

Facility Name & ID Number The Renaissance at South Shore

0042085 Report Period Beginning: 01/01/09 Ending: 12/31/09

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	<u>248</u>	Skilled (SNF)	<u>248</u>	<u>90,520</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>248</u>	TOTALS	<u>248</u>	<u>90,520</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	Private Pay	4 Other	Total	
8	SNF	<u>60,190</u>	<u>2,602</u>	<u>20,831</u>	<u>83,623</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>60,190</u>	<u>2,602</u>	<u>20,831</u>	<u>83,623</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.38%

D. How many bed-hold days during this year were paid by the Department? 274 (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 10/23/98

J. Was the facility purchased or leased after January 1, 1978?
YES Date 10/23/98 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 248 and days of care provided 15,432

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/09 Fiscal Year: 12/31/09

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

Facility Name & ID Number The Renaissance at South Shore # 0042085 Report Period Beginning: 01/01/09 Ending: 12/31/09

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	431,950	121,610	12,648	566,208		566,208		566,208		1
2	Food Purchase		442,494		442,494	(24,236)	418,258	(5,742)	412,516		2
3	Housekeeping	254,407	80,933	1,030	336,370		336,370		336,370		3
4	Laundry	157,168	49,423		206,591		206,591		206,591		4
5	Heat and Other Utilities			243,321	243,321		243,321	(6,822)	236,499		5
6	Maintenance	125,765	65,671	152,544	343,980		343,980	11,208	355,188		6
7	Other (specify):*										7
8	TOTAL General Services	969,290	760,131	409,543	2,138,964	(24,236)	2,114,728	(1,356)	2,113,372		8
	B. Health Care and Programs										
9	Medical Director			27,200	27,200		27,200		27,200		9
10	Nursing and Medical Records	4,592,200	348,416	13,855	4,954,471		4,954,471	4,158	4,958,629		10
10a	Therapy	217,446			217,446		217,446		217,446		10a
11	Activities	238,104	13,861	1,540	253,505		253,505		253,505		11
12	Social Services	199,230		672	199,902		199,902		199,902		12
13	CNA Training										13
14	Program Transportation	50,917		10,891	61,808		61,808	(190)	61,618		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,297,897	362,277	54,158	5,714,332		5,714,332	3,968	5,718,300		16
	C. General Administration										
17	Administrative	219,861		1,110,638	1,330,499		1,330,499	(1,141,993)	188,506		17
18	Directors Fees										18
19	Professional Services			150,224	150,224		150,224	(26,246)	123,978		19
20	Dues, Fees, Subscriptions & Promotions			116,622	116,622		116,622	(59,624)	56,998		20
21	Clerical & General Office Expenses	333,002	59,832	460,163	852,997		852,997	(231,485)	621,512		21
22	Employee Benefits & Payroll Taxes			1,162,657	1,162,657	24,236	1,186,893		1,186,893		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,487	4,487		4,487	114	4,601		24
25	Other Admin. Staff Transportation			134	134		134	1,168	1,302		25
26	Insurance-Prop.Liab.Malpractice			1,040,578	1,040,578		1,040,578	1,929	1,042,507		26
27	Other (specify):*							44,641	44,641		27
28	TOTAL General Administration	552,863	59,832	4,045,503	4,658,198	24,236	4,682,434	(1,411,496)	3,270,938		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,820,050	1,182,240	4,509,204	12,511,494		12,511,494	(1,408,884)	11,102,610		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

#0042085

Report Period Beginning:

01/01/09

Ending:

12/31/09

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			185,607	185,607		185,607	393	186,000			30
31	Amortization of Pre-Op. & Org.			3,013	3,013		3,013		3,013			31
32	Interest							0	0			32
33	Real Estate Taxes			340,865	340,865		340,865	8,137	349,002			33
34	Rent-Facility & Grounds			1,834,323	1,834,323		1,834,323	454	1,834,777			34
35	Rent-Equipment & Vehicles			29,144	29,144		29,144	3,904	33,048			35
36	Other (specify):*											36
37	TOTAL Ownership			2,392,952	2,392,952		2,392,952	12,889	2,405,841			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	12,907	617,113	982,462	1,612,482		1,612,482		1,612,482			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			135,780	135,780		135,780		135,780			42
43	Other (specify):*	124,811		32	124,843		124,843	(124,843)				43
44	TOTAL Special Cost Centers	137,718	617,113	1,118,274	1,873,105		1,873,105	(124,843)	1,748,262			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,957,768	1,799,353	8,020,430	16,777,551		16,777,551	(1,520,838)	15,256,713			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		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	(9,377)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(8,851)	30		9
10	Interest and Other Investment Income	(5,634)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(138)	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	(10,050)	21		18
19	Entertainment	(671)	24		19
20	Contributions	(19,650)	20		20
21	Owner or Key-Man Insurance	(22,085)	21		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(168,635)	21		24
25	Fund Raising, Advertising and Promotional	(32,175)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(25,000)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(1,015)	20		28
29	Other-Attach Schedule	(587,482)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (890,763)		\$	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)	(630,076)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (630,076)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,520,838)		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	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

