7  |
| 8                  |                                     |                     |            |                              |                  |                               |             |                             | 8  |
| 9                  |                                     |                     |            |                              |                  |                               |             |                             | 9  |
| 10                 |                                     |                     |            |                              |                  |                               |             |                             | 10 |
| 11                 |                                     |                     |            |                              |                  |                               |             |                             | 11 |
| 12                 |                                     |                     |            |                              |                  |                               |             |                             | 12 |
| 13                 |                                     |                     |            |                              |                  |                               |             |                             | 13 |
| 14                 |                                     |                     |            |                              |                  |                               |             |                             | 14 |
| 15                 |                                     |                     |            |                              |                  |                               |             |                             | 15 |
| 16                 |                                     |                     |            |                              |                  |                               |             |                             | 16 |
| 17                 |                                     |                     |            |                              |                  |                               |             |                             | 17 |
| 18                 |                                     |                     |            |                              |                  |                               |             |                             | 18 |
| 19                 |                                     |                     |            |                              |                  |                               |             |                             | 19 |
| 20                 |                                     |                     |            |                              |                  |                               |             |                             | 20 |
| 21                 |                                     |                     |            |                              |                  |                               |             |                             | 21 |
| 22                 |                                     |                     |            |                              |                  |                               |             |                             | 22 |
| 23                 |                                     |                     |            |                              |                  |                               |             |                             | 23 |
| 24                 |                                     |                     |            |                              |                  |                               |             |                             | 24 |
| 25                 |                                     |                     |            |                              |                  |                               |             |                             | 25 |
| 26                 |                                     |                     |            |                              |                  |                               |             |                             | 26 |
| 27                 |                                     |                     |            |                              |                  |                               |             |                             | 27 |
| 28                 |                                     |                     |            |                              |                  |                               |             |                             | 28 |
| 29                 |                                     |                     |            |                              |                  |                               |             |                             | 29 |
| 30                 |                                     |                     |            |                              |                  |                               |             |                             | 30 |
| 31                 |                                     |                     |            |                              |                  |                               |             |                             | 31 |
| 32                 |                                     |                     |            |                              |                  |                               |             |                             | 32 |
| 33                 |                                     |                     |            |                              |                  |                               |             |                             | 33 |
| 34                 | TOTAL (12H & 12I lines 1 thru 33)   |                     | \$ 172,998 | \$ 5,723                     |                  | \$ 4,926                      | \$ (797)    | \$ 31,925                   | 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<br>Cost   | Current Book<br>Depreciation 2 | Straight Line<br>Depreciation 3 | 4<br>Adjustments | Component<br>Life 5 | Accumulated<br>Depreciation 6 |    |
|----|--------------------------|-------------|--------------------------------|---------------------------------|------------------|---------------------|-------------------------------|----|
| 71 | Purchased in Prior Years | \$1,703,353 | \$60,501                       | \$180,689                       | \$120,188        | 10                  | \$1,417,392                   | 71 |
| 72 | Current Year Purchases   | 121,572     | 224                            | 7,815                           | 7,591            | 10                  | 7,815                         | 72 |
| 73 | Fully Depreciated Assets | 338,142     |                                | 121                             | 121              | 10                  | 338,142                       | 73 |
| 74 |                          |             |                                |                                 |                  |                     |                               | 74 |
| 75 | TOTALS                   | \$2,163,067 | \$60,725                       | \$188,625                       | \$127,900        |                     | \$1,763,348                   | 75 |

