

		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.

I. IDPH License ID Number: <u>0049098</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER	
Facility Name: <u>Renaissance Park South</u>		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. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.	
Address: <u>10935 S. Halsted Street</u> <u>Chicago</u> <u>60028</u>			
NumberCityZip Code			
County: <u>Cook</u>			
Telephone Number: <u>(773) 928-2000</u> Fax # <u>(773) 928-9670</u>			
HFS ID Number: _____		Officer or Administrator of Provider Paid Preparer	
Date of Initial License for Current Owners: <u>07/01/07</u>			
Type of Ownership:			
☐ VOLUNTARY,NON-PROFIT ☐ Charitable Corp. ☐ Trust IRS Exemption Code _____ ☒ PROPRIETARY ☐ Individual ☐ Partnership ☐ Corporation ☒ "Sub-S" Corp. ☐ Limited Liability Co. ☐ Trust ☐ Other _____			

☐ GOVERNMENTAL☐ State☐ County☐ Other _____

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

0049098 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	300	Skilled (SNF)	300	109,500	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	300	TOTALS	300	109,500	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF			12,798	12,798	8
9	SNF/PED					9
10	ICF	62,162	4,941	5,344	72,447	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	62,162	4,941	18,142	85,245	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.85%

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 05/01/1976

J. Was the facility purchased or leased after January 1, 1978? YES NO X

K. Was the facility certified for Medicare during the reporting year? YES X NO If YES, enter number of beds certified 300 and days of care provided 12,177

Medicare Intermediary Wisconsin Physician 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.

STATE OF ILLINOIS

Facility Name & ID Number

Renaissance Park South

0049098

Report Period Beginning:

01/01/11

Ending:

12/31/11

Page 3

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	398,306	109,151	15,211	522,668		522,668		522,668			1
2	Food Purchase		434,728		434,728	(36,774)	397,954	(252)	397,703			2
3	Housekeeping		28,586	318,605	347,191		347,191		347,191			3
4	Laundry		47,087	212,403	259,490		259,490		259,490			4
5	Heat and Other Utilities			259,692	259,692		259,692	(12,987)	246,705			5
6	Maintenance	95,745	89,740	221,702	407,187		407,187	25,113	432,300			6
7	Other (specify):*											7
8	TOTAL General Services	494,051	709,292	1,027,613	2,230,956	(36,774)	2,194,182	11,874	2,206,057			8
	B. Health Care and Programs											
9	Medical Director			51,000	51,000		51,000		51,000			9
10	Nursing and Medical Records	4,724,121	719,379	73,382	5,516,882		5,516,882	(32,577)	5,484,305			10
10a	Therapy	205,245			205,245		205,245		205,245			10a
11	Activities	267,562	95,504	1,060	364,126		364,126		364,126			11
12	Social Services	214,226		3,865	218,091		218,091		218,091			12
13	CNA Training											13
14	Program Transportation			2,021	2,021		2,021		2,021			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	5,411,154	814,883	131,328	6,357,365		6,357,365	(32,577)	6,324,788			16
	C. General Administration											
17	Administrative	244,264		524,991	769,255		769,255	(505,642)	263,613			17
18	Directors Fees											18
19	Professional Services			180,433	180,433	(9,180)	171,253	32,163	203,416			19
20	Dues, Fees, Subscriptions & Promotions			168,915	168,915		168,915	(79,717)	89,198			20
21	Clerical & General Office Expenses	301,951	86,141	317,354	705,446		705,446	(9,129)	696,317			21
22	Employee Benefits & Payroll Taxes			1,326,496	1,326,496	36,774	1,363,270		1,363,270			22
23	Inservice Training & Education											23
24	Travel and Seminar			16,352	16,352		16,352	(3,747)	12,605			24
25	Other Admin. Staff Transportation			6,622	6,622		6,622	1,252	7,874			25
26	Insurance-Prop.Liab.Malpractice			694,245	694,245		694,245	61,249	755,494			26
27	Other (specify):*							66,416	66,416			27
28	TOTAL General Administration	546,215	86,141	3,235,408	3,867,764	27,594	3,895,358	(437,155)	3,458,202			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,451,420	1,610,316	4,394,349	12,456,085	(9,180)	12,446,905	(457,858)	11,989,047			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			260,009	260,009		260,009	493,958	753,967			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			148,832	148,832		148,832	405,524	554,356			32
33	Real Estate Taxes					9,180	9,180	321,258	330,438			33
34	Rent-Facility & Grounds			1,199,624	1,199,624		1,199,624	(1,193,914)	5,710			34
35	Rent-Equipment & Vehicles			20,063	20,063		20,063	4,279	24,342			35
36	Other (specify):*											36
37	TOTAL Ownership			1,628,528	1,628,528	9,180	1,637,708	31,106	1,668,814			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	6,062	665,913	1,101,472	1,773,447		1,773,447		1,773,447			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			496,042	496,042		496,042		496,042			42
43	Other (specify):*	141,290		309,056	450,346		450,346	(450,346)	(0)			43
44	TOTAL Special Cost Centers	147,352	665,913	1,906,570	2,719,835		2,719,835	(450,346)	2,269,489			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,598,772	2,276,229	7,929,447	16,804,448		16,804,448	(877,098)	15,927,350			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 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(16,075)	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	262,015	30		9
10	Interest and Other Investment Income	(1,587)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(252)	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	(17,936)	21		18
19	Entertainment	(4,392)	24		19
20	Contributions	(19,600)	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	(191,863)	21		24
25	Fund Raising, Advertising and Promotional	(53,841)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(695)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(757,104)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (801,329)		\$	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 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(75,768)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (75,768)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (877,098)		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 Yes	2 No	3 Amount	4 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

