

Facility Name & ID Number Renaissance Park South

0049098 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	300	Skilled (SNF)	300	109,500	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	300	TOTALS	300	109,500	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5	
		3 Medicaid Recipient	Private Pay	4 Other	Total		
8	SNF	53,375	2,333	11,850	67,558	8	
9	SNF/PED					9	
10	ICF	15,587	287	2,468	18,342	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	68,962	2,620	14,318	85,900	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.45%

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

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

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

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

YES NO

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

Date started 05/01/1976

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

YES Date _____ NO

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

YES NO If YES, enter number of beds certified 300 and days of care provided 10,406

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2009 Fiscal Year: 12/31/2009

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

Facility Name & ID Number Renaissance Park South # 0049098 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	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	375,376	92,572	13,455	481,403		481,403		481,403		1
2	Food Purchase		424,982		424,982	(35,825)	389,157	(130)	389,028		2
3	Housekeeping		50,071	524,310	574,381		574,381		574,381		3
4	Laundry		16,347		16,347		16,347		16,347		4
5	Heat and Other Utilities			260,449	260,449		260,449	3,090	263,539		5
6	Maintenance	102,274	81,204	255,947	439,425		439,425	(10,863)	428,562		6
7	Other (specify):*										7
8	TOTAL General Services	477,650	665,176	1,054,161	2,196,987	(35,825)	2,161,162	(7,903)	2,153,260		8
	B. Health Care and Programs										
9	Medical Director			36,000	36,000		36,000		36,000		9
10	Nursing and Medical Records	4,343,124	349,646	47,923	4,740,693		4,740,693	2,621	4,743,314		10
10a	Therapy	244,312		2,674	246,986		246,986		246,986		10a
11	Activities	135,191	22,421	3,335	160,947		160,947		160,947		11
12	Social Services	86,050		1,682	87,732		87,732		87,732		12
13	CNA Training										13
14	Program Transportation			1,227	1,227		1,227		1,227		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,808,677	372,067	92,841	5,273,585		5,273,585	2,621	5,276,206		16
	C. General Administration										
17	Administrative	127,886		600,000	727,886		727,886	(576,758)	151,128		17
18	Directors Fees										18
19	Professional Services			233,193	233,193	(55,674)	177,519	(53,836)	123,683		19
20	Dues, Fees, Subscriptions & Promotions			193,557	193,557		193,557	(141,660)	51,897		20
21	Clerical & General Office Expenses	265,351	68,263	276,666	610,280		610,280	5,526	615,806		21
22	Employee Benefits & Payroll Taxes			1,095,631	1,095,631	35,825	1,131,456		1,131,456		22
23	Inservice Training & Education			776	776		776		776		23
24	Travel and Seminar			7,676	7,676		7,676	(1,187)	6,489		24
25	Other Admin. Staff Transportation			754	754		754	1,387	2,141		25
26	Insurance-Prop.Liab.Malpractice			358,160	358,160		358,160	56,396	414,556		26
27	Other (specify):*							52,793	52,793		27
28	TOTAL General Administration	393,237	68,263	2,766,413	3,227,913	(19,849)	3,208,064	(657,338)	2,550,726		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,679,564	1,105,506	3,913,415	10,698,485	(55,674)	10,642,811	(662,619)	9,980,192		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

Renaissance Park South

#0049098

Report Period Beginning:

01/01/09

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			299,274	299,274		299,274	487,833	787,107			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			208,461	208,461		208,461	417,278	625,739			32
33	Real Estate Taxes					55,674	55,674	341,162	396,836			33
34	Rent-Facility & Grounds			1,053,896	1,053,896		1,053,896	(1,050,146)	3,750			34
35	Rent-Equipment & Vehicles			38,007	38,007		38,007	4,722	42,729			35
36	Other (specify):*											36
37	TOTAL Ownership			1,599,638	1,599,638	55,674	1,655,312	200,850	1,856,162			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	14,833	516,038	902,435	1,433,306		1,433,306		1,433,306			39
40	Barber and Beauty Shops	3,505			3,505		3,505		3,505			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			164,250	164,250		164,250		164,250			42
43	Other (specify):*	264,484			264,484		264,484	(264,484)				43
44	TOTAL Special Cost Centers	282,822	516,038	1,066,685	1,865,545		1,865,545	(264,484)	1,601,061			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,962,386	1,621,544	6,579,738	14,163,668		14,163,668	(726,253)	13,437,415			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	(10,350)	06		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	315,057	30		9
10	Interest and Other Investment Income	(5,862)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(130)	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	(15,992)	20		18
19	Entertainment	(2,527)	24		19
20	Contributions	(23,120)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(173,885)	21		24
25	Fund Raising, Advertising and Promotional	(93,769)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(493,894)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (504,472)		\$	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)	(221,781)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (221,781)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (726,253)		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