BHF USE ONLY							
48		49		50		51	52

The Renaissance at South Shore

ID# 0042085

Report Period Beginning: 01/01/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Patient Needs	\$ (7,170)	10	1
2	Marketing Expenses	(59,827)	17	2
3	Patient Clothing	(13,943)	10	3
4	Bank Charges	(20,463)	21	4
5	Food Vendor Rebates	(5,604)	02	5
6	Maintenance Vendor Rebates	(3,351)	06	6
7	Settlement	(500)	26	7
8	Income from copies	(484)	21	8
9	Income from transportation	(190)	14	9
10	Jury Duty	(34)	10	10
11	Medical Supplies	(34)	10	11
12	Non-allowable Expenses	(156,000)	21	12
13	Non-allowable and prior year legal	(29,807)	19	13
14	COPE Dues	(7,685)	20	14
15	Annual Report	(225)	20	15
16	Capitalized R&M	(7,425)	06	16
17	Marketing Travel	(32)	43	17
18	Marketing Wages	(76,007)	43	18
19	Guest Service Coordinator	(48,804)	43	19
20	Additonal R&M	13,441	06	20
21	Non-Allowable Admin. Fees	(163,338)	17	21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(587,482)		49

The Renaissance at South Shore

ID# 0042085

Report Period Beginning: 01/01/09

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Renaissance at South Shore# 0042085

Report Period Beginning:

01/01/09

Ending:

12/31/09

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(5,742)											(5,742)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(9,377)			2,555								(6,822)	5
6	Maintenance	2,665			8,543								11,208	6
7	Other (specify):*													7
8	TOTAL General Services	(12,454)			11,098								(1,356)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(21,181)				25,339							4,158	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation	(190)											(190)	14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(21,371)				25,339							3,968	16
	C. General Administration													
17	Administrative	(223,165)		(151,741)	(707,260)	(59,827)							(1,141,993)	17
18	Directors Fees													18
19	Professional Services	(29,807)		463	2,819	279							(26,246)	19
20	Fees, Subscriptions & Promotions	(60,750)			998	128							(59,624)	20
21	Clerical & General Office Expenses	(402,717)		1,157	153,817	16,257							(231,485)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(671)			627	158							114	24
25	Other Admin. Staff Transportation				614	554							1,168	25
26	Insurance-Prop.Liab.Malpractice	(500)			2,429								1,929	26
27	Other (specify):*			999	37,081	6,561							44,641	27
28	TOTAL General Administration	(717,610)		(149,122)	(508,875)	(35,889)							(1,411,496)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(751,435)		(149,122)	(497,777)	(10,550)							(1,408,884)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/09

Ending:

12/31/09

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(8,851)			9,063	181							393	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(5,634)			5,338	297							0	32
33	Real Estate Taxes				8,137								8,137	33
34	Rent-Facility & Grounds				454								454	34
35	Rent-Equipment & Vehicles				3,904								3,904	35
36	Other (specify):*													36
37	TOTAL Ownership	(14,485)			26,896	477							12,889	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(124,843)											(124,843)	43
44	TOTAL Special Cost Centers	(124,843)											(124,843)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(890,763)		(149,122)	(470,881)	(10,073)							(1,520,838)	45

VII. RELATED PARTIES

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

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

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	17 J. RAJCHENBACH-COMP.	\$	JLR MANAGEMENT CORP.	100.00%	\$ 9,259	\$	9,259	15
16	V	19 PROFESSIONAL FEES		JLR MANAGEMENT CORP.	100.00%	463		463	16
17	V	21 OFFICE		JLR MANAGEMENT CORP.	100.00%	1,157		1,157	17
18	V	27 PAYROLL TAXES		JLR MANAGEMENT CORP.	100.00%	999		999	18
19	V			JLR MANAGEMENT CORP.	100.00%				19
20	V	17 C. RAJCHENBACH-COMP.		JLR MANAGEMENT CORP.	100.00%				20
21	V	27 PAYROLL TAXES		JLR MANAGEMENT CORP.	100.00%				21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V	17 MANAGEMENT FEES	161,000	JLR MANAGEMENT CORP.	100.00%			(161,000)	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 161,000			\$ 11,878	\$ *	(149,122)	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	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 2,555	\$ 2,555
16	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	8,543	8,543
17	V	17 ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	19,213	19,213
18	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	2,819	2,819
19	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	998	998
20	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	153,817	153,817
21	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	627	627
22	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	614	614
23	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	2,429	2,429
24	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	37,081	37,081
25	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	9,063	9,063
26	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	5,338	5,338
27	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	8,137	8,137
28	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	454	454
29	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	3,904	3,904
30	V						
31	V						
32	V						
33	V	17 Management Fees	726,473				(726,473)
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 726,473			\$ 255,592	\$ * (470,881)