SEE ACCOUNTANTS' COMPILATION REPORT

Renaissance Park South

ID#	0049098
Report Period Beginning:	01/01/11
Ending:	12/31/11

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Misc. Income	\$ (552)	21	1
2	Jury Duty Income	(154)	10	2
3	Patient Needs	(11,423)	10	3
4	Patient Clothing	(14,653)	10	4
5	Veterans Expenses	(16,714)	10	5
6	Guest Services Salary	(44,244)	43	6
7	Bank Charges	(25,073)	21	7
8	Annual Report	(250)	20	8
9	Non-Allowable Legal Fees	(1,598)	19	9
10	Additional R&M	18,052	06	10
11	Marketing Director Salaries	(58,895)	43	11
12	Capitalized R&M	(5,570)	06	12
13	Non-Allowable Expense	(309,056)	43	13
14	Non-Reimbursable Salaries	(38,151)	43	14
15	COPE Dues	(7,518)	20	15
16	Building Co:			16
17	Professional Fees	(8,199)	19	17
18	Trust Feese	(385)	21	18
19	Amortization	(83,545)	36	19
20	Bank Charges	(629)	21	20
21	Prepayment Penalty	(148,547)	21	21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(757,104)		49

Renaissance Park South

	ID#	0049098
Report Period Beginning:		01/01/11
Ending:		12/31/11

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

Summary A

12/31/11

[illegible]

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 6-Supplemental		See 6-Supplemental		See 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	\$ 1,194,460	Halsted Associates Limited Partnership	100.00%	\$	\$ (1,194,460)	1
2	V	32	Interest Income	528	Halsted Associates Limited Partnership	100.00%		(528)	2
3	V	26	Insurance Expense		Halsted Associates Limited Partnership	100.00%	60,287	60,287	3
4	V	21	Prepayment Penalty		Halsted Associates Limited Partnership	100.00%	148,547	148,547	4
5	V	19	Professional Fees		Halsted Associates Limited Partnership	100.00%	8,199	8,199	5
6	V	21	Bank Charges		Halsted Associates Limited Partnership	100.00%	629	629	6
7	V	21	Trust Fees		Halsted Associates Limited Partnership	100.00%	385	385	7
8	V	32	Mortgage Interest		Halsted Associates Limited Partnership	100.00%	404,131	404,131	8
9	V	33	Real Estate Taxes		Halsted Associates Limited Partnership	100.00%	310,892	310,892	9
10	V	30	Depreciation		Halsted Associates Limited Partnership	100.00%	220,679	220,679	10
11	V	36	Amortization of Loan Costs		Halsted Associates Limited Partnership	100.00%	83,545	83,545	11
12	V								12
13	V								13
14	Total			\$ 1,194,988			\$ 1,237,294	\$ * 42,306	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%	\$ 3,088	\$ 3,088	15
16	V	6	REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	12,277	12,277	16
17	V	17	ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	19,349	19,349	17
18	V	19	PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	33,760	33,760	18
19	V	20	FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	1,449	1,449	19
20	V	21	CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	205,545	205,545	20
21	V	24	SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	370	370	21
22	V	25	ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	861	861	22
23	V	26	INSURANCE		NUCARE SERVICES CORP.	100.00%	962	962	23
24	V	27	EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	65,103	65,103	24
25	V	30	DEPRECIATION		NUCARE SERVICES CORP.	100.00%	11,102	11,102	25
26	V	32	INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	3,324	3,324	26
27	V	33	REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	10,366	10,366	27
28	V	34	PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	546	546	28
29	V	35	EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	4,279	4,279	29
30	V								30
31	V	17	ADMINISTRATIVE FEES	485,046	NUCARE SERVICES CORP.	100.00%		(485,046)	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 485,046			\$ 372,382	\$ * (112,664)	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%	\$ 354	\$ 354	15
16	V	10	CLINICAL SALARIES		CLINICAL CONSULTING SERVICES, LLC	100.00%	10,367	10,367	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%	43	43	18
19	V	21	OFFICE WAGES		CLINICAL CONSULTING SERVICES, LLC	100.00%	20,091	20,091	19
20	V	21	OFFICE EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,354	1,354	20
21	V	24	CONTINUING EDUCATION / SEMINAR		CLINICAL CONSULTING SERVICES, LLC	100.00%	275	275	21
22	V	25	AUTO EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	391	391	22
23	V	27	PAYROLL TAXES		CLINICAL CONSULTING SERVICES, LLC	100.00%	104	104	23
24	V	27	OTHER EMPLOYEE BENEFITS		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,209	1,209	24
25	V	30	DEPRECIATION		CLINICAL CONSULTING SERVICES, LLC	100.00%	162	162	25
26	V	32	INTEREST		CLINICAL CONSULTING SERVICES, LLC	100.00%	185	185	26
27	V								27
28	V	17	ADMINISTRATIVE FEES	39,945	CLINICAL CONSULTING SERVICES, LLC	100.00%		(39,945)	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			\$ 39,945			\$ 34,535	\$ * (5,410)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Workers Compensation	\$ 179,017	Diamond Insurance		\$ 179,017	\$	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			\$ 179,017			\$ 179,017	\$ *	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