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

Renaissance Park South

ID# 0049098

Report Period Beginning: 01/01/09

Ending: 12/31/09

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Veterans Expense	\$ (10,465)	10	1
2	Patient Needs	(7,405)	10	2
3	Patient Clothing	(9,498)	10	3
4	Bank Charges	(26,324)	21	4
5	Sale of Assets	(65,545)	30	5
6	Medical Records Copy Income	(542)	10	6
7	Jury Duty	(120)	10	7
8	Marketing Salaries	(137,597)	43	8
9	Guest Services Salary	(126,887)	43	9
10	Debt Collections	(750)	19	10
11	Non-allowable Legal Fees	(43,604)	19	11
12	Annual Report	(275)	20	12
13	Additional R & M	9,308	06	13
14	Capitalize R&M	(20,156)	06	14
15	2009 Seminar Adj on Prior CR	391	24	15
16	Administrative Fees- Quest	(18,900)	17	16
17	2008 Legal Fees	(13,230)	19	17
18	COPE Dues	(9,866)	20	18
19	Marketing Travel	(26)	25	19
20				20
21				21
22				22
23	Building Co:			23
24	Professional Fees	(8,965)	19	24
25	Trust Feese	(350)	21	25
26	Amortization	(3,038)	36	26
27	Office Expense	(50)	21	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	(493,894)		49

Renaissance Park South

ID# 0049098

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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 Renaissance Park South

0049098

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	(130)											(130)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities			3,090									3,090	5
6	Maintenance	(21,198)		10,335									(10,863)	6
7	Other (specify):*													7
8	TOTAL General Services	(21,328)		13,425									(7,903)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(28,030)			30,651								2,621	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(28,030)			30,651								2,621	16
	C. General Administration													
17	Administrative	(18,900)		(506,258)	(51,600)								(576,758)	17
18	Directors Fees													18
19	Professional Services	(66,549)	8,965	3,410	338								(53,836)	19
20	Fees, Subscriptions & Promotions	(143,022)		1,207	155								(141,660)	20
21	Clerical & General Office Expenses	(200,609)	400	186,070	19,666								5,526	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(2,136)		759	191								(1,187)	24
25	Other Admin. Staff Transportation	(26)		742	671								1,387	25
26	Insurance-Prop.Liab.Malpractice		53,458	2,938									56,396	26
27	Other (specify):*			44,856	7,937								52,793	27
28	TOTAL General Administration	(431,242)	62,823	(266,276)	(22,643)								(657,338)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(480,600)	62,823	(252,851)	8,009								(662,619)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Renaissance Park South

0049098

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	249,512	227,139	10,964	219								487,833	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(5,862)	416,324	6,457	359								417,278	32
33	Real Estate Taxes		331,319	9,843									341,162	33
34	Rent-Facility & Grounds		(1,050,695)	549									(1,050,146)	34
35	Rent-Equipment & Vehicles			4,722									4,722	35
36	Other (specify):*	(3,038)	3,038											36
37	TOTAL Ownership	240,612	(72,875)	32,536	578								200,850	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):*	(264,484)											(264,484)	43
44	TOTAL Special Cost Centers	(264,484)											(264,484)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(504,472)	(10,052)	(220,316)	8,586								(726,253)	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		
				Halsted Associates Limited Partnership		Building Co.