D. Vehicle Costs. (See instructions.)\*

|    | 1<br>Use | Model, Make<br>and Year 2 | Year<br>Acquired 3 | 4<br>Cost | Current Book<br>Depreciation 5 | Straight Line<br>Depreciation 6 | 7<br>Adjustments | Life in<br>Years 8 | Accumulated<br>Depreciation 9 |    |
|----|----------|---------------------------|--------------------|-----------|--------------------------------|---------------------------------|------------------|--------------------|-------------------------------|----|
| 76 |          | Allocated from Nucare     | 2011               | \$529     | \$23                           | \$106                           | \$83             | 5                  | \$150                         | 76 |
| 77 |          |                           |                    |           |                                |                                 |                  |                    |                               | 77 |
| 78 |          |                           |                    |           |                                |                                 |                  |                    |                               | 78 |
| 79 |          |                           |                    |           |                                |                                 |                  |                    |                               | 79 |
| 80 | TOTALS   |                           |                    | \$529     | \$23                           | \$106                           | \$83             |                    | \$150                         | 80 |

E. Summary of Care-Related Assets

|    | 1                                                                                                                                 | 2            |    |
|----|-----------------------------------------------------------------------------------------------------------------------------------|--------------|----|
|    | Reference                                                                                                                         | Amount       |    |
| 81 | Total Historical Cost<br>(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable) | \$12,985,693 | 81 |
| 82 | Current Book Depreciation<br>(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)             | \$469,878    | 82 |
| 83 | Straight Line Depreciation<br>(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)            | \$537,183    | 83 |
| 84 | Adjustments<br>(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)                           | \$67,305     | 84 |
| 85 | Accumulated Depreciation<br>(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)              | \$5,098,924  | 85 |

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

|    | 1<br>Description & Year Acquired | 2<br>Cost | Current Book<br>Depreciation 3 | Accumulated<br>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.

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<br>Year<br>Constructed | 2<br>Number<br>of Beds | 3<br>Original<br>Lease Date | 4<br>Rental<br>Amount | 5<br>Total Years<br>of Lease | 6<br>Total Years<br>Renewal Option* |   |
|---|-------------------------------------|--------------------------|------------------------|-----------------------------|-----------------------|------------------------------|-------------------------------------|---|
| 3 | Original Building:                  |                          |                        |                             | \$                    |                              |                                     | 3 |
| 4 | Additions                           |                          |                        |                             |                       |                              |                                     | 4 |
| 5 | Storage Rental                      |                          |                        |                             | 3,520                 |                              |                                     | 5 |
| 6 | Allocated from NuCare (Parking Lot) |                          |                        |                             | 382                   |                              |                                     | 6 |
| 7 | TOTAL                               |                          |                        |                             | \$ 3,902              |                              |                                     | 7 |

\*\*

8. List separately any amortization of lease expense included on page 4, line 34.  
This amount was calculated by dividing the total amount to be amortized  
by the length of the lease
- 
- 

9. Option to Buy:
- ☐ YES
- ☐ NO
- Terms:
- \*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES
- ☐ NO
16. Rental Amount for movable equipment: \$ 21,009
- Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning

Ending

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

|     | Fiscal Year Ending | Annual Rent |
|-----|--------------------|-------------|
| 12. | /2012              | \$          |
| 13. | /2013              | \$          |
| 14. | /2014              | \$          |

\* 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.

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

D. NUMBER OF CNAs TRAINED

ALLOCATION OF COSTS (d)

