



Facility Name & ID Number Renaissance Park South

# 0049098 Report Period Beginning: 01/01/08 Ending: 12/31/08

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	300	Skilled (SNF)	300	109,800	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	300	TOTALS	300	109,800	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	53,802	1,914	9,582	65,298	8
9	SNF/PED					9
10	ICF	15,712	235	1,971	17,918	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	69,514	2,149	11,553	83,216	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.79%

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

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

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

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES  NO

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 05/01/1976

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

YES  Date \_\_\_\_\_ NO

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

YES  NO  If YES, enter number of beds certified 300 and days of care provided 8,429

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2008 Fiscal Year: 12/31/2008

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

Facility Name & ID Number Renaissance Park South # 0049098 Report Period Beginning: 01/01/08 Ending: 12/31/08

**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
	<b>A. General Services</b>										
1	Dietary	375,263	75,783	14,609	465,655		465,655	465,655			1
2	Food Purchase		421,980		421,980	(36,637)	385,343	(109)	385,235		2
3	Housekeeping		42,076	536,284	578,360		578,360		578,360		3
4	Laundry		28,620		28,620		28,620		28,620		4
5	Heat and Other Utilities			237,740	237,740		237,740	3,743	241,483		5
6	Maintenance	89,700	55,265	199,105	344,070		344,070	(1,816)	342,254		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>464,963</b>	<b>623,724</b>	<b>987,738</b>	<b>2,076,425</b>	<b>(36,637)</b>	<b>2,039,788</b>	<b>1,818</b>	<b>2,041,607</b>		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			27,000	27,000		27,000		27,000		9
10	Nursing and Medical Records	4,051,686	252,525	40,174	4,344,385		4,344,385	(7,261)	4,337,124		10
10a	Therapy	234,332		19,942	254,274		254,274		254,274		10a
11	Activities	128,370	8,851	2,651	139,872		139,872		139,872		11
12	Social Services	147,551		4,872	152,423		152,423		152,423		12
13	CNA Training										13
14	Program Transportation			4,683	4,683		4,683		4,683		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>4,561,939</b>	<b>261,376</b>	<b>99,322</b>	<b>4,922,637</b>		<b>4,922,637</b>	<b>(7,261)</b>	<b>4,915,376</b>		16
	<b>C. General Administration</b>										
17	Administrative	174,762		300,000	474,762		474,762	(247,392)	227,370		17
18	Directors Fees										18
19	Professional Services			225,428	225,428	(48,006)	177,422	(38,648)	138,774		19
20	Dues, Fees, Subscriptions & Promotions			134,814	134,814		134,814	(90,278)	44,536		20
21	Clerical & General Office Expenses	267,081	68,728	287,022	622,831		622,831	38,109	660,940		21
22	Employee Benefits & Payroll Taxes			978,392	978,392	36,637	1,015,029		1,015,029		22
23	Inservice Training & Education										23
24	Travel and Seminar			9,107	9,107		9,107	(3,538)	5,569		24
25	Other Admin. Staff Transportation			1,213	1,213		1,213	1,613	2,826		25
26	Insurance-Prop.Liab.Malpractice			315,426	315,426		315,426	46,830	362,256		26
27	Other (specify):*							50,499	50,499		27
28	<b>TOTAL General Administration</b>	<b>441,843</b>	<b>68,728</b>	<b>2,251,402</b>	<b>2,761,973</b>	<b>(11,369)</b>	<b>2,750,604</b>	<b>(242,804)</b>	<b>2,507,800</b>		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>5,468,745</b>	<b>953,828</b>	<b>3,338,462</b>	<b>9,761,035</b>	<b>(48,006)</b>	<b>9,713,029</b>	<b>(248,246)</b>	<b>9,464,783</b>		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 Renaissance Park South #0049098 Report Period Beginning: 01/01/08 Ending: 12/31/08

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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	
	<b>D. Ownership</b>											
30	Depreciation			218,935	218,935		218,935	559,935	778,870			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			239,418	239,418		239,418	366,316	605,734			32
33	Real Estate Taxes					48,006	48,006	208,135	256,141			33
34	Rent-Facility & Grounds			1,459,148	1,459,148		1,459,148	(1,455,325)	3,823			34
35	Rent-Equipment & Vehicles			35,367	35,367		35,367	4,340	39,707			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			1,952,868	1,952,868	48,006	2,000,874	(316,599)	1,684,275			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	13,745	115,048	1,101,432	1,230,225		1,230,225		1,230,225			39
40	Barber and Beauty Shops	46,574			46,574		46,574	(73)	46,501			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			164,700	164,700		164,700		164,700			42
43	Other (specify):*	140,337		8,255	148,592		148,592	(148,592)				43
44	<b>TOTAL Special Cost Centers</b>	200,656	115,048	1,274,387	1,590,091		1,590,091	(148,665)	1,441,426			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,669,401	1,068,876	6,565,717	13,303,994		13,303,994	(713,510)	12,590,484			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 Renaissance Park South

# 0049098

Report Period Beginning: 01/01/08

Ending: 12/31/08

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				4
5	Telephone, TV & Radio in Resident Rooms	(10,350)	06		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	338,823	30		9
10	Interest and Other Investment Income	(64,800)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(109)	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	(3,390)	20		18
19	Entertainment	(4,512)	24		19
20	Contributions	(26,788)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(161,745)	21		24
25	Fund Raising, Advertising and Promotional	(47,856)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(830)	20		28
29	Other-Attach Schedule	(284,336)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (265,893)		\$	30

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)	(447,617)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (447,617)		36
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (713,510)		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						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