* 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

* 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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	ABRAHAM J. STERN	4.946%	CHEVY CHASE CORP. D/B/A BRONZEVILLE PARK NURSING & REF	CHICAGO	HALSTED ASSOCIATES LIMITE	LINCOLNWOOD	BUILDING CO.	1
2	ANDREW ISKOVITZ	21.978%	CALIFORNIA GARDENS CORP.	CHICAGO	CLINICAL CONSULTING SERV.	LINCOLNWOOD	CLINICAL CONSULTING	2
3	CHAIM RAJCHENBACH	5.219%	CLAREMONT EXTENDED HEALTHCARE, L.L.C.	BUFFALO GROVE	QUEST SERVICES CORP.	LINCOLNWOOD	MARKETING	3
4	DAVID HARTMAN	8.242%	CLARIDGE IMPERIAL, LTD.	CHICAGO	DBD REHABILITATION SERV.	CHICAGO	PSYCHIATRIC SERVICE	4
5	GERRY JENICH	8.242%	FOREST VILLA NURSING & REHABILITATION CENTER, L.L.C.	NILES	JEM REHABILITATION SERV.	CHICAGO	PSYCHIATRIC SERVICE	5
6	HARTMAN DYNASTY TRUST	3.297%	JACKSON CORP.	CHICAGO	JLR MANAGEMENT	LINCOLNWOOD	MANAGEMENT CO.	6
7	HARTMAN FAMILY FOUNDATION	3.022%	MONROE CORP.	CHICAGO	SEASONS HOSPICE	PARK RIDGE	HOSPICE	7
8	HARTMAN FAMILY TRUST	21.978%	THE RENAISSANCE AT 87TH STREET, INC.	CHICAGO	DIAMOND INSURANCE	NORTHBROOK	WORKERS COMP INS	8
9	RAJCHENBACH FAMILY TRUST	23.077%	THE RENAISSANCE AT HILLSIDE, INC.	HILLSIDE	7257 N. LINCOLN AVENUE, LLC	LINCOLNWOOD	BUILDING RENTAL	9
10			THE RENAISSANCE AT MIDWAY, INC.	CHICAGO	NUCARE SERVICES	LINCOLNWOOD	BOOKEEPING / MANAGI	10
11			THE RENAISSANCE AT SOUTH SHORE, INC.	CHICAGO	KFT SERVICES, LLC	LINCOLNWOOD	MANAGEMENT CO.	11
12			RENAISSANCE EAST	MESA, ARIZONA	DRAKE LOUIS ENTERPRISE, LI	LINCOLNWOOD	MANAGEMENT CO.	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 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	David Hartman	Shareholder	Administrative	8.24%	See Attached	1.01	2.53%		\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		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 Park South # 0049098 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 Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

Facility Name & ID Number Renaissance Park South # 0049098 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	\$	109,500	\$ 3,088	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	1,283,340	16	143,887		109,500	12,277	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	1,283,340	16	226,766	211,441	109,500	19,349	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,283,340	16	395,673		109,500	33,760	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,283,340	16	16,986		109,500	1,449	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	1,283,340	16	2,408,992	(706,320)	109,500	205,545	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,283,340	16	4,332		109,500	370	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	1,283,340	16	10,088		109,500	861	8
9	26	INSURANCE	AVAIL. CENSUS DAYS	1,283,340	16	11,273		109,500	962	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	1,283,340	16	763,008		109,500	65,103	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,283,340	16	130,120		109,500	11,102	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,283,340	16	38,953		109,500	3,324	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,283,340	16	121,491		109,500	10,366	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,283,340	16	6,400		109,500	546	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,283,340	16	50,154		109,500	4,279	15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 4,364,315	\$		\$ 372,382	25

Facility Name & ID Number Renaissance Park South # 0049098 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	\$	109,500	\$ 354	1
2	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,283,340	17	121,500	121,500	109,500	10,367	2
3	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,283,340	17			109,500		3
4	20	DUES, LICENSE & INSPECTION	AVAIL. CENSUS DAYS	1,283,340	17	500		109,500	43	4
5	21	OFFICE WAGES	AVAIL. CENSUS DAYS	1,283,340	17	235,467	235,467	109,500	20,091	5
6	21	OFFICE EXPENSE	AVAIL. CENSUS DAYS	1,283,340	17	15,872		109,500	1,354	6
7	24	CONTINUING EDUCATION / SE	AVAIL. CENSUS DAYS	1,283,340	17	3,225		109,500	275	7
8	25	AUTO EXPENSE	AVAIL. CENSUS DAYS	1,283,340	17	4,586		109,500	391	8
9	27	PAYROLL TAXES	AVAIL. CENSUS DAYS	1,283,340	17	1,222		109,500	104	9
10	27	OTHER EMPLOYEE BENEFITS	AVAIL. CENSUS DAYS	1,283,340	17	14,168		109,500	1,209	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,283,340	17	1,896		109,500	162	11
12	32	INTEREST	AVAIL. CENSUS DAYS	1,283,340	17	2,164		109,500	185	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		\$ 34,535	25