* 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	10 CLINICAL SALARIES	\$	CLINICAL CONSULTING SERVICES, LLC	100.00%	\$ 25,339	\$	25,339	15
16	V	19 PROFESSIONAL FEES		CLINICAL CONSULTING SERVICES, LLC	100.00%	279		279	16
17	V	20 DUES, LICENSE & INSPECTION		CLINICAL CONSULTING SERVICES, LLC	100.00%	128		128	17
18	V	21 OFFICE WAGES		CLINICAL CONSULTING SERVICES, LLC	100.00%	15,246		15,246	18
19	V	21 OFFICE EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,011		1,011	19
20	V	24 CONTINUING EDUCATION / SEMINAR		CLINICAL CONSULTING SERVICES, LLC	100.00%	158		158	20
21	V	25 AUTO EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	554		554	21
22	V	27 PAYROLL TAXES		CLINICAL CONSULTING SERVICES, LLC	100.00%	2,816		2,816	22
23	V	27 OTHER EMPLOYEE BENEFITS		CLINICAL CONSULTING SERVICES, LLC	100.00%	3,745		3,745	23
24	V	30 DEPRECIATION		CLINICAL CONSULTING SERVICES, LLC	100.00%	181		181	24
25	V	32 INTEREST		CLINICAL CONSULTING SERVICES, LLC	100.00%	297		297	25
26	V			CLINICAL CONSULTING SERVICES, LLC	100.00%				26
27	V	17 ADMINISTRATIVE FEES	59,827	CLINICAL CONSULTING SERVICES, LLC	100.00%			(59,827)	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		\$ 59,827			\$ 49,754	\$ *	(10,073)	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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
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.

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.

Facility Name & ID Number

The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/09

Ending:

12/31/09

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	Relative	Administrative	0%	See Attached	2.96	7.40%	Alloc. Salary	\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/09

Ending: 12/31/09

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 The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED 54	9	\$ 100,000	\$ 100,000	5	\$ 9,259	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED 54	9	5,000		5	463	2
3	21	OFFICE	AVG. HOURS WORKED 54	9	12,497	12,497	5	1,157	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED 54	9	10,792		5	999	4
5									5
6									6
7	17	C. RAJCHENBACH-COMP.	AVG. HOURS WORKED 40	1	51,889	51,889			7
8	27	PAYROLL TAXES	AVG. HOURS WORKED 40	1	4,099				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				\$ 184,277	\$ 164,386		\$ 11,878	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V 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 1,224,940	13	\$ 34,570	\$	90,520	\$ 2,555	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS 1,224,940	13	115,610		90,520	8,543	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS 1,224,940	13	260,001	260,001	90,520	19,213	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 1,224,940	13	38,148		90,520	2,819	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS 1,224,940	13	13,506		90,520	998	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS 1,224,940	13	2,081,498	1,811,576	90,520	153,817	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 1,224,940	13	8,486		90,520	627	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS 1,224,940	13	8,304		90,520	614	8
9	26	INSURANCE	AVAIL. CENSUS DAYS 1,224,940	13	32,870		90,520	2,429	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS 1,224,940	13	501,784		90,520	37,081	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS 1,224,940	13	122,648		90,520	9,063	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 1,224,940	13	72,233		90,520	5,338	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 1,224,940	13	110,113		90,520	8,137	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS 1,224,940	13	6,145		90,520	454	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 1,224,940	13	52,826		90,520	3,904	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 3,458,744	\$ 2,071,577		\$ 255,592	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V 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	1,224,940	13	\$ 342,887	\$ 342,887	90,520	\$ 25,339	1
2	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,224,940	13	3,780		90,520	279	2
3	20	DUES, LICENSE & INSPECTIO	AVAIL. CENSUS DAYS	1,224,940	13	1,732		90,520	128	3
4	21	OFFICE WAGES	AVAIL. CENSUS DAYS	1,224,940	13	206,311	206,311	90,520	15,246	4
5	21	OFFICE EXPENSE	AVAIL. CENSUS DAYS	1,224,940	13	13,685		90,520	1,011	5
6	24	CONTINUING EDUCATION / ST	AVAIL. CENSUS DAYS	1,224,940	13	2,134		90,520	158	6
7	25	AUTO EXPENSE	AVAIL. CENSUS DAYS	1,224,940	13	7,503		90,520	554	7
8	27	PAYROLL TAXES	AVAIL. CENSUS DAYS	1,224,940	13	38,113		90,520	2,816	8
9	27	OTHER EMPLOYEE BENEFITS	AVAIL. CENSUS DAYS	1,224,940	13	50,678		90,520	3,745	9
10	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,224,940	13	2,448		90,520	181	10
11	32	INTEREST	AVAIL. CENSUS DAYS	1,224,940	13	4,013		90,520	297	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					\$ 673,284	\$ 549,198		\$ 49,754	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/09

Ending: 12/31/09

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 The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/09

Ending: 12/31/09

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 The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/09

Ending: 12/31/09

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 The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/09

Ending: 12/31/09

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 The Renaissance at South Shore

0042085 Report Period Beginning: 01/01/09 Ending: 12/31/09

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 The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/09

Ending: 12/31/09

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

The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/09

Ending:

12/31/09

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		8	9	10									
						Name of Lender	Related**				Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES							NO	Original				Balance
	A. Directly Facility Related																		
	Long-Term																		
1							\$	\$			\$	1							
2												2							
3												3							
4												4							
5	See Supplemental Schedule											5							
	Working Capital																		
6												6							
7												7							
8	See Supplemental Schedule											8							
9	TOTAL Facility Related						\$	\$			\$	9							
	B. Non-Facility Related*																		
10	Interest Income		X								(5,635)	10							
11	Alloc from Nuicare										5,338	11							
12	Alloc from Clinical Consult										297	12							
13	See Supplemental Schedule											13							
14	TOTAL Non-Facility Related						\$	\$			\$	14							
15	TOTALS (line 9+line14)						\$	\$			\$	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

The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/09

Ending:

12/31/09

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

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

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

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

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/09

Ending:

12/31/09

X. BUILDING AND GENERAL INFORMATION:

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

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

None

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

1. Total Amount Incurred: 37,608 2. Number of Years Over Which it is Being Amortized: 5
 3. Current Period Amortization: 3,013 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Alloc from 7257 N. Lincoln</u>	<u>80,865</u>	<u>2004</u>	<u>\$ 11,232</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	80,865		\$ 11,232	3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4				\$	\$		\$	\$	\$	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various		1998	78,106		20	3,906	3,906	43,568	9
10	Various		1999	88,720		20	4,438	4,438	47,151	10
11	Various		2000	72,602		20	3,633	3,633	35,088	11
12	Various		2001	45,629		20	2,281	2,281	19,703	12
13	Various		2002	11,757		20	1,176	1,176	9,247	13
14	Various		2003	16,300		20	1,629	1,629	10,888	14
15	Various		2004	62,647		20	6,314	6,314	35,646	15
16	Various		2005	10,333		20	807	807	4,699	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