Renaissance Park South

ID# 0049098

Report Period Beginning: 01/01/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Miscellaneous Beauty & Barber Income	\$ (73)	40	1
2	Jury Duty Income	(69)	10	2
3	Medical Record Copies Income	(120)	10	3
4	Certification Income	(10)	10	4
5	Pharmacy- Veterans	(3,314)	10	5
6	Laboratory- Verterans	(248)	10	6
7	Patient Needs	(8,448)	10	7
8	Patient Clothing	(2,345)	10	8
9	Bank Charges	(17,587)	21	9
10	Debt Collection	(1,225)	19	10
11	Accounting Fees- Building Company	(27,354)	19	11
12	Trust Fees- Building Company	(350)	21	12
13	Amortization- Building Company	(3,038)	36	13
14	Marketing Expense	(8,255)	43	14
15	COPE Dues	(11,757)	20	15
16	Annual Report	(250)	20	16
17	Non-Allowable Seminar	(341)	24	17
18	Non-Allowable Travel	(217)	25	18
19	Non-Allowable Legal	(41,213)	19	19
20	Program Development Salary	(9,435)	43	20
21	Guest Services Salary	(88,412)	43	21
22	Marketing Salary	(42,490)	43	22
23	Non-Allowable Office Expense	(17,785)	21	23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(284,336)		49

Renaissance Park South

ID# 0049098

Report Period Beginning: 01/01/08

Ending: 12/31/08

Sch. V Line

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

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

## 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)	
	<b>A. General Services</b>													
1	Dietary													1
2	Food Purchase	(109)											(109)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities			3,743									3,743	5
6	Maintenance	(10,350)		8,534									(1,816)	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(10,459)</b>		<b>12,277</b>									<b>1,818</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(14,554)			7,293								(7,261)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(14,554)</b>			<b>7,293</b>								<b>(7,261)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(247,392)									(247,392)	17
18	Directors Fees													18
19	Professional Services	(69,792)	27,354	3,772	18								(38,648)	19
20	Fees, Subscriptions & Promotions	(90,871)		542	51								(90,278)	20
21	Clerical & General Office Expenses	(197,467)	350	231,777	3,449								38,109	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(4,853)		1,315									(3,538)	24
25	Other Admin. Staff Transportation	(217)		1,767	63								1,613	25
26	Insurance-Prop.Liab.Malpractice		43,610	3,220									46,830	26
27	Other (specify):*			49,191	1,308								50,499	27
28	<b>TOTAL General Administration</b>	<b>(363,200)</b>	<b>71,314</b>	<b>44,193</b>	<b>4,889</b>								<b>(242,804)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(388,213)</b>	<b>71,314</b>	<b>56,470</b>	<b>12,183</b>								<b>(248,246)</b>	<b>29</b>

STATE OF ILLINOIS

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

Summary B

12/31/08

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 TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	338,823	207,762	13,350									559,935	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(64,800)	421,406	9,710									366,316	32
33	Real Estate Taxes		196,786	11,349									208,135	33
34	Rent-Facility & Grounds		(1,455,944)	619									(1,455,325)	34
35	Rent-Equipment & Vehicles			4,340									4,340	35
36	Other (specify):*	(3,038)	3,038											36
37	<b>TOTAL Ownership</b>	<b>270,985</b>	<b>(626,952)</b>	<b>39,368</b>									<b>(316,599)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops	(73)											(73)	40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(148,592)											(148,592)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(148,665)</b>											<b>(148,665)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(265,893)</b>	<b>(555,638)</b>	<b>95,838</b>	<b>12,183</b>								<b>(713,510)</b>	<b>45</b>

**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		
				Halsted Associates Limited Partnership		Building Co.

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,455,944	Halsted Associates Limited Partnership	100.00%	\$	\$ (1,455,944)	1
2	V	32 Interest Income	1,044	Halsted Associates Limited Partnership	100.00%		(1,044)	2
3	V	26 Insurance Expense		Halsted Associates Limited Partnership	100.00%	43,610	43,610	3
4	V	19 Accounting Fees		Halsted Associates Limited Partnership	100.00%	27,354	27,354	4
5	V	21 Trust Fees		Halsted Associates Limited Partnership	100.00%	350	350	5
6	V	32 Mortgage Interest		Halsted Associates Limited Partnership	100.00%	422,450	422,450	6
7	V	33 Real Estate Taxes		Halsted Associates Limited Partnership	100.00%	196,786	196,786	7
8	V	30 Depreciation		Halsted Associates Limited Partnership	100.00%	207,762	207,762	8
9	V	36 Amortization of Loan Costs		Halsted Associates Limited Partnership	100.00%	3,038	3,038	9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,456,988			\$ 901,350	\$ * (555,638)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance Park South