Facility Name & ID Number Renaissance Park South # 0049098 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 ()

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct Allocation			\$	\$		\$ 179,017	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					\$	\$		\$ 179,017	25

Facility Name & ID Number Renaissance Park South # 0049098 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 Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

Facility Name & ID Number Renaissance Park South # 0049098 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 Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

Facility Name & ID Number Renaissance Park South # 0049098 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 Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

Facility Name & ID Number Renaissance Park South # 0049098 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 Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

Facility Name & ID Number Renaissance Park South # 0049098 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 Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

Facility Name & ID Number Renaissance Park South # 0049098 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 Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

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	Private Bank		X	Mortgage			\$	18,927,875			\$	404,131	1	
2													2	
3													3	
4													4	
5	See Supplemental Schedule												5	
	Working Capital													
6	Bank Leumi		X	Line of Credit	7/1/2007			2,748,582				148,833	6	
7													7	
8	See Supplemental Schedule												8	
9	TOTAL Facility Related				\$39,264.00		\$	21,676,457				\$	552,964	9
	B. Non-Facility Related*													
10	Interest Income		X									(1,587)	10	
11	Interest Income- Bldg. Co.		X									(528)	11	
12	Alloc. From NuCare		X									3,324	12	
13	See Supplemental Schedule											185	13	
14	TOTAL Non-Facility Related						\$					\$	1,394	14
15	TOTALS (line 9+line14)						\$	21,676,457				\$	554,358	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

* 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	Alloc From CCS		X				\$				\$	185	15						
16												16							
17												17							
18												18							
19												19							
20	TOTAL Non-Facility Related											185	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

1. Real Estate Tax accrual used on 2010 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	575,364	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.)				\$	442,686	2
3. Under or (over) accrual (line 2 minus line 1).				\$	(132,678)	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	453,936	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$	9,180	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.				\$	330,438	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:		2006	389,860	8		
		2007	324,203	9		
		2008	327,675	10		
		2009	547,966	11		
		2010	432,320	12		
2011 Accrual = \$432,320 x 1.05 = \$453,936						
Allocated from NuCare \$10,366						

	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

FACILITY NAME	<u>Renaissance Park South</u>	COUNTY	<u>Cook</u>
FACILITY IDPH LICENSE NUMBER	<u>0049098</u>		
CONTACT PERSON REGARDING THIS REPORT	<u>Steve Lavenda</u>		
TELEPHONE	(847) 236-1111	FAX #:	(847) 236-1155

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.

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 Park South</u>	COUNTY	<u>Cook</u>
---------------	-------------------------------	--------	-------------

FACILITY IDPH LICENSE NUMBER 0049098

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 Applicable to Nursing Home</u>
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

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:

60,068

B. General Construction Type:

Exterior

Brick

Frame

Number of Stories

3

C. Does the Operating Entity?

☐

(a) Own the Facility

☒

(b) Rent from a Related Organization.

☐

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒

(a) Own the Equipment

☒

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐

YES

☒

NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility			\$ 855,000	1
2	Allocated From 7257 N. Lincoln/Clinical Constl.			12,970	2
3	TOTALS			\$ 867,970	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

0049098

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 Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	300			1976	\$ 7,334,294	\$	39	\$ 366,715	\$ 366,715	\$ 6,570,310	4
5				1994	554,636		39	27,732	27,732	302,322	5
6				1994	3,020		39	151	151	1,637	6
7				1994	106,949		39	5,347	5,347	59,435	7
8											8
	Improvement Type**										
9	Various			1978	750		20			750	9
10	Various			1979	12,807		20			12,749	10
11	Various			1980	35,915		20			35,915	11
12	Various			1981	13,910		20			13,910	12
13	Various			1982	8,814		20			8,814	13
14	Various			1983	12,936		20			12,936	14
15	Various			1984	20,560		20			20,560	15
16	Various			1985	18,883		20			18,874	16
17	Various			1986	2,456		20			2,456	17
18	Various			1987	4,000		20	127	127	3,099	18
19	Various			1988	82,596		20	2,622	2,622	60,874	19
20	Various			1989	1,225		20	39	39	872	20
21	Various			1990	91,597		20	1,128	1,128	70,198	21
22	Various			1993	53,620		20	1,730	1,730	50,744	22
23	Various			1995	137,949		20	6,733	6,733	113,510	23
24	Various			1996	519,100		20	26,418	26,418	424,892	24
25	Various			1997	76,548		20	3,747	3,747	56,271	25
26	Various			1998	77,488		20	3,874	3,874	52,360	26
27	Various			1999	278,572		20	13,863	13,863	178,625	27
28	Various			2000	48,393		20	2,246	2,246	26,259	28
29	Various			2001	97,460		20	4,903	4,903	50,839	29
30	Various			2002	25,280		20	1,956	1,956	24,353	30
31	Various			2003	461,684		20	38,793	38,793	332,427	31
32	Various			2004	62,146		20	3,240	3,240	54,412	32
33	Various			2005	94,134		20	5,328	5,328	90,102	33
34	Various			2006	114,124		20	10,047	10,047	94,745	34
35	Various			2007	377,501		20	30,470	30,470	132,896	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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37			\$	\$		\$	\$		37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
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	Related Building Company (Pages 12F & 12G)		50,886	220,679		2,545	(218,134)	45,403	67
68	Related Party Allocations (Pages 12H & 12I)		247,141	8,177		7,039	(1,138)	45,462	68
69	Financial Statement Depreciation			260,009			(260,009)		69
70	TOTAL (lines 4 thru 69)		\$ 11,027,375	\$ 488,865		\$ 566,793	\$ 77,928	\$ 8,969,008	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance Park South

