

Facility Name & ID Number Renaissance Park South

0049098 Report Period Beginning: 01/01/10 Ending: 12/31/10

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				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF			14,206	14,206	8
9	SNF/PED					9
10	ICF	66,567	3,344	4,237	74,148	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	66,567	3,344	18,443	88,354	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.69%

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 13,565

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: 12/31/2010 Fiscal Year: 12/31/2010

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

Facility Name & ID Number Renaissance Park South # 0049098 Report Period Beginning: 01/01/10 Ending: 12/31/10

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	388,423	186,354	18,044	592,821		592,821		592,821		1
2	Food Purchase		469,913		469,913	(38,672)	431,241	(178)	431,064		2
3	Housekeeping		39,861	476,458	516,319		516,319		516,319		3
4	Laundry	21,041	29,420	54,819	105,280		105,280		105,280		4
5	Heat and Other Utilities			243,170	243,170		243,170	3,414	246,584		5
6	Maintenance	114,306	93,852	214,379	422,537		422,537	21,751	444,288		6
7	Other (specify):*										7
8	TOTAL General Services	523,770	819,400	1,006,870	2,350,040	(38,672)	2,311,368	24,988	2,336,356		8
	B. Health Care and Programs										
9	Medical Director			51,000	51,000		51,000		51,000		9
10	Nursing and Medical Records	4,693,033	448,339	115,096	5,256,468		5,256,468	(915)	5,255,553		10
10a	Therapy	203,765		12,851	216,616		216,616		216,616		10a
11	Activities	124,629	60,160	1,742	186,531		186,531		186,531		11
12	Social Services	114,125		4,994	119,119		119,119		119,119		12
13	CNA Training										13
14	Program Transportation			11,794	11,794		11,794		11,794		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,135,552	508,499	197,477	5,841,528		5,841,528	(915)	5,840,613		16
	C. General Administration										
17	Administrative	173,505		551,733	725,238		725,238	(523,072)	202,166		17
18	Directors Fees										18
19	Professional Services			208,288	208,288	(22,297)	185,991	(38,941)	147,050		19
20	Dues, Fees, Subscriptions & Promotions			227,651	227,651		227,651	(135,832)	91,819		20
21	Clerical & General Office Expenses	319,991	74,402	224,784	619,177		619,177	64,965	684,142		21
22	Employee Benefits & Payroll Taxes			1,331,240	1,331,240	38,672	1,369,912	(378)	1,369,534		22
23	Inservice Training & Education										23
24	Travel and Seminar			12,169	12,169		12,169	431	12,600		24
25	Other Admin. Staff Transportation			2,394	2,394		2,394	1,852	4,246		25
26	Insurance-Prop.Liab.Malpractice			401,949	401,949		401,949	61,222	463,171		26
27	Other (specify):*							57,083	57,083		27
28	TOTAL General Administration	493,496	74,402	2,960,208	3,528,106	16,375	3,544,481	(512,672)	3,031,809		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,152,818	1,402,301	4,164,555	11,719,674	(22,297)	11,697,377	(488,599)	11,208,778		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:

01/01/10

Ending:

12/31/10

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			206,584	206,584		206,584	481,403	687,987			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			195,095	195,095		195,095	414,522	609,617			32
33	Real Estate Taxes					22,297	22,297	788,627	810,924			33
34	Rent-Facility & Grounds			1,206,842	1,206,842		1,206,842	(1,202,539)	4,303			34
35	Rent-Equipment & Vehicles			12,239	12,239		12,239	5,797	18,036			35
36	Other (specify):*											36
37	TOTAL Ownership			1,620,760	1,620,760	22,297	1,643,057	487,810	2,130,867			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	16,636	550,800	1,083,913	1,651,349		1,651,349		1,651,349			39
40	Barber and Beauty Shops	3,579			3,579		3,579		3,579			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			164,250	164,250		164,250		164,250			42
43	Other (specify):*	200,398		51,600	251,998		251,998	(251,998)				43
44	TOTAL Special Cost Centers	220,613	550,800	1,299,763	2,071,176		2,071,176	(251,998)	1,819,178			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,373,431	1,953,101	7,085,078	15,411,610		15,411,610	(252,786)	15,158,824			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

0049098

Report Period Beginning:

01/01/10

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VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(11,557)	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	254,230	30		9
10	Interest and Other Investment Income	(695)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(178)	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	(947)	20		18
19	Entertainment	(1,308)	24		19
20	Contributions	(28,400)	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	(144,000)	21		24
25	Fund Raising, Advertising and Promotional	(96,742)	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	(384,978)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (414,575)		\$	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)	161,788		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 161,788		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (252,786)		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: 01/01/10