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,050,695	Halsted Associates Limited Partnership	100.00%	\$	\$ (1,050,695)	1
2	V	32 Interest Income	347	Halsted Associates Limited Partnership	100.00%		(347)	2
3	V	26 Insurance Expense		Halsted Associates Limited Partnership	100.00%	53,458	53,458	3
4	V	19 Professional Fees		Halsted Associates Limited Partnership	100.00%	8,965	8,965	4
5	V	21 Trust Fees		Halsted Associates Limited Partnership	100.00%	350	350	5
6	V	32 Mortgage Interest		Halsted Associates Limited Partnership	100.00%	416,671	416,671	6
7	V	33 Real Estate Taxes		Halsted Associates Limited Partnership	100.00%	331,319	331,319	7
8	V	30 Depreciation		Halsted Associates Limited Partnership	100.00%	227,139	227,139	8
9	V	36 Amortization of Loan Costs		Halsted Associates Limited Partnership	100.00%	3,038	3,038	9
10	V	21 Office Expense		Halsted Associates Limited Partnership	100.00%	50	50	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,051,042			\$ 1,040,990	\$ * (10,052)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 3,090	\$	3,090	15
16	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	10,335		10,335	16
17	V	17 ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	23,242		23,242	17
18	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	3,410		3,410	18
19	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	1,207		1,207	19
20	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	186,070		186,070	20
21	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	759		759	21
22	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	742		742	22
23	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	2,938		2,938	23
24	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	44,856		44,856	24
25	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	10,964		10,964	25
26	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	6,457		6,457	26
27	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	9,843		9,843	27
28	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	549		549	28
29	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	4,722		4,722	29
30	V								30
31	V	17 ADMINISTRATIVE FEES	529,500	NUCARE SERVICES CORP.	100.00%			(529,500)	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 529,500			\$ 309,184	\$ *	(220,316)	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	10 CLINICAL SALARIES	\$	CLINICAL CONSULTING SERVICES, LLC	100.00%	\$ 30,651	\$ 30,651	15
16	V	19 PROFESSIONAL FEES				338	338	16
17	V	20 DUES, LICENSE & INSPECTION				155	155	17
18	V	21 OFFICE WAGES				18,443	18,443	18
19	V	21 OFFICE EXPENSE				1,223	1,223	19
20	V	24 CONTINUING EDUCATION / SEMINAR				191	191	20
21	V	25 AUTO EXPENSE				671	671	21
22	V	27 PAYROLL TAXES				3,407	3,407	22
23	V	27 OTHER EMPLOYEE BENEFITS				4,530	4,530	23
24	V	30 DEPRECIATION				219	219	24
25	V	32 INTEREST				359	359	25
26	V							26
27	V	17 ADMINISTRATIVE FEES	51,600	CLINICAL CONSULTING SERVICES, LLC			(51,600)	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		\$ 51,600			\$ 60,186	\$ * 8,586	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22 Workers Compensation	\$ 178,838	Diamond Insurance		\$ 178,838	\$	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		\$ 178,838			\$ 178,838	\$ *	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: 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.

Facility Name & ID Number

Renaissance Park South

#

0049098

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	Shareholder	Administrative	10.00%	See Attached	3.58	8.95%		\$	17-7	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 Renaissance Park South

0049098

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 Renaissance Park South

0049098

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	\$ 109,500	\$ 3,090	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	1,224,940	13	115,610	109,500	10,335	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	1,224,940	13	260,001	260,001	23,242	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,224,940	13	38,148	109,500	3,410	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,224,940	13	13,506	109,500	1,207	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	1,224,940	13	2,081,498	1,811,576	186,070	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,224,940	13	8,486	109,500	759	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	1,224,940	13	8,304	109,500	742	8
9	26	INSURANCE	AVAIL. CENSUS DAYS	1,224,940	13	32,870	109,500	2,938	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	1,224,940	13	501,784	109,500	44,856	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,224,940	13	122,648	109,500	10,964	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,224,940	13	72,233	109,500	6,457	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,224,940	13	110,113	109,500	9,843	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,224,940	13	6,145	109,500	549	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,224,940	13	52,826	109,500	4,722	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	\$ 309,184	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

0049098

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	109,500	\$ 30,651	1
2	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 1,224,940	13	3,780		109,500	338	2
3	20	DUES, LICENSE & INSPECTIO	AVAIL. CENSUS DAYS 1,224,940	13	1,732		109,500	155	3
4	21	OFFICE WAGES	AVAIL. CENSUS DAYS 1,224,940	13	206,311	206,311	109,500	18,443	4
5	21	OFFICE EXPENSE	AVAIL. CENSUS DAYS 1,224,940	13	13,685		109,500	1,223	5
6	24	CONTINUING EDUCATION / ST	AVAIL. CENSUS DAYS 1,224,940	13	2,134		109,500	191	6
7	25	AUTO EXPENSE	AVAIL. CENSUS DAYS 1,224,940	13	7,503		109,500	671	7
8	27	PAYROLL TAXES	AVAIL. CENSUS DAYS 1,224,940	13	38,113		109,500	3,407	8
9	27	OTHER EMPLOYEE BENEFITS	AVAIL. CENSUS DAYS 1,224,940	13	50,678		109,500	4,530	9
10	30	DEPRECIATION	AVAIL. CENSUS DAYS 1,224,940	13	2,448		109,500	219	10
11	32	INTEREST	AVAIL. CENSUS DAYS 1,224,940	13	4,013		109,500	359	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		\$ 60,187	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

0049098

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Diamond Insurance

Street Address

40 Skokie Blvd, Suite 105

City / State / Zip Code

Northbrook, IL 60062

Phone Number

(847) 559-1002

Fax Number

()

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.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct Allocation		\$	\$		\$ 178,838	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				\$	\$		\$ 178,838	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

0049098

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 Renaissance Park South

0049098

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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.