0049098

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 11,027,375	\$ 488,865		\$ 566,793	\$ 77,928	\$ 8,969,008	1
2	Sign - Polycarbonate Sheeting W/ Logo	2008	3,847		20	256	256	1,004	2
3	North Wing Resident Bedroom	2008	6,684		20	334	334	1,337	3
4	New Cameras Installation	2008	3,600		20	180	180	720	4
5	Canopy Signage	2008	2,626		20	131	131	514	5
6	Windows & Doors	2008	5,500		20	275	275	1,008	6
7	Cameras & Wires; Dvr	2008	4,300		20	215	215	788	7
8	Relocate Dvr/Extending Wiring And Installing	2008	2,250		20	113	113	413	8
9	Paint Windows; Doors; Air Conditioners	2008	1,800		20	90	90	323	9
10	Parking Lot, Canopy, Canvas, Signage, Curtains	2008	9,353		20	468	468	1,637	10
11	Scraping & Painting Windows	2008	1,750		20	88	88	306	11
12	Sprinkler System Repair	2008	3,475		20	174	174	623	12
13	Spilt Condensing Unit For Air Conditioner	2008	1,568		20	78	78	274	13
14	Installation Of Equipment, Discrete Rxvr Control Unit, Keypad	2008	2,055		20	103	103	385	14
15	Door Closer; Spines Hinges; Passage Leversets	2008	3,066		20	153	153	549	15
16	Smoke Detectors	2008	7,457		20	1,065	1,065	3,728	16
17	Maintenance For Various Jobs	2008	3,049		20	152	152	521	17
18	Recessed Cans; Outlets; Extensions Cords	2008	1,170		20	59	59	195	18
19	1St And 2Nd Floor And Lobby 109 Doors Refinished	2008	13,625		20	681	681	2,384	19
20	2 Cameras And Labor	2008	1,120		20	56	56	191	20
21	Repair And Replace Lexan Panels For Sign	2008	3,235		20	324	324	1,105	21
22	North Wing Resident Bathroom Renovation	2008	13,195		20	660	660	2,639	22
23	Door Resurface	2008	15,200		20	760	760	2,660	23
24	Closets, Nurses Station, Countertops	2008	102,150		20	5,108	5,108	20,430	24
25	Chair Rail, Patch Walls	2008	13,650		20	683	683	2,446	25
26	Econocare-32307: Wallcovering/Window Treatment/Handrails/Fl	2008	282,897		20	14,145	14,145	51,864	26
27	Econocare-31878: Wallcovering/Light Fixtures/Flooring/Walls...	2008	171,068		20	8,553	8,553	32,788	27
28	Econocare-32415: Flooring/Walls/Window Treatments/Millwork/S	2008	153,880		20	7,694	7,694	27,570	28
29	Econocare - 32958	2008	(553)		20	(28)	(28)	(94)	29
30	Econocare - 32959 (Adjustment)	2008	(10,000)		20	(500)	(500)	(1,708)	30
31	8 Wall A/C	2009	8,147		20	1,164	1,164	3,007	31
32	Tadiran Ipx500 Telephone System	2009	59,950		20	5,995	5,995	13,988	32
33	14 Roof Exhaust Fans	2009	9,672		20	484	484	1,451	33
34	TOTAL (lines 1 thru 33)		\$ 11,928,161	\$ 488,865		\$ 616,505	\$ 127,640	\$ 9,144,056	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 Park South