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	Related Building Company (Pages 12F & 12G)							67
68	Related Party Allocations (Pages 12H & 12I)		135,224	4,200	4,711	511	26,690	68
69	Financial Statement Depreciation			185,607		(185,607)		69
70	TOTAL (lines 4 thru 69)	\$	521,318	\$ 189,807		\$ 28,895	\$ (160,912)	\$ 232,680 70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 521,318	\$ 189,807		\$ 28,895	\$ (160,912)	\$ 232,680	1
2	Surveillance Video Equip	2006	5,705		20	815	815	2,988	2
3	Foundation Re-Work	2006	1,960		20	196	196	768	3
4	Floor Re-Work	2006	500		20	33	33	131	4
5	Doors	2006	1,991		20	199	199	780	5
6	Tile Work	2006	870		20	58	58	222	6
7	Install Flooring And Baseboards	2006	7,940		20	529	529	2,029	7
8	Replace Walkway In Cooler	2006	5,374		20	537	537	2,105	8
9	Vct Flooring	2006	1,720		20	115	115	440	9
10	Doors, Hinges, And Locksets	2006	2,147		20	215	215	841	10
11	Wallcoverings	2006	3,278		20	656	656	2,295	11
12	Wallcoverings	2006	3,278		20	656	656	2,295	12
13	Rebuild Columns	2006	900		20	90	90	308	13
14	Asphalt Patching	2006	750		20	75	75	263	14
15	Mural	2006	800		20	80	80	267	15
16	Wallcovering	2006	1,107		20	221	221	738	16
17	Utility Room Door Repair	2006	2,286		20	229	229	781	17
18	Carpet Installation	2006	1,467		20	210	210	699	18
19	Various Signage	2006	1,727		20	173	173	561	19
20	Install Exhaust Fan	2006	3,095		20	310	310	1,006	20
21	Wallcoverings	2006	4,578		20	916	916	2,976	21
22	Battery Pack For Control Panel Of Generator	2006	1,100		20	55	55	179	22
23	Construct Basement Office	2006	2,000		20	200	200	783	23
24	Window Treatments	2006	1,980		20	198	198	792	24
25	Wall Coverings	2006	3,415		20	683	683	2,618	25
26	Wall Coverings	2006	2,627		20	525	525	1,883	26
27	Wallcoverings, Paint, Flooring	2006	2,144		20	429	429	1,358	27
28	Wallcoverings, Paint, Flooring	2006	2,144		20	429	429	1,358	28
29	Hvac Repair	2006	2,973		20	149	149	545	29
30	New Boiler Pump	2007	2,005		20	167	167	487	30
31	Audio/Visual Equipment In Kitchen Area	2007	2,320		20	331	331	884	31
32	Resident Room	2007	7,800		20	780	780	2,340	32
33	Built-In Equipment	2007	3,340		20	334	334	1,002	33
34	TOTAL (lines 1 thru 33)		\$ 606,639	\$ 189,807		\$ 39,488	\$ (150,319)	\$ 269,402	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 606,639	\$ 189,807		\$ 39,488	\$ (150,319)	\$ 269,402	1
2	Relaminate 11 Doors	2007	2,820		20	282	282	823	2
3	West Wing	2007	4,198		20	420	420	1,189	3
4	East Wing	2007	3,730		20	373	373	1,057	4
5	2Nd Floor Tv Room [I]	2007	1,950		20	195	195	553	5
6	2Nd Floor Tv Room [Ii]	2007	4,198		20	420	420	1,189	6
7	2Nd Floor Tv Room [Iii]	2007	3,730		20	373	373	1,057	7
8	2Nd Floor Tv Room [Iv]	2007	1,950		20	195	195	553	8
9	Paint One 4 Beds Room [I]	2007	2,326		20	233	233	640	9
10	Paint One 4 Beds Room [Ii]	2007	3,952		20	395	395	1,087	10
11	Paint One 4 Beds Room [Iii]	2007	2,326		20	233	233	640	11
12	Paint One 4 Beds Room [Iv]	2007	3,952		20	395	395	1,087	12
13	2Nd Floor East In 13 Resident Bathrooms [I]	2007	3,050		20	305	305	813	13
14	2Nd Floor East In 13 Resident Bathrooms [Ii]	2007	3,050		20	305	305	813	14
15	East Wing - Paint 1 One-Bed Room; 8 Two-Beds Room; 1 Four	2007	2,735		20	274	274	707	15
16	West Wing - Paint 2 One-Bed Room; 14 Two-Beds Room; 1 Four	2007	4,565		20	457	457	1,179	16
17	West Wing - Paint 2 One-Bed Room; 14 Two-Beds Room; 1 Four	2007	3,050		20	305	305	813	17
18	West Wing - Paint 2 One-Bed Room; 14 Two-Beds Room; 1 Four	2007	3,050		20	305	305	813	18
19	West Wing - Paint 2 One-Bed Room; 14 Two-Beds Room; 1 Four	2007	2,735		20	274	274	707	19
20	West Wing - Paint 2 One-Bed Room; 14 Two-Beds Room; 1 Four	2007	4,565		20	457	457	1,179	20
21	Built-In Cabinets Windows 3Rd Floor Patio	2007	3,400		20	340	340	907	21
22	6 Built-In Cabinet Room Dividers For Patient Rooms [I]	2007	3,600		20	360	360	960	22
23	6 Built In Cabinet Room Dividers For Patient Rooms [Ii]	2007	3,400		20	340	340	907	23
24	6 Built In Cabinet Room Dividers For Patient Rooms [Iii]	2007	3,600		20	360	360	960	24
25	4Th Floor Dinning Room	2007	920		20	92	92	245	25
26	1St Floor Tv Room	2007	1,140		20	114	114	295	26
27	Chair Rails	2007	2,099		20	210	210	525	27
28	Cubicle Curtains	2007	11,529		20	1,153	1,153	2,978	28
29	Cornice Boards	2007	8,302		20	830	830	2,075	29
30	Mecho Shades	2007	8,241		20	824	824	2,060	30
31	Elevator Machine Room Air Conditioner	2007	4,200		20	420	420	1,050	31
32	1St Floor Hallway [I]	2007	3,400		20	340	340	822	32
33	1St Floor Hallway [Ii]	2007	3,000		20	300	300	725	33
34	TOTAL (lines 1 thru 33)		\$ 725,402	\$ 189,807		\$ 51,367	\$ (138,440)	\$ 300,810	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 725,402	\$ 189,807		\$ 51,367	\$ (138,440)	\$ 300,810	1
2	Elevator Airconditioning	2007	9,700		20	970	970	2,344	2
3	Dinning Room Floor [I]	2007	2,987		20	299	299	747	3