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

0049098

Report Period Beginning:

01/01/09

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 Renaissance Park South

0049098

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 Renaissance Park South

0049098

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 Renaissance Park South

0049098

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

Renaissance Park South

0049098

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	Cambridge		X	Mortgage	\$43,906.00	07/01/03	\$ 8,276,700	\$ 7,665,335	07/01/2038	0.0350	\$ 416,671	1								
2												2								
3												3								
4												4								
5	See Supplemental Schedule											5								
	Working Capital																			
6	Bank Leumi		X	Line of Credit		07/01/07		3,239,582			208,461	6								
7	Allocated from NuCare		X								6,457	7								
8	See Supplemental Schedule											8								
9	TOTAL Facility Related				\$43,906.00		\$ 8,276,700	\$ 10,904,917			\$ 631,589	9								
	B. Non-Facility Related*																			
10	Interest Income		X								(5,862)	10								
11	Interest Income- Bldg. Co.		X								(347)	11								
12	Allocated from CCS		X								359	12								
13	See Supplemental Schedule											13								
14	TOTAL Non-Facility Related						\$	\$			\$ (5,850)	14								
15	TOTALS (line 9+line14)						\$ 8,276,700	\$ 10,904,917			\$ 625,739	15								

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

Renaissance Park South

0049098

Report Period Beginning:

01/01/09

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										
										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 Renaissance Park South

0049098 Report Period Beginning:

01/01/09 Ending:

12/31/09

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	Facility			\$ 855,000	1
2	Allocated From 7257 N. Lincoln Ave.		2004	13,587	2
3	TOTALS			\$ 868,587	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		1978	750		20			750	9
10	Various		1979	12,807		20			12,749	10
11	Various		1980	35,915		20			35,915	11
12	Various		1981	13,910		20			13,910	12
13	Various		1982	8,814		20			8,814	13
14	Various		1983	12,936		20			12,936	14
15	Various		1984	20,560		20			20,560	15
16	Various		1985	18,883		20			18,874	16
17	Various		1986	2,456		20			2,456	17
18	Various		1987	4,000		20	127	127	2,845	18
19	Various		1988	82,596		20	2,621	2,621	55,631	19
20	Various		1989	1,225		20	39	39	794	20
21	Various		1990	91,597		20	3,783	3,783	67,719	21
22	Various		1993	53,620		20	2,679	2,679	47,284	22
23	Various		1995	137,949		20	6,734	6,734	100,041	23
24	Various		1996	519,100		20	26,907	26,907	359,406	24
25	Various		1997	76,548		20	3,750	3,750	48,775	25
26	Various		1998	77,488		20	3,875	3,875	44,610	26
27	Various		1999	278,572		20	13,932	13,932	150,895	27
28	Various		2000	48,393		20	2,248	2,248	21,766	28
29	Various		2001	97,460		20	4,936	4,936	41,002	29
30	Various		2002	25,280		20	2,390	2,390	20,442	30
31	Various		2003	461,688		20	38,790	38,790	254,840	31
32	Various		2004	62,146		20	4,497	4,497	47,931	32
33	Various		2005	94,135		20	13,321	13,321	74,569	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)	8,049,785	207,571		402,490	194,919	6,178,058	67
68	Related Party Allocations (Pages 12H & 12I)	163,574	5,080		5,700	620	32,284	68
69	Financial Statement Depreciation		233,729			(233,729)		69
70	TOTAL (lines 4 thru 69)	\$ 10,452,187	\$ 446,380		\$ 538,819	\$ 92,439	\$ 7,675,856	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance Park South

0049098

Report Period Beginning:

01/01/09

Ending:

12/31/09

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		\$ 10,452,187	\$ 446,380		\$ 538,819	\$ 92,439	\$ 7,675,856	1
2	Installing 58 Outlets	2006	15,000		20	1,500	1,500	5,250	2
3	Gerber Toilet And Tank	2006	1,700		20	340	340	1,360	3
4	New Rooftop Exhaust Fan	2006	2,124		20	425	425	1,522	4
5	Wallpaper Lounge And Resident Rooms	2006	4,033		20	807	807	3,092	5
6	Carpeting	2006	1,836		20	184	184	689	6
7	Pinch Pleated Draperies	2006	1,913		20	383	383	1,339	7
8	Elevator Shaft Smoke Detector And Recalls	2006	11,890		20	1,189	1,189	3,963	8
9	Sprinkler System Head Replacements	2006	11,766		20	1,177	1,177	3,922	9
10	Central Ac Unit Repair	2006	4,108		20	822	822	2,944	10
11	Chiller Repair	2006	5,237		20	1,047	1,047	3,666	11
12	2 Motorized Smoke Dampers	2006	1,400		20	280	280	980	12
13	40 Ton Chiller Replacement	2006	39,020		20	7,804	7,804	27,314	13
14	Emergency Work 2 Boilers Out	2006	6,233		20	1,247	1,247	4,883	14
15	Switches	2006	2,430		20	486	486	1,822	15
16	Perimeter Heating Pump Replacement	2006	3,635		20	727	727	2,726	16
17	Concrete Handicap Ramp	2006	1,800		20	180	180	630	17
18	Telephone System	2007	840		20	84	84	252	18
19	Headend & Cable Hardware	2007	11,000		20	2,200	2,200	6,417	19
20	Unibody Valve	2007	5,225		20	261	261	740	20
21	Water Boiler	2007	8,426		20	702	702	1,931	21
22	Exhaust Fan	2007	1,465		20	293	293	781	22
23	Satellite America Security Camera	2007	12,375		20	1,768	1,768	4,420	23
24	Keypads; Tv'S; Cameras	2007	5,460		20	1,092	1,092	2,639	24
25	Electric Booster Heater	2007	3,234		20	162	162	404	25
26	Roof Replacement	2007	54,250		20	2,713	2,713	6,555	26
27	Extend Fire Escape Stairway Railing With Iron Tubes And Weld	2007	3,500		20	175	175	423	27
28	Painting Job	2007	20,000		20	1,000	1,000	2,417	28
29	Wiring Installation For 3Rd Floor - Keypads; Tvs; Cameras; Arm	2007	9,505		20	475	475	1,149	29
30	Cameras; Buzzer; Dvr; Tv Monitor; Power Supply	2007	3,215		20	161	161	388	30
31	Furnish/Install Keypads	2007	11,220		20	561	561	1,356	31
32	Electrical Outlets	2007	1,280		20	64	64	149	32
33	Central Processor	2007	4,330		20	217	217	505	33
34	TOTAL (lines 1 thru 33)		\$ 10,721,637	\$ 446,380		\$ 569,345	\$ 122,965	\$ 7,772,484	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance Park South

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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		\$ 10,721,637	\$ 446,380		\$ 569,345	\$ 122,965	\$ 7,772,484	1
2	Wanderguard System	2007	5,502		20	786	786	1,703	2
3	3Rd Floor Bathroom Renovation	2007	9,800		20	490	490	1,103	3
4	3Rd Floor Bathroom Renovation	2007	2,626		20	131	131	295	4
5	2 Security Cameras	2007	700		20	100	100	225	5
6	3 Security Cameras	2007	1,050		20	150	150	338	6
7	Wiring	2007	1,280		20	64	64	144	7
8	Evap Cooler Water Supply	2007	3,661		20	183	183	458	8
9	Roof	2007	62,350		20	3,118	3,118	6,755	9
10	Landscaping	2007	22,780		20	2,278	2,278	5,885	10
11	Roof	2007	2,500		20	250	250	750	11
12	Bathroom Repairs	2007	2,700		20	270	270	765	12
13	Doors	2007	4,598		20	460	460	1,188	13
14	Painting	2007	6,684		20	668	668	1,615	14
15	Painting	2007	13,195		20	1,320	1,320	2,969	15
16	Closets, Nurses Stations, Kitchen Cabinets	2007	82,750		20	8,275	8,275	17,240	16
17	Sign - Polycarbonate Sheeting W/ Logo	2008	3,847		20	256	256	492	17
18	North Wing Resident Bedroom	2008	6,684		20	334	334	668	18
19	New Cameras Installation	2008	3,600		20	180	180	360	19
20	Canopy Signage	2008	2,626		20	131	131	252	20
21	Windows & Doors	2008	5,500		20	275	275	458	21
22	Cameras & Wires; Dvr	2008	4,300		20	215	215	358	22
23	Relocate Dvr/Extending Wiring And Installing	2008	2,250		20	113	113	188	23
24	Paint Windows; Doors; Air Conditioners	2008	1,800		20	90	90	143	24
25	Parking Lot, Canopy, Canvas, Signage, Curtains	2008	9,353		20	468	468	701	25
26	Scraping & Painting Windows	2008	1,750		20	88	88	131	26
27	Sprinkler System Repair	2008	3,475		20	174	174	275	27
28	Spilt Condensing Unit For Air Conditioner	2008	1,568		20	78	78	118	28
29	Installation Of Equipment, Discrete Rxvr Control Unit, Keypad	2008	2,055		20	103	103	180	29
30	Door Closer; Spines Hinges; Passage Leversets	2008	3,066		20	153	153	243	30
31	Smoke Detectors	2008	7,457		20	1,065	1,065	1,598	31
32	Maintenance For Various Jobs	2008	3,049		20	152	152	216	32
33	Recessed Cans; Outlets; Extensions Cords	2008	1,170		20	59	59	78	33
34	TOTAL (lines 1 thru 33)		\$ 11,007,363	\$ 446,380		\$ 591,822	\$ 145,442	\$ 7,820,376	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance Park South