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

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

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

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

|    | 1                                                                              | 2                                        | 3                   | 4        | 5                                               | 6          | 7                                     | 8                             |                                |    |
|----|--------------------------------------------------------------------------------|------------------------------------------|---------------------|----------|-------------------------------------------------|------------|---------------------------------------|-------------------------------|--------------------------------|----|
|    | Service                                                                        | Schedule V<br>Line & Column<br>Reference | Staff               |          | Outside Practitioner<br>(other than consultant) |            | Supplies<br>(Actual or)<br>Allocated) | Total Units<br>(Column 2 + 4) | Total Cost<br>(Col. 3 + 5 + 6) |    |
|    |                                                                                |                                          | Units of<br>Service | Cost     | Units                                           | Cost       |                                       |                               |                                |    |
| 1  | Licensed Occupational Therapist                                                | 39 - 03                                  | hrs                 | \$       |                                                 | \$ 449,894 | \$                                    |                               | \$ 449,894                     | 1  |
| 2  | Licensed Speech and Language<br>Development Therapist                          | 39 - 03                                  | hrs                 |          |                                                 | 145,810    |                                       |                               | 145,810                        | 2  |
| 3  | Licensed Recreational Therapist                                                |                                          | hrs                 |          |                                                 |            |                                       |                               |                                | 3  |
| 4  | Licensed Physical Therapist                                                    | 39 - 03                                  | hrs                 |          |                                                 | 346,736    |                                       |                               | 346,736                        | 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<br>prescrpts   |          |                                                 |            | 428,734                               |                               | 428,734                        | 9  |
| 10 | Psychological Services<br>(Evaluation and Diagnosis/<br>Behavior Modification) |                                          | hrs                 |          |                                                 |            |                                       |                               |                                | 10 |
| 11 | Academic Education                                                             |                                          | hrs                 |          |                                                 |            |                                       |                               |                                | 11 |
| 12 | Other (specify):                                                               |                                          |                     |          |                                                 |            |                                       |                               |                                | 12 |
| 13 | Other (specify): <a href="#">See Supplemental</a>                              |                                          |                     | 6,062    |                                                 | 11,851     | 123,756                               |                               | 141,669                        | 13 |
| 14 | TOTAL                                                                          |                                          |                     | \$ 6,062 |                                                 | \$ 954,291 | \$ 552,490                            |                               | \$ 1,512,843                   | 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

|    |                                                                   | 1<br>Operating | 2 After<br>Consolidation* |    |
|----|-------------------------------------------------------------------|----------------|---------------------------|----|
|    | A. Current Assets                                                 |                |                           |    |
| 1  | Cash on Hand and in Banks                                         | \$ 9,518       | \$ 244,793                | 1  |
| 2  | Cash-Patient Deposits                                             | 16,026         | 16,026                    | 2  |
| 3  | Accounts & Short-Term Notes Receivable-Patients (less allowance ) | 5,206,670      | 6,150,215                 | 3  |
| 4  | Supply Inventory (priced at )                                     |                |                           | 4  |
| 5  | Short-Term Investments                                            |                |                           | 5  |
| 6  | Prepaid Insurance                                                 | 167,898        | 179,514                   | 6  |
| 7  | Other Prepaid Expenses                                            |                |                           | 7  |
| 8  | Accounts Receivable (owners or related parties)                   | 1,221,004      | 1,269,261                 | 8  |
| 9  | Other(specify): See Attached Schedule                             | 9,376          | 192,126                   | 9  |
| 10 | TOTAL Current Assets<br>(sum of lines 1 thru 9)                   | \$ 6,630,492   | \$ 8,051,935              | 10 |
|    | B. Long-Term Assets                                               |                |                           |    |
| 11 | Long-Term Notes Receivable                                        |                |                           | 11 |
| 12 | Long-Term Investments                                             |                |                           | 12 |
| 13 | Land                                                              |                | 143,613                   | 13 |
| 14 | Buildings, at Historical Cost                                     |                | 8,761,754                 | 14 |
| 15 | Leasehold Improvements, at Historical Cost                        | 838,478        | 1,608,086                 | 15 |
| 16 | Equipment, at Historical Cost                                     | 851,380        | 2,155,602                 | 16 |
| 17 | Accumulated Depreciation (book methods)                           | (929,969)      | (5,115,818)               | 17 |
| 18 | Deferred Charges                                                  |                |                           | 18 |
| 19 | Organization & Pre-Operating Costs                                |                |                           | 19 |
| 20 | Accumulated Amortization -<br>Organization & Pre-Operating Costs  |                |                           | 20 |
| 21 | Restricted Funds                                                  |                |                           | 21 |
| 22 | Other Long-Term Assets (specify):                                 |                |                           | 22 |
| 23 | Other(specify): See Attached Schedule                             | 126            | 233,459                   | 23 |
| 24 | TOTAL Long-Term Assets<br>(sum of lines 11 thru 23)               | \$ 760,015     | \$ 7,786,696              | 24 |
| 25 | TOTAL ASSETS<br>(sum of lines 10 and 24)                          | \$ 7,390,507   | \$ 15,838,631             | 25 |

