

Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986

KD/LS
4-26-16

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
CERTIFIES THAT

GRAMERCY HILL
MEETS STATUTORY REQUIREMENTS AS
ASSISTED-LIVING FACILITY

Services
AGED/DISABLED MED WVR

Lic # ALF071

EXPIRES
04/30/2017



Courtney R. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

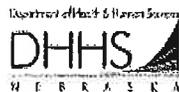
Cut on heavy line and place on license.

FACILITY NAME: GRAMERCY HILL

ADDRESS: 6800 A STREET, LINCOLN, NE 68510

This is to verify that your ASSISTED-LIVING FACILITY is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.



STATE OF NEBRASKA
 Department of Health and Human Services
 Division of Public Health - Licensure Unit
 P.O. Box 94986, Lincoln, NE 68509-4986

Expiration Date
 04/30/2016

Make Payment to DHHS LU	
Renewal Fees:	
1 - 10 beds:	\$950
11 - 20 beds:	\$1450
21 - 50 beds:	\$1650
51 or more:	\$1950

Assisted-Living Facility Licensure Renewal Application

IDENTIFYING INFORMATION

- NAME AND ADDRESS OF FACILITY:
 GRAMERCY HILL
 6800 A STREET
 LINCOLN, NE 68510 - **5134**
 - PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

- LICENSE NO: ALF071
 TELEPHONE NUMBER: (402) 483-1010
 FAX NUMBER: (402) 483-2197
 ADMINISTRATOR: PATRICIA JARNAGIN
 EMAIL: gramercymedicaid@capitalseniorliving.net
- FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
 - TOTAL NUMBER OF BEDS TO BE RELICENSED: 130
 - SPECIFY SPECIAL POPULATIONS: (Please check)
 - Special Care Unit for Alzheimer's or Dementia or Related Disorders _____ Number of Beds
 - Other -- Please Specify _____ Number of Beds
 - ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes No
 Name of Accreditation Organization: _____

OWNERSHIP INFORMATION

- OWNERSHIP OF FACILITY: CAPITAL SENIOR LIVING, PROPERTIES 2-GRAMERCY INC
 (Legal Name of Individual or Business Organization)
 MAILING ADDRESS: 14160 DALLAS PARKWAY, SUITE 300
DALLAS, TX 75254 -4383
- BUSINESS ORGANIZATION: (Check one):
 - Sole Proprietorship
 - Partnership
 - Limited Partnership
 - Corporation
 - Limited Liability Company
 - Governmental (Check one) State, District, County, City or Municipal
 - Other (Please Specify) _____

2016 APR 15
 RECEIVED
 ACCOUNTING
 A 11:23
 (check one)
 Profit Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- the owner, if the applicant is an individual or partnership,
- two of its members, if the applicant is a limited liability company,
- two of its officers, if the applicant is a corporation, or
- the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

David Brickman
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT
Gloria Holland
 AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

 SIGNATURE

3-19-11
 DATE
3-23-16
 DATE

Gramercy

Capital Senior Living Properties 2 - Gramercy, Inc.

Directors:

Carey P. Hendrickson

Gloria M. Holland

Officers:

Keith N. Johannessen, President

David R. Brickman, Vice President and Secretary

Gloria M. Holland, Vice President

Capital Senior Living Properties 2, Inc.

Directors:

Carey P. Hendrickson

David W. Beathard

Officers:

Lawrence A. Cohen, Chief Executive Officer

Keith N. Johannessen, President

David R. Brickman, Vice President and Secretary

David W. Beathard, Vice President

Capital Senior Living Corporation

Directors:

James A. Moore

Lawrence A. Cohen

Keith N. Johannessen

Philip A. Brooks

Kimberly S. Herman

E. Rodney Hornbake

Jill M. Krueger

Ronald A. Malone

Michael W. Reid

Officers:

Lawrence A. Cohen, Chief Executive Officer and Vice Chairman

Keith N. Johannessen, Chief Operating Officer and President

Carey P. Hendrickson, Senior Vice President and Chief Financial Officer

David R. Brickman, Senior Vice President, Secretary and General Counsel

David W. Beathard, Senior Vice President - Operations

Gregory P. Boemer, Vice President - Operations

Joseph G. Solari, Vice President - Corporate Development

Gary E. Fernandez, Vice President – National Marketing

Robert F. Hollister, Controller - Property

Gloria M. Holland, Vice President - Finance

Glen H. Campbell, Vice President - Asset Management

Christopher H. Lane, Vice President - Financial Reporting

Address for all directors and officers listed above:

14160 Dallas Parkway, Suite 300

Dallas, Texas 75254-4383

**CAPITAL SENIOR LIVING CORPORATION
 SHAREHOLDERS OWNING 5% OR MORE
 AS OF MARCH 16, 2016**

Shareholder	Address	Percentage
Radix Partners LLC *EIN:	80 Broad Street, Suite 2502 New York, NY 10004 - 3321	Approximately 5.74% - Indirect stockholder of Capital Senior Living Corporation
Arbiter Partners Capital Management LLC *EIN:	11 East 44 th Street, Suite 700 New York, NY 10017 - 0061	Approximately 7.78% - Indirect stockholder of Capital Senior Living Corporation

*EIN is unknown since they are a shareholder of a public company



BUREAU OF FIRE PREVENTION CITY OF LINCOLN OPERATIONAL PERMIT

Name of Facility: GRAMERCY HILL

Location: 6800 A ST

Health Type: Res B&C

Restrictions:

Permit Number: L1300033

Date Issued: 1/1/2016

Date Expires: 12/31/2016

Maximum Occupancy 130

Fire Inspector

Chief Fire Inspector

This permit does not take the place of any license required by law and is not transferable. Any change in the use, name, owner or occupancy of premises shall require a new permit.