0049098

Report Period Beginning:

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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		\$ 11,007,363	\$ 446,380		\$ 591,822	\$ 145,442	\$ 7,820,376	1
2	1St And 2Nd Floor And Lobby 109 Doors Refinished	2008	13,625		20	681	681	1,022	2
3	2 Cameras And Labor	2008	1,120		20	56	56	79	3
4	Repair And Replace Lexan Panels For Sign	2008	3,235		20	324	324	458	4
5	North Wing Resident Bathroom Renovation	2008	13,195		20	660	660	1,320	5
6	Door Resurface	2008	15,200		20	760	760	1,140	6
7	Closets, Nurses Station, Countertops	2008	102,150		20	5,108	5,108	10,215	7
8	Chair Rail, Patch Walls	2008	13,650		20	683	683	1,081	8
9	Econocare-32307: Wallcovering/Window Treatment/Handrails/Fl	2008	282,897		20	14,145	14,145	23,575	9
10	Econocare-31878: Wallcovering/Light Fixtures/Flooring/Walls...	2008	171,068		20	8,553	8,553	15,681	10
11	Econocare-32415: Flooring/Walls/Window Treatments/Millwork/S	2008	153,880		20	7,694	7,694	12,182	11
12	Econocare - 32958	2008	(553)		20	(28)	(28)	(39)	12
13	Econocare - 32959 (Adjustment)	2008	(10,000)		20	(500)	(500)	(708)	13
14	Wall A/C	2009	8,147		20	288	288	288	14
15	Tadiran Ipx500 Telephone System	2009	59,950		20	1,998	1,998	1,998	15
16	14 Roof Exhaust Fans	2009	9,672		20	484	484	484	16
17	Volt Line For Heater; Heater; Lighting In Conference Room	2009	2,940		20	135	135	135	17
18	Kitchen Tiles Repair	2009	7,750		20	431	431	431	18
19	Econocare - Doors, Ceiling Tile, Light Fixtures	2009	42,621		20	1,598	1,598	1,598	19
20	Motorized Door Opener	2009	3,309		20	138	138	138	20
21	Door Monitor Panels; Indoor Doorguard; Dome Cameras; Weath	2009	10,692		20	1,146	1,146	1,146	21
22	Replaced Valves In Refrigerator	2009	3,021		20	252	252	252	22
23	Rewiring Cables At South Stairwell	2009	3,150		20	263	263	263	23
24	20 Amps Circuit Breakers	2009	3,270		20	82	82	82	24
25	Common Signage	2009	5,967		20	459	459	459	25
26	Compressor Work	2009	10,918		20	43	43	43	26
27	Electrical Work	2009	3,230		20	13	13	13	27
28	Carpeting, Walls, Tiles, Light Fixtures	2009	68,720		20	3,436	3,436	3,436	28
29	Boiler Repair	2009	12,208		20	610	610	610	29
30	Outlets And Light Fixtures	2009	8,733		20	437	437	437	30
31	Actuator, Valves	2009	2,818		20	141	141	141	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,033,946	\$ 446,380		\$ 641,912	\$ 195,532	\$ 7,898,336	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		\$ 12,033,946	\$ 446,380		\$ 641,912	\$ 195,532	\$ 7,898,336	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 12,033,946	\$ 446,380		\$ 641,912	\$ 195,532	\$ 7,898,336	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		1976	7,334,294		39	366,715	366,715	5,836,880	3
4		1994	554,636		39	27,732	27,732	246,858	4
5		1994	3,020		39	151	151	1,335	5
6		1994	106,949		39	5,347	5,347	48,741	6
7									7
8	Leasehold Improvements:								8
9	Landscaping	1994	25,996		20	1,300	1,300	25,478	9
10	Sprinkler System	1994	8,900		20	445	445	8,722	10
11	Sign- Awning	1994	9,474		20	474	474	9,663	11
12	Repair Hot Water System Causing Flood	2008	3,256		20	163	163	204	12
13	Installation of 240 Volt Line for Hall Heater; Removed & Replace	2008	3,260		20	163	163	177	13
14									14
15	Depreciation			207,571			(207,571)		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.

