



Facility Name & ID Number Renaissance Park South

# 0049098 Report Period Beginning: 01/01/13 Ending: 12/31/13

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 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF			12,484	12,484	8
9	SNF/PED					9
10	ICF	64,515	2,777	6,511	73,803	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	64,515	2,777	18,995	86,287	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.80%

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 11,225

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/13 Fiscal Year: 12/31/13

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

Renaissance Park South

# 0049098

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	454,634	150,472	14,811	619,917		619,917	619,917			1
2	Food Purchase		426,737		426,737	(35,825)	390,912	(137)	390,775		2
3	Housekeeping	291,358	70,982		362,340		362,340		362,340		3
4	Laundry	184,521	61,549		246,070		246,070		246,070		4
5	Heat and Other Utilities			258,837	258,837		258,837	(13,758)	245,079		5
6	Maintenance	127,006	71,558	221,686	420,250		420,250	(5,504)	414,746		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>1,057,519</b>	<b>781,298</b>	<b>495,334</b>	<b>2,334,151</b>	<b>(35,825)</b>	<b>2,298,326</b>	<b>(19,400)</b>	<b>2,278,926</b>		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			30,700	30,700		30,700		30,700		9
10	Nursing and Medical Records	5,271,447	648,440	116,886	6,036,773		6,036,773	(61,167)	5,975,606		10
10a	Therapy	133,851			133,851		133,851		133,851		10a
11	Activities	113,822	19,097		132,919		132,919	1,260	134,179		11
12	Social Services	207,867		3,881	211,748		211,748		211,748		12
13	CNA Training										13
14	Program Transportation			886	886		886		886		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>5,726,987</b>	<b>667,537</b>	<b>152,353</b>	<b>6,546,877</b>		<b>6,546,877</b>	<b>(59,908)</b>	<b>6,486,969</b>		16
	<b>C. General Administration</b>										
17	Administrative	234,500		841,389	1,075,889		1,075,889	(789,277)	286,612		17
18	Directors Fees										18
19	Professional Services			227,627	227,627	(79,028)	148,599	(9,153)	139,445		19
20	Dues, Fees, Subscriptions & Promotions			137,000	137,000		137,000	(91,384)	45,616		20
21	Clerical & General Office Expenses	243,046	70,116	813,456	1,126,618		1,126,618	(377,402)	749,216		21
22	Employee Benefits & Payroll Taxes			1,463,901	1,463,901	35,825	1,499,726		1,499,726		22
23	Inservice Training & Education										23
24	Travel and Seminar			13,126	13,126		13,126	578	13,704		24
25	Other Admin. Staff Transportation			1,848	1,848		1,848	2,569	4,417		25
26	Insurance-Prop.Liab.Malpractice			861,144	861,144		861,144	2,240	863,384		26
27	Other (specify):*							64,848	64,848		27
28	<b>TOTAL General Administration</b>	<b>477,546</b>	<b>70,116</b>	<b>4,359,491</b>	<b>4,907,153</b>	<b>(43,204)</b>	<b>4,863,949</b>	<b>(1,196,981)</b>	<b>3,666,968</b>		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>7,262,052</b>	<b>1,518,951</b>	<b>5,007,178</b>	<b>13,788,181</b>	<b>(79,028)</b>	<b>13,709,153</b>	<b>(1,276,289)</b>	<b>12,432,864</b>		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number

Renaissance Park South

#0049098

Report Period Beginning:

01/01/13

Ending:

12/31/13

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			163,579	163,579		163,579	573,215	736,794			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			123,749	123,749		123,749	808,235	931,984			32
33	Real Estate Taxes					79,028	79,028	704,295	783,324			33
34	Rent-Facility & Grounds			1,927,369	1,927,369		1,927,369	(1,919,395)	7,974			34
35	Rent-Equipment & Vehicles			40,077	40,077		40,077	7,880	47,957			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			2,254,774	2,254,774	79,028	2,333,802	174,230	2,508,032			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		587,212	1,833,909	2,421,121		2,421,121	(4,969)	2,416,152			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			617,697	617,697		617,697		617,697			42
43	Other (specify):*	69,068			69,068		69,068	(69,068)	(0)			43
44	<b>TOTAL Special Cost Centers</b>	69,068	587,212	2,451,606	3,107,886		3,107,886	(74,037)	3,033,849			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	7,331,120	2,106,163	9,713,558	19,150,841		19,150,841	(1,176,096)	17,974,745			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:

01/01/13

Ending:

12/31/13

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	(17,136)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	333,845	30		9
10	Interest and Other Investment Income	(8,315)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(137)	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	(68)	21		18
19	Entertainment	(773)	24		19
20	Contributions	(17,750)	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	(602,299)	21		24
25	Fund Raising, Advertising and Promotional	(63,713)	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	(402,775)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (779,122)</b>		<b>\$</b>	<b>30</b>

BHF USE ONLY					
48		49	50	51	52

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)	(396,974)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (396,974)</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (1,176,096)</b>		<b>37</b>

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Renaissance Park SouthID# 0049098Report Period Beginning: 01/01/13Ending: 12/31/13