Ending: 12/31/10

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Veterans Expenses	\$ (10,169)	10	1
2	Patient Needs	(18,579)	10	2
3	Patient Clothing	(11,200)	10	3
4	Bank Charges	(27,405)	21	4
5	Annual Reports	(275)	20	5
6	Misc. Income	(242)	21	6
7	Jury Duty Income	(2,184)	21	7
8	Cope Dues	(11,202)	20	8
9	Additional R&M	24,989	06	9
10	Non-Allowable Expense	(51,600)	43	10
11	Guest Services Salary	(59,499)	43	11
12	Out of Period and Non-Allowable Services	(52,244)	19	12
13	Cobra Refund	(378)	22	13
14	Promotion	(84)	20	14
15	From Hillside	(4,259)	21	15
16	Marketing Director Salaries	(140,899)	43	16
17				17
18	Building Co:			18
19	Professional Fees	(15,900)	19	19
20	Trust Feese	(610)	21	20
21	Amortization	(3,038)	36	21
22	Licenses & Fees	(200)	20	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	(384,978)		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:

01/01/10

Ending:

12/31/10

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	(178)											(178)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities			3,414									3,414	5
6	Maintenance	13,432		8,319									21,751	6
7	Other (specify):*													7
8	TOTAL General Services	13,254		11,733									24,988	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(39,948)				39,033							(915)	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	(39,948)				39,033							(915)	16
	C. General Administration													
17	Administrative			(511,317)	7,145	(18,900)							(523,072)	17
18	Directors Fees													18
19	Professional Services	(68,144)	15,910	13,250		43							(38,941)	19
20	Fees, Subscriptions & Promotions	(137,850)	200	1,774		44							(135,832)	20
21	Clerical & General Office Expenses	(178,700)	610	210,960		32,095							64,965	21
22	Employee Benefits & Payroll Taxes	(378)											(378)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(1,308)		1,518		221							431	24
25	Other Admin. Staff Transportation			1,546		306							1,852	25
26	Insurance-Prop.Liab.Malpractice		59,046	2,176									61,222	26
27	Other (specify):*			46,929	289	9,865							57,083	27
28	TOTAL General Administration	(386,380)	75,766	(233,165)	7,434	23,674							(512,672)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(413,074)	75,766	(221,432)	7,434	62,707							(488,599)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Renaissance Park South

0049098

Report Period Beginning:

01/01/10

Ending:

12/31/10

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	254,230	216,537	10,446		190							481,403	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(695)	410,152	4,798		267							414,522	32
33	Real Estate Taxes		779,271	9,356									788,627	33
34	Rent-Facility & Grounds		(1,202,965)	426									(1,202,539)	34
35	Rent-Equipment & Vehicles			5,797									5,797	35
36	Other (specify):*	(3,038)	3,038											36
37	TOTAL Ownership	250,497	206,033	30,823		457							487,810	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):*	(251,998)											(251,998)	43
44	TOTAL Special Cost Centers	(251,998)											(251,998)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(414,575)	281,799	(190,609)	7,434	63,164							(252,786)	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	\$ 1,202,965	Halsted Associates Limited Partnership	100.00%	\$	\$ (1,202,965)	1
2	V	32 Interest Income	417	Halsted Associates Limited Partnership	100.00%		(417)	2
3	V	26 Insurance Expense		Halsted Associates Limited Partnership	100.00%	59,046	59,046	3
4	V	19 Professional Fees		Halsted Associates Limited Partnership	100.00%	15,910	15,910	4
5	V	21 Trust Fees		Halsted Associates Limited Partnership	100.00%	610	610	5
6	V	32 Mortgage Interest		Halsted Associates Limited Partnership	100.00%	410,569	410,569	6
7	V	33 Real Estate Taxes		Halsted Associates Limited Partnership	100.00%	779,271	779,271	7
8	V	30 Depreciation		Halsted Associates Limited Partnership	100.00%	216,537	216,537	8
9	V	36 Amortization of Loan Costs		Halsted Associates Limited Partnership	100.00%	3,038	3,038	9
10	V	20 Licenses & Fees		Halsted Associates Limited Partnership	100.00%	200	200	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,203,382			\$ 1,485,181	\$ * 281,799	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	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 3,414	\$ 3,414
16	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	8,319	8,319
17	V	17 ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	21,516	21,516
18	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	13,250	13,250
19	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	1,774	1,774
20	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	210,960	210,960
21	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	1,518	1,518
22	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	1,546	1,546
23	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	2,176	2,176
24	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	46,929	46,929
25	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	10,446	10,446
26	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	4,798	4,798
27	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	9,356	9,356
28	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	426	426
29	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	5,797	5,797
30	V						
31	V	17 ADMINISTRATIVE FEES	532,833	NUCARE SERVICES CORP.	100.00%		(532,833)
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 532,833			\$ 342,224	\$ * (190,609)