0049098

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 11,928,161	\$ 488,865		\$ 616,505	\$ 127,640	\$ 9,144,056	1
2	Volt Line For Heater; Heater; Lighting In Conference Room	2009	2,940		20	147	147	429	2
3	Kitchen Tiles Repair	2009	7,750		20	517	517	1,464	3
4	Econocare - Doors, Ceiling, Tiles, Light Fixtures	2009	42,621		20	2,131	2,131	5,860	4
5	Motorized Door Opener	2009	3,309		20	165	165	469	5
6	Installation Of 18 Outlets	2009	8,733		20	437	437	1,164	6
7	Door Monitor Panels; Indoor Doorguard; Dome Cameras; Weath	2009	10,692		20	1,527	1,527	4,201	7
8	Replaced Valves In Refrigerator	2009	3,021		20	432	432	1,115	8
9	Rewiring Cables At South Stairwell	2009	3,150		20	450	450	1,163	9
10	20 Amps Circuit Breakers	2009	3,270		20	163	163	409	10
11	Common Signage	2009	5,967		20	597	597	1,790	11
12	Compressors For Chiller On Roof	2009	10,918		20	546	546	1,410	12
13	Electrical Work	2009	3,230		20	162	162	336	13
14	Carpeting, Walls, Tiles, Light Fixtures	2009	68,720		20	4,584	4,584	9,738	14
15	Boiler Repair	2009	12,208		20	814	814	2,340	15
16	Actuator, Valves	2009	2,818		20	188	188	446	16
17	Reverse Prior Year Remodeling Work	2010	(6,112)		20	(306)	(306)	(611)	17
18	Bathroom Fixtures & Appliances	2010	7,087		20	354	354	443	18
19	Kitchen Remodeling-Walls, Plumbing, Electrical Work, Cabinetry	2010	16,778		20	839	839	1,188	19
20	Shower Room Remodeling-Walls, Electrical Work, Fixtures	2010	41,069		20	2,053	2,053	2,909	20
21	Wanderguard System	2010	3,745		20	187	187	234	21
22	Light Fixtures And Wallpaper	2010	5,099		20	255	255	489	22
23	Cables, Dvr, Monitors	2010	4,396		20	440	440	879	23
24	Painting	2010	35,705		20	1,785	1,785	3,571	24
25	Crown Molding, Partitions	2010	12,050		20	603	603	1,205	25
26	Exhaust Fans	2010	4,189		20	209	209	419	26
27	Upgrade Fire System	2010	3,524		20	503	503	881	27
28	Rooftop Air Conditioner	2010	65,684		20	5,474	5,474	8,211	28
29	Landscaping Improvements	2010	6,500		20	433	433	650	29
30	Electrical For Chiller	2010	4,820		20	241	241	341	30
31	Boiler Repairs	2010	6,509		20	325	325	624	31
32	Painting Of 54 Rooms On 3Rd Flr, Patch Holes And Cracks In W	2011	11,000		20	458	458	458	32
33	Fabricate, Install And Secur To Wall 30 Linear Ft. Upper Storage	2011	5,000		20	229	229	229	33
34	TOTAL (lines 1 thru 33)		\$ 12,344,551	\$ 488,865		\$ 643,448	\$ 154,583	\$ 9,198,509	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 Park South

0049098

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 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 12,344,551	\$ 488,865		\$ 643,448	\$ 154,583	\$ 9,198,509	1
2	10 Cubicle Curtain Color Dune, 10 Cubicle Color Harvest	2011	2,830		20	94	94	94	2
3	Labor And Materials To Replace R&R Door Board Of South Elev	2011	4,195		20	140	140	140	3
4	Painting 56 Rooms, Door Frames, Install Base Moldings On 2Nd F	2011	17,500		20	510	510	510	4
5	Bathroom Remodel - Lighting, Ceiling, Shower, Tile, Sinks, Toilet	2011	63,980		20	622	622	622	5
6	Bathroom Remodel - Drywall, Paint, Tile, Mirror, Sink, Toilet	2011	2,800		20	58	58	58	6
7	Widen Entrance To 3 North And 2 North Tub Rooms, Furnish/Ins	2011	2,996		20	62	62	62	7
8	Bathroom Remodel - Drywall, Paint, Tile, Mirror, Sink, Toilet	2011	2,800		20	47	47	47	8
9	Install Security System-1 Camera Outside North Wall, 2 Cameras	2011	8,580		20	306	306	306	9
10	Fan Motors And Exhausts Vents On Roof	2011	5,558		20	116	116	116	10
11	Hot Water Repair	2011	2,760		20	138	138	138	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)		\$ 12,458,549	\$ 488,865		\$ 645,543	\$ 156,678	\$ 9,200,604	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 Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 12,458,549	\$ 488,865		\$ 645,543	\$ 156,678	\$ 9,200,604	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)		\$ 12,458,549	\$ 488,865		\$ 645,543	\$ 156,678	\$ 9,200,604	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 Park South

0049098

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 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company Information								1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Landscaping	1994	25,996		20	1,300	1,300	25,996	9
10	Sprinkler System	1994	8,900		20	445	445	8,900	10
11	Sign- Awning	1994	9,474		20	474	474	9,474	11
12	Repair Hot Water System Causing Flood	2008	3,256		20	163	163	530	12
13	Installation of 240 Volt Line for Hall Heater; Removed & Replace	2008	3,260		20	163	163	503	13
14									14
15	Depreciation			220,679			(220,679)		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									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company 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 (12F & 12G lines 1 thru 33)		\$ 50,886	\$ 220,679		\$ 2,545	\$ (218,134)	\$ 45,403	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 Park South

0049098

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 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated from 7257 N. Lincoln Ave, LLC	2004	110,580	2,835	35	3,159	324	25,670	3
4	Allocated from Clinical Consulting Services	2004	6,143	158	35	176	18	1,426	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from NuCare Services Corp.	2003	999	43	20	50	7	406	9
10	Allocated from NuCare Services Corp.	2004	79,740	882	20	1,016	134	7,832	10
11	Allocated from NuCare Services Corp.	2005	1,203	52	20	60	8	412	11
12	Allocated from NuCare Services Corp.	2006	1,631	71	20	82	11	289	12
13	Allocated from NuCare Services Corp.	2008	1,719	75	20	86	11	280	13
14	Allocated from NuCare Services Corp.	2009	27,681	3,786	20	1,384	(2,402)	3,612	14
15	Allocated from NuCare Services Corp.	2010	4,254	185	20	213	28	321	15
16	Allocated from NuCare Services Corp.	2011	230	10	20	10		10	16
17									17
18	Allocated from 7257 N. Lincoln Ave, LLC	2005	10,081	76	20	651	575	4,106	18
19	Allocated from 7257 N. Lincoln Ave, LLC	2004	2,198		20	110	110	824	19
20									20
21	Allocated from Clinical Consulting Services	2005	560	4	20	36	32	228	21
22	Allocated from Clinical Consulting Services	2004	122		20	6	6	46	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 Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated 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)		\$ 247,141	\$ 8,177		\$ 7,039	\$ (1,138)	\$ 45,462	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$1,012,223	\$2,734	\$96,145	\$93,411	10	\$692,720	71
72	Current Year Purchases	129,553	320	11,956	11,636	10	11,956	72
73	Fully Depreciated Assets	1,546,666		172	172	10	1,546,666	73
74								74
75	TOTALS	\$2,688,442	\$3,054	\$108,274	\$105,220		\$2,251,343	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Allocated from NuCare	2011	\$756	\$33	\$151	\$118	5	\$214	76
77										77
78										78
79										79
80	TOTALS			\$756	\$33	\$151	\$118		\$214	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$16,015,717	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$491,952	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$753,967	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$262,015	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$11,452,160	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Storage Unit				5,163			5
6	Allocated from NuCare (Parking Rental)				546			6
7	TOTAL				\$ 5,709			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: \$ 24,342
- Description:
- See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning

Ending

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

	Fiscal Year Ending	Annual Rent
12.	/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)	
		1	2	3	4
		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.)

12345678										
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 507,359	\$		\$ 507,359	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			169,394			169,394	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			422,694			422,694	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				501,510		501,510	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Supplemental			6,062		2,025	164,403		172,490	13
14	TOTAL			\$ 6,062		\$ 1,101,472	\$ 665,913		\$ 1,773,447	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

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 132,302	\$ 5,956,653	1
2	Cash-Patient Deposits	31,576	31,576	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	4,588,748	4,588,748	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	192,539	223,647	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	623,576	3,231,451	8
9	Other(specify): See Attached Schedule	10,661	730,038	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,579,402	\$ 14,762,113	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		855,000	13
14	Buildings, at Historical Cost		7,998,898	14
15	Leasehold Improvements, at Historical Cost	3,393,265	3,444,151	15
16	Equipment, at Historical Cost	3,155,580	4,149,586	16
17	Accumulated Depreciation (book methods)	(3,918,975)	(8,566,446)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		235,426	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	2,442,432	2,442,432	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,072,302	\$ 10,559,047	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,651,704	\$ 25,321,160	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 3,205,527	\$ 3,216,285	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	33,990	33,990	28
29	Short-Term Notes Payable	2,748,582	2,748,582	29
30	Accrued Salaries Payable	440,971	440,971	30
31	Accrued Taxes Payable (excluding real estate taxes)	70,338	70,338	31
32	Accrued Real Estate Taxes(Sch.IX-B)		453,936	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	2,309,090	(372,204)	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,808,498	\$ 6,591,898	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		18,927,875	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 (sum of lines 39 thru 44)	\$	\$ 18,927,875	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,808,498	\$ 25,519,773	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,843,206	\$ (198,613)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 10,651,704	\$ 25,321,160	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,905,038	1
2	Restatements (describe):		2
3	See Attached	(434,142)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,470,896	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,144,810	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	125,000	11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(537,500)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Member Buy Out	(360,000)	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 372,310	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)	\$ 1,843,206	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	\$ 14,020,086	1
2	Discounts and Allowances for all Levels	(595,385)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,424,701	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,084,152	6
7	Oxygen	28,562	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,112,714	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,085,353	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	121,027	19
20	Radiology and X-Ray	55,806	20
21	Other Medical Services	147,364	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,409,550	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	1,587	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,587	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	706	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 706	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,949,258	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,230,956	31
32	Health Care	6,357,365	32
33	General Administration	3,867,764	33
	B. Capital Expense		
34	Ownership	1,628,528	34
	C. Ancillary Expense		
35	Special Cost Centers	2,223,793	35
36	Provider Participation Fee	496,042	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,804,448	40
41	Income before Income Taxes (line 30 minus line 40)**	1,144,810	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,144,810	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. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,216	2,591	\$ 79,454	\$ 30.67	1
2	Assistant Director of Nursing	1,947	2,034	81,608	40.12	2
3	Registered Nurses	28,992	30,983	1,104,144	35.64	3
4	Licensed Practical Nurses	65,275	71,019	1,712,771	24.12	4
5	CNAs & Orderlies	150,150	161,219	1,625,202	10.08	5
6	CNA Trainees					6
7	Licensed Therapist	160	160	6,062	37.89	7
8	Rehab/Therapy Aides	3,101	6,856	205,245	29.94	8
9	Activity Director	4,925	5,264	94,022	17.86	9
10	Activity Assistants	9,591	10,642	173,540	16.31	10
11	Social Service Workers	8,166	8,758	171,964	19.64	11
12	Dietician	2,845	3,099	60,302	19.46	12
13	Food Service Supervisor					13
14	Head Cook	5,096	5,532	59,136	10.69	14
15	Cook Helpers/Assistants	25,940	28,353	278,868	9.84	15
16	Dishwashers					16
17	Maintenance Workers	4,919	5,203	95,745	18.40	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	3,380	3,495	148,294	42.43	20
21	Assistant Administrator	1,856	2,085	81,448	39.06	21
22	Other Administrative	160	160	14,522	90.76	22
23	Office Manager	2,700	3,120	76,956	24.67	23
24	Clerical	10,695	11,725	224,995	19.19	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	3,235	3,476	62,183	17.89	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	8,232	10,777	242,311	22.49	33
34	TOTAL (lines 1 - 33)	343,581	376,551	\$ 6,598,772 *	\$ 17.52	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	324	\$ 15,211	01-03	35
36	Medical Director	Monthly	51,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	353	58,109	10-03	38
39	Pharmacist Consultant	Monthly	15,273	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	20	1,060	11-03	44
45	Social Service Consultant	3,865	3,865	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	4,561	\$ 144,518		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

SEE ACCOUNTANTS' COMPILATION REPORT

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

** See instructions.

Facility Name & ID Number		Renaissance Park South		STATE OF ILLINOIS		Report Period Beginning:		Page 21	
				# 0049098		01/01/11		Ending: 12/31/11	
XIX. SUPPORT SCHEDULES									
A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Farhat Sharif	Administrator		\$ 68,005	Workers' Compensation Insurance	\$ 179,017	IDPH License Fee	\$		
Rolando Carter	Administrator		47,053	Unemployment Compensation Insurance	269,784	Advertising: Employee Recruitment		38,237	
Isaac Williams	Administrator		33,237	FICA Taxes	491,887	Health Care Worker Background Check			
Brent Fitzgerald	Assit. Admin.		81,448	Employee Health Insurance	288,404	(Indicate # of checks performed 607)		13,304	
Marilyn Flaherty	VP of MC Reimb		14,522	Employee Meals	36,774	Patient Background Checks			
				Illinois Municipal Retirement Fund (IMRF)*		Patient Background Checks			
				Chicago Head Tax	7,348	Dues & Subscriptions		23,886	
				Pension	49,711	Licenses & Inspections		12,278	
				Dental Insurance	6,387	Advertising & Promotion		53,841	
				Other Employee Benefits	28,325	See Supplemental Schedule		1,492	
				401K Matching Expense	5,634	Less: Public Relations Expense	(		)
						Non-allowable advertising		(53,841)	
						Yellow page advertising	(		)
TOTAL (agree to Schedule V, line 17, col. 1)						TOTAL (agree to Sch. V, line 20, col. 8)		\$	89,198
(List each licensed administrator separately.)			\$ 244,264						
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)			\$ 1,363,271		
Description			Amount	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Management Fees- NuCare Services			\$ 485,046	Description	Line #	Amount	Description	Amount	
Management Fees- Clinical Consulting Services (CCS)			39,945				Out-of-State Travel	\$	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 524,991				In-State Travel		
(Attach a copy of any management service agreement)									
C. Professional Services									
Vendor/Payee	Type		Amount						
Frost, Ruttenberg, & Rothblatt	Accounting		\$ 35,787						
See Attached	Legal		61,315						
Personnel Planners	Unemployment Consult.		14,457						
CDW Computers Centers	Computer Services		3,413						
Curaspan Inc.	Computer Services		2,700						
Emdeon	Computer Services		635						
Giftrap	Computer Services		2,408						
HDSI	Computer Services		4,722						
On Shift Inc.	Computer Services		17,280						
Optima Healthcare Solutions	Computer Services		803						
Transworld Systems, Inc	Computer Services		65						
See Supplemental Schedule			36,849						
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			\$		
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 180,433				(agree to Sch. V, line 24, col. 8)		
							\$ 12,605		
				* Attach copy of IMRF notifications			**See instructions.		
SEE ACCOUNTANTS' COMPILATION REPORT									

* Attach copy of IMRF notifications

SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

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?
If YES, give association name and amount. ILCLTC \$30,240; IL Assoc. of HC Fac. \$7,200

(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 Yrs

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 967 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. \$ 496,042
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. \$ 36,774 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 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