POST IN A PROMINENT PLACE

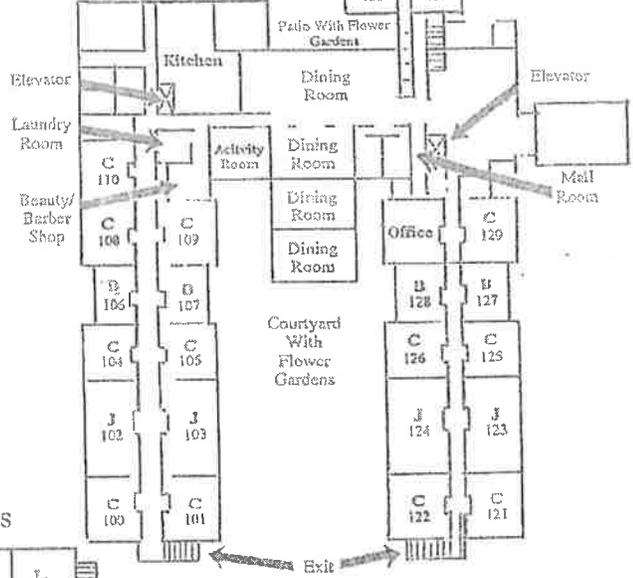
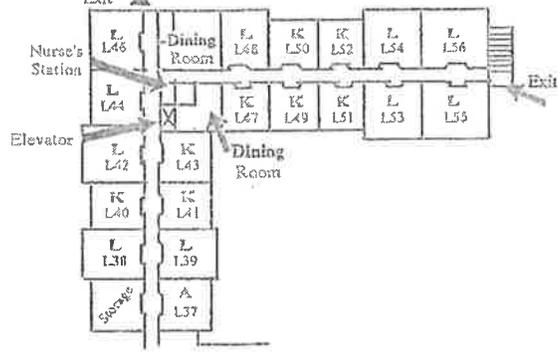
Operational Certificate is valid from date issued to date expired or upon any change in occupancy or ownership

GRAMERCY HILL

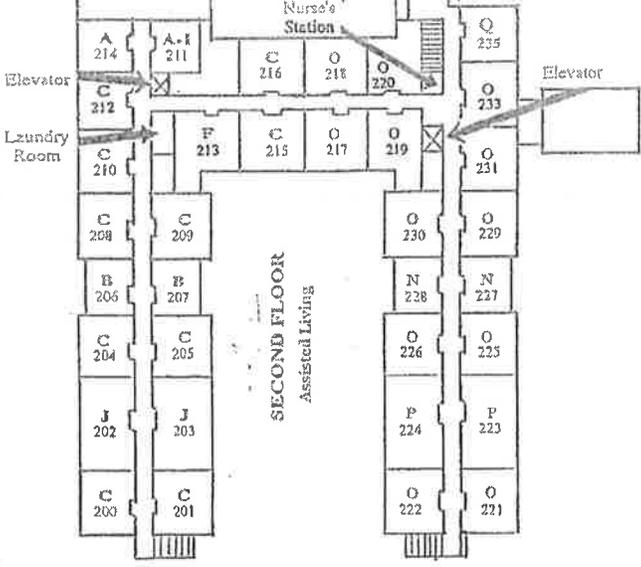
FIRST FLOOR ASSISTED LIVING APARTMENTS



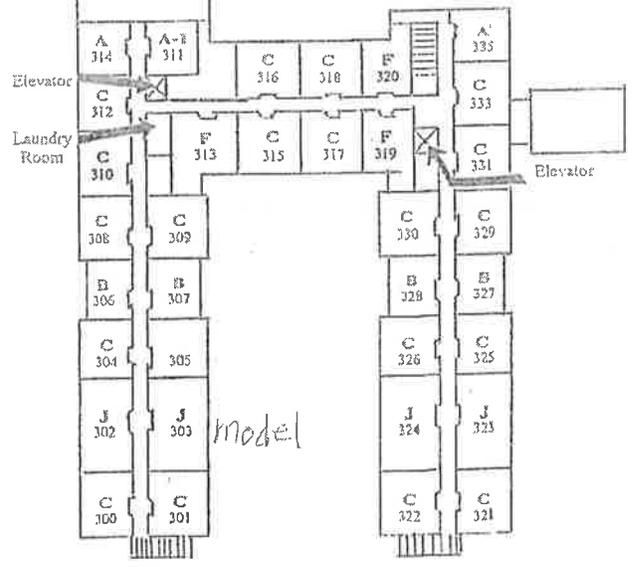
ASSISTED LIVING GARDEN LEVEL APARTMENTS



SECOND FLOOR ASSISTED LIVING APARTMENTS



THIRD FLOOR INDEPENDENT LIVING APARTMENTS



model