|    |                                                          | 1<br>Operating | 2 After<br>Consolidation* |    |
|----|----------------------------------------------------------|----------------|---------------------------|----|
|    | C. Current Liabilities                                   |                |                           |    |
| 26 | Accounts Payable                                         | \$ 2,671,866   | \$ 2,671,865              | 26 |
| 27 | Officer's Accounts Payable                               |                |                           | 27 |
| 28 | Accounts Payable-Patient Deposits                        | 36,072         | 36,072                    | 28 |
| 29 | Short-Term Notes Payable                                 |                |                           | 29 |
| 30 | Accrued Salaries Payable                                 | 452,003        | 452,003                   | 30 |
| 31 | Accrued Taxes Payable<br>(excluding real estate taxes)   | 51,584         | 51,584                    | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B)                      |                | 425,078                   | 32 |
| 33 | Accrued Interest Payable                                 |                | 43,780                    | 33 |
| 34 | Deferred Compensation                                    |                |                           | 34 |
| 35 | Federal and State Income Taxes                           |                |                           | 35 |
|    | Other Current Liabilities(specify):                      |                |                           |    |
| 36 | See Attached Schedule                                    | 170,257        | 170,257                   | 36 |
| 37 |                                                          |                |                           | 37 |
| 38 | TOTAL Current Liabilities<br>(sum of lines 26 thru 37)   | \$ 3,381,782   | \$ 3,850,639              | 38 |
|    | D. Long-Term Liabilities                                 |                |                           |    |
| 39 | Long-Term Notes Payable                                  |                | (88,799)                  | 39 |
| 40 | Mortgage Payable                                         |                | 9,241,428                 | 40 |
| 41 | Bonds Payable                                            |                |                           | 41 |
| 42 | Deferred Compensation                                    |                |                           | 42 |
|    | Other Long-Term Liabilities(specify):                    |                |                           |    |
| 43 | See Attached Schedule                                    |                |                           | 43 |
| 44 |                                                          |                |                           | 44 |
| 45 | TOTAL Long-Term Liabilities<br>(sum of lines 39 thru 44) | \$             | \$ 9,152,629              | 45 |
| 46 | TOTAL LIABILITIES<br>(sum of lines 38 and 45)            | \$ 3,381,782   | \$ 13,003,268             | 46 |
| 47 | TOTAL EQUITY(page 18, line 24)                           | \$ 4,008,725   | \$ 2,835,363              | 47 |
| 48 | TOTAL LIABILITIES AND EQUITY<br>(sum of lines 46 and 47) | \$ 7,390,507   | \$ 15,838,631             | 48 |

XVI. STATEMENT OF CHANGES IN EQUITY

|    |                                                              | 1<br>Total   |      |
|----|--------------------------------------------------------------|--------------|------|
| 1  | Balance at Beginning of Year, as Previously Reported         | \$ 4,793,099 | 1    |
| 2  | Restatements (describe):                                     |              | 2    |
| 3  | Late Entries - Bad Debts/MCR Part B Coins W/O                | (251,112)    | 3    |
| 4  |                                                              |              | 4    |
| 5  |                                                              |              | 5    |
| 6  | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ 4,541,987 | 6    |
|    | A. Additions (deductions):                                   |              |      |
| 7  | NET Income (Loss) (from page 19, line 43)                    | (533,262)    | 7    |
| 8  | Aquisitions of Pooled Companies                              |              | 8    |
| 9  | Proceeds from Sale of Stock                                  |              | 9    |
| 10 | Stock Options Exercised                                      |              | 10   |
| 11 | Contributions and Grants                                     |              | 11   |
| 12 | Expenditures for Specific Purposes                           |              | 12   |
| 13 | Dividends Paid or Other Distributions to Owners              | ( )          | 13   |
| 14 | Donated Property, Plant, and Equipment                       |              | 14   |
| 15 | Other (describe)                                             |              | 15   |
| 16 | Other (describe)                                             |              | 16   |
| 17 | TOTAL Additions (deductions) (sum of lines 7-16)             | \$ (533,262) | 17   |
|    | B. Transfers (Itemize):                                      |              |      |
| 18 |                                                              |              | 18   |
| 19 |                                                              |              | 19   |
| 20 |                                                              |              | 20   |
| 21 |                                                              |              | 21   |
| 22 |                                                              |              | 22   |
| 23 | TOTAL Transfers (sum of lines 18-22)                         | \$           | 23   |
| 24 | BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)            | \$ 4,008,725 | 24 * |