# 0049098

Report Period Beginning: 01/01/08

Ending: 12/31/08

## VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 3,743	\$ 3,743	15
16	V	6 REPAIRS AND MAINT.				8,534	8,534	16
17	V	17 ADMIN. - NON-OWNER				44,935	44,935	17
18	V	19 PROFESSIONAL FEES				3,772	3,772	18
19	V	20 FEES SUBSCRIPTIONS				542	542	19
20	V	21 CLERICAL & GENERAL				231,777	231,777	20
21	V	24 SEMINARS AND EDUCATION				1,315	1,315	21
22	V	25 ADMIN. STAFF TRAVEL				1,767	1,767	22
23	V	26 INSURANCE				3,220	3,220	23
24	V	27 EMPLOYEE BEN. GEN. ADMIN.				48,888	48,888	24
25	V	30 DEPRECIATION				13,350	13,350	25
26	V	32 INTEREST EXPENSE				9,710	9,710	26
27	V	33 REAL ESTATE TAX				11,349	11,349	27
28	V	34 PARKING LOT RENT				619	619	28
29	V	35 EQUIPMENT RENTAL				4,340	4,340	29
30	V	17 ADMIN. - R. HARTMAN				4,027	4,027	30
31	V	17 ADMIN. - B. CARR				3,646	3,646	31
32	V	17 ADMIN. - D. HARTMAN						32
33	V	27 EMP. BEN. - R. HARTMAN				159	159	33
34	V	27 EMP. BEN. - B. CARR				144	144	34
35	V	27 EMP. BEN. - D. HARTMAN						35
36	V							36
37	V	17 MANAGEMENT FEES	300,000				(300,000)	37
38	V							38
39	Total		\$ 300,000			\$ 395,838	\$ * 95,838	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	10 CLINICAL SALARIES	\$	CLINICAL CONSULTING SERVICES, LLC	100.00%	\$ 7,293	\$ 7,293	15
16	V	19 PROFESSIONAL FEES				18	18	16
17	V	20 LICENSE & INSPECTION				51	51	17
18	V	21 OFFICE WAGES				2,963	2,963	18
19	V	21 OFFICE EXPENSE				486	486	19
20	V	25 AUTO EXPENSE				63	63	20
21	V	27 PAYROLL TAXES				885	885	21
22	V	27 OTHER EMPLOYEE BENEFITS				424	424	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		\$			\$ 12,183	\$ * 12,183	39

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

**VII. RELATED PARTIES (continued)**

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Workers Compensation	\$ 136,519	Diamond Insurance		\$ 136,519	\$	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			\$ 136,519			\$ 136,519	\$ *	39

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

**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.

**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.

**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.

**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 Renaissance Park South # 0049098 Report Period Beginning: 01/01/08 Ending: 12/31/08

## 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	David Hartman	Shareholder	Administrative	7.50	See Attached	4.13	10.33%	Alloc. Salary	\$ 1,197	17-7	1
2	Robert Hartman	Shareholder	Administrative	20.00%	See Attached	1.03	2.06%	Alloc. Salary	4,027	17-7	2
3	Gerry Jenich	Shareholder	Administrative	7.50%	See Attached	4.13	10.33%	Salary	20,136	17-1	3
4	Mark Berger	Shareholder	Administrative	9.00%	See Attached	4.13	10.33%	Alloc. Salary	20,136	17-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 45,496		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 Renaissance Park South

# 0049098

Report Period Beginning: 01/01/08

Ending: 12/31/08

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 Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending: 12/31/08

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 1,063,296	13	\$ 36,243	\$	109,800	\$ 3,743	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS 1,063,296	13	82,646		109,800	8,534	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS 1,063,296	13	435,152	435,152	109,800	44,935	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 1,063,296	13	36,529		109,800	3,772	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS 1,063,296	13	5,248		109,800	542	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS 1,063,296	13	2,244,511	1,829,739	109,800	231,777	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 1,063,296	13	12,739		109,800	1,315	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS 1,063,296	13	17,115		109,800	1,767	8
9	26	INSURANCE	AVAIL. CENSUS DAYS 1,063,296	13	31,184		109,800	3,220	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS 1,063,296	13	473,425		109,800	48,888	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS 1,063,296	13	129,281		109,800	13,350	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 1,063,296	13	94,028		109,800	9,710	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 1,063,296	13	109,900		109,800	11,349	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS 1,063,296	13	5,996		109,800	619	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 1,063,296	13	42,030		109,800	4,340	15
16	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED 11	13	39,000	39,000	1	4,027	16
17	17	ADMIN. - B. CARR	AVG. HOURS WORKED 11	13	35,304	35,304	1	3,646	17
18	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED 38	2	11,588	11,588	3		18
19	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED 11	13	1,542		1	159	19
20	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED 11	13	1,395		1	144	20
21	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED 38	2	4,372		3		21
22									22
23									23
24									24
25	TOTALS				\$ 3,849,228	\$ 2,350,782		\$ 395,838	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning: 01/01/08

Ending: 12/31/08

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

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	10	CLINICAL SALARIES	AVAIL.CENSUS DAYS	292,260	13	\$ 77,230	\$ 77,230	27,600	\$ 7,293	1
2	19	PROFESSIONAL FEES	AVAIL.CENSUS DAYS	292,260	13	188	27,600	18		2
3	20	LICENSE & INSPECTION	AVAIL.CENSUS DAYS	292,260	13	539	27,600	51		3
4	21	OFFICE WAGES	AVAIL.CENSUS DAYS	292,260	13	31,375	31,375	27,600	2,963	4
5	21	OFFICE EXPENSE	AVAIL.CENSUS DAYS	292,260	13	5,151	27,600	486		5
6	25	AUTO EXPENSE	AVAIL.CENSUS DAYS	292,260	13	668	27,600	63		6
7	27	PAYROLL TAXES	AVAIL.CENSUS DAYS	292,260	13	9,369	27,600	885		7
8	27	OTHER EMPLOYEE BENEFITS	AVAIL.CENSUS DAYS	292,260	13	4,486	27,600	424		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					\$ 129,005	\$ 108,605		\$ 12,183	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	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 Compensation	Direct Allocation		\$	\$		\$ 136,519	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				\$	\$		\$ 136,519	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending: 12/31/08

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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending: 12/31/08

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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning: 01/01/08

Ending: 12/31/08

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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning: 01/01/08

Ending: 12/31/08

**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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning: 01/01/08

Ending: 12/31/08

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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning: 01/01/08