4	Dinning Room Floor [Ii]	2007	2,987		20	299	299	747	4
5	455 Yds Wall Paper	2007	19,608		20	1,961	1,961	4,739	5
6	Video Equipment Purchase/Installation [I]	2007	1,139		20	163	163	407	6
7	Video Equipment Purchase/Installation [Ii]	2007	818		20	117	117	292	7
8	Video Equipment Purchase/Installation [Iii]	2007	1,139		20	163	163	407	8
9	Video Equipment Purchase/Installation [Iv]	2007	818		20	117	117	292	9
10	3Rd Floor Nurses Station [I]	2007	4,508		20	451	451	1,089	10
11	3Rd Floor Nurses Station [Ii]	2007	4,508		20	451	451	1,089	11
12	30 Yds Border And 56 Yds Wall Paper	2007	1,819		20			1,819	12
13	Hot Water Circulation Pump	2007	2,770		20	277	277	762	13
14	Demolish Parking Lot And Replace [I]	2007	2,363		20	236	236	551	14
15	Demolish Parking Lot And Replace [Ii]	2007	2,563		20	256	256	598	15
16	6 Table Tops; 10 Doors Refaced For Nsg Station	2007	4,260		20	426	426	959	16
17	Wallpaper Border	2007	2,058		20			2,058	17
18	Wallpaper	2007	394		20			394	18
19	Video Equip Purchase/Install	2007	553		20	79	79	178	19
20	Carpeting	2007	1,244		20	178	178	370	20
21	Cubicle Curtains	2007	5,446		20	545	545	1,361	21
22	6/7/05 Wood Products Co Return	2007	(2,510)		20	(251)	(251)	(523)	22
23	Annealed 1/8" Clear Glass	2008	611		20	61	61	117	23
24	Reface Hallway Doors; Cabinets & Desk Pt Office; Doors	2008	3,480		20	348	348	638	24
25	Heating/Cooling Plant	2008	2,835		20	283	283	472	25
26	Concrete Cutting & Installment Of Ramp	2008	8,000		20	800	800	1,200	26
27	Teledyne Laars Cooper Heat Exchanger	2008	2,869		20	287	287	406	27
28	Replaced Carpet	2008	1,491		20	149	149	211	28
29	Exhaust Ventilator	2008	1,383		20	138	138	208	29
30	Installed Furnished Tiles - Dinning Room	2008	3,482		20	348	348	464	30
31	Furnish & Install Dome Camera; Power Cable	2008	1,600		20	160	160	267	31
32	Cabinetry For Office And Reception Area; Front Windows	2008	14,300		20	1,430	1,430	1,788	32
33	Remove Old Tub; Install New Tub	2008	3,000		20	300	300	400	33
34	TOTAL (lines 1 thru 33)		\$ 837,625	\$ 189,807		\$ 62,408	\$ (127,399)	\$ 327,661	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 837,625	\$ 189,807		\$ 62,408	\$ (127,399)	\$ 327,661	1
2	New Duro Last Roofing System	2008	51,750		20	3,450	3,450	4,600	2
3	3Rd Flr Chair Rail, End Cap	2008	2,981		20	298	298	373	3
4	New Wallcovering	2008	16,698		20	1,670	1,670	2,087	4
5	Automatic Door Operating Equipment	2008	7,619		20	762	762	889	5
6	Pt Room And 4Th Floor Nursing Station Countertops; Reface Fro	2008	7,850		20	785	785	850	6
7	Pt Room Flooring; Build Office Space; Install Vinyl Plank Floorin	2008	8,790		20	879	879	952	7
8	Nathan Maple In Basement, 2Nd Floor, And Dining Room; Techn	2009	59,562		20	2,978	2,978	2,978	8
9	Cabinet Mail Box, Tv Stands, Servicing Units, Kitchen Counter At	2009	7,500		20	563	563	563	9
10	Heating And Air Conditioning System - Replacement	2009	15,320		20	958	958	958	10
11	Flooring Materials For 4Th Floor Corridor	2009	11,637		20	453	453	453	11
12	Additional Flooring Materials	2009	2,773		20	108	108	108	12
13	Light Fixtures, Lights Switches, Circuit Panel	2009	5,525		20	276	276	276	13
14	Resident Room Painting	2009	12,350		20	720	720	720	14
15	2Nd & 4Th Floor-Wall Covering, Cove Base, Handrails, Paint	2009	92,038		20	4,602	4,602	4,602	15
16	Removing Wallpaper And Painting Resident Rooms	2009	18,475		20	616	616	616	16
17	Pleated Shades And Faux Wood Blinds	2009	4,670		20	156	156	156	17
18	Tadiran Ipx500 Telephone System	2009	24,875		20	1,244	1,244	1,244	18
19	Tadiran Ipx500 Telephone System	2009	24,875		20	1,036	1,036	1,036	19
20	2Nd & 4Th Flr-Lights, Signage, Wallcovering, Cove Base, Paint	2009	118,364		20	4,932	4,932	4,932	20
21	Vct Tile And Installation	2009	4,020		20	67	67	67	21
22	Usa Satellite Camera	2009	2,626		20	63	63	63	22
23	Handrails, Bumpers, Corner Guards, Cove Base, Etc	2009	15,860		20	264	264	264	23
24	Custom Office Cabinetry	2009	13,150		20	73	73	73	24
25	Copper Finned Boiler	2009	10,765		20	75	75	75	25
26	Wallcovering For Basement Corridor, Business Office, Mgrs Offic	2009	13,958		20	1,163	1,163	1,163	26
27	Ceramic Flooring For Shower Room	2009	3,910		20	22	22	22	27
28	Chair Rail For 4Th Floor Resident Rooms	2009	6,803		20	57	57	57	28
29	Reface Front Lobby Doors& Window Ledges	2009	4,000		20	117	117	117	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,406,369	\$ 189,807		\$ 90,795	\$ (99,012)	\$ 357,955	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company Information								1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								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									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	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		\$	\$		\$	\$	\$
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (12F & 12G lines 1 thru 33)	\$	\$		\$	\$	\$