* 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 ADMIN. - R. HARTMAN		NUCARE SERVICES CORP.	100.00%	7,145	\$	7,145	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V	27 EMP. BEN. - R. HARTMAN		NUCARE SERVICES CORP.	100.00%	289		289	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		\$			7,434	\$ *	7,434	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%	\$ 39,033	\$	39,033	15
16	V	19 PROFESSIONAL FEES		CLINICAL CONSULTING SERVICES, LLC	100.00%	43		43	16
17	V	20 DUES, LICENSE & INSPECTION		CLINICAL CONSULTING SERVICES, LLC	100.00%	44		44	17
18	V	21 OFFICE WAGES		CLINICAL CONSULTING SERVICES, LLC	100.00%	28,516		28,516	18
19	V	21 OFFICE EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	3,579		3,579	19
20	V	24 CONTINUING EDUCATION / SEMINAR		CLINICAL CONSULTING SERVICES, LLC	100.00%	221		221	20
21	V	25 AUTO EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	306		306	21
22	V	27 PAYROLL TAXES		CLINICAL CONSULTING SERVICES, LLC	100.00%	4,646		4,646	22
23	V	27 OTHER EMPLOYEE BENEFITS		CLINICAL CONSULTING SERVICES, LLC	100.00%	5,219		5,219	23
24	V	30 DEPRECIATION		CLINICAL CONSULTING SERVICES, LLC	100.00%	190		190	24
25	V	32 INTEREST		CLINICAL CONSULTING SERVICES, LLC	100.00%	267		267	25
26	V								26
27	V	17 ADMINISTRATIVE FEES	18,900	CLINICAL CONSULTING SERVICES, LLC	100.00%			(18,900)	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		\$ 18,900			\$ 82,064	\$ *	63,164	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	\$ 205,270	Diamond Insurance		\$ 205,270	\$	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		\$ 205,270			\$ 205,270	\$ *	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: 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.

Facility Name & ID Number

Renaissance Park South

#

0049098

Report Period Beginning:

01/01/10

Ending:

12/31/10

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Robert Hartman	Relative	Administrative	0	See Attached	1.79	3.58%	Alloc. Salary	\$ 7,145	17-7	1
2	David Hartman	Shareholder	Administrative	7.50%	See Attached	1.06	2.65%			17-7	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 7,145		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:

01/01/10

Ending: 12/31/10

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:

01/01/10

Ending: 12/31/10

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	1,226,110	16	\$ 38,227	\$ 109,500	\$ 3,414	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	1,226,110	16	93,156	109,500	8,319	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	1,226,110	16	240,928	240,928	21,516	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,226,110	16	148,362	109,500	13,250	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,226,110	16	19,864	109,500	1,774	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	1,226,110	16	2,362,190	2,024,369	210,960	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,226,110	16	16,998	109,500	1,518	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	1,226,110	16	17,306	109,500	1,546	8
9	26	INSURANCE	AVAIL. CENSUS DAYS	1,226,110	16	24,362	109,500	2,176	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	1,226,110	16	525,475	109,500	46,929	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,226,110	16	116,967	109,500	10,446	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,226,110	16	53,729	109,500	4,798	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,226,110	16	104,761	109,500	9,356	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,226,110	16	4,765	109,500	426	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,226,110	16	64,914	109,500	5,797	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,832,004	\$ 2,265,297	\$ 342,224	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

0049098

Report Period Beginning:

01/01/10

Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

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	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED	20	16	80,000	2	7,145	1
2									2
3									3
4									4
5									5
6	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED	20	16	3,234	2	289	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					\$ 83,234	\$ 80,000	\$ 7,434	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

0049098

Report Period Beginning:

01/01/10

Ending: 12/31/10

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	1,226,110	16	\$ 437,066	\$ 437,066	109,500	39,033	1
2	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,226,110	16	484		109,500	43	2
3	20	DUES, LICENSE & INSPECTIO	AVAIL. CENSUS DAYS	1,226,110	16	488		109,500	44	3
4	21	OFFICE WAGES	AVAIL. CENSUS DAYS	1,226,110	16	319,300	319,300	109,500	28,516	4
5	21	OFFICE EXPENSE	AVAIL. CENSUS DAYS	1,226,110	16	40,077		109,500	3,579	5
6	24	CONTINUING EDUCATION / ST	AVAIL. CENSUS DAYS	1,226,110	16	2,480		109,500	221	6
7	25	AUTO EXPENSE	AVAIL. CENSUS DAYS	1,226,110	16	3,430		109,500	306	7
8	27	PAYROLL TAXES	AVAIL. CENSUS DAYS	1,226,110	16	52,028		109,500	4,646	8
9	27	OTHER EMPLOYEE BENEFITS	AVAIL. CENSUS DAYS	1,226,110	16	58,440		109,500	5,219	9
10	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,226,110	16	2,132		109,500	190	10
11	32	INTEREST	AVAIL. CENSUS DAYS	1,226,110	16	2,985		109,500	267	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					\$ 918,910	\$ 756,366		\$ 82,064	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

0049098

Report Period Beginning:

01/01/10

Ending: 12/31/10

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		\$	\$		\$ 205,270	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				\$	\$		\$ 205,270	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

0049098

Report Period Beginning:

01/01/10

Ending: 12/31/10

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:

01/01/10

Ending: 12/31/10

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:

01/01/10

Ending: 12/31/10

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:

01/01/10

Ending: 12/31/10

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:

01/01/10

Ending: 12/31/10

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:

01/01/10

Ending:

12/31/10

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10										
										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	Mortgaage	\$43,906.00	07/01/03	\$ 8,276,700	\$ 7,549,549	07/01/2038	0.0350	\$ 410,569	1							
2												2							
3												3							
4												4							
5	See Supplemental Schedule											5							
Working Capital																			
6	Bank Leumi		X	Line of credit	7/1/2007			2,486,582			195,095	6							
7												7							
8	See Supplemental Schedule											8							
9	TOTAL Facility Related				\$83,170.00		\$ 8,276,700	\$ 10,036,131			\$ 605,664	9							
B. Non-Facility Related*																			
10	Interest Income		X								(695)	10							
11	Interest Income- Bldg. Co.		X								(417)	11							
12	Alloc. From NuCare		X								4,798	12							
13	See Supplemental Schedule										267	13							
14	TOTAL Non-Facility Related						\$	\$			\$ 3,953	14							
15	TOTALS (line 9+line14)						\$ 8,276,700	\$ 10,036,131			\$ 609,617	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:

01/01/10

Ending:

12/31/10

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	Aoloc from CCS		X							267										
16										16										
17										17										
18										18										
19										19										
20	TOTAL Non-Facility Related									267										

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2009 report.		\$	344,059	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	557,322	2
3. Under or (over) accrual (line 2 minus line 1).		\$	213,263	3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	575,364	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	22,297	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	810,924	7

Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2005	276,923	8	
	2006	389,860	9	
	2007	324,203	10	
	2008	327,675	11	
	2009	547,966	12	
2010 Accrual = \$547966 x 1.05 = \$575,364 (Rounded)				
Allocated from NuCare \$9,356				

	FOR BHF USE ONLY			
13	FROM R. E. TAX STATEMENT FOR 2009	\$		13
14	PLUS APPEAL COST FROM LINE 5	\$		14
15	LESS REFUND FROM LINE 6	\$		15
16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

0049098

Report Period Beginning:

01/01/10

Ending:

12/31/10

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

None

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

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

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>			\$ <u>855,000</u>	<u>1</u>
2	<u>Allocated From 7257 N. Lincoln Ave.</u>			<u>13,574</u>	<u>2</u>
3	TOTALS			\$ <u>868,574</u>	<u>3</u>

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	63	63	2,972	18
19	Various		1988	82,596		20	1,311	1,311	58,252	19
20	Various		1989	1,225		20	19	19	833	20
21	Various		1990	91,597		20	564	564	69,069	21
22	Various		1993	53,620		20	865	865	49,014	22
23	Various		1995	137,949		20	3,366	3,366	106,777	23
24	Various		1996	519,100		20	13,209	13,209	398,474	24
25	Various		1997	76,548		20	1,874	1,874	52,524	25
26	Various		1998	77,488		20	1,937	1,937	48,486	26
27	Various		1999	278,572		20	6,931	6,931	164,762	27
28	Various		2000	48,393		20	1,123	1,123	24,013	28
29	Various		2001	97,460		20	2,467	2,467	45,935	29
30	Various		2002	25,280		20	978	978	22,397	30
31	Various		2003	461,684		20	19,396	19,396	293,634	31
32	Various		2004	62,146		20	1,620	1,620	51,172	32
33	Various		2005	94,134		20	3,654	3,654	84,774	33
34	Various		2006	114,124		20	9,298	9,298	84,698	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		8,049,785	216,537		402,490	185,953	6,580,548	67
68		258,436	8,092		10,357	2,265	43,744	68
69			190,930			(190,930)		69
70		\$ 10,661,169	\$ 415,559		\$ 481,524	\$ 65,965	\$ 8,309,040	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