Ending: 12/31/08

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

Facility Name & ID Number Renaissance Park South # 0049098 Report Period Beginning: 01/01/08 Ending: 12/31/08

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Cambridge		X	Mortgage	\$43,906.00	07/01/03	\$ 8,276,700	\$ 7,775,048	07/01/2038	3.5000	\$ 422,450	1								
2												2								
3												3								
4												4								
5	See Supplemental Schedule											5								
<b>Working Capital</b>																				
6	Bank Leumi		X	Line of Credit				2,781,152			239,418	6								
7	Allocated From NuCare		X								9,710	7								
8	See Supplemental Schedule											8								
9	<b>TOTAL Facility Related</b>				\$43,906.00		\$ 8,276,700	\$ 10,556,200			\$ 671,578	9								
<b>B. Non-Facility Related*</b>																				
10	Interest Income		X								(64,800)	10								
11	Interest Income- Bldg Co.		X								(1,044)	11								
12												12								
13	See Supplemental Schedule											13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (65,844)	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 8,276,700	\$ 10,556,200			\$ 605,734	15								

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

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

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

Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

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

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

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

\* 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.)

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

**B. Real Estate Taxes**

<p><b>Important</b>, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>																																				
1. Real Estate Tax accrual used on 2007 report.		\$ <b>467,831</b>	<b>1</b>																																	
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$ <b>335,552</b>	<b>2</b>																																	
3. Under or (over) accrual (line 2 minus line 1).		\$ <b>(132,279)</b>	<b>3</b>																																	
4. Real Estate Tax accrual used for 2008 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ <b>340,414</b>	<b>4</b>																																	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$ <b>48,006</b>	<b>5</b>																																	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$ _____	<b>6</b>																																	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ <b>256,141</b>	<b>7</b>																																	
Real Estate Tax History:																																				
Real Estate Tax Bill for Calendar Year:	<table border="1"> <tr><td>2003</td><td><u>268,268</u></td><td><u>8</u></td></tr> <tr><td>2004</td><td><u>274,197</u></td><td><u>9</u></td></tr> <tr><td>2005</td><td><u>276,923</u></td><td><u>10</u></td></tr> <tr><td>2006</td><td><u>389,860</u></td><td><u>11</u></td></tr> <tr><td>2007</td><td><u>324,203</u></td><td><u>12</u></td></tr> </table>	2003	<u>268,268</u>	<u>8</u>	2004	<u>274,197</u>	<u>9</u>	2005	<u>276,923</u>	<u>10</u>	2006	<u>389,860</u>	<u>11</u>	2007	<u>324,203</u>	<u>12</u>	<table border="1"> <tr><td colspan="2"><b>FOR BHF USE ONLY</b></td><td></td></tr> <tr><td><b>13</b></td><td>FROM R. E. TAX STATEMENT FOR 2007</td><td>\$</td><td><b>13</b></td></tr> <tr><td><b>14</b></td><td>PLUS APPEAL COST FROM LINE 5</td><td>\$</td><td><b>14</b></td></tr> <tr><td><b>15</b></td><td>LESS REFUND FROM LINE 6</td><td>\$</td><td><b>15</b></td></tr> <tr><td><b>16</b></td><td>AMOUNT TO USE FOR RATE CALCULATION</td><td>\$</td><td><b>16</b></td></tr> </table>	<b>FOR BHF USE ONLY</b>			<b>13</b>	FROM R. E. TAX STATEMENT FOR 2007	\$	<b>13</b>	<b>14</b>	PLUS APPEAL COST FROM LINE 5	\$	<b>14</b>	<b>15</b>	LESS REFUND FROM LINE 6	\$	<b>15</b>	<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION	\$	<b>16</b>
2003	<u>268,268</u>	<u>8</u>																																		
2004	<u>274,197</u>	<u>9</u>																																		
2005	<u>276,923</u>	<u>10</u>																																		
2006	<u>389,860</u>	<u>11</u>																																		
2007	<u>324,203</u>	<u>12</u>																																		
<b>FOR BHF USE ONLY</b>																																				
<b>13</b>	FROM R. E. TAX STATEMENT FOR 2007	\$	<b>13</b>																																	
<b>14</b>	PLUS APPEAL COST FROM LINE 5	\$	<b>14</b>																																	
<b>15</b>	LESS REFUND FROM LINE 6	\$	<b>15</b>																																	
<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION	\$	<b>16</b>																																	
<b>2008 Accrual: \$324,203 X 1.05 = \$340,414 (Rounded)</b>																																				
<b>Allocation From NuCare: \$11,349</b>																																				

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

SEE ACCOUNTANTS' COMPILATION REPORT

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 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 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 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 2008 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.

**2007 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Renaissance Park South COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049098

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 2007 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 2007.

(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. <u>25-16-316-001-0000</u>	<u>Long Term CareProperty</u>	\$ <u>31,953.65</u>	\$ <u>31,953.65</u>
2. <u>25-16-316-002-0000</u>	<u>Long Term CareProperty</u>	\$ <u>30,884.45</u>	\$ <u>30,884.45</u>
3. <u>25-16-332-012-0000</u>	<u>Long Term CareProperty</u>	\$ <u>105,912.80</u>	\$ <u>105,912.80</u>
4. <u>25-16-332-013-0000</u>	<u>Long Term CareProperty</u>	\$ <u>155,452.70</u>	\$ <u>155,452.70</u>
5. <u>10-27-319-028-0000</u>	<u>Allocation From NuCare</u>	\$ <u>100,029.37</u>	\$ <u>10,329.41</u>
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>424,232.97</u>	\$ <u>334,533.01</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 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

**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:** 2007 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 2007 real estate tax costs, as well as copies of your real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 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 2008 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.