Facility Name & ID Number Renaissance Park South

0049098

Report Period Beginning:

01/01/09

Ending:

12/31/09

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 (12F & 12G lines 1 thru 33)	\$ 8,049,785	\$ 207,571		\$ 402,490	\$ 194,919	\$ 6,178,058	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Related Party Information		\$	\$		\$	\$		1
2	Buildings:								2
3	Allocated from 7257 N. Lincoln Ave, LLC	2004	115,852	2,970	35	3,310	340	20,274	3
4	Allocated from Clinical Consulting Services	2004	6,436	165	35	184	19	1,126	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from 7257 N. Lincoln Ave, LLC	2005	10,561	836	20	682	(154)	2,938	9
10	Allocated from 7257 N. Lincoln Ave, LLC	2004	2,302	133	20	115	(18)	633	10
11									11
12	Allocated from Clinical Consulting Services	2005	587	46	20	38	(8)	163	12
13	Allocated from Clinical Consulting Services	2004	128	7	20	6	(1)	35	13
14									14
15	Allocated from NuCare Services Corp	2003	1,047	35	20	52	17	321	15
16	Allocated from NuCare Services Corp	2004	21,258	708	20	1,064	356	6,076	16
17	Allocated from NuCare Services Corp	2005	1,260	42	20	63	21	306	17
18	Allocated from NuCare Services Corp	2006	1,709	57	20	85	28	288	18
19	Allocated from NuCare Services Corp	2008	1,801	60	20	90	30	113	19
20	Allocated from NuCare Services Corp	2009	633	21	20	11	(10)	11	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.

Facility Name & ID Number Renaissance Park South

0049098

Report Period Beginning:

01/01/09

Ending:

12/31/09

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)	\$ 163,574	\$ 5,080		\$ 5,700	\$ 620	\$ 32,284	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,105,336	\$ 23,716	\$ 130,492	\$ 106,776	10	\$ 793,059	71
72	Current Year Purchases	176,128	1,955	14,017	12,062	10	14,016	72
73	Fully Depreciated Assets	2,128,575		687	687	10	2,128,575	73
74								74
75	TOTALS	\$ 3,410,039	\$ 25,671	\$ 145,196	\$ 119,525		\$ 2,935,650	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)	\$ 16,312,572	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 472,051	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 787,108	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 315,057	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,833,986	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

	1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:			\$			3
4	Additions						4
5	Storage Unit			3,201			5
6	Allocated from NuCare (Parking Rental			549			6
7	TOTAL			\$ 3,750			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: \$ 38,649 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility	Honda	\$ 340.00	\$ 4,080	17
18					18
19					19
20					20
21	TOTAL		\$ 340.00	\$ 4,080	21

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		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)			
			Staff		Outside Practitioner (other than consultant)									
			Units of Service	Cost	Units	Cost								
1	Licensed Occupational Therapist	39 - 03	hrs	\$			\$	410,256	\$		\$	410,256	1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					166,825				166,825	2	
3	Licensed Recreational Therapist		hrs										3	
4	Licensed Physical Therapist	39 - 03	hrs					315,732				315,732	4	
5	Physician Care		visits										5	
6	Dental Care		visits										6	
7	Work Related Program		hrs										7	
8	Habilitation		hrs										8	
9	Pharmacy	39 - 02	# of prescripts						417,568			417,568	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs										10	
11	Academic Education		hrs										11	
12	Other (specify):												12	
13	Other (specify): See Supplemental				14,833			9,622	98,470			122,925	13	
14	TOTAL			\$	14,833		\$	902,435	\$	516,038		\$	1,433,306	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