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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		\$ 10,661,169	\$ 415,559		\$ 481,524	\$ 65,965	\$ 8,309,040	1
2	Telephone System	2007	840		20	42	42	336	2
3	Headend & Cable Hardware	2007	11,000		20	1,100	1,100	8,617	3
4	Unibody Valve	2007	5,225		20	131	131	1,001	4
5	Water Boiler	2007	8,426		20	351	351	2,633	5
6	Exhaust Fan	2007	1,465		20	146	146	1,074	6
7	Satellite America Security Camera	2007	12,375		20	1,768	1,768	6,188	7
8	Keypads; Tv'S; Cameras	2007	5,460		20	1,092	1,092	3,731	8
9	Electric Booster Heater	2007	3,234		20	162	162	566	9
10	Roof Replacement	2007	54,250		20	2,713	2,713	9,268	10
11	Extend Fire Escape Stairway Railing With Iron Tubes And Weld	2007	3,500		20	175	175	598	11
12	Painting Job	2007	20,000		20	1,000	1,000	3,417	12
13	Wiring Installation For 3Rd Floor - Keypads; Tvs; Cameras; Arm	2007	9,505		20	475	475	1,624	13
14	Cameras; Buzzer; Dvr; Tv Monitor; Power Supply	2007	3,215		20	161	161	549	14
15	Furnish/Install Keypads	2007	11,220		20	561	561	1,917	15
16	Electrical Outlets	2007	1,280		20	64	64	213	16
17	Central Processor	2007	4,330		20	217	217	722	17
18	Wanderguard System	2007	5,502		20	786	786	2,489	18
19	3Rd Floor Bathroom Renovation	2007	9,800		20	490	490	1,593	19
20	3Rd Floor Bathroom Renovation	2007	2,626		20	131	131	427	20
21	2 Security Cameras	2007	700		20	100	100	325	21
22	3 Security Cameras	2007	1,050		20	150	150	488	22
23	Wiring	2007	1,280		20	64	64	208	23
24	Evap Cooler Water Supply	2007	3,661		20	183	183	641	24
25	Roof	2007	62,350		20	3,118	3,118	9,872	25
26	Landscaping	2007	22,780		20	2,278	2,278	8,163	26
27	Roof	2007	2,500		20	250	250	1,000	27
28	Bathroom Repairs	2007	2,700		20	270	270	1,035	28
29	Doors	2007	4,598		20	460	460	1,648	29
30	Painting	2007	6,684		20	668	668	2,284	30
31	Painting	2007	13,195		20	1,320	1,320	4,288	31
32	Closets, Nurses Stations, Kitchen Cabinets	2007	82,750		20	8,275	8,275	25,515	32
33	Sign - Polycarbonate Sheeting W/ Logo	2008	3,847		20	256	256	748	33
34	TOTAL (lines 1 thru 33)		\$ 11,042,517	\$ 415,559		\$ 510,480	\$ 94,921	\$ 8,412,215	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

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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		\$ 11,042,517	\$ 415,559		\$ 510,480	\$ 94,921	\$ 8,412,215	1
2	North Wing Resident Bedroom	2008	6,684		20	334	334	1,003	2
3	New Cameras Installation	2008	3,600		20	180	180	540	3
4	Canopy Signage	2008	2,626		20	131	131	383	4
5	Windows & Doors	2008	5,500		20	275	275	733	5
6	Cameras & Wires; Dvr	2008	4,300		20	215	215	573	6
7	Relocate Dvr/Extending Wiring And Installing	2008	2,250		20	113	113	300	7
8	Paint Windows; Doors; Air Conditioners	2008	1,800		20	90	90	233	8
9	Parking Lot, Canopy, Canvas, Signage, Curtains	2008	9,353		20	468	468	1,169	9
10	Scraping & Painting Windows	2008	1,750		20	88	88	219	10
11	Sprinkler System Repair	2008	3,475		20	174	174	449	11
12	Spilt Condensing Unit For Air Conditioner	2008	1,568		20	78	78	196	12
13	Installation Of Equipment, Discrete Rxvr Control Unit, Keypad	2008	2,055		20	103	103	283	13
14	Door Closer; Spines Hinges; Passage Leversets	2008	3,066		20	153	153	396	14
15	Smoke Detectors	2008	7,457		20	1,065	1,065	2,663	15
16	Maintence For Various Jobs	2008	3,049		20	152	152	368	16
17	Recessed Cans; Outlets; Extensions Cords	2008	1,170		20	59	59	137	17
18	1St And 2Nd Floor And Lobby 109 Doors Refinished	2008	13,625		20	681	681	1,703	18
19	2 Cameras And Labor	2008	1,120		20	56	56	135	19
20	Repair And Replace Lexan Panels For Sign	2008	3,235		20	324	324	782	20
21	North Wing Resident Bathroom Renovation	2008	13,195		20	660	660	1,979	21
22	Door Resurface	2008	15,200		20	760	760	1,900	22
23	Closets, Nurses Station, Countertops	2008	102,150		20	5,108	5,108	15,323	23
24	Chair Rail, Patch Walls	2008	13,650		20	683	683	1,763	24
25	Econocare-32307: Wallcovering/Window Treatment/Handrails/Fl	2008	282,897		20	14,145	14,145	37,720	25
26	Econocare-31878: Wallcovering/Light Fixtures/Flooring/Walls...	2008	171,068		20	8,553	8,553	24,235	26
27	Econocare-32415: Flooring/Walls/Window Treatments/Millwork/S	2008	153,880		20	7,694	7,694	19,876	27
28	Econocare - 32958	2008	(553)		20	(28)	(28)	(67)	28
29	Econocare - 32959 (Adjustment)	2008	(10,000)		20	(500)	(500)	(1,208)	29
30	8 Wall A/C	2009	8,147		20	1,164	1,164	1,843	30
31	Tadiran Ipx500 Telephone System	2009	59,950		20	5,995	5,995	7,993	31
32	14 Roof Exhaust Fans	2009	9,672		20	484	484	967	32
33	Volt Line For Heater; Heater; Lighting In Conference Room	2009	2,940		20	147	147	282	33
34	TOTAL (lines 1 thru 33)		\$ 11,942,396	\$ 415,559		\$ 560,082	\$ 144,523	\$ 8,537,085	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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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		\$ 11,942,396	\$ 415,559		\$ 560,082	\$ 144,523	\$ 8,537,085	1
2	Kitchen Tiles Repair	2009	7,750		20	517	517	947	2
3	Econocare - Doors, Ceiling, Tiles, Light Fixtures	2009	42,621		20	2,131	2,131	3,729	3
4	Motorized Door Opener	2009	3,309		20	165	165	303	4
5	Installation Of 18 Outlets	2009	8,733		20	437	437	728	5
6	Door Monitor Panels; Indoor Doorguard; Dome Cameras; Weath	2009	10,692		20	1,527	1,527	2,673	6
7	Replaced Valves In Refrigerator	2009	3,021		20	432	432	683	7
8	Rewiring Cables At South Stairwell	2009	3,150		20	450	450	713	8
9	20 Amps Circuit Breakers	2009	3,270		20	163	163	245	9
10	Common Signage	2009	5,967		20	597	597	1,193	10
11	Compressors For Chiller On Roof	2009	10,918		20	546	546	864	11
12	Electrical Work	2009	3,230		20	162	162	175	12
13	Carpeting, Walls, Tiles, Light Fixtures	2009	68,720		20	2,866	2,866	5,154	13
14	Boiler Repair	2009	12,208		20	1,119	1,119	1,526	14
15	Actuator, Valves	2009	2,818		20	165	165	258	15
16	Reverse Prior Year Remodeling Work	2010	(6,112)		20	(306)	(306)	(306)	16
17	Bathroom Fixtures & Appliances	2010	7,087		20	89	89	89	17
18	Kitchen Remodeling-Walls, Plumbing, Electircal Work, Cabinetry	2010	16,778		20	350	350	350	18
19	Shower Room Remodeling-Walls, Electrical Work, Fixtures.....	2010	41,069		20	856	856	856	19
20	Wanderguard System	2010	3,745		20	47	47	47	20
21	Light Fixtures And Wallpaper	2010	5,099		20	234	234	234	21
22	Cables, Dvr, Monitors	2010	4,396		20	220	220	220	22
23	Painting	2010	35,705		20	1,724	1,724	1,724	23
24	Crown Molding, Partitions	2010	12,050		20	603	603	603	24
25	Exhaust Fans	2010	4,189		20	209	209	209	25
26	Upgrade Fire System	2010	3,524		20	378	378	378	26
27	Rooftop Air Conditioner	2010	65,684		20	2,737	2,737	2,737	27
28	Landscaping Improvements	2010	6,500		20	217	217	217	28
29	Electrical For Chiller	2010	4,820		20	100	100	100	29
30	Boiler Repairs	2010	6,509		20	185	185	185	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,339,846	\$ 415,559		\$ 578,999	\$ 163,440	\$ 8,563,918	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		\$ 12,339,846	\$ 415,559		\$ 578,999	\$ 163,440	\$ 8,563,918	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)	\$ 12,339,846	\$ 415,559		\$ 578,999	\$ 163,440	\$ 8,563,918	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	6,203,595	3
4		1994	554,636		39	27,732	27,732	274,590	4
5		1994	3,020		39	151	151	1,486	5
6		1994	106,949		39	5,347	5,347	54,088	6
7									7
8	Leasehold Improvements:								8
9	Landscaping	1994	25,996		20	1,300	1,300	26,778	9
10	Sprinkler System	1994	8,900		20	445	445	9,167	10
11	Sign- Awning	1994	9,474		20	474	474	10,137	11
12	Repair Hot Water System Causing Flood	2008	3,256		20	163	163	367	12
13	Installation of 240 Volt Line for Hall Heater; Removed & Replace	2008	3,260		20	163	163	340	13
14									14
15	Depreciation			216,537			(216,537)		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		\$	\$		\$	\$	\$	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	\$ 216,537		\$ 402,490	\$ 185,953	\$ 6,580,548	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	115,742	2,968	35	3,307	339	23,562	3
4	Allocated from Clinical Consulting Services	2004	6,430	165	35	184	19	1,309	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from NuCare Services Corp.	2003	1,046	38	20	52	14	372	9
10	Allocated from NuCare Services Corp.	2004	21,238	774	20	1,063	289	7,134	10
11	Allocated from NuCare Services Corp.	2005	1,259	46	20	63	17	368	11
12	Allocated from NuCare Services Corp.	2006	1,707	62	20	85	23	373	12
13	Allocated from NuCare Services Corp.	2008	1,799	66	20	90	24	203	13
14	Allocated from NuCare Services Corp.	2009	91,198	3,325	20	4,560	1,235	5,703	14
15	Allocated from NuCare Services Corp.	2010	4,452	162	20	113	(49)	113	15
16									16
17	Allocated from 7257 N. Lincoln Ave, LLC	2005	10,551	460	20	681	221	3,616	17
18	Allocated from 7257 N. Lincoln Ave, LLC	2004	2,300		20	115	115	748	18
19									19
20	Allocated from Clinical Consulting Services	2005	586	26	20	38	12	201	20
21	Allocated from Clinical Consulting Services	2004	128		20	6	6	42	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:

01/01/10

Ending:

12/31/10

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)		\$ 258,436	\$ 8,092		\$ 10,357	\$ 2,265	\$ 43,744	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	\$ 1,177,327	\$ 17,751	\$ 87,947	\$ 70,196	10	\$ 820,040	71
72	Current Year Purchases	147,312	419	20,595	20,176	10	20,595	72
73	Fully Depreciated Assets	2,232,629		381	381	10	2,231,629	73
74								74
75	TOTALS	\$ 3,557,268	\$ 18,170	\$ 108,924	\$ 90,754		\$ 3,072,264	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		Allocated from NuCare	2010	\$ 791	\$ 29	\$ 66	\$ 37	5	\$ 66	76
77										77
78										78
79										79
80	TOTALS			\$ 791	\$ 29	\$ 66	\$ 37		\$ 66	80

E. Summary of Care-Related Assets

	1	2		
	Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 16,766,479	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 433,758	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 687,988	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 254,230	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,636,248	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			3,877			5
6	Allocated from NuCare (Parking Rental)			426			6
7	TOTAL			\$ 4,303			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: \$ 18,036 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. _____/2011 \$ _____

13. _____/2012 \$ _____

14. _____/2013 \$ _____

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
 - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 502,070	\$		\$ 502,070	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			194,235			194,235	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			384,319			384,319	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				426,265		426,265	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			16,636		3,289	124,535		144,460	13
14	TOTAL			\$ 16,636		\$ 1,083,913	\$ 550,800		\$ 1,651,349	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: 01/01/10

Ending: 12/31/10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(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	\$ 29,952	\$ 78,051	1
2	Cash-Patient Deposits	7,460	7,460	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,321,923	2,321,923	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	130,180	161,738	6
7	Other Prepaid Expenses	335,618	335,618	7
8	Accounts Receivable (owners or related parties)	605,884	605,884	8
9	Other(specify): <u>See Attached Schedule</u>	8,353	543,023	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,439,370	\$ 4,053,697	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	3,283,453	3,334,339	15
16	Equipment, at Historical Cost	3,022,054	4,016,060	16
17	Accumulated Depreciation (book methods)	(3,658,966)	(8,085,760)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		106,330	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(22,785)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	2,450,221	2,450,221	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,096,762	\$ 10,652,303	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,536,132	\$ 14,706,000	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 2,285,834	\$ 2,296,330	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	5,904	5,904	28
29	Short-Term Notes Payable	2,486,582	2,486,582	29
30	Accrued Salaries Payable	468,112	468,112	30
31	Accrued Taxes Payable (excluding real estate taxes)	74,145	74,145	31
32	Accrued Real Estate Taxes(Sch.IX-B)		575,364	32
33	Accrued Interest Payable		33,973	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	2,476	2,476	35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	1,227,911	1,227,911	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,550,964	\$ 7,170,797	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,549,549	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Attached Schedule</u>	80,130	80,130	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 80,130	\$ 7,629,679	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,631,094	\$ 14,800,476	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,905,038	\$ (94,476)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,536,132	\$ 14,706,000	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 454,422	1
2	Restatements (describe):		2
3	Additional Bad Debts	(50,000)	3
4	Depreciation	(102,184)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 302,238	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,832,800	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	(230,000)	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)	\$ 1,602,800	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,905,038	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

0049098

Report Period Beginning: 01/01/10

Ending: 12/31/10

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	\$ 13,734,907	1
2	Discounts and Allowances for all Levels	(847,384)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,887,523	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,123,811	6
7	Oxygen	8,772	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,132,583	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	934,746	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	90,265	19
20	Radiology and X-Ray	41,075	20
21	Other Medical Services	102,476	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,168,562	23
D. Non-Operating Revenue			
24	Contributions	47,900	24
25	Interest and Other Investment Income***	695	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 48,595	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	7,147	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,147	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,244,410	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,350,040	31
32	Health Care	5,841,528	32
33	General Administration	3,528,106	33
B. Capital Expense			
34	Ownership	1,620,760	34
C. Ancillary Expense			
35	Special Cost Centers	1,906,926	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)*	\$ 15,411,610	40
41	Income before Income Taxes (line 30 minus line 40)**	1,832,800	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,832,800	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:

01/01/10

Ending:

12/31/10

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	4,429	4,946	\$ 186,921	\$ 37.79	1
2	Assistant Director of Nursing	1,772	1,912	72,531	37.93	2
3	Registered Nurses	18,975	20,561	705,206	34.30	3
4	Licensed Practical Nurses	70,976	76,508	1,980,477	25.89	4
5	CNAs & Orderlies	155,201	165,866	1,628,309	9.82	5
6	CNA Trainees					6
7	Licensed Therapist	224	224	16,636	74.27	7
8	Rehab/Therapy Aides	6,245	7,017	203,765	29.04	8
9	Activity Director					9
10	Activity Assistants	7,171	7,833	124,629	15.91	10
11	Social Service Workers	6,179	6,474	114,125	17.63	11
12	Dietician	2,877	3,027	56,120	18.54	12
13	Food Service Supervisor					13
14	Head Cook	5,134	5,618	60,407	10.75	14
15	Cook Helpers/Assistants	26,050	28,544	271,896	9.53	15
16	Dishwashers					16
17	Maintenance Workers	47,056	4,989	114,306	22.91	17
18	Housekeepers					18
19	Laundry	1,831	1,831	21,041	11.49	19
20	Administrator	1,038	1,124	64,934	57.77	20
21	Assistant Administrator	1,938	2,085	88,391	42.39	21
22	Other Administrative	474	474	20,180	42.57	22
23	Office Manager	5,164	5,530	116,333	21.04	23
24	Clerical	11,855	13,013	203,658	15.65	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	4,012	4,370	89,507	20.48	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	8,559	9,347	234,059	25.04	33
34	TOTAL (lines 1 - 33)	387,160	371,293	\$ 6,373,431 *	\$ 17.17	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	419	\$ 18,044	01-03	35
36	Medical Director	Monthly	51,000	09-03	36
37	Medical Records Consultant	Monthly	368	10-03	37
38	Nurse Consultant	5,081	101,623	10-03	38
39	Pharmacist Consultant	Monthly	13,105	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	257	12,851	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	32	1,742	11-03	44
45	Social Service Consultant	86	4,994	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	5,875	\$ 203,727		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								
													Amount of Expense Amortized Per Year							
													Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010
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:

01/01/10

Ending:

12/31/10

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 \$26,730
- (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. \$ 1,504 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. \$ 38,672 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100% ln 14
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out 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.