**2007 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Renaissance Park South COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049098

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. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ _____	\$ _____

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?        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 Renaissance Park South

# 0049098 Report Period Beginning:

01/01/08 Ending:

12/31/08

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 60,068 B. General Construction Type: Exterior Brick Frame \_\_\_\_\_ Number of Stories 3

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

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

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

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

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

None

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

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility			\$ 855,000	1
2	Allocated From 7257 N. Lincoln Ave.		2004	16,522	2
3	TOTALS			\$ 871,522	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
		<b>Improvement Type**</b>									
9	Various		1978		750		20			750	9
10	Various		1979		12,807		20			12,749	10
11	Various		1980		35,915		20			35,915	11
12	Various		1981		13,910		20			13,910	12
13	Various		1982		8,814		20			8,814	13
14	Various		1983		12,936		20			12,936	14
15	Various		1984		20,560		20			20,560	15
16	Various		1985		18,883		20			18,874	16
17	Various		1986		2,456		20			2,456	17
18	Various		1987		4,000		20	127	127	2,718	18
19	Various		1988		82,596		20	2,621	2,621	53,007	19
20	Various		1989		1,225		20	39	39	755	20
21	Various		1990		91,597		20	3,783	3,783	63,939	21
22	Various		1993		53,620		20	2,681	2,681	44,604	22
23	Various		1995		137,949		20	6,734	6,734	93,308	23
24	Various		1996		519,100		20	26,907	26,907	332,503	24
25	Various		1997		76,548		20	3,750	3,750	45,030	25
26	Various		1998		77,488		20	3,875	3,875	40,737	26
27	Various		1999		278,572		20	13,997	13,997	136,972	27
28	Various		2000		48,393		20	2,248	2,248	19,521	28
29	Various		2001		97,460		20	4,936	4,936	36,067	29
30	Various		2002		25,280		20	2,607	2,607	18,054	30
31	Various		2003		461,688		20	38,994	38,994	216,047	31
32	Various		2004		62,146		20	9,191	9,191	43,438	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 Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

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		8,043,269	207,761		402,163	194,402	5,775,513	67
68		196,489	6,301		6,838	537	32,052	68
69			71,579			(71,579)		69
70		\$ 10,384,451	\$ 285,641		\$ 531,491	\$ 245,850	\$ 7,081,229	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

**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	<b>Totals from Page 12A, Carried Forward</b>		\$ 10,384,451	\$ 285,641		\$ 531,491	\$ 245,850	\$ 7,081,229	1
2	Plastered Walls	2005	7,100		20			7,100	2
3	Plastered Walls	2005	12,700		20			12,700	3
4	Sign	2005	5,615		20	561	561	1,965	4
5	Signs	2005	13,217		20	1,322	1,322	4,406	5
6	Wallpaper	2005	3,288		20	658	658	2,411	6
7	Wallpaper	2005	8,984		20	1,797	1,797	5,989	7
8	Window Treatments	2005	10,661		20	2,132	2,132	6,930	8
9	Wallcovering	2005	337		20	67	67	225	9
10	Blinds	2005	373		20	37	37	118	10
11	Floor Covering	2005	48,040		20	3,203	3,203	10,676	11
12	Doors	2005	3,245		20	649	649	2,217	12
13	Doors	2005	5,550		20	1,110	1,110	3,793	13
14	Exhaust Fan	2005	7,912		20	1,582	1,582	5,538	14
15	Closets	2005	6,300		20	630	630	2,048	15
16	Phone System	2005	7,130		20	713	713	2,793	16
17	Phone System	2005	4,170		20	417	417	1,425	17
18	Security System	2005	5,738		20	820	820	2,732	18
19	Boiler	2005	2,489		20	207	207	691	19
20	Walk- In Cooler	2005	3,585		20	512	512	1,835	20
21	Walk-In Cooler	2005	4,963		20	709	709	2,541	21
22	Electrical Work	2005	6,800		20	680	680	2,210	22
23	Water Heater	2005	6,377		20	531	531	2,126	23
24	Roofing	2005	3,000		20	300	300	925	24
25	Flooring Adjustment	2005	(95,245)		20	(6,350)	(6,350)	(25,399)	25
26	Door	2005	1,544		20	154	154	502	26
27	Fixture Installation	2005	1,514		20	151	151	479	27
28	Roof Top Unit Repair	2005	3,479		20	348	348	1,073	28
29	Chiller Fan Repair	2005	2,359		20	236	236	747	29
30	Roof Top Units & Heat Exchanger	2005	2,910		20	145	145	449	30
31	Installing 58 Outlets	2006	15,000		20	1,500	1,500	3,750	31
32	Gerber Toilet And Tank	2006	1,700		20	340	340	1,020	32
33	New Rooftop Exhaust Fan	2006	2,124		20	425	425	1,097	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,497,410	\$ 285,641		\$ 547,077	\$ 261,436	\$ 7,148,341	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