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Jury Duty Income	\$ (17)	10	1
2	Patient Needs	(12,808)	10	2
3	Patient Clothing	(3,967)	10	3
4	Veterans Expenses	(46,501)	10	4
5	Payroll-Community Related	(8,415)	43	5
6	Payroll-Guest Related	(60,653)	43	6
7	Bank Charges	(20,127)	21	7
8	Theft Expense	(826)	21	8
9	Sequestration Expense	(54,208)	21	9
10	IL Replacement Tax	(7,821)	21	10
11	Bldg Co: Accounting Fees	(6,210)	19	11
12	Bldg Co: Professional Fees - Other	(6,000)	19	12
13	Bldg Co: Bank Charges	(4)	21	13
14	Bldg Co: Amortization of Loan Costs	(77,619)	36	14
15	Bldg Co: Amortization - Interest Cap Agrmt	(39,333)	36	15
16	Copy Income	(470)	21	16
17	Annual Reports	(250)	20	17
18	Collection Expense	(9,144)	21	18
19	Non-Allowable Legal Fees	(19,309)	19	19
20	Capitalized R&M	(14,780)	06	20
21	Non-Facility Related R/E Taxes	(2,457)	33	21
22	COPE Dues	(11,856)	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	<b>Total</b>	(402,775)	49

Renaissance Park South

ID# 0049098

Report Period Beginning: 01/01/13

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
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	<b>Total</b>	0	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/13

Ending:

12/31/13

## 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	(137)											(137)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(17,136)		3,378									(13,758)	5
6	Maintenance	(14,780)		9,276									(5,504)	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(32,053)</b>		<b>12,653</b>									<b>(19,400)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(63,293)		8,318				(6,192)					(61,167)	10
10a	Therapy													10a
11	Activities			1,260									1,260	11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(63,293)</b>		<b>9,577</b>				<b>(6,192)</b>					<b>(59,908)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(789,277)									(789,277)	17
18	Directors Fees													18
19	Professional Services	(31,519)	12,210	10,156									(9,153)	19
20	Fees, Subscriptions & Promotions	(93,569)		2,185									(91,384)	20
21	Clerical & General Office Expenses	(694,966)	4	317,561									(377,402)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(773)		1,351									578	24
25	Other Admin. Staff Transportation			2,569									2,569	25
26	Insurance-Prop.Liab.Malpractice			2,240									2,240	26
27	Other (specify):*			64,848									64,848	27
28	<b>TOTAL General Administration</b>	<b>(820,828)</b>	<b>12,214</b>	<b>(388,367)</b>									<b>(1,196,981)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(916,174)</b>	<b>12,214</b>	<b>(366,137)</b>				<b>(6,192)</b>					<b>(1,276,289)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	333,845	220,679	18,691									573,215	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(8,315)	814,213	2,337									808,235	32
33	Real Estate Taxes	(2,457)	698,369	8,383									704,295	33
34	Rent-Facility & Grounds		(1,920,000)	605									(1,919,395)	34
35	Rent-Equipment & Vehicles			7,880									7,880	35
36	Other (specify):*	(116,952)	116,952											36
37	<b>TOTAL Ownership</b>	<b>206,120</b>	<b>(69,787)</b>	<b>37,897</b>									<b>174,230</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(4,442)		(527)				(4,969)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(69,068)											(69,068)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(69,068)</b>					<b>(4,442)</b>		<b>(527)</b>				<b>(74,037)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(779,122)	(57,573)	(328,240)			(4,442)	(6,192)	(527)				(1,176,096)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See 6-Supplemental		See 6-Supplemental		See 6-Supplemental		

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	\$ 1,920,000	Halsted Associates Limited Partnership	100.00%	\$	\$ (1,920,000)	1
2	V	32 Interest	5,370	Halsted Associates Limited Partnership	100.00%		(5,370)	2
3	V	36 MIP Expense		Halsted Associates Limited Partnership	100.00%			3
4	V	19 Accounting Fees		Halsted Associates Limited Partnership	100.00%	6,210	6,210	4
5	V	19 Professional Fees - Other		Halsted Associates Limited Partnership	100.00%	6,000	6,000	5
6	V	21 Bank Charges		Halsted Associates Limited Partnership	100.00%	4	4	6
7	V	32 Mortgage Interest		Halsted Associates Limited Partnership	100.00%	819,583	819,583	7
8	V	33 Real Estate Taxes		Halsted Associates Limited Partnership	100.00%	698,369	698,369	8
9	V	30 Depreciation		Halsted Associates Limited Partnership	100.00%	220,679	220,679	9
10	V	36 Amortization of Loan Costs		Halsted Associates Limited Partnership	100.00%	77,619	77,619	10
11	V	36 Amort. Of Interest Cap Agrmt		Halsted Associates Limited Partnership	100.00%	39,333	39,333	11
12	V							12
13	V							13
14	Total		\$ 1,925,370			\$ 1,867,797	\$ * (57,573)	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%	\$ 3,378	\$	3,378	15
16	V	6 MAINTENANCE SALARIES		NUCARE SERVICES CORP.	100.00%	1,146		1,146	16
17	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	8,130		8,130	17
18	V	10 CLINICAL SALARIES		NUCARE SERVICES CORP.	100.00%	8,318		8,318	18
19	V	11 ACTIVITY SALARIES		NUCARE SERVICES CORP.	100.00%	1,260		1,260	19
20	V	17 ADMINISTRATIVE SALARIES - NON-OWNER		NUCARE SERVICES CORP.	100.00%	52,112		52,112	20
21	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	10,156		10,156	21
22	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	2,185		2,185	22
23	V	21 CLERICAL & GENERAL SALARIES		NUCARE SERVICES CORP.	100.00%	285,019		285,019	23
24	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	32,542		32,542	24
25	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	1,351		1,351	25
26	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	2,569		2,569	26
27	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	2,240		2,240	27
28	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	64,848		64,848	28
29	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	18,691		18,691	29
30	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	2,337		2,337	30
31	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	8,383		8,383	31
32	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	605		605	32
33	V	35 AUTO LEASE		NUCARE SERVICES CORP.	100.00%	4,853		4,853	33
34	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	3,027		3,027	34
35	V								35
36	V	17 BOOKKEEPING FEES	841,389	NUCARE SERVICES CORP.	100.00%			(841,389)	36
37	V								37
38	V								38
39	Total		\$ 841,389			\$ 513,149	\$ *	(328,240)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22 Workers Compensation	\$ 67,425	DIAMOND INSURANCE		\$ 67,425	\$	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		\$ 67,425			\$ 67,425	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22 Workers Compensation	\$ 148,415	MAPLE LEAF		\$ 148,415	\$	15
16	V	26 Liability Insurance	403,911	MAPLE LEAF		403,911		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		\$ 552,326			\$ 552,326	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 DME and Medical Supplies	\$ 101,260	Integra Healthcare Equipment	100.00%	\$ 96,818	\$ (4,442)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 101,260			\$ 96,818	\$ * (4,442)