\* 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   |                                                    |               |     |
|-----|----------------------------------------------------|---------------|-----|
|     | Revenue                                            | Amount        |     |
|     | A. Inpatient Care                                  |               |     |
| 1   | Gross Revenue -- All Levels of Care                | \$ 12,343,406 | 1   |
| 2   | Discounts and Allowances for all Levels            | (323,118)     | 2   |
| 3   | SUBTOTAL Inpatient Care (line 1 minus line 2)      | \$ 12,020,288 | 3   |
|     | B. Ancillary Revenue                               |               |     |
| 4   | Day Care                                           |               | 4   |
| 5   | Other Care for Outpatients                         |               | 5   |
| 6   | Therapy                                            | 2,557,899     | 6   |
| 7   | Oxygen                                             | 39,753        | 7   |
| 8   | SUBTOTAL Ancillary Revenue (lines 4 thru 7)        | \$ 2,597,652  | 8   |
|     | C. Other Operating Revenue                         |               |     |
| 9   | Payments for Education                             |               | 9   |
| 10  | Other Government Grants                            |               | 10  |
| 11  | CNA Training Reimbursements                        |               | 11  |
| 12  | Gift and Coffee Shop                               |               | 12  |
| 13  | Barber and Beauty Care                             |               | 13  |
| 14  | Non-Patient Meals                                  |               | 14  |
| 15  | Telephone, Television and Radio                    |               | 15  |
| 16  | Rental of Facility Space                           |               | 16  |
| 17  | Sale of Drugs                                      | 980,092       | 17  |
| 18  | Sale of Supplies to Non-Patients                   |               | 18  |
| 19  | Laboratory                                         | 43,190        | 19  |
| 20  | Radiology and X-Ray                                | 77,493        | 20  |
| 21  | Other Medical Services                             | 152,866       | 21  |
| 22  | Laundry                                            |               | 22  |
| 23  | SUBTOTAL Other Operating Revenue (lines 9 thru 22) | \$ 1,253,641  | 23  |
|     | D. Non-Operating Revenue                           |               |     |
| 24  | Contributions                                      |               | 24  |
| 25  | Interest and Other Investment Income***            | 888           | 25  |
| 26  | SUBTOTAL Non-Operating Revenue (lines 24 and 25)   | \$ 888        | 26  |
|     | E. Other Revenue (specify):****                    |               |     |
| 27  | Settlement Income (Insurance, Legal, Etc.)         |               | 27  |
| 28  | See Supplemental Schedule                          | 284           | 28  |
| 28a |                                                    |               | 28a |
| 29  | SUBTOTAL Other Revenue (lines 27, 28 and 28a)      | \$ 284        | 29  |
| 30  | TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)   | \$ 15,872,753 | 30  |