**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	<b>Totals from Page 12B, Carried Forward</b>		\$ 10,497,410	\$ 285,641		\$ 547,077	\$ 261,436	\$ 7,148,341	1
2	Wallpaper Lounge And Resident Rooms	2006	4,033		20	807	807	2,285	2
3	Carpeting	2006	1,836		20	184	184	505	3
4	Pinch Pleated Draperies	2006	1,913		20	383	383	956	4
5	Elevator Shaft Smoke Detector And Recalls	2006	11,890		20	1,189	1,189	2,774	5
6	Sprinkler System Head Replacements	2006	11,766		20	1,177	1,177	2,745	6
7	Central Ac Unit Repair	2006	4,108		20	822	822	2,123	7
8	Chiller Repair	2006	5,237		20	1,047	1,047	2,618	8
9	2 Motorized Smoke Dampers	2006	1,400		20	280	280	700	9
10	40 Ton Chiller Replacement	2006	39,020		20	7,804	7,804	19,510	10
11	Emergency Work 2 Boilers Out	2006	6,233		20	1,247	1,247	3,636	11
12	Switches	2006	2,430		20	486	486	1,336	12
13	Perimeter Heating Pump Replacement	2006	3,635		20	727	727	1,999	13
14	Concrete Handicap Ramp	2006	1,800		20	180	180	450	14
15	Telephone System	2007	840		20	84	84	168	15
16	Headend & Cable Hardware	2007	11,000		20	2,200	2,200	4,217	16
17	Unibody Valve	2007	5,225		20	261	261	479	17
18	Water Boiler	2007	8,426		20	702	702	1,229	18
19	Exhaust Fan	2007	1,465		20	293	293	488	19
20	Satellite America Security Camera	2007	12,375		20	1,768	1,768	2,652	20
21	Keypads; Tv'S; Cameras	2007	5,460		20	1,092	1,092	1,547	21
22	Electric Booster Heater	2007	3,234		20	162	162	243	22
23	Roof Replacement	2007	54,250		20	2,713	2,713	3,843	23
24	Extend Fire Escape Stairway Railing With Iron Tubes And Weld	2007	3,500		20	175	175	248	24
25	Painting Job	2007	20,000		20	1,000	1,000	1,417	25
26	Wiring Installation For 3Rd Floor - Keypads; Tvs; Cameras; Arms	2007	9,505		20	475	475	673	26
27	Cameras; Buzzer; Dvr; Tv Monitor; Power Supply	2007	3,215		20	161	161	228	27
28	Furnish/Install Keypads	2007	11,220		20	561	561	795	28
29	Electrical Outlets	2007	1,280		20	64	64	85	29
30	Central Processor	2007	4,330		20	217	217	289	30
31	Wanderguard System	2007	5,502		20	786	786	917	31
32	3Rd Floor Bathroom Renovation	2007	9,800		20	490	490	613	32
33	3Rd Floor Bathroom Renovation	2007	2,626		20	131	131	164	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,765,964	\$ 285,641		\$ 576,745	\$ 291,104	\$ 7,210,273	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

**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	<b>Totals from Page 12C, Carried Forward</b>		\$ 10,765,964	\$ 285,641		\$ 576,745	\$ 291,104	\$ 7,210,273	1
2	2 Security Cameras	2007	700		20	100	100	125	2
3	3 Security Cameras	2007	1,050		20	150	150	188	3
4	Wiring	2007	1,280		20	64	64	80	4
5	Evap Cooler Water Supply	2007	3,661		20	183	183	275	5
6	Roof	2007	62,350		20	3,118	3,118	3,637	6
7	Landscaping	2007	22,780		20	2,278	2,278	3,607	7
8	Roof	2007	2,500		20	250	250	500	8
9	Bathroom Repairs	2007	2,700		20	270	270	495	9
10	Doors	2007	4,598		20	460	460	728	10
11	Painting	2007	6,684		20	334	334	668	11
12	Painting	2007	13,195		20	660	660	1,320	12
13	Closets, Nurses Station, Kitchen Cabinets	2007	82,750		20	4,138	4,138	8,275	13
14	Sign - Polycarbonate Sheeting W/ Logo	2008	3,847		20	235	235	235	14
15	North Wing Resident Bedroom	2008	6,684		20	334	334	334	15
16	New Cameras Installation	2008	3,600		20	180	180	180	16
17	Canopy Signage	2008	2,626		20	120	120	120	17
18	Windows & Doors	2008	5,500		20	183	183	183	18
19	Cameras & Wires; Dvr	2008	4,300		20	143	143	143	19
20	Relocate Dvr/Extending Wiring And Installing	2008	2,250		20	75	75	75	20
21	Paint Windows; Doors; Air Conditioners	2008	1,800		20	53	53	53	21
22	Parking Lot, Canopy, Canvas, Signage, Curtains	2008	9,353		20	234	234	234	22
23	Scraping & Painting Windows	2008	1,750		20	44	44	44	23
24	Sprinkler System Repair	2008	3,475		20	101	101	101	24
25	Spilt Condensing Unit For Air Conditioner	2008	1,568		20	39	39	39	25
26	Installation Of Equipment, Discrete Rxvr Control Unit, Keypad	2008	2,055		20	77	77	77	26
27	Door Closer; Spines Hinges; Passage Leversets	2008	3,066		20	89	89	89	27
28	Smoke Detectors	2008	7,457		20	533	533	533	28
29	Maintence For Various Jobs	2008	3,049		20	64	64	64	29
30	Recessed Cans; Outlets; Extensions Cords	2008	1,170		20	20	20	20	30
31	1St And 2Nd Floor And Lobby 109 Doors Refinished	2008	13,625		20	341	341	341	31
32	2 Cameras And Labor	2008	1,120		20	23	23	23	32
33	Repair And Replace Lexan Panels For Sign	2008	3,235		20	135	135	135	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,051,742	\$ 285,641		\$ 591,773	\$ 306,132	\$ 7,233,194	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	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 11,051,742	\$ 285,641		\$ 591,773	\$ 306,132	\$ 7,233,194	1
2	Repair Hot Water System Causing Flooding	2008	3,256		20	41	41	41	2
3	Installation Of 240 Volt Line For Hall Heater; Removed And Repla	2008	3,260		20	14	14	14	3
4	North Wing Resident Bathroom Renovation	2008	13,195		20	660	660	660	4
5	Door Resurface	2008	15,200		20	380	380	380	5
6	Closets, Nurses Station, Countertops	2008	102,150		20	5,108	5,108	5,108	6
7	Chair Rail, Patch Walls	2008	13,650		20	398	398	398	7
8	Econocare-32307: Wallcovering/Window Treatment/Handrails/Flo	2008	282,897		20	9,430	9,430	9,430	8
9	Econocare-31878: Wallcovering/Light Fixtures/Flooring/Walls...	2008	171,068		20	7,128	7,128	7,128	9
10	Econocare-32415: Flooring/Walls/Window Treatments/Millwork/Si	2008	153,880		20	4,488	4,488	4,488	10
11	Econocare - 32958	2008	(553)		20	(12)	(12)	(12)	11
12	Econocare - 32959 (Adjustment)	2008	(10,000)		20	(208)	(208)	(208)	12
13									13
14									14
15									15
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30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