0049098

Report Period Beginning: 01/01/09

Ending: 12/31/09

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 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 56,382	\$ 111,201	1
2	Cash-Patient Deposits	3,970	3,970	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,418,199	2,418,199	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	150,989	182,112	6
7	Other Prepaid Expenses	271,664	271,664	7
8	Accounts Receivable (owners or related parties)	497,587	497,587	8
9	Other(specify): <u>See Attached Schedule</u>	5,631	481,212	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,404,422	\$ 3,965,945	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		855,000	13
14	Buildings, at Historical Cost		7,998,898	14
15	Leasehold Improvements, at Historical Cost	3,070,169	3,121,020	15
16	Equipment, at Historical Cost	2,863,492	3,857,498	16
17	Accumulated Depreciation (book methods)	(3,350,189)	(7,560,438)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		106,330	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(19,747)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	2,476,893	2,476,893	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,060,365	\$ 10,835,454	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,464,787	\$ 14,801,399	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,472,433	\$ 1,482,933	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,414	2,414	28
29	Short-Term Notes Payable	3,239,582	3,239,582	29
30	Accrued Salaries Payable	405,540	405,540	30
31	Accrued Taxes Payable (excluding real estate taxes)	42,484	42,484	31
32	Accrued Real Estate Taxes(Sch.IX-B)		344,059	32
33	Accrued Interest Payable		34,494	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	2,464	2,464	35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	1,634,018	1,634,018	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,798,935	\$ 7,187,988	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,665,335	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Attached Schedule</u>	1,211,430	1,211,430	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,211,430	\$ 8,876,765	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,010,365	\$ 16,064,753	46
47	TOTAL EQUITY(page 18, line 24)	\$ 454,422	\$ (1,263,354)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,464,787	\$ 14,801,399	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (195,847)	1
2	Restatements (describe):		2
3	Bad Debt	(100,000)	3
4	Room & Board	(167,458)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (463,305)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	917,727	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 917,727	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)	\$ 454,422	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

0049098

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	\$ 12,736,725	1
2	Discounts and Allowances for all Levels	(704,809)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,031,916	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,996,340	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,996,340	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	695,398	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	41,882	19
20	Radiology and X-Ray	26,800	20
21	Other Medical Services	57,421	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 821,501	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	5,862	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,862	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	225,776	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 225,776	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,081,395	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,196,987	31
32	Health Care	5,273,585	32
33	General Administration	3,227,913	33
B. Capital Expense			
34	Ownership	1,599,638	34
C. Ancillary Expense			
35	Special Cost Centers	1,701,295	35
36	Provider Participation Fee	164,250	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,163,668	40
41	Income before Income Taxes (line 30 minus line 40)**	917,727	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 917,727	43

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

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

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

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

Facility Name & ID Number Renaissance Park South

0049098

Report Period Beginning:

01/01/09

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	1,992	2,165	\$ 116,244	\$ 53.69	1
2	Assistant Director of Nursing	3,571	3,855	130,593	33.88	2
3	Registered Nurses	18,632	19,884	812,573	40.87	3
4	Licensed Practical Nurses	63,777	67,865	1,607,525	23.69	4
5	CNAs & Orderlies	153,207	165,428	1,560,975	9.44	5
6	CNA Trainees					6
7	Licensed Therapist	224	224	14,833	66.22	7
8	Rehab/Therapy Aides	7,674	8,623	244,312	28.33	8
9	Activity Director	3,877	4,235	62,387	14.73	9
10	Activity Assistants	8,054	8,599	72,804	8.47	10
11	Social Service Workers	5,421	5,980	86,050	14.39	11
12	Dietician	2,323	2,472	53,762	21.75	12
13	Food Service Supervisor					13
14	Head Cook	5,554	6,075	62,966	10.36	14
15	Cook Helpers/Assistants	25,232	27,659	258,648	9.35	15
16	Dishwashers					16
17	Maintenance Workers	5,017	5,321	102,274	19.22	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,194	1,293	72,894	56.38	20
21	Assistant Administrator	741	783	27,298	34.86	21
22	Other Administrative	667	667	27,694	41.52	22
23	Office Manager	2,836	3,125	73,179	23.42	23
24	Clerical	10,783	11,420	192,172	16.83	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	4,792	5,091	84,615	16.62	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	10,147	11,158	298,588	26.76	33
34	TOTAL (lines 1 - 33)	335,715	361,922	\$ 5,962,386 *	\$ 16.47	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	299	\$ 13,455	01-03	35
36	Medical Director	Monthly	36,000	09-03	36
37	Medical Records Consultant	Monthly	4,344	10-03	37
38	Nurse Consultant	Monthly	40,371	10-03	38
39	Pharmacist Consultant	Monthly	3,208	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	1	51	10a-03	41
42	Respiratory Therapy Consultant	26	1,305	10a-03	42
43	Speech Therapy Consultant	13	1,318	10a-03	43
44	Activity Consultant	61	3,335	11-03	44
45	Social Service Consultant	30	1,682	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	430	\$ 105,069		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

	1	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	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

0049098

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. ILCLTC \$24,300; ILAHC \$3,600
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 64,204 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. \$ 164,250
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. \$ 35,825 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 Ln 14
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out 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.