| 2  |                                                         |               |    |
|----|---------------------------------------------------------|---------------|----|
|    | Expenses                                                | Amount        |    |
|    | A. Operating Expenses                                   |               |    |
| 31 | General Services                                        | 1,983,682     | 31 |
| 32 | Health Care                                             | 5,808,633     | 32 |
| 33 | General Administration                                  | 4,748,223     | 33 |
|    | B. Capital Expense                                      |               |    |
| 34 | Ownership                                               | 1,722,080     | 34 |
|    | C. Ancillary Expense                                    |               |    |
| 35 | Special Cost Centers                                    | 1,760,662     | 35 |
| 36 | Provider Participation Fee                              | 382,735       | 36 |
|    | D. Other Expenses (specify):                            |               |    |
| 37 |                                                         |               | 37 |
| 38 |                                                         |               | 38 |
| 39 |                                                         |               | 39 |
| 40 | TOTAL EXPENSES (sum of lines 31 thru 39)*               | \$ 16,406,015 | 40 |
| 41 | Income before Income Taxes (line 30 minus line 40)**    | (533,262)     | 41 |
| 42 | Income Taxes                                            |               | 42 |
| 43 | NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42) | \$ (533,262)  | 43 |

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

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

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

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

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.<br>Actually<br>Worked | # of Hrs.<br>Paid and<br>Accrued | Reporting Period<br>Total Salaries,<br>Wages | Average<br>Hourly<br>Wage |    |
| 1  | Director of Nursing             | 1,981                           | 2,110                            | \$ 109,643                                   | \$ 51.96                  | 1  |
| 2  | Assistant Director of Nursing   | 1,973                           | 2,086                            | 93,732                                       | 44.93                     | 2  |
| 3  | Registered Nurses               | 23,476                          | 24,918                           | 755,819                                      | 30.33                     | 3  |
| 4  | Licensed Practical Nurses       | 58,664                          | 62,408                           | 1,612,113                                    | 25.83                     | 4  |
| 5  | CNAs & Orderlies                | 142,223                         | 154,590                          | 1,669,530                                    | 10.80                     | 5  |
| 6  | CNA Trainees                    |                                 |                                  |                                              |                           | 6  |
| 7  | Licensed Therapist              | 160                             | 160                              | 6,062                                        | 37.89                     | 7  |
| 8  | Rehab/Therapy Aides             | 15,756                          | 16,762                           | 175,498                                      | 10.47                     | 8  |
| 9  | Activity Director               | 3,726                           | 4,005                            | 108,007                                      | 26.97                     | 9  |
| 10 | Activity Assistants             | 12,734                          | 13,852                           | 139,111                                      | 10.04                     | 10 |
| 11 | Social Service Workers          | 10,377                          | 11,158                           | 181,210                                      | 16.24                     | 11 |
| 12 | Dietician                       | 3,685                           | 4,049                            | 81,190                                       | 20.05                     | 12 |
| 13 | Food Service Supervisor         | 138                             | 152                              | 3,050                                        | 20.07                     | 13 |
| 14 | Head Cook                       | 4,243                           | 4,936                            | 63,841                                       | 12.93                     | 14 |
| 15 | Cook Helpers/Assistants         | 20,570                          | 22,497                           | 214,160                                      | 9.52                      | 15 |
| 16 | Dishwashers                     |                                 |                                  |                                              |                           | 16 |
| 17 | Maintenance Workers             | 4,034                           | 4,465                            | 94,864                                       | 21.25                     | 17 |
| 18 | Housekeepers                    |                                 |                                  |                                              |                           | 18 |
| 19 | Laundry                         |                                 |                                  |                                              |                           | 19 |
| 20 | Administrator                   | 2,029                           | 2,086                            | 108,584                                      | 52.05                     | 20 |
| 21 | Assistant Administrator         | 1,280                           | 1,320                            | 39,983                                       | 30.29                     | 21 |
| 22 | Other Administrative            | 839                             | 839                              | 65,848                                       | 78.48                     | 22 |
| 23 | Office Manager                  | 2,831                           | 3,122                            | 99,666                                       | 31.92                     | 23 |
| 24 | Clerical                        | 21,674                          | 24,441                           | 365,863                                      | 14.97                     | 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                 | 935                             | 1,027                            | 28,014                                       | 27.28                     | 31 |
| 32 | Other Health Care(specify)      |                                 |                                  |                                              |                           | 32 |
| 33 | Other(specify) See Supplemental | 4,560                           | 4,560                            | 88,812                                       | 19.48                     | 33 |
| 34 | TOTAL (lines 1 - 33)            | 337,888                         | 365,543                          | \$ 6,104,600 *                               | \$ 16.70                  | 34 |

B. CONSULTANT SERVICES

|    |                                 | 1                                      | 2                                                   | 3                                           |    |
|----|---------------------------------|----------------------------------------|-----------------------------------------------------|---------------------------------------------|----|
|    |                                 | Number<br>of Hrs.<br>Paid &<br>Accrued | Total Consultant<br>Cost for<br>Reporting<br>Period | Schedule V<br>Line &<br>Column<br>Reference |    |
| 35 | Dietary Consultant              | 341                                    | \$ 16,010                                           | 01-03                                       | 35 |
| 36 | Medical Director                | Monthly                                | 40,050                                              | 09-03                                       | 36 |
| 37 | Medical Records Consultant      |                                        |                                                     |                                             | 37 |
| 38 | Nurse Consultant                | 338                                    | 7,284                                               | 10-03                                       | 38 |
| 39 | Pharmacist Consultant           | Monthly                                | 12,329                                              | 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             | 8                                      | 448                                                 | 11-03                                       | 44 |
| 45 | Social Service Consultant       |                                        |                                                     |                                             | 45 |
| 46 | Other(specify)                  |                                        |                                                     |                                             | 46 |
| 47 | Medical Consultant              | Monthly                                | 136,516                                             | 10-03                                       | 47 |
| 48 | Therapy                         | Per Visit                              | 1,181                                               | 10a-03                                      | 48 |
| 49 | TOTAL (lines 35 - 48)           | 687                                    | \$ 213,817                                          |                                             | 49 |

C. CONTRACT NURSES

|    |                                  | 1                                      | 2                          | 3                                           |    |
|----|----------------------------------|----------------------------------------|----------------------------|---------------------------------------------|----|
|    |                                  | Number<br>of Hrs.<br>Paid &<br>Accrued | Total<br>Contract<br>Wages | Schedule V<br>Line &<br>Column<br>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

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

\*\* See instructions.

STATE OF ILLINOIS

Facility Name & ID Number Renaissance At 87Th St. # 0042093 Report Period Beginning: 01/01/11 Ending: 12/31/11

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

| Name                                                                                           | Function              | Ownership % | Amount     |
|------------------------------------------------------------------------------------------------|-----------------------|-------------|------------|
| Daniel Johnson                                                                                 | Administrator         | 0.00%       | \$ 108,584 |
| Bridget Forbes                                                                                 | Assist. Administrator | 0.00%       | 39,983     |
| Marilyn Flaherty                                                                               | VP of MC Reimb        | 0.00%       | 14,522     |
| William Prather                                                                                | Administrative        | 0.00%       | 51,326     |
|                                                                                                |                       |             |            |
|                                                                                                |                       |             |            |
|                                                                                                |                       |             |            |
| TOTAL (agree to Schedule V, line 17, col. 1)<br>(List each licensed administrator separately.) |                       |             | \$ 214,415 |

B. Administrative - Other

| Description                                                                                         | Amount     |
|-----------------------------------------------------------------------------------------------------|------------|
| NuCare Services - Administrative Fees                                                               | \$ 799,486 |
| Clinical Consulting Services - Administrative Fees                                                  | 50,852     |
| JLR Management - Administrative Fees                                                                | 65,000     |
|                                                                                                     |            |
| TOTAL (agree to Schedule V, line 17, col. 3)<br>(Attach a copy of any management service agreement) | \$ 915,338 |