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	Related Party Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated from NuCare 7257 N. Lincoln Ave	2004	95,771	2,456	35	2,736	280	16,760	3
4	Allocated from Clinical Consulting Services	2004	5,321	136	35	152	16	931	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from NuCare	2003	866	29	20	43	14	265	9
10	Allocated from NuCare	2004	17,573	585	20	880	295	5,023	10
11	Allocated from NuCare	2005	1,042	35	20	52	17	253	11
12	Allocated from NuCare	2006	1,413	47	20	71	24	238	12
13	Allocated from NuCare	2008	1,489	50	20	74	24	94	13
14	Allocated from NuCare	2009	524	17	20	9	(8)	9	14
15	Allocated from NuCare 7257 N. Lincoln Ave	2004	1,903	110	20	95	(15)	524	15
16	Allocated from NuCare 7257 N. Lincoln Ave	2005	8,731	691	20	563	(128)	2,429	16
17	Allocated from Clinical Consulting Services	2004	106	6	20	5	(1)	29	17
18	Allocated from Clinical Consulting Services	2005	485	38	20	31	(7)	135	18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building 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	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (12H & 12I lines 1 thru 33)	\$ 135,224	\$ 4,200		\$ 4,711	\$ 511	\$ 26,690	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning:

01/01/09

Ending:

12/31/09

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	\$ 671,443	\$ 3,565	\$ 76,928	\$ 73,363	10	\$ 475,270	71
72	Current Year Purchases	177,320	1,479	17,709	16,230	10	17,709	72
73	Fully Depreciated Assets	137,612		568	568	10	137,612	73
74								74
75	TOTALS	\$ 986,375	\$ 5,044	\$ 95,205	\$ 90,161		\$ 630,591	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)	\$ 2,403,976	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 194,851	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 186,000	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (8,851)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 988,546	85

**

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

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

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions. YES NO

	1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building: <u>1998</u>	<u>248</u>		\$ <u>1,830,603</u>			3
4	Additions						4
5	<u>Parking Rent</u>			<u>3,720</u>			5
6	<u>Alloc from NuCare</u>			<u>454</u>			6
7	TOTAL	248		\$ <u>1,834,777</u>			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____*

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 33,048 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning _____
Ending _____

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

Fiscal Year Ending Annual Rent

12. _____/2009 \$ _____
13. _____/2010 \$ _____
14. _____/2011 \$ _____

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		Contract	Total
		1 Drop-outs	2 Completed		
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	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)					
			Units	Cost			Units	Cost								
1	Licensed Occupational Therapist	39 - 03	hrs	\$				\$	409,134	\$			\$	409,134	1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs						158,238					158,238	2	
3	Licensed Recreational Therapist		hrs												3	
4	Licensed Physical Therapist	39 - 03	hrs						378,745					378,745	4	
5	Physician Care		visits												5	
6	Dental Care		visits												6	
7	Work Related Program		hrs												7	
8	Habilitation		hrs												8	
9	Pharmacy	39 - 02	# of prescrpts							488,350				488,350	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs												10	
11	Academic Education		hrs												11	
12	Other (specify):														12	
13	Other (specify): <u>See Supplemental</u>				12,907				36,345	128,763				178,015	13	
14	TOTAL			\$	12,907			\$	982,462	\$	617,113		\$	1,612,482	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

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/09**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 4,401	\$	1
2	Cash-Patient Deposits	3,720		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,595,090		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	137,693		6
7	Other Prepaid Expenses	192,366		7
8	Accounts Receivable (owners or related parties)	14,977,362		8
9	Other(specify): <u>See Attached Schedule</u>	1,001,518		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 18,912,150	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	1,901,410		15
16	Equipment, at Historical Cost	939,904		16
17	Accumulated Depreciation (book methods)	(1,494,634)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	43,469		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,390,149	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 20,302,299	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,473,843	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	483,453		30
31	Accrued Taxes Payable (excluding real estate taxes)	37,205		31
32	Accrued Real Estate Taxes(Sch.IX-B)	354,214		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes	455		35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	14,594,676		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 16,943,846	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Attached Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 16,943,846	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,358,453	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 20,302,299	\$	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,268,632	1
2	Restatements (describe):		2
3	Medicare Bad Debt	8,101	3
4	Additional Paid In Capital	488	4
5	Common Stock	12	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,277,233	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	681,220	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	(600,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 81,220	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 3,358,453	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore

0042085

Report Period Beginning: 01/01/09

Ending: 12/31/09

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,676,076	1
2	Discounts and Allowances for all Levels	62,902	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,738,978	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,495,083	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,495,083	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	954,801	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	88,269	19
20	Radiology and X-Ray	8,212	20
21	Other Medical Services	134,365	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,185,647	23
D. Non-Operating Revenue			
24	Contributions	20	24
25	Interest and Other Investment Income***	12,326	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 12,346	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	26,717	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 26,717	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,458,771	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,138,964	31
32	Health Care	5,714,332	32
33	General Administration	4,658,198	33
B. Capital Expense			
34	Ownership	2,392,952	34
C. Ancillary Expense			
35	Special Cost Centers	1,737,325	35
36	Provider Participation Fee	135,780	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,777,551	40
41	Income before Income Taxes (line 30 minus line 40)**	681,220	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 681,220	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 **The Renaissance at South Shore**

0042085

Report Period Beginning:

01/01/09

Ending:

12/31/09

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,921	2,086	\$ 96,994	\$ 46.50	1
2	Assistant Director of Nursing	2,061	2,308	83,863	36.34	2
3	Registered Nurses	34,669	38,781	1,092,854	28.18	3
4	Licensed Practical Nurses	54,934	60,969	1,448,527	23.76	4
5	CNAs & Orderlies	159,411	176,207	1,789,540	10.16	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	17,985	19,949	217,446	10.90	8
9	Activity Director	3,894	4,335	75,348	17.38	9
10	Activity Assistants	13,466	15,606	162,756	10.43	10
11	Social Service Workers	10,144	11,391	199,230	17.49	11
12	Dietician	3,329	3,613	68,880	19.06	12
13	Food Service Supervisor					13
14	Head Cook	7,500	8,371	111,101	13.27	14
15	Cook Helpers/Assistants	23,792	26,183	251,969	9.62	15
16	Dishwashers					16
17	Maintenance Workers	6,540	6,979	125,765	18.02	17
18	Housekeepers	23,383	25,881	254,407	9.83	18
19	Laundry	13,562	15,179	157,168	10.35	19
20	Administrator	1,925	2,086	150,020	71.92	20
21	Assistant Administrator	1,272	1,303	45,740	35.10	21
22	Other Administrative	395	395	24,101	61.02	22
23	Office Manager					23
24	Clerical	16,388	17,808	333,002	18.70	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	2,679	2,869	80,422	28.03	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	8,681	9,038	188,635	20.87	33
34	TOTAL (lines 1 - 33)	407,931	451,337	\$ 6,957,768 *	\$ 15.42	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	270	\$ 12,648	01-03	35
36	Medical Director	Monthly	27,200	09-03	36
37	Medical Records Consultant	48	2,968	10-03	37
38	Nurse Consultant	350	6,789	10-03	38
39	Pharmacist Consultant	Monthly	4,098	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	28	1,540	11-03	44
45	Social Service Consultant	12	672	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	708	\$ 55,915		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. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Schechter, David	Administrator	0	\$ 150,020	Workers' Compensation Insurance	\$ 201,084	IDPH License Fee	\$ 2,095	
Fitzgerald, Brent	Assist. Admin.	0	45,740	Unemployment Compensation Insurance	87,926	Advertising: Employee Recruitment	30,249	
Brander, Kathleen	Dir of Regulatory Mgmt	0	7,456	FICA Taxes	507,574	Health Care Worker Background Check		
Flaherty, Marilyn	Dir of MC Reimb	0	16,646	Employee Health Insurance	276,037	(Indicate # of checks performed <u>64</u>)	640	
				Employee Meals	24,236	Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		<u>IL Council on LTC</u>	11,244	
				<u>Union Pension</u>	26,173	<u>IL Association of HC Facilities</u>	2,976	
				<u>Dental Insurance</u>	5,306	<u>Dues and Subscriptions</u>	2,533	
				<u>City Payroll Tax</u>	12,185	<u>Licenses and Fees</u>	6,136	
				<u>Other Employee Benefits</u>	46,372	<u>See Supplemental Schedule</u>	1,126	
						Less: <u>Public Relations Expense</u>	()	
						<u>Non-allowable advertising</u>	()	
						<u>Yellow page advertising</u>	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 219,862	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,186,893	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 56,999	
(List each licensed administrator separately.)								
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
<u>JLR Management-Management Fees</u>			\$ 161,000				Out-of-State Travel	\$
<u>Nucare Service Corporation-Administrative Fee</u>			726,473					
<u>CCS - Administrative Fee</u>			59,827				In-State Travel	
<u>See Supplemental Schedule</u>			163,338					
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,110,638				Seminar Expense	3,815
(Attach a copy of any management service agreement)							<u>Allocated from NuCare</u>	627
							<u>Allocated from Clinical Consulting Services</u>	158
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
				TOTAL		\$	TOTAL	\$ 4,600
C. Professional Services								
Vendor/Payee	Type		Amount					
<u>Frost, Ruttenberg & Rothblatt</u>	<u>Accounting</u>		\$ 23,793					
<u>CDW Computers</u>	<u>Computer Services</u>		4,665					
<u>Emdeon Business Solution</u>	<u>Computer Services</u>		987					
<u>Giftwrap</u>	<u>Computer Services</u>		9,212					
<u>HDSI</u>	<u>Computer Services</u>		8,283					
<u>MDI Achieve</u>	<u>Computer Services</u>		2,013					
<u>PSD Solution</u>	<u>Computer Services</u>		11,117					
<u>Transworld Systems</u>	<u>Computer Services</u>		1,122					
<u>Personnel Planners</u>	<u>Unemployment Consultants</u>		3,374					
<u>Documentation Solutions</u>	<u>Reimb Consulting</u>		8,100					
<u>Michelle Ratcliff</u>	<u>REAC Consulting</u>		700					
<u>See Supplemental Schedule</u>			76,860					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 150,226					
(If total legal fees exceed \$5,000, attach copy of invoices.)								

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

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

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
FY2006					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Renaissance at South Shore# 0042085

Report Period Beginning:

01/01/09

Ending:

12/31/09**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. LILCLTC \$11,244
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 11,502 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 135,780
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 24,236 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% in 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?
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.