**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	<b>Totals from Page 12E, Carried Forward</b>		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	1
2									2
3									3
4									4
5									5
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30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	34

SEE ACCOUNTANTS' COMPILATION REPORT

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Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

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		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	34

SEE ACCOUNTANTS' COMPILATION REPORT

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Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

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		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	1
2									2
3									3
4									4
5									5
6									6
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

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		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	1
2									2
3									3
4									4
5									5
6									6
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

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		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	1
2									2
3									3
4									4
5									5
6									6
7									7
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9									9
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

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		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	1
2									2
3									3
4									4
5									5
6									6
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

**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	<b>Totals from Page 12K, Carried Forward</b>		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

**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		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621		1
2									2
3									3
4									4
5									5
6									6
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

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		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

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		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

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		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

**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	<b>Totals from Page 12P, Carried Forward</b>		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,799,745	\$ 285,641		\$ 619,200	\$ 333,559	\$ 7,260,621	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

**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	300		1994	1976	\$ 7,334,294	\$ 188,059	39	\$ 366,715	\$ 178,656	\$ 5,470,165	4
5			1994	1994	554,636	14,221	39	27,732	13,511	219,126	5
6			1994	1994	3,020	77	39	151	74	1,184	6
7			1994	1994	106,949	2,742	39	5,347	2,605	43,394	7
8											8
		<b>Improvement Type**</b>									
9		Landscaping	1994	1994	25,996	1,560	20	1,300		24,178	9
10		Sprinkler System	1994	1994	8,900	534	20	445	(89)	8,277	10
11		Sign- Awning	1994	1994	9,474	568	20	474	(94)	9,189	11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											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 Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

**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)	\$	8,043,269	\$	207,761	\$	402,163	\$	194,663	\$	5,775,513	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

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	Allocated From 7257 N. Lincoln Ave, LLC		2004	2004	\$ 148,700	\$ 3,813	35	\$ 4,249	\$ 436	\$ 21,774	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Allocated From 7257 N. Lincoln Ave, LLC			2004	2,955	340	20	148	(192)	665	9
10	Allocated From 7257 N. Lincoln Ave, LLC			2005	13,556	1,082	20	875	(207)	2,896	10
11											11
12	Allocated From NuCare Services Corp			2003	1,210	44	20	61	17	310	12
13	Allocated From NuCare Services Corp			2004	24,557	897	20	1,229	332	5,790	13
14	Allocated From NuCare Services Corp			2005	1,456	53	20	73	20	280	14
15	Allocated From NuCare Services Corp			2006	1,974	72	20	99	27	233	15
16	Allocated From NuCare Services Corp			2008	2,081	-	20	104	104	104	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 Renaissance Park South

# 0049098

Report Period Beginning:

01/01/08

Ending:

12/31/08

**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	<b>TOTAL (lines 4 thru 69)</b>	\$	196,489	\$	6,301	\$	6,838	\$	537	\$	32,052	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance Park South # 0049098 Report Period Beginning: 01/01/08 Ending: 12/31/08

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	\$ 1,065,185	\$ 118,007	\$ 134,424	\$ 16,417	10	\$ 831,467	71
72	Current Year Purchases	240,387	36,399	25,140	(11,259)	10	25,140	72
73	Fully Depreciated Assets	1,938,222		106	106	10	1,938,222	73
74								74
75	TOTALS	\$ 3,243,794	\$ 154,406	\$ 159,670	\$ 5,264		\$ 2,794,829	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)	\$ 15,915,061	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 440,047	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 778,870	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 338,823	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,055,450	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: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Storage Unit				3,204			5
6	Allocated From NuCare (Parking Lot Rental)				619			6
7	TOTAL				\$ 3,823			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.	_____ /2009	\$ _____
13.	_____ /2010	\$ _____
14.	_____ /2011	\$ _____

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: \$ 35,627 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	Facility	Honda	\$ 340.00	\$ 4,080	17
18					18
19					19
20					20
21	TOTAL		\$ 340.00	\$ 4,080	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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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	\$		\$ 343,207	\$		\$ 343,207	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			186,046			186,046	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			286,940			286,940	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 03	# of prescripts			285,089			285,089	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Supplemental			13,745		150	115,048		128,943	13
14	TOTAL			\$ 13,745		\$ 1,101,432	\$ 115,048		\$ 1,230,225	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 &amp; ID Number Renaissance Park South

# 0049098

Report Period Beginning: 01/01/08

Ending:

12/31/08

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 229,290	\$ 283,474	1
2	Cash-Patient Deposits	3,970	3,970	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	2,875,651	2,875,651	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	112,976	138,738	6
7	Other Prepaid Expenses	904	904	7
8	Accounts Receivable (owners or related parties)	893,317	893,317	8
9	Other(specify): <a href="#">See Attached Schedule</a>	17,203	924,162	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 4,133,311	\$ 5,120,216	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		855,000	13
14	Buildings, at Historical Cost		7,998,898	14
15	Leasehold Improvements, at Historical Cost	2,829,317	2,873,687	15
16	Equipment, at Historical Cost	2,794,944	3,691,112	16
17	Accumulated Depreciation (book methods)	(3,116,460)	(7,099,605)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		106,330	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(16,709)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <a href="#">See Attached Schedule</a>	2,447,640	2,447,640	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 4,955,441	\$ 10,856,353	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 9,088,752	\$ 15,976,569	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,884,398	\$ 1,894,897	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,384	2,384	28
29	Short-Term Notes Payable	2,781,152	2,781,152	29
30	Accrued Salaries Payable	333,505	333,505	30
31	Accrued Taxes Payable (excluding real estate taxes)	65,764	65,764	31
32	Accrued Real Estate Taxes(Sch.IX-B)		340,414	32
33	Accrued Interest Payable		34,987	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	17,310	17,310	35
<b>Other Current Liabilities(specify):</b>				
36	<a href="#">See Attached Schedule</a>	2,130,667	2,130,667	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 7,215,180	\$ 7,601,080	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,775,048	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<a href="#">See Attached Schedule</a>	2,069,419	2,069,419	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 2,069,419	\$ 9,844,467	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 9,284,599	\$ 17,445,547	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (195,847)	\$ (1,468,978)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 9,088,752	\$ 15,976,569	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,737,001)	1
2	Restatements (describe):		2
3	Late Journal Entries & Changes to Equity Due to	2,098,323	3
4	Restructuring		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (638,678)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	317,831	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) Member Contributions	125,000	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 442,831	17
<b>B. Transfers (Itemize):</b>			
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)	\$ (195,847)	24 *

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance Park South

# 0049098

Report Period Beginning: 01/01/08

Ending: 12/31/08

**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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 11,788,055	1
2	Discounts and Allowances for all Levels	(689,792)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 11,098,263	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,843,238	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,843,238	8
<b>C. Other Operating Revenue</b>			
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	73	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	496,073	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	30,443	19
20	Radiology and X-Ray	8,709	20
21	Other Medical Services	80,027	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 615,325	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	64,800	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 64,800	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	199	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 199	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 13,621,825	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,076,425	31
32	Health Care	4,922,637	32
33	General Administration	2,761,973	33
<b>B. Capital Expense</b>			
34	Ownership	1,952,868	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,425,391	35
36	Provider Participation Fee	164,700	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 13,303,994	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	317,831	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 317,831	43

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

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

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

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

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning: 01/01/08

Ending:

12/31/08

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,062	2,333	\$ 113,387	\$ 48.60	1
2	Assistant Director of Nursing	1,464	1,782	57,678	32.37	2
3	Registered Nurses	16,446	18,603	513,081	27.58	3
4	Licensed Practical Nurses	64,629	69,664	1,668,699	23.95	4
5	CNAs & Orderlies	160,335	175,491	1,611,237	9.18	5
6	CNA Trainees					6
7	Licensed Therapist	224	224	13,745	61.36	7
8	Rehab/Therapy Aides	7,545	8,478	234,332	27.64	8
9	Activity Director	3,867	4,231	62,186	14.70	9
10	Activity Assistants	7,557	8,010	66,184	8.26	10
11	Social Service Workers	7,959	8,949	147,551	16.49	11
12	Dietician	1,968	2,127	48,480	22.79	12
13	Food Service Supervisor					13
14	Head Cook	4,055	4,757	47,935	10.08	14
15	Cook Helpers/Assistants	28,801	31,155	278,848	8.95	15
16	Dishwashers					16
17	Maintenance Workers	5,573	6,198	89,700	14.47	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,942	2,236	112,656	50.38	20
21	Assistant Administrator	274	306	9,896	32.34	21
22	Other Administrative	958	958	52,210	54.50	22
23	Office Manager	2,669	2,874	65,097	22.65	23
24	Clerical	20,491	20,909	201,984	9.66	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	4,880	5,304	87,604	16.52	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	6,937	7,398	186,911	25.27	33
34	TOTAL (lines 1 - 33)	350,636	381,987	\$ 5,669,401 *	\$ 14.84	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	324	\$ 14,609	01-03	35
36	Medical Director	Monthly	27,000	09-03	36
37	Medical Records Consultant	Monthly	4,320	10-03	37
38	Nurse Consultant	Monthly	32,619	10-03	38
39	Pharmacist Consultant	36	3,235	10-03	39
40	Physical Therapy Consultant	34	1,550	10a-03	40
41	Occupational Therapy Consultant	102	6,803	10a-03	41
42	Respiratory Therapy Consultant	179	8,377	10a-03	42
43	Speech Therapy Consultant	33	3,212	10a-03	43
44	Activity Consultant	48	2,651	11-03	44
45	Social Service Consultant	87	4,872	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	843	\$ 109,248		49

**C. CONTRACT NURSES**

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

SEE ACCOUNTANTS' COMPILATION REPORT



**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 FY2005	6 FY2006	7 FY2007	8 FY2008	9 FY2009	10 FY2010	11 FY2011	12 FY2012	13 FY2013
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
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14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance Park South

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. ILCLTC \$24,646; ILAHC \$3,600
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 56,517 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 164,700  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 36,637 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.

**SEE ACCOUNTANTS' COMPILATION REPORT**