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	10 Ambulance	\$ 35,423	Lifeline Ambulance		\$ 29,231	\$ (6,192)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 35,423			\$ 29,231	\$ * (6,192)

\* 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	39 Respiratory Services	\$ 2,625	Intergra Respiratory Service		\$ 2,098	\$ (527)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 2,625			\$ 2,098	\$ * (527)

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: 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	<b>Total</b>		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: 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	<b>Total</b>		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	ABRAHAM J. STERN	4.950%	CALIFORNIA GARDENS CORP.	CHICAGO	HALSTED ASSOCIATES LIMITED PARTNERSHIP		BUILDING CO.	1
2	CHAIM RAJCHENBACH	5.220%	CHEVY CHASE CORP. D/B/A BRONZEVILLE PARK NURSING & REI	CHICAGO	MAPLELEAF INSURANCE	GRAND CAYMAN	LIABILITY INS.	2
3	DAVID HARTMAN	8.240%	CLAREMONT EXTENDED HEALTHCARE, L.L.C.	BUFFALO GROVE	SEASONS HOSPICE		HOSPICE	3
4	GERRY JENICH	8.240%	CLARIDGE IMPERIAL, LTD.	CHICAGO	7257 N. LINCOLN AVENUE, LLC		BUILDING RENTAL	4
5	RAJCHENBACH FAMILY TRUST	23.080%	JACKSON CORP.	CHICAGO	NUCARE SERVICES		BOOKKEEPING	5
6	HARTMAN FAMILY TRUST	43.950	MONROE CORP.	CHICAGO	KFT SERVICES, LLC		MANAGEMENT CO.	6
7	HARTMAN FAMILY FOUNDATION	3.020%	RENAISSANCE EAST	MESA, ARIZONA	LOUIS DRAKE ENTERPRISE		MANAGEMENT CO.	7
8	HARTMAN DYNASTY TRUST	3.300%	RENAISSANCE VILLAGE AL	MESA, ARIZONA	DIAMOND INSURANCE		WORKERS COMP INS.	8
9			RENAISSANCE VILLAGE IL	MESA, ARIZONA	JLR FINANCIAL SERVICES		MANAGEMENT CO.	9
10			RENAISSANCE WEST	MESA, ARIZONA	INTEGRA HEALTHCARE EQUIPMENT		DME & MEDICAL SUPPLIES	10
11			THE RENAISSANCE AT 87TH STREET, INC.	CHICAGO	LIFELINE AMBULANCE, LLC		AMBULANCE	11
12			ARIA POST ACUTE CARE	HILLSIDE	INTEGRA RESPIRATORY SERVICE		RESPIRATORY	12
13			THE RENAISSANCE AT MIDWAY, INC.	CHICAGO				13
14			THE RENAISSANCE AT SOUTH SHORE, INC.	CHICAGO				14
15			CLAREMONT HANOVER PARK	HANOVER PARK				15
16			SEVEN OAKS	GLENDALE, WISC,				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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South # 0049098 Report Period Beginning: 01/01/13 Ending: 12/31/13

## 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	N/A								\$	1	
2										2	
3										3	
4										4	
5										5	
6										6	
7										7	
8										8	
9										9	
10										10	
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts										11
12	anticipated to be considered allowable by the IL. Dept. of HFS.										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: 01/01/13 Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS 1,205,960	16	\$ 37,199	\$	109,500	\$ 3,378	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	12,620	12,620	109,500	1,146	2
3	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS 1,205,960	16	89,537		109,500	8,130	3
4	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	91,606	91,606	109,500	8,318	4
5	11	ACTIVITY SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	13,872	13,872	109,500	1,260	5
6	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	573,931	573,931	109,500	52,112	6
7	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 1,205,960	16	111,853		109,500	10,156	7
8	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS 1,205,960	16	24,065		109,500	2,185	8
9	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS 1,205,960	16	3,139,005	3,139,005	109,500	285,019	9
10	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS 1,205,960	16	358,395		109,500	32,542	10
11	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 1,205,960	16	14,876		109,500	1,351	11
12	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS 1,205,960	16	28,298		109,500	2,569	12
13	26	INSURANCE	AVAIL. CENSUS DAYS 1,205,960	16	24,669		109,500	2,240	13
14	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS 1,205,960	16	714,188		109,500	64,848	14
15	30	DEPRECIATION	AVAIL. CENSUS DAYS 1,205,960	16	205,852		109,500	18,691	15
16	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 1,205,960	16	25,740		109,500	2,337	16
17	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 1,205,960	16	92,330		109,500	8,383	17
18	34	PARKING LOT RENT	AVAIL. CENSUS DAYS 1,205,960	16	6,664		109,500	605	18
19	35	AUTO LEASE	AVAIL. CENSUS DAYS 1,205,960	16	53,447		109,500	4,853	19
20	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 1,205,960	16	33,335		109,500	3,027	20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 5,651,481	\$ 3,831,033		\$ 513,149	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Diamond Insurance  
 Street Address 40 Slokie Blvd., Suite 105  
 City / State / Zip Code Northbrook, IL 60062  
 Phone Number ( 847) 599-1002  
 Fax Number ( )

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation			\$	\$		\$ 67,425	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				\$	\$		\$ 67,425	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Maple Leaf Insurance  
 Street Address PO Box 69,720 West Bay Rd.  
 City / State / Zip Code Grand Cayman KY1-1102  
 Phone Number ( )  
 Fax Number ( )

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct Allocation		\$	\$		148,415	1
2	26	Libility Insurance	Direct Allocation					403,911	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				\$	\$		552,326	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Integra Healthcare Equipment, LLC  
 Street Address 747 Church Road  
 City / State / Zip Code Elmhurst, IL  
 Phone Number ( 630) 834-3700  
 Fax Number ( 630) 834-1500

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	39	DME and Medical Supplies	Direct Allocation		\$	\$		\$ 96,818	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				\$	\$		\$ 96,818	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Lifeline Ambulance LLC  
 Street Address 2424 S. Wabash Ave  
 City / State / Zip Code Chicago, IL 60616  
 Phone Number ( 312) 949-9595  
 Fax Number ( 312) 9499262

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	10	Ambulance	Direct Allocation		\$	\$		\$ 29,231	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				\$	\$		\$ 29,231	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/13

Ending: 12/31/13

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 Integra Respiratory Service  
 Street Address 747 Church Road  
 City / State / Zip Code Elmhurst, IL  
 Phone Number ( 630) 834-3700  
 Fax Number ( 630) 834-1500

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	39	Respiratory Service	Direct Allocation		\$	\$		\$ 2,098	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				\$	\$		\$ 2,098	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

# 0049098 Report Period Beginning: 01/01/13 Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance Park South

# 0049098 Report Period Beginning: 01/01/13 Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Renaissance Park South

# 0049098

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

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

1	Name of Lender	2		3	4	5	6		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			
<b>A. Directly Facility Related</b>																	
<b>Long-Term</b>																	
1	Private Bank		X	Mortgage			\$	\$ 16,820,000			\$ 819,583						
2																	
3																	
4																	
5																	
<b>Working Capital</b>																	
6	Private Bank		X	Line of Credit				3,438,619			123,749						
7	Allocated from NuCare		X								831						
8	See Supplemental Schedule										1,506						
9	<b>TOTAL Facility Related</b>						\$	\$ 20,258,619			\$ 945,669						
<b>B. Non-Facility Related*</b>																	
10	Interest Income		X								(8,315)						
11	Interest Income - Bldg Co.		X								(5,370)						
12																	
13																	
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (13,685)						
15	<b>TOTALS (line 9+line14)</b>						\$	\$ 20,258,619			\$ 931,984						

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

\* 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:

01/01/13

Ending:

12/31/13

**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	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
	<b>A. Directly Facility Related</b>															
	<b>Long-Term</b>															
1							\$	\$			\$					
2																
3																
4																
5																
6																
7	<b>TOTAL Long-Term</b>															
	<b>Working Capital</b>															
8	Alloc. From 7257 N. Lincoln		X				\$	\$			\$ 1,506					
9																
10																
11																
12																
13																
14	<b>TOTAL Working Capital</b>										1,506					
	<b>B. Non-Facility Related*</b>															
15							\$	\$			\$					
16																
17																
18																
19																
20	<b>TOTAL Non-Facility Related</b>															

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

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**

<p><b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b></p>			
1. Real Estate Tax accrual used on 2012 report.		\$	<b>537,868</b> 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.)		\$	<b>608,969</b> 2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>71,101</b> 3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>633,195</b> 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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	<b>79,028</b> 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. <b>TOTAL REFUND \$ 137,922 For 2009 - 2010 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>783,324</b> 7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2008	<u>327,675</u>	8
	2009	<u>547,966</u>	9
	2010	<u>432,320</u>	10
	2011	<u>512,255</u>	11
	2012	<u>600,585</u>	12
<b>2013 Accrual = 2012 Tax \$603,043 (including empty lot) x 1.05 = \$633,195</b>			
<b>Allocated from NuCare \$8,383</b>			

	<b>FOR BHF USE ONLY</b>		
13	FROM R. E. TAX STATEMENT FOR 2012	\$	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

## 2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Renaissance Park South COUNTY Cook  
 FACILITY IDPH LICENSE NUMBER 0049098  
 CONTACT PERSON REGARDING THIS REPORT Steve Lavenda  
 TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2012 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2012.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>25-16-316-001-0000</u>	<u>Long Term Care Property</u>	\$ <u>59,560.27</u>	\$ <u>59,560.27</u>
2. <u>25-16-316-002-0000</u>	<u>Long Term Care Property</u>	\$ <u>57,132.96</u>	\$ <u>57,132.96</u>
3. <u>25-16-332-012-0000</u>	<u>Long Term Care Property</u>	\$ <u>195,890.23</u>	\$ <u>195,890.23</u>
4. <u>25-16-332-013-0000</u>	<u>Long Term Care Property</u>	\$ <u>288,001.65</u>	\$ <u>288,001.65</u>
5. <u>25-16-321-001-0000</u>	<u>Empty Lot</u>	\$ <u>967.47</u>	\$ _____
6. <u>25-16-321-002-0000</u>	<u>Empty Lot</u>	\$ <u>496.65</u>	\$ _____
7. <u>25-16-321-003-0000</u>	<u>Empty Lot</u>	\$ <u>496.65</u>	\$ _____
8. <u>25-16-321-004-0000</u>	<u>Empty Lot</u>	\$ <u>496.65</u>	\$ _____
9. <u>See Attached</u>	<u>Allocated from NuCare</u>	\$ <u>88,815.89</u>	\$ <u>8,064.40</u>
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>691,858.42</u></u>	\$ <u><u>608,649.51</u></u>

**B. Real Estate Tax Cost Allocations**

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

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

C.    **Tax Bills**

Attach a copy of the original 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

**PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.**



4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		<b>TOTALS</b>	\$ _____	\$ _____

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

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

Facility Name & ID Number Renaissance Park South

# 0049098 Report Period Beginning:

01/01/13 Ending:

12/31/13

**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/Clinical Const.			14,528	2
3	TOTALS			\$ 869,528	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/13

Ending:

12/31/13

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	300			1976	\$ 7,334,294	\$	39	\$ 366,715	\$ 366,715	\$ 7,303,740	4
5				1994	554,636		39	27,732	27,732	357,786	5
6				1994	3,020		39	151	151	1,939	6
7				1994	106,949		39	5,347	5,347	70,129	7
8											8
	<b>Improvement Type**</b>										
9	Various			1978	750		20			750	9
10	Various			1979	12,807		20			12,749	10
11	Various			1980	35,915		20			35,915	11
12	Various			1981	13,910		20			13,910	12
13	Various			1982	8,814		20			8,814	13
14	Various			1983	12,936		20			12,936	14
15	Various			1984	20,560		20			20,560	15
16	Various			1985	18,883		20			18,874	16
17	Various			1986	2,456		20			2,456	17
18	Various			1987	4,000		20	127	127	3,353	18
19	Various			1988	82,596		20	2,622	2,622	66,118	19
20	Various			1989	1,225		20	39	39	950	20
21	Various			1990	91,597		20	1,128	1,128	72,455	21
22	Various			1993	53,620		20	1,136	1,136	53,610	22
23	Various			1995	137,949		20	6,733	6,733	126,976	23
24	Various			1996	519,100		20	26,418	26,418	477,728	24
25	Various			1997	76,548		20	3,747	3,747	63,766	25
26	Various			1998	77,488		20	3,874	3,874	60,109	26
27	Various			1999	278,572		20	13,863	13,863	206,350	27
28	Various			2000	48,393		20	2,246	2,246	30,750	28
29	Various			2001	97,460		20	4,812	4,812	60,462	29
30	Various			2002	25,280		20			25,280	30
31	Various			2003	461,684		20	28,955	28,955	400,175	31
32	Various			2004	62,146		20	3,240	3,240	60,891	32
33	Various			2005	94,134		20	3,287	3,287	97,732	33
34	Various			2006	114,124		20	4,229	4,229	103,203	34
35	Various			2007	377,501		20	26,885	26,885	187,583	35
36	Various			2008	823,017		20	42,069	42,069	240,740	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 and Improvement Costs-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 Various	2009	\$ 267,116	\$	20	\$ 20,502	\$ 20,502	\$ 91,783	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)		50,886	220,679		326	(220,353)	46,055	67
68 Related Party Allocations (Pages 12H & 12I)		207,272	9,402		7,721	(1,681)	65,802	68
69 Financial Statement Depreciation			163,579			(163,579)		69
70 TOTAL (lines 4 thru 69)		\$ 12,077,639	\$ 393,660		\$ 603,904	\$ 210,244	\$ 10,402,427	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/13

Ending:

12/31/13

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 12,077,639	\$ 393,660		\$ 603,904	\$ 210,244	\$ 10,402,427	1
2	Reverse Prior Year Remodeling Work	2010	(6,112)		20	(306)	(306)	(1,222)	2
3	Bathroom Fixtures & Appliances	2010	7,087		20	354	354	1,152	3
4	Kitchen Remodeling-Walls, Plumbing, Electrical Work, Cabinetry	2010	16,778		20	839	839	2,866	4
5	Shower Room Remodeling-Walls, Electrical Work, Fixtures	2010	41,069		20	2,053	2,053	7,016	5
6	Wanderguard System	2010	3,745		20	187	187	609	6
7	Light Fixtures And Wallpaper	2010	5,099		20	255	255	999	7
8	Cables, Dvr, Monitors	2010	4,396		20	440	440	1,758	8
9	Painting	2010	35,705		20	1,785	1,785	7,141	9
10	Crown Molding, Partitions	2010	12,050		20	603	603	2,410	10
11	Exhaust Fans	2010	4,189		20	209	209	838	11
12	Upgrade Fire System	2010	3,524		20	503	503	1,888	12
13	Rooftop Air Conditioner	2010	65,684		20	5,474	5,474	19,158	13
14	Landscaping Improvements	2010	6,500		20	433	433	1,517	14
15	Electrical For Chiller	2010	4,820		20	241	241	823	15
16	Boiler Repairs	2010	6,509		20	325	325	1,275	16
17	Painting Of 54 Rooms On 3Rd Flr, Patch Holes And Cracks In Wa	2011	11,000		20	550	550	1,558	17
18	Fabricate, Install And Secur To Wall 30 Linear Ft. Upper Storage	2011	5,000		20	1,000	1,000	2,917	18
19	10 Cubicle Curtain Color Dune, 10 Cubicle Color Harvest	2011	2,830		20	566	566	1,509	19
20	Labor And Materials To Replace R&R Door Board Of South Elev	2011	4,195		20	210	210	559	20
21	Painting 56 Rooms, Door Frames, Install Base Moldings On 2Nd F	2011	17,500		20	875	875	2,260	21
22	Bathroom Remodel - Lighting, Ceiling, Shower, Tile, Sinks, Toilets	2011	63,980		20	3,199	3,199	8,264	22
23	Bathroom Remodel - Drywall, Paint, Tile, Mirror, Sink, Toilet	2011	2,800		20	140	140	338	23
24	Widen Entrance To 3 North And 2 North Tub Rooms, Furnish/Ins	2011	2,996		20	150	150	362	24
25	Bathroom Remodel - Drywall, Paint, Tile, Mirror, Sink, Toilet	2011	2,800		20	140	140	327	25
26	Install Security System-1 Camera Outside North Wall, 2 Cameras	2011	8,580		20	1,226	1,226	2,758	26
27	Fan Motors And Exhausts Vents On Roof	2011	5,558		20	278	278	672	27
28	Hot Water Repair	2011	2,760		20	138	138	414	28
29	Replace Hot Water Boiler	2012	8,495		20	425	425	814	29
30	Sprinkler System Modifications	2012	16,748		20	2,393	2,393	2,991	30
31	Remove & Replace 25Hp Hydraulic Motor	2012	4,800		20	240	240	240	31
32	Fire Alarm System Device Installation	2013	3,215		20	161	161	161	32
33	Elevator Doors	2013	10,061		20	461	461	461	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,461,999	\$ 393,660		\$ 629,451	\$ 235,791	\$ 10,477,259	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 12,461,999	\$ 393,660		\$ 629,451	\$ 235,791	\$ 10,477,259	1
2	Wifi Cable Wiring	2013	5,500		20	917	917	917	2
3	Receptacles For Kiosks	2013	3,045		20	406	406	406	3
4	Light Fixtures	2013	4,160		20	208	208	208	4
5	Door Operator Package For Car #3	2013	10,062		20	84	84	84	5
6	Back Flow Repairs	2013	2,725		20	136	136	136	6
7	Supply Terminate & Perform Functional Testing Of Remote E Sto	2013	3,455		20	173	173	173	7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,490,946	\$ 393,660		\$ 631,374	\$ 237,714	\$ 10,479,182	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 and Improvement Costs-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		\$ 12,490,946	\$ 393,660		\$ 631,374	\$ 237,714	\$ 10,479,182	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)	\$ 12,490,946	\$ 393,660		\$ 631,374	\$ 237,714	\$ 10,479,182	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:

01/01/13

Ending:

12/31/13

**XI. OWNERSHIP COSTS (continued)**

**B. Building and Improvement Costs-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		\$ 12,490,946	\$ 393,660		\$ 631,374	\$ 237,714	\$ 10,479,182	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)	\$ 12,490,946	\$ 393,660		\$ 631,374	\$ 237,714	\$ 10,479,182	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Building Company Information</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3									3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements</b>								8
9	Landscaping	1994	25,996		20			25,996	9
10	Sprinkler System	1994	8,900		20			8,900	10
11	Sign- Awning	1994	9,474		20			9,474	11
12	Repair Hot Water System Causing Flood	2008	3,256		20	163	163	856	12
13	Installation of 240 Volt Line for Hall Heater; Removed & Replaced	2008	3,260		20	163	163	829	13
14									14
15	Depreciation			220,679			(220,679)		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:

01/01/13

Ending:

12/31/13

**XI. OWNERSHIP COSTS (continued)**

**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	<b>Building Company Information Continued</b>								
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
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24									
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26									
27									
28									
29									
30									
31									
32									
33									
34	<b>TOTAL (12F &amp; 12G lines 1 thru 33)</b>		\$ 50,886	\$ 220,679		\$ 326	\$ (220,353)	\$ 46,055	

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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Related Party Information</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3	Allocated from 7257 N. Lincoln Ave, LLC	2004	130,751	3,352	20	3,736	384	37,824	3
4									4
5									5
6									6
7									7
8	<b>Leasehold Information</b>								8
9	Allocated from NuCare Services Corp.	2003	1,064	102	20	53	(49)	538	9
10	Allocated from NuCare Services Corp.	2004	21,593	2,078	20	1,081	(997)	10,497	10
11	Allocated from NuCare Services Corp.	2005	1,280	123	20	64	(59)	567	11
12	Allocated from NuCare Services Corp.	2006	1,736	167	20	87	(80)	639	12
13	Allocated from NuCare Services Corp.	2008	1,830	176	20	91	(85)	481	13
14	Allocated from NuCare Services Corp.	2009	29,457	2,834	20	1,473	(1,361)	6,790	14
15	Allocated from NuCare Services Corp.	2010	4,527	436	20	226	(210)	794	15
16	Allocated from NuCare Services Corp.	2011	245	24	20	12	(12)	36	16
17	Allocated from NuCare Services Corp.	2012	272	26	20	14	(12)	24	17
18									18
19	Allocated from 7257 N. Lincoln Ave, LLC	2005	11,919	84	20	754	670	6,378	19
20	Allocated from 7257 N. Lincoln Ave, LLC	2004	2,598		20	130	130	1,234	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:

01/01/13

Ending:

12/31/13

**XI. OWNERSHIP COSTS (continued)**

**B. Building and Improvement Costs-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)	\$ 207,272	\$ 9,402		\$ 7,721	\$ (1,681)	\$ 65,802	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 Costs-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	\$ 1,012,345	\$ 8,632	\$ 93,406	\$ 84,774	10	\$ 727,184	71
72	Current Year Purchases	98,151	580	11,846	11,266	10	11,846	72
73	Fully Depreciated Assets	1,731,495		6	6	10	1,731,495	73
74								74
75	TOTALS	\$ 2,841,990	\$ 9,212	\$ 105,258	\$ 96,046		\$ 2,470,524	75

D. Vehicle Costs. (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	2013	\$ 804	\$ 77	\$ 161	\$ 84	5	\$ 550	76
77										77
78										78
79										79
80	TOTALS			\$ 804	\$ 77	\$ 161	\$ 84		\$ 550	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)	\$ 16,203,268	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 402,949	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 736,794	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 333,845	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 12,950,257	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	Land - 2012	\$ 44,811	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 44,811	\$	\$	91

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Storage Unit				7,369			5
6	Allocated from Nucare				605			6
7	TOTAL				\$ 7,974			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

12. \_\_\_\_\_ /2014 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2015 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2016 \$ \_\_\_\_\_

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: \$ 43,104 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	Allocated from Nucare		\$	\$ 4,853	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 4,853	21

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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	<b>TOTALS</b>	\$	\$	\$	\$
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**

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	794,155	\$		\$	794,155	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				267,787				267,787	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				742,887				742,887	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescrpts					333,388			333,388	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						29,080	253,824			282,904	13
14	TOTAL			\$		\$	1,833,909	\$	587,212	\$	2,421,121	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance Park South

# 0049098

Report Period Beginning: 01/01/13

Ending:

12/31/13

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 7,438	\$ 2,620,851	1
2	Cash-Patient Deposits	18,169	18,169	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	4,691,163	4,691,163	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	16,199	16,199	6
7	Other Prepaid Expenses	5,049	5,049	7
8	Accounts Receivable (owners or related parties)	603,973	603,973	8
9	Other(specify): <u>See Attached Schedule</u>	14,240	14,240	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 5,356,231	\$ 7,969,644	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		899,811	13
14	Buildings, at Historical Cost		7,998,898	14
15	Leasehold Improvements, at Historical Cost	3,452,553	3,493,965	15
16	Equipment, at Historical Cost	3,289,753	4,293,233	16
17	Accumulated Depreciation (book methods)	(4,364,409)	(9,453,239)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	4,718,686	11,498,461	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 7,096,583	\$ 18,731,129	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 12,452,814	\$ 26,700,773	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 2,906,232	\$ 2,919,231	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	20,582	20,582	28
29	Short-Term Notes Payable	3,438,619	3,438,619	29
30	Accrued Salaries Payable	645,390	645,390	30
31	Accrued Taxes Payable (excluding real estate taxes)	74,674	74,674	31
32	Accrued Real Estate Taxes(Sch.IX-B)		633,195	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Attached Schedule</u>	868,783	868,783	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 7,954,280	\$ 8,600,474	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		16,820,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>See Attached Schedule</u>	3,201,719	3,201,719	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 3,201,719	\$ 20,021,719	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 11,155,999	\$ 28,622,193	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,296,815	\$ (1,921,420)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 12,452,814	\$ 26,700,773	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,770,172	1
2	Restatements (describe):		2
3	Rounding	3	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,770,175	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(473,360)	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)	\$ (473,360)	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,296,815	24 *

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 14,245,637	1
2	Discounts and Allowances for all Levels	(1,794,635)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 12,451,002</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,009,341	6
7	Oxygen	13,487	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 5,022,828</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	683,103	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	154,554	19
20	Radiology and X-Ray	76,620	20
21	Other Medical Services	142,581	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 1,056,858</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions	69	24
25	Interest and Other Investment Income***	8,315	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 8,384</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Supplemental Schedule	138,409	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 138,409</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 18,677,481</b>	<b>30</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,334,151	31
32	Health Care	6,546,877	32
33	General Administration	4,907,153	33
<b>B. Capital Expense</b>			
34	Ownership	2,254,774	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,490,189	35
36	Provider Participation Fee	617,697	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 19,150,841</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(473,360)</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (473,360)</b>	<b>43</b>

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 9,252,577	44
45	Private Pay - Net Inpatient Revenue	338,733	45
46	Medicare - Net Inpatient Revenue	2,175,337	46
47	Other-(specify) CCHHS	72,408	47
48	Other-(specify) Managed Care, Hospice, Veteran	611,947	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 12,451,002</b>	<b>49</b>

\* 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.

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

**SEE ACCOUNTANTS' COMPILATION REPORT**

Facility Name & ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	6,954	7,306	\$ 235,545	\$ 32.24	1
2	Assistant Director of Nursing	1,965	2,205	83,531	37.88	2
3	Registered Nurses	38,526	43,724	1,350,691	30.89	3
4	Licensed Practical Nurses	63,268	70,539	1,755,212	24.88	4
5	CNAs & Orderlies	164,753	177,091	1,778,030	10.04	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,757	12,728	133,851	10.52	8
9	Activity Director	2,067	2,119	35,102	16.57	9
10	Activity Assistants	7,121	7,703	78,720	10.22	10
11	Social Service Workers	7,031	7,866	171,586	21.81	11
12	Dietician	3,839	4,345	103,593	23.84	12
13	Food Service Supervisor					13
14	Head Cook	7,206	7,875	88,145	11.19	14
15	Cook Helpers/Assistants	24,997	27,062	262,896	9.71	15
16	Dishwashers					16
17	Maintenance Workers	4,350	4,545	127,006	27.94	17
18	Housekeepers	27,239	29,003	291,358	10.05	18
19	Laundry	13,679	14,369	184,521	12.84	19
20	Administrator	1,931	2,189	159,070	72.67	20
21	Assistant Administrator	1,950	2,186	75,430	34.51	21
22	Other Administrative					22
23	Office Manager	1,951	2,038	42,003	20.61	23
24	Clerical	9,384	10,093	201,043	19.92	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	1,989	2,106	36,890	17.52	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	5,741	6,220	136,898	22.01	33
34	TOTAL (lines 1 - 33)	401,698	443,312	\$ 7,331,121 *	\$ 16.54	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	315	\$ 14,811	01-03	35
36	Medical Director	Monthly	30,700	09-03	36
37	Medical Records Consultant	Monthly	81,150	10-03	37
38	Nurse Consultant	399	19,610	10-03	38
39	Pharmacist Consultant	Monthly	16,126	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	51	3,081	12-03	45
46	Other(specify)				46
47	Psychiatric Consultant	\$100/per eval	800	12-03	47
48					48
49	TOTAL (lines 35 - 48)	764	\$ 166,278		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Rolando Carter	Administrator	0	\$ 159,070	Workers' Compensation Insurance	\$ 274,454	IDPH License Fee	\$		
Yolanda Brown	Assist. Admin.	0	75,430	Unemployment Compensation Insurance	286,924	Advertising: Employee Recruitment	570		
				FICA Taxes	536,627	Health Care Worker Background Check			
				Employee Health Insurance	300,324	(Indicate # of checks performed 737 )	15,711		
				Employee Meals	35,825	Patient Background Checks			
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	18,839		
				Chicago Head Tax	3,352	Licenses & Inspections	8,311		
				Pension	25,961	Advertising & Promotion	63,713		
				Dental Insurance	499	Allocated from NuCare	2,185		
				Vision Insurance	54				
				401K Matching Expense	5,874	Less: Public Relations Expense	( )		
				Other Employee Benefits	29,832	Non-allowable advertising	(63,713)		
						Yellow page advertising	( )		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)			
\$ 234,500				\$ 1,499,725		\$ 45,616			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
Bookkeeping Fees- NuCare Services			\$ 841,389			\$	Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense		12,353
\$ 841,389				\$			Allocated from NuCare		1,351
C. Professional Services							Entertainment Expense		
Vendor/Payee	Type		Amount				(agree to Sch. V, line 24, col. 8)		
Frost, Ruttenberg, & Rothblatt	Accounting		\$ 33,440				TOTAL		\$ 13,704
McGladrey, LLP	Accounting		280						
See Attached	Legal Fees		116,030						
Personnel Planners	Unemployment Consult.		7,740						
Curaspan Inc.	Computer Services		2,900						
E-Health Data Solutions	Computer Services		5,112						
HDSI	Computer Services		6,914						
On Shift Inc.	Computer Services		17,280						
Providence Mgmt & Develop	Computer Services		17,041						
Providigm LLC	Computer Services		899						
PSD Solutions	Computer Services		1,260						
See Supplemental Schedule			18,732						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)									
\$ 227,627									

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance Park South

# 0049098

Report Period Beginning:

01/01/13

Ending:

12/31/13

## 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. IL Council on LTC \$29,640
- (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. \$ 1,404 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. \$ 617,697  
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.

## SEE ACCOUNTANTS' COMPILATION REPORT

- (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% 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.