C. Professional Services

| Vendor/Payee                                                                                                     | Type                    | Amount     |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------|
| See Attached                                                                                                     | Legal                   | \$ 109,811 |
| Frost, Ruttenberg & Rothblatt                                                                                    | Accounting              | 27,283     |
| CDW Government, Inc                                                                                              | Computer Services       | 754        |
| Emdeon                                                                                                           | Computer Services       | 488        |
| Giftrap Corporation                                                                                              | Computer Services       | 2,408      |
| HDSI                                                                                                             | Computer Services       | 3,938      |
| IT Tourtech                                                                                                      | Computer Services       | 195        |
| PSD Solutions                                                                                                    | Computer Services       | 9,330      |
| Personnel Planners                                                                                               | Unemployment Consulting | 5,988      |
| Documentations Solutions                                                                                         | Consulting Services     | 5,106      |
| Michael Gantt                                                                                                    | REAC Consulting         | 1,250      |
| See Supplemental Schedule                                                                                        |                         | 22,849     |
| TOTAL (agree to Schedule V, line 19, column 3)<br>(If total legal fees exceed \$5,000, attach copy of invoices.) |                         | \$ 189,399 |

D. Employee Benefits and Payroll Taxes

| Description                                 | Amount       |
|---------------------------------------------|--------------|
| Workers' Compensation Insurance             | \$ 288,845   |
| Unemployment Compensation Insurance         | 191,706      |
| FICA Taxes                                  | 448,881      |
| Employee Health Insurance                   | 294,305      |
| Employee Meals                              | 29,711       |
| Illinois Municipal Retirement Fund (IMRF)*  |              |
| Chicago Head Tax                            | 7,164        |
| Other Employee Benefits                     | 76,981       |
| Dental Insurance                            | 6,808        |
| Pension Expense                             | 41,233       |
| 401K Employee                               | 4,206        |
| Vision Insurance                            | 118          |
|                                             |              |
| TOTAL (agree to Schedule V, line 22, col.8) | \$ 1,389,959 |

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

| Description | Line # | Amount |
|-------------|--------|--------|
|             |        | \$     |
|             |        |        |
|             |        |        |
|             |        |        |
|             |        |        |
|             |        |        |
|             |        |        |
|             |        |        |
|             |        |        |
|             |        |        |
| TOTAL       |        | \$     |

F. Dues, Fees, Subscriptions and Promotions

| Description                                                                  | Amount    |
|------------------------------------------------------------------------------|-----------|
| IDPH License Fee                                                             | \$ 1,497  |
| Advertising: Employee Recruitment                                            | 7,108     |
| Health Care Worker Background Check<br>(Indicate # of checks performed 906 ) | 13,444    |
| Patient Background Checks                                                    |           |
| Dues & Subscriptions                                                         | 23,139    |
| Licenses & Inspections                                                       | 8,634     |
| Advertising & Promotions                                                     | 51,623    |
| Allocated from NuCare                                                        | 1,014     |
| See Supplemental Schedule                                                    | 30        |
| Less: Public Relations Expense                                               | ( )       |
| Non-allowable advertising                                                    | (51,623)  |
| Yellow page advertising                                                      | ( )       |
| TOTAL (agree to Sch. V, line 20, col. 8)                                     | \$ 54,866 |

G. Schedule of Travel and Seminar\*\*

| Description                        | Amount    |
|------------------------------------|-----------|
| Out-of-State Travel                | \$        |
|                                    |           |
|                                    |           |
| In-State Travel                    |           |
|                                    |           |
|                                    |           |
|                                    |           |
| Seminar Expense                    | 17,533    |
| Allocated from NuCare              | 259       |
| Allocated from CCS                 | 193       |
|                                    |           |
| Entertainment Expense              | ( )       |
| (agree to Sch. V, line 24, col. 8) |           |
| TOTAL                              | \$ 17,985 |

\* Attach copy of IMRF notifications

\*\*See instructions.

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

SEE ACCOUNTANTS' COMPILATION REPORT

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. ILCLTC = \$20,110; IL Assoc of HC = \$5,040

(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. \$ 4,063 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. \$ 382,735  
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 29,711 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A

(16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14  
d. Have vehicle usage logs been maintained? N/A  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A

(17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes

(19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT