

Facility Name & ID Number The Renaissance at South Shore# 0042085 Report Period Beginning: 01/01/07 Ending: 12/31/07

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 12/29/07

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>246</u>	Skilled (SNF)	<u>248</u>	<u>89,796</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>246</u>	TOTALS	<u>248</u>	<u>89,796</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>63,544</u>	<u>2,501</u>	<u>20,078</u>	<u>86,123</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>63,544</u>	<u>2,501</u>	<u>20,078</u>	<u>86,123</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 95.91%

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

2,458 (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)

NoneF. Does the facility maintain a daily midnight census? YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES NO

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

YES NO

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

Date started 10/23/98

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

YES Date 10/23/98 NO

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

YES NO If YES, enter number
of beds certified 248 and days of care provided 13,661Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED
CASH* CASH* Is your fiscal year identical to your tax year? YES NO Tax Year: 12/31/07 Fiscal Year: 12/31/07

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore # 0042085 Report Period Beginning: 01/01/07 Ending: 12/31/07

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	399,645	117,663	9,131	526,439		526,439		526,439		1
2	Food Purchase		460,567		460,567	(24,528)	436,039	(3,843)	432,196		2
3	Housekeeping	204,265	86,495		290,760		290,760		290,760		3
4	Laundry	126,296	26,568		152,864		152,864		152,864		4
5	Heat and Other Utilities			272,305	272,305		272,305	(3,467)	268,838		5
6	Maintenance	146,666	83,354	204,985	435,005		435,005	4,496	439,501		6
7	Other (specify):*										7
8	TOTAL General Services	876,872	774,647	486,421	2,137,940	(24,528)	2,113,412	(2,814)	2,110,598		8
	B. Health Care and Programs										
9	Medical Director			43,440	43,440		43,440		43,440		9
10	Nursing and Medical Records	4,392,986	290,541	15,855	4,699,382		4,699,382	(14,927)	4,684,455		10
10a	Therapy	149,951		7,383	157,334		157,334		157,334		10a
11	Activities	222,444	4,316	1,485	228,245		228,245		228,245		11
12	Social Services	156,059		1,090	157,149		157,149		157,149		12
13	CNA Training										13
14	Program Transportation			3,491	3,491		3,491		3,491		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,921,440	294,857	72,744	5,289,041		5,289,041	(14,927)	5,274,114		16
	C. General Administration										
17	Administrative	283,587		1,019,433	1,303,020		1,303,020	(942,976)	360,044		17
18	Directors Fees										18
19	Professional Services			100,057	100,057		100,057	(4,724)	95,333		19
20	Dues, Fees, Subscriptions & Promotions			89,962	89,962		89,962	(52,061)	37,901		20
21	Clerical & General Office Expenses	347,659	58,640	465,610	871,909		871,909	(264,177)	607,732		21
22	Employee Benefits & Payroll Taxes			1,081,271	1,081,271	24,528	1,105,799		1,105,799		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,056	5,056		5,056	5,589	10,645		24
25	Other Admin. Staff Transportation			881	881		881	1,285	2,166		25
26	Insurance-Prop.Liab.Malpractice			459,097	459,097		459,097	1,541	460,638		26
27	Other (specify):*							37,801	37,801		27
28	TOTAL General Administration	631,246	58,640	3,221,367	3,911,253	24,528	3,935,781	(1,217,722)	2,718,059		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,429,558	1,128,144	3,780,532	11,338,234		11,338,234	(1,235,462)	10,102,772		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.

Facility Name & ID Number The Renaissance at South Shore

#0042085

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01/01/07

Ending:

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V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 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	
	D. Ownership											
30	Depreciation			149,386	149,386		149,386	(10,279)	139,107			30
31	Amortization of Pre-Op. & Org.			2,507	2,507		2,507		2,507			31
32	Interest							0	0			32
33	Real Estate Taxes			306,864	306,864		306,864	5,611	312,475			33
34	Rent-Facility & Grounds			1,766,647	1,766,647		1,766,647	538	1,767,185			34
35	Rent-Equipment & Vehicles			22,710	22,710		22,710	4,068	26,778			35
36	Other (specify):*											36
37	TOTAL Ownership			2,248,114	2,248,114		2,248,114	(63)	2,248,051			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	4,528	420,497	891,557	1,316,582		1,316,582		1,316,582			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			134,694	134,694		134,694		134,694			42
43	Other (specify):*	175,145			175,145		175,145	(175,145)				43
44	TOTAL Special Cost Centers	179,673	420,497	1,026,251	1,626,421		1,626,421	(175,145)	1,451,276			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,609,231	1,548,641	7,054,897	15,212,769		15,212,769	(1,410,670)	13,802,099			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

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VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(81)	02		4
5	Telephone, TV & Radio in Resident Rooms	(6,096)	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	(22,964)	30		9
10	Interest and Other Investment Income	(8,630)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(134)	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	(48,957)	21		18
19	Entertainment	(904)	24		19
20	Contributions	(14,412)	20		20
21	Owner or Key-Man Insurance	(27,163)	21		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(139,983)	21		24
25	Fund Raising, Advertising and Promotional	(35,507)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(26,478)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(351)	20		28
29	Other-Attach Schedule	(417,401)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (749,060)		\$	30

BHF USE ONLY							
48		49		50		51	

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(661,610)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (661,610)		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,410,670)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

NON-ALLOWABLE EXPENSES		
	Amount	Reference
1 Patient Needs	\$ (2,892)	10
2 Patient Clothing	(1,700)	10
3 Bank Charges	(9,538)	21
4		4
5 Marketing Salary	(178,145)	41
6 Payment for Litera Program	(4,500)	21
7 Class Action Settlement of Claims	(1,500)	21
8 Food Vendor Revenues	(5,628)	02
9 Medical Supplies Vendor Rebates	(315)	10
10 Jury Duty Income	(17)	10
11 Copies	(600)	21
12 Misc. Income	(78)	21
13 Interest Income -RS	(40)	32
14 Interest Income -Medicare	(32)	32
15 Copy Dues	(3,450)	20
16 Non-Allowable Legal	(17,903)	19
17 Non-Allowable Expense	(154,500)	21
18 2007 Seminar Adjusted on 2006 Cost Report	4,454	24
19 Non-Allowable Expense	(36,328)	21
20		20
21		21
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23		23
24		24
25		25
26		26
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99		99
100		100
101 Total	(417,404)	101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary													1
2	Food Purchase	(3,843)											(3,843)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(6,096)		2,629									(3,467)	5
6	Maintenance			4,496									4,496	6
7	Other (specify):*													7
8	TOTAL General Services	(9,939)		7,125									(2,814)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(14,927)											(14,927)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(14,927)											(14,927)	16
	C. General Administration													
17	Administrative			(786,442)	(144,054)	(12,480)							(942,976)	17
18	Directors Fees													18
19	Professional Services	(17,901)		12,876	455	(154)							(4,724)	19
20	Fees, Subscriptions & Promotions	(53,415)		1,335		19							(52,061)	20
21	Clerical & General Office Expenses	(449,618)		183,939	1,038	464							(264,177)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	3,550		2,039									5,589	24
25	Other Admin. Staff Transportation			1,285									1,285	25
26	Insurance-Prop.Liab.Malpractice			1,541									1,541	26
27	Other (specify):*			34,900	876	2,025							37,801	27
28	TOTAL General Administration	(517,384)		(548,527)	(141,685)	(10,126)							(1,217,722)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(542,250)		(541,402)	(141,685)	(10,126)							(1,235,462)	29

STATE OF ILLINOIS

Facility Name & ID Number The Renaissance at South Shore

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Report Period Beginning:

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Ending:

Summary B

12/31/07

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(22,964)		12,684									(10,279)	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(8,702)		8,702									0	32
33	Real Estate Taxes			5,611									5,611	33
34	Rent-Facility & Grounds			538									538	34
35	Rent-Equipment & Vehicles			4,068									4,068	35
36	Other (specify):*													36
37	TOTAL Ownership	(31,666)		31,603									(63)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(175,145)											(175,145)	43
44	TOTAL Special Cost Centers	(175,145)											(175,145)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(749,060)		(509,799)	(141,685)	(10,126)							(1,410,670)	45

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

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VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore# 0042085Report Period Beginning: 01/01/07Ending: 12/31/07

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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 2,629	\$ 2,629	15
16	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.		4,496	4,496	16
17	V	17 ADMIN. - NON-OWNER		NUCARE SERVICES CORP.		32,401	32,401	17
18	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.		12,876	12,876	18
19	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.		1,335	1,335	19
20	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.		183,939	183,939	20
21	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.		2,039	2,039	21
22	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.		1,285	1,285	22
23	V	26 INSURANCE		NUCARE SERVICES CORP.		1,541	1,541	23
24	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.		24,721	24,721	24
25	V	30 DEPRECIATION		NUCARE SERVICES CORP.		12,684	12,684	25
26	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.		8,702	8,702	26
27	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.		5,611	5,611	27
28	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.		538	538	28
29	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.		4,068	4,068	29
30	V	17 ADMIN. - R. HARTMAN		NUCARE SERVICES CORP.		16,832	16,832	30
31	V	17 ADMIN. - B. CARR		NUCARE SERVICES CORP.		9,538	9,538	31
32	V	17 ADMIN. - D. HARTMAN		NUCARE SERVICES CORP.				32
33	V	27 EMP. BEN. - R. HARTMAN		NUCARE SERVICES CORP.		8,189	8,189	33
34	V	27 EMP. BEN. - B. CARR		NUCARE SERVICES CORP.		1,990	1,990	34
35	V	27 EMP. BEN. - D. HARTMAN		NUCARE SERVICES CORP.				35
36	V							36
37	V	17 MANAGEMENT FEES	845,213	NUCARE SERVICES CORP.			(845,213)	37
38	V							38
39	Total		\$ 845,213			\$ 335,414	\$ * (509,799)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore# 0042085Report Period Beginning: 01/01/07Ending: 12/31/07

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 J. RAJCHENBACH-COMP.	\$	JLR MANAGEMENT CORP.	100.00%	\$ 7,446	\$ 7,446	15
16	V	19 PROFESSIONAL FEES		JLR MANAGEMENT CORP.		455	455	16
17	V	21 OFFICE		JLR MANAGEMENT CORP.		1,038	1,038	17
18	V	27 PAYROLL TAXES		JLR MANAGEMENT CORP.		876	876	18
19	V							19
20	V	17 C. RAJCHENBACH-COMP.		JLR MANAGEMENT CORP.				20
21	V	27 PAYROLL TAXES		JLR MANAGEMENT CORP.				21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V	17 MANAGEMENT FEES	151,500	JLR MANAGEMENT CORP.			(151,500)	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		\$ 151,500			\$ 9,815	\$ * (141,685)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 ADMINISTRATIVE	\$	CAREPATH HEALTH NETWORK	100.00%	\$ 10,240	\$ 10,240	15
16	V	19 PROFESSIONAL FEES		CAREPATH HEALTH NETWORK		(154)	(154)	16
17	V	20 DUES AND SUBSCRIPRTIONS		CAREPATH HEALTH NETWORK		19	19	17
18	V	21 CLERICAL AND GENERAL		CAREPATH HEALTH NETWORK		464	464	18
19	V	27 GEN ADMIN.- EMP. BEN.		CAREPATH HEALTH NETWORK		2,025	2,025	19
20	V							20
21	V							21
22	V							22
23	V							23
24	V	17 MANAGEMENT FEES	22,720	CAREPATH HEALTH NETWORK			(22,720)	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		\$ 22,720			\$ 12,594	\$ * (10,126)	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 Compenstaion	\$ 101,797	Diamond Insurance	40.00%	\$ 101,797	\$	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			\$ 101,797			\$ 101,797	\$ *	39

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning: 01/01/07

Ending: 12/31/07

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning: 01/01/07

Ending: 12/31/07

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.

Facility Name & ID Number The Renaissance at South Shore # 0042085 Report Period Beginning: 01/01/07 Ending: 12/31/07

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Robert Hartman	Owner	Administrative	20.05%	See Attached	0.94	1.88%	Allocated	\$ 16,832	17-7	1
2	Bernard Hollander	Owner	Administrative	25.00%	See Attached	2	3.08%				2
3	Jack Rajenbach	Owner	Administrative	25.00%	See Attached	5	7.69%	Alloc - JLR	7,445	17-7	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 24,277		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	UTILITIES	AVAIL. CENSUS DAYS	960,286	12	\$ 28,115	\$ 89,796	\$ 2,629	1	
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	960,286	12	48,079	89,796	4,496	2	
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	960,286	12	346,499	346,499	89,796	32,401	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	960,286	12	137,702	89,796	12,876	4	
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	960,286	12	14,277	89,796	1,335	5	
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	960,286	12	1,967,057	1,688,717	89,796	183,939	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	960,286	12	21,810	89,796	2,039	7	
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	960,286	12	13,739	89,796	1,285	8	
9	26	INSURANCE	AVAIL. CENSUS DAYS	960,286	12	16,477	89,796	1,541	9	
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	960,286	12	264,372	89,796	24,721	10	
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	960,286	12	135,649	89,796	12,684	11	
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	960,286	12	93,063	89,796	8,702	12	
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	960,286	12	60,000	89,796	5,611	13	
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	960,286	12	5,749	89,796	538	14	
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	960,286	12	43,501	89,796	4,068	15	
16	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED	10	12	180,000	180,000	89,796	16,832	16
17	17	ADMIN. - B. CARR	AVG. HOURS WORKED	50	12	102,000	102,000	89,796	9,538	17
18	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED	40	2	80,000	80,000	89,796		18
19	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED	10	12	87,577	89,796	8,189	19	
20	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED	50	12	21,286	89,796	1,990	20	
21	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED	40	2	16,421	89,796		21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 3,683,372	\$ 2,397,215	\$ 335,414	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	55	10	\$ 81,900	\$ 81,900	5	\$ 7,446	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	55	10	5,000		5	455	2
3	21	OFFICE	AVG. HOURS WORKED	55	10	11,414	11,414	5	1,038	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED	55	10	9,634		5	876	4
5										5
6										6
7	17	C. RAJCHENBACH-COMP.	AVG. HOURS WORKED	40	1	59,667	59,667			7
8	27	PAYROLL TAXES	AVG. HOURS WORKED	40	1	4,736				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					\$ 172,351	\$ 152,981		\$ 9,815	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending: 12/31/07

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 CAREPATH HEALTH NETWORK
 Street Address 6633 N LINCOLN AVENUE
 City / State / Zip Code LINCOLNWOOD, IL 60712
 Phone Number (888) 707-6700
 Fax Number (847) 679-2150

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	17	ADMINISTRATIVE	CARE PATH FEES	388,800	9	\$ 175,237	\$ 175,237	22,720	\$ 10,240	1
2	19	PROFESSIONAL FEES	CARE PATH FEES	388,800	9	(2,628)		22,720	(154)	2
3	20	DUES AND SUBSCRIPRTIONS	CARE PATH FEES	388,800	9	332		22,720	19	3
4	21	CLERICAL AND GENERAL	CARE PATH FEES	388,800	9	7,946		22,720	464	4
5	27	GEN ADMIN.- EMP. BEN.	CARE PATH FEES	388,800	9	34,646		22,720	2,025	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					\$ 215,533	\$ 175,237		\$ 12,594	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization DIAMOND INSURANCE
 Street Address 40 SKOKIE BLVD, SUITE 105
 City / State / Zip Code NORTHBROOK, IL 60062
 Phone Number (847) 559-1002
 Fax Number (847) 562-0070

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Workers Compensatio	Direct Allocation		\$	\$		\$ 101,797	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				\$	\$		\$ 101,797	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending: 12/31/07

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 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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending: 12/31/07

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

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1							\$	\$			\$	1
2												2
3												3
4												4
5	See Supplemental Schedule											
	Working Capital											
6	Alloc. From Nucare Services		X								8,702	6
7												7
8	See Supplemental Schedule											
9	TOTAL Facility Related											
	B. Non-Facility Related*											
10	Interest Income		X								(8,702)	10
11												11
12												12
13	See Supplemental Schedule											
14	TOTAL Non-Facility Related											
15	TOTALS (line 9+line14)											

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.) SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

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						
		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																	
	Working Capital																	
8							\$	\$			\$	8						
9												9						
10												10						
11												11						
12												12						
13												13						
14	TOTAL Working Capital																	
	B. Non-Facility Related*																	
15							\$	\$			\$	15						
16												16						
17												17						
18												18						
19												19						
20	TOTAL Non-Facility Related																	

* 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.)

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2006 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2007 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2006 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Renaissance at South Shore COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042085

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2006 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 2006.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>21-30-101-003-0000</u>	<u>Long Term Care Property</u>	<u>\$ 25,331.79</u>	<u>\$ 25,331.79</u>
2. <u>21-30-101-004-0000</u>	<u>Long Term Care Property</u>	<u>\$ 47,581.95</u>	<u>\$ 47,581.95</u>
3. <u>21-30-101-014-0000</u>	<u>Long Term Care Property</u>	<u>\$ 134,399.87</u>	<u>\$ 134,399.87</u>
4. <u>21-30-101-022-0000</u>	<u>Long Term Care Property</u>	<u>\$ 40,549.80</u>	<u>\$ 40,549.80</u>
5. <u>21-30-101-023-0000</u>	<u>Long Term Care Property</u>	<u>\$ 89,736.30</u>	<u>\$ 89,736.30</u>
6. <u>10-27-319-028-0000</u>	<u>Allocated Nucare Services</u>	<u>\$ 100,273.68</u>	<u>\$ 9,376.56</u>
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		<u>\$ 437,873.39</u>	<u>\$ 346,976.27</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Renaissance at South Shore COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042085

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 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? YES NO

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

C. Tax Bills

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

Facility Name & ID Number The Renaissance at South Shore

0042085 Report Period Beginning:

01/01/07 Ending:

12/31/07

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 80,865 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

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

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

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:

1. Total Amount Incurred: 37,608 2. Number of Years Over Which it is Being Amortized: 5
3. Current Period Amortization: 2,507 4. Dates Incurred: 2002

Nature of Costs: Loan Fees
(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	<u>Alloc. - 7257 N. Lincoln Avenue, LLC</u>		<u>2004</u>	<u>\$ 14,962</u>	1
2					2
3	TOTALS			\$ 14,962	3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
		Improvement Type**									
9	Various		1998		78,106		20	3,906	3,906	35,761	9
10	Various		1999		88,720		20	4,438	4,438	38,281	10
11	Various		2000		72,602		20	3,633	3,633	27,833	11
12	Various		2001		45,629		20	2,281	2,281	15,141	12
13	Various		2002		11,757		20	1,176	1,176	6,895	13
14	Various		2003		16,300		20	1,629	1,629	7,629	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											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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								67
68		176,043	6,301		6,096	(205)	22,834	68
69			149,386			(149,386)		69
70		\$ 489,157	\$ 155,687		\$ 23,159	\$ (132,528)	\$ 154,374	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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		\$ 489,157	\$ 155,687		\$ 23,159	\$ (132,528)	\$ 154,374	1
2	Mural	2004	900		20	90	90	345	2
3	Wall Covering	2004	1,576		20			1,576	3
4	Nbw Timer	2004	758		20	76	76	297	4
5	Freezer Condenser	2004	765		20	77	77	293	5
6	Heater	2004	913		20	91	91	365	6
7	Window	2004	872		20	87	87	305	7
8	Carpeting	2004	2,235		20	319	319	1,091	8
9	Carpet	2004	2,554		20	365	365	1,216	9
10	Freezer Condenser	2004	3,525		20	353	353	1,204	10
11	Awning	2004	8,730		20	873	873	2,983	11
12	Wood Floor	2004	5,708		20	571	571	1,855	12
13	Cabinets	2004	9,780		20	978	978	3,260	13
14	Parking Lot Repair	2004	1,452		20	145	145	484	14
15	Mirrors	2004	2,400		20	240	240	780	15
16	Smoke Detector	2004	985		20	99	99	328	16
17	Parking Garage Repair	2004	11,200		20	1,120	1,120	3,920	17
18	Time Clock And Stand	2004	3,519		20	352	352	1,085	18
19	Carpet	2004	2,200		20	220	220	752	19
20	Fire Equip	2004	2,575		20	258	258	880	20
21	Lockers	2005	537		20	54	54	152	21
22	Retaining Wall For Flowers	2005	3,000		20	200	200	533	22
23	Hanging Wallcoverings	2005	1,175		20			1,175	23
24	Flooring	2005	1,723		20	115	115	258	24
25	Curtains	2005	1,618		20	162	162	337	25
26	Dishwasher Conveyer Repair	2005	1,115		20	159	159	358	26
27	? Accrued	2005	1,165		20	117	117	272	27
28	Surveillance Video Equip	2006	5,705		20	815	815	1,358	28
29	Foundation Re-Work	2006	1,960		20	196	196	376	29
30	Floor Re-Work	2006	500		20	33	33	64	30
31	Doors	2006	1,991		20	199	199	382	31
32	Tile Work	2006	870		20	58	58	106	32
33	Install Flooring And Baseboards	2006	7,940		20	529	529	970	33
34	TOTAL (lines 1 thru 33)		\$ 581,103	\$ 155,687		\$ 32,110	\$ (123,577)	\$ 183,734	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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		\$ 581,103	\$ 155,687		\$ 32,110	\$ (123,577)	\$ 183,734	1
2	Replace Walkway In Cooler	2006	5,374		20	537	537	1,030	2
3	Vct Flooring	2006	1,720		20	115	115	210	3
4	Doors, Hinges, And Locksets	2006	2,147		20	215	215	412	4
5	Wallcoverings	2006	3,278		20	656	656	983	5
6	Wallcoverings	2006	3,278		20	656	656	983	6
7	Rebuild Columns	2006	900		20	90	90	128	7
8	Asphalt Patching	2006	750		20	75	75	113	8
9	Mural	2006	800		20	80	80	107	9
10	Wallcovering	2006	1,107		20	221	221	295	10
11	Utility Room Door Repair	2006	2,286		20	229	229	324	11
12	Carpet Installation	2006	1,467		20	210	210	279	12
13	Various Signage	2006	1,727		20	173	173	216	13
14	Install Exhaust Fan	2006	3,095		20	310	310	387	14
15	Wallcoverings	2006	4,578		20	916	916	1,145	15
16	Battery Pack For Control Panel Of Generator	2006	1,100		20	55	55	69	16
17	Construct Basement Office	2006	2,000		20	200	200	383	17
18	Window Treatments	2006	1,980		20	198	198	396	18
19	Wall Coverings	2006	3,415		20	683	683	1,252	19
20	Wall Coverings	2006	2,627		20	525	525	832	20
21	Wallcoverings, Paint, Flooring	2006	2,144		20	429	429	500	21
22	Wallcoverings, Paint, Flooring	2006	2,144		20	429	429	500	22
23	Hvac Repair	2006	2,973		20	149	149	248	23
24	New Boiler Pump	2007	2,005		20	201	201	201	24
25	Audio/Visual Equipment In Kitchen Area	2007	2,320		20	232	232	232	25
26	Resident Room	2007	7,800		20	780	780	780	26
27	Built-In Equipment	2007	3,340		20	334	334	334	27
28	Relaminate 11 Doors	2007	2,820		20	259	259	259	28
29	West Wing	2007	4,198		20	350	350	350	29
30	East Wing	2007	3,730		20	311	311	311	30
31	2Nd Floor Tv Room [I]	2007	1,950		20	98	98	98	31
32	2Nd Floor Tv Room [Ii]	2007	4,198		20	350	350	350	32
33	2Nd Floor Tv Room [Iii]	2007	3,730		20	311	311	311	33
34	TOTAL (lines 1 thru 33)		\$ 668,084	\$ 155,687		\$ 42,486	\$ (113,201)	\$ 197,751	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 668,084	\$ 155,687		\$ 42,486	\$ (113,201)	\$ 197,751	1
2	2Nd Floor Tv Room [Iv]	2007	1,950		20	98	98	98	2
3	Paint One 4 Beds Room [I]	2007	2,326		20	116	116	116	3
4	Paint One 4 Beds Room [Ii]	2007	3,952		20	296	296	296	4
5	Paint One 4 Beds Room [Iii]	2007	2,326		20	116	116	116	5
6	Paint One 4 Beds Room [Iv]	2007	3,952		20	296	296	296	6
7	2Nd Floor East In 13 Resident Bathrooms [I]	2007	3,050		20	203	203	203	7
8	2Nd Floor East In 13 Resident Bathrooms [Ii]	2007	3,050		20	203	203	203	8
9	East Wing - Paint 1 One-Bed Room; 8 Two-Beds Room; 1 Four Bed	2007	2,735		20	160	160	160	9
10	West Wing - Paint 2 One-Bed Room; 14 Two-Beds Room; 1 Four B	2007	4,565		20	266	266	266	10
11	West Wing - Paint 2 One-Bed Room; 14 Two-Beds Room; 1 Four B	2007	3,050		20	203	203	203	11
12	West Wing - Paint 2 One-Bed Room; 14 Two-Beds Room; 1 Four B	2007	3,050		20	203	203	203	12
13	West Wing - Paint 2 One-Bed Room; 14 Two-Beds Room; 1 Four B	2007	2,735		20	160	160	160	13
14	West Wing - Paint 2 One-Bed Room; 14 Two-Beds Room; 1 Four B	2007	4,565		20	266	266	266	14
15	Built-In Cabinets Windows 3Rd Floor Patio	2007	3,400		20	227	227	227	15
16	6 Built-In Cabinet Room Dividers For Patient Rooms [I]	2007	3,600		20	240	240	240	16
17	6 Built In Cabinet Room Dividers For Patient Rooms [Ii]	2007	3,400		20	227	227	227	17
18	6 Built In Cabinet Room Dividers For Patient Rooms [Iii]	2007	3,600		20	240	240	240	18
19	4Th Floor Dinning Room	2007	920		20	46	46		19
20	1St Floor Tv Room	2007	1,140		20	57	57		20
21	Chair Rails	2007	2,099		20	105	105		21
22	Cubicle Curtains	2007	11,529		20	673	673	673	22
23	Cornice Boards	2007	8,302		20	415	415	415	23
24	Mecho Shades	2007	8,241		20	412	412	412	24
25	Elevator Machine Room Air Conditioner	2007	4,200		20	210	210	210	25
26	1St Floor Hallway [I]	2007	3,400		20	142	142	142	26
27	1St Floor Hallway [Ii]	2007	3,000		20	125	125	125	27
28	Elevator Airconditioning	2007	9,700		20	404	404	404	28
29	Dinning Room Floor [I]	2007	2,987		20	149	149	149	29
30	Dinning Room Floor [Ii]	2007	2,987		20	149	149	149	30
31	455 Yds Wall Paper	2007	19,608		20	817	817	817	31
32	Video Equipment Purchase/Installation [I]	2007	1,139		20	57	57	57	32
33	Video Equipment Purchase/Installation [Ii]	2007	818		20	41	41	41	33
34	TOTAL (lines 1 thru 33)		\$ 803,460	\$ 155,687		\$ 49,808	\$ (105,879)	\$ 204,865	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 Depreciation-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 12D, Carried Forward		\$ 803,460	\$ 155,687		\$ 49,808	\$ (105,879)	\$ 204,865	1
2	Video Equipment Purchase/Installation [Iii]	2007	1,139		20	57	57	57	2
3	Video Equipment Purchase/Installation [Iv]	2007	818		20	58	58	58	3
4	3Rd Floor Nurses Station [I]	2007	4,508		20	188	188	188	4
5	3Rd Floor Nurses Station [Ii]	2007	4,508		20	188	188	188	5
6	30 Yds Border And 56 Yds Wall Paper	2007	1,819		20	91	91	91	6
7	Hot Water Circulation Pump	2007	2,770		20	208	208	208	7
8	Demolish Parking Lot And Replace [I]	2007	2,363		20	118	118	118	8
9	Demolish Parking Lot And Replace [Ii]	2007	2,563		20	85	85	85	9
10	6 Table Tops; 10 Doors Refaced For Nsg Station	2007	4,260		20	107	107	107	10
11	Wallpaper Border	2007	2,058		20	103	103	103	11
12	Wallpaper	2007	394		20	20	20	20	12
13	Video Eqip Purchase/Install	2007	553		20	28	28	28	13
14	Carpeting	2007	1,244		20	62	62	62	14
15	Cubicle Curtains	2007	5,446		20	272	272	272	15
16	6/7/05 Wood Products Co Return	2007	(2,510)		20	(21)	(21)	(21)	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)		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12E, Carried Forward		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	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
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12F, Carried Forward		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	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
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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)		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	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 Depreciation-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 12G, Carried Forward		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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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)		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12H, Carried Forward		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12I, Carried Forward		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	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
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12J, Carried Forward		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	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
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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)		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12K, Carried Forward		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	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
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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)		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12L, Carried Forward		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	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
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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)		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12M, Carried Forward		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	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
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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)		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12N, Carried Forward		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	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
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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)		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12O, Carried Forward		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	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
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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)		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12P, Carried Forward		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	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
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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)		\$ 835,393	\$ 155,687		\$ 51,371	\$ (104,316)	\$ 206,428	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
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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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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								67
68								68
69								69
70	TOTAL (lines 4 thru 69)		\$	\$	\$	\$	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	Allocation - 7257 N. Lincoln Ave, LLC		2004	2004	\$ 134,654	\$ 3,453	35	\$ 3,847	\$ 394	\$ 15,870	4
5											5
6											6
7											7
8											8
9	Improvement Type**										
10	Allocation - 7257 N. Lincoln Ave, LLC			2005	12,275	1,575	20	792	(783)	1,831	10
11	Allocation - 7257 N. Lincoln Ave, LLC			2004	2,676	308	20	134	(174)	468	11
12											12
13	Allocation - Nuicare Services Corp.			2003	1,095	40	20	55	15	226	13
14	Allocation - Nuicare Services Corp.			2004	22,237	812	20	1,113	301	4,129	14
15	Allocation - Nuicare Services Corp.			2005	1,318	48	20	66	18	188	15
16	Allocation - Nuicare Services Corp.			2006	1,788	65	20	89	24	122	16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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								67				
68								68				
69								69				
70	TOTAL (lines 4 thru 69)	\$	176,043	\$	6,301	\$	6,096	\$	(205)	\$	22,834	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore # 0042085 Report Period Beginning: 01/01/07 Ending: 12/31/07

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	\$ 646,749	\$ 5,864	\$ 76,627	\$ 70,763	10	\$ 418,514	71
72	Current Year Purchases	109,921	520	11,036	10,516	10	11,036	72
73	Fully Depreciated Assets	21,839		73	73	10	21,839	73
74								74
75	TOTALS	\$ 778,509	\$ 6,384	\$ 87,736	\$ 81,352		\$ 451,389	75

D. Vehicle Depreciation (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				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 1,628,864	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 162,071	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 139,107	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (22,964)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 657,817	85

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

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

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: South Shore Limited Partnership

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:	<u>1998</u>	<u>246</u>		\$ <u>1,759,522</u>			3
4	Additions							4
5	Parking Lot Rent				<u>7,125</u>			5
6	Alloc. From Nucare Services				<u>538</u>			6
7	TOTAL		<u>246</u>		\$ <u>1,767,185</u>			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12.	<u>/2008</u>	\$ _____
13.	<u>/2009</u>	\$ _____
14.	<u>/2010</u>	\$ _____

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: \$ 23,756 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	<u>Alloc. From Nucare Sevices</u>		\$ _____	\$ <u>3,022</u>	17
18					18
19					19
20					20
21	TOTAL		\$ _____	\$ <u>3,022</u>	21

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

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

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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.)

	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	\$		\$ 385,999	\$		\$ 385,999	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			124,107			124,107	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			364,570			364,570	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 prescripts				340,572		340,572	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental			4,528		16,881	79,925		101,334	13
14	TOTAL			\$ 4,528		\$ 891,557	\$ 420,497		\$ 1,316,582	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore# 0042085Report Period Beginning: 01/01/07

Ending:

12/31/07

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/07

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	3,542,657		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	121,901		6
7	Other Prepaid Expenses	16,691		7
8	Accounts Receivable (owners or related parties)	11,337,652		8
9	Other(specify): <u>See Attached Schedule</u>	1,320,251		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 16,339,152	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	1,293,615		15
16	Equipment, at Historical Cost	729,521		16
17	Accumulated Depreciation (book methods)	(1,145,829)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	15,433		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 892,740	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 17,231,892	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 909,596	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	(4,037)		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	396,535		30
31	Accrued Taxes Payable (excluding real estate taxes)	53,893		31
32	Accrued Real Estate Taxes(Sch.IX-B)	354,480		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes	39,321		35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	10,807,826		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 12,557,614	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>See Attached Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 12,557,614	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 4,674,278	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 17,231,892	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,562,562	1
2	Restatements (describe):		2
3	Additional Allowance	175,000	3
4	Adjustment to Medicare Bad Debts Receivable	35,126	4
5	Officers' Life Insurance Adjustment	(27,656)	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,745,032	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	929,246	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 929,246	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 4,674,278	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning: 01/01/07

Ending: 12/31/07

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	\$ 13,145,886	1
2	Discounts and Allowances for all Levels	(112,305)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,033,581	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,197,912	6
7	Oxygen	2,099	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,200,011	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	81	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	673,180	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	30,798	19
20	Radiology and X-Ray	16,634	20
21	Other Medical Services	143,138	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 863,831	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	33,579	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 33,579	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	11,013	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 11,013	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,142,015	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,137,940	31
32	Health Care	5,289,041	32
33	General Administration	3,911,253	33
B. Capital Expense			
34	Ownership	2,248,114	34
C. Ancillary Expense			
35	Special Cost Centers	1,491,727	35
36	Provider Participation Fee	134,694	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,212,769	40
41	Income before Income Taxes (line 30 minus line 40)**	929,246	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 929,246	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Cash Basis 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.

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,984	2,110	\$ 97,412	\$ 46.17	1
2	Assistant Director of Nursing	1,669	1,734	61,703	35.58	2
3	Registered Nurses	30,834	33,372	909,954	27.27	3
4	Licensed Practical Nurses	57,421	66,179	1,566,704	23.67	4
5	CNAs & Orderlies	154,827	171,418	1,637,372	9.55	5
6	CNA Trainees					6
7	Licensed Therapist	210	210	4,528	21.56	7
8	Rehab/Therapy Aides	10,053	11,044	149,951	13.58	8
9	Activity Director	3,849	4,287	74,391	17.35	9
10	Activity Assistants	13,766	15,633	148,053	9.47	10
11	Social Service Workers	7,433	8,496	156,059	18.37	11
12	Dietician	2,189	2,470	68,397	27.69	12
13	Food Service Supervisor					13
14	Head Cook	6,407	7,290	91,085	12.49	14
15	Cook Helpers/Assistants	25,309	27,395	240,163	8.77	15
16	Dishwashers					16
17	Maintenance Workers	7,577	8,471	146,666	17.31	17
18	Housekeepers	19,410	21,613	204,265	9.45	18
19	Laundry	11,885	13,397	126,296	9.43	19
20	Administrator	1,901	2,086	146,278	70.12	20
21	Assistant Administrator	1,993	2,086	74,442	35.69	21
22	Other Administrative	849	849	62,867	74.05	22
23	Office Manager					23
24	Clerical	20,045	25,181	347,659	13.81	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	4,272	4,803	119,841	24.95	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	5,303	5,550	175,145	31.56	33
34	TOTAL (lines 1 - 33)	389,186	435,674	\$ 6,609,231 *	\$ 15.17	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	205	\$ 9,131	01-03	35
36	Medical Director	Monthly	43,440	09-03	36
37	Medical Records Consultant	32	1,804	10-03	37
38	Nurse Consultant	Monthly	7,545	10-03	38
39	Pharmacist Consultant	Monthly	4,253	10-03	39
40	Physical Therapy Consultant	106	6,995	10a-03	40
41	Occupational Therapy Consultant	4	175	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	4	213	10a-03	43
44	Activity Consultant	27	1,485	11-03	44
45	Social Service Consultant	20	1,090	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	397	\$ 76,131		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	69	2,253	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	69	\$ 2,253		53

SEE ACCOUNTANTS' COMPILATION REPORT

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

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2004	6 FY2005	7 FY2006	8 FY2007	9 FY2008	10 FY2009	11 FY2010	12 FY2011	13 FY2012
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ICLTC \$13,294
- (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? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 65,095 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. _____
- (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.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 134,694
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. \$ 24,528 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 100% ln 14
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? _____ If no, please explain. _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT