FOR BHF USE

LL1

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

I. IDPH License ID Number: 0042085

Facility Name: Renaissance At South Shore

Address: 2425 East 71St St. (Number) Chicago (City) 60616 (Zip Code)

County: Cook

Telephone Number: (773) 721-5000 **Fax #** (773) 721-6850

HFS ID Number:

Date of Initial License for Current Owners: 10/23/98

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steve Lavenda **Telephone Number:** (847) 236-1111
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/12 to 12/31/12 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) (Date)
(Print Name and Title) Kimberley A. Waite, C.P.A.
(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfingsten Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 236-1111 Fax # (847) 236-1155

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

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

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	248	Skilled (SNF)	248	90,768	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	248	TOTALS	248	90,768	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF			14,004	14,004	8
9	SNF/PED					9
10	ICF	65,403	2,562	1,453	69,418	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	65,403	2,562	15,457	83,422	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.91%

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 [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 10/23/1998

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 10/23/1998 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 248 and days of care provided 13,267

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2012 Fiscal Year: 12/31/2012

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	444,627	81,840	13,924	540,391		540,391		540,391			1
2	Food Purchase		401,347		401,347	(22,106)	379,241	(123)	379,118			2
3	Housekeeping	248,583	42,678		291,261		291,261		291,261			3
4	Laundry	144,646	36,342		180,988		180,988		180,988			4
5	Heat and Other Utilities			210,929	210,929		210,929	(5,306)	205,623			5
6	Maintenance	104,411	84,583	211,738	400,732		400,732	17,616	418,348			6
7	Other (specify):*											7
8	**TOTAL General Services**	942,267	646,790	436,591	2,025,648	(22,106)	2,003,542	12,188	2,015,729			8
	B. Health Care and Programs											
9	Medical Director			83,917	83,917		83,917		83,917			9
10	Nursing and Medical Records	5,226,642	797,143	61,923	6,085,708		6,085,708	5,855	6,091,563			10
10a	Therapy	78,828			78,828		78,828		78,828			10a
11	Activities	212,795	7,414		220,209		220,209	551	220,760			11
12	Social Services	160,626		1,950	162,576		162,576		162,576			12
13	CNA Training											13
14	Program Transportation			2,037	2,037		2,037		2,037			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	5,678,891	804,557	149,827	6,633,275		6,633,275	6,406	6,639,681			16
	C. General Administration											
17	Administrative	194,200		916,924	1,111,124		1,111,124	(871,667)	239,457			17
18	Directors Fees											18
19	Professional Services			178,139	178,139	(123)	178,016	(56,955)	121,061			19
20	Dues, Fees, Subscriptions & Promotions			120,891	120,891		120,891	(67,948)	52,943			20
21	Clerical & General Office Expenses	224,953	52,752	788,728	1,066,433		1,066,433	(499,044)	567,389			21
22	Employee Benefits & Payroll Taxes			1,486,760	1,486,760	22,106	1,508,866		1,508,866			22
23	Inservice Training & Education											23
24	Travel and Seminar			6,401	6,401		6,401	(3,246)	3,155			24
25	Other Admin. Staff Transportation			5,148	5,148		5,148	1,732	6,880			25
26	Insurance-Prop.Liab.Malpractice			1,141,860	1,141,860		1,141,860	248	1,142,108			26
27	Other (specify):*							46,858	46,858			27
28	**TOTAL General Administration**	419,153	52,752	4,644,851	5,116,756	21,984	5,138,740	(1,450,023)	3,688,716			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	7,040,311	1,504,099	5,231,269	13,775,679	(123)	13,775,556	(1,431,430)	12,344,126			29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			259,645	259,645		259,645	(7,504)	252,141			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			47,868	47,868		47,868	(1,020)	46,848			32
33	Real Estate Taxes			528,205	528,205	123	528,328	7,887	536,215			33
34	Rent-Facility & Grounds			1,944,557	1,944,557		1,944,557	483	1,945,040			34
35	Rent-Equipment & Vehicles			25,569	25,569		25,569	5,922	31,491			35
36	Other (specify):*											36
37	TOTAL Ownership			2,805,844	2,805,844	123	2,805,967	5,768	2,811,735			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	23,691	679,804	1,262,520	1,966,015		1,966,015	(31,514)	1,934,501			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			451,320	451,320		451,320		451,320			42
43	Other (specify):*	187,707		190,472	378,179		378,179	(378,179)	(0)			43
44	TOTAL Special Cost Centers	211,398	679,804	1,904,312	2,795,514		2,795,514	(409,693)	2,385,821			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,251,709	2,183,903	9,941,425	19,377,037	(0)	19,377,037	(1,835,355)	17,541,682			45

THE TOTAL FOR COLUMN 5 MUST BE ZERO,PLEASE CORRECT

*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 At South Shore # 0042085 Report Period Beginning: 01/01/12 Ending: 12/31/12

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 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	(8,056)	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	(17,253)	30		9
10	Interest and Other Investment Income	(2,963)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(123)	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	(64,742)	21		18
19	Entertainment	(2,728)	24		19
20	Contributions	(29,125)	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	(609,595)	21		24
25	Fund Raising, Advertising and Promotional	(28,680)	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	(494,783)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (1,258,048)		$	30

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 Amount	2 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)	(577,307)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (577,307)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,835,355)		37

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Renaissance At South Shore

ID# 0042085

Report Period Beginning: 01/01/12

Ending: 12/31/12

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Record Copies	$ (1,306)	10	1
2	Jury Duty Income	(146)	10	2
3	Patient Needs	(14,266)	10	3
4	Patient Clothing	(742)	10	4
5	Community Related Wages	(82,776)	43	5
6	Guest Related Wages	(49,998)	43	6
7	Bank Charges	(18,107)	21	7
8	Collection Expense	(19,583)	21	8
9	Annual Reports	(200)	20	9
10	COPE Dues	(10,528)	20	10
11	Non-Allowable State Seminars	(955)	24	11
12	Non-Allowable Admin. Fees	(190,472)	43	12
13	Non-Allowable Legal	(61,245)	19	13
14	Marketing Salaries	(54,933)	43	14
15	Capitalized R&M	(2,800)	06	15
16	Additional R&M	13,273	06	16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(494,783)		49

Renaissance At South Shore

ID# 0042085

Report Period Beginning: 01/01/12

Ending: 12/31/12

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

STATE OF ILLINOIS **Summary A**

Facility Name & ID Number Renaissance At South Shore **#** 0042085 **Report Period Beginning:** 01/01/12 **Ending:** 12/31/12

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary													1
2	Food Purchase	(123)											(123)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(8,056)		2,750									(5,306)	5
6	Maintenance	10,473		7,075	68								17,616	6
7	Other (specify):*													7
8	**TOTAL General Services**	2,294		9,826	68								12,188	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(16,460)		8,673	13,642								5,855	10
10a	Therapy													10a
11	Activities				551								551	11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	**TOTAL Health Care and Programs**	(16,460)		8,673	14,192								6,406	16
	C. General Administration													
17	Administrative			(812,105)	(69,766)	10,204							(871,667)	17
18	Directors Fees													18
19	Professional Services	(61,245)		3,779		510							(56,955)	19
20	Fees, Subscriptions & Promotions	(68,532)		490	94								(67,948)	20
21	Clerical & General Office Expenses	(712,027)		183,667	24,899	4,417							(499,044)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(3,683)		128	308								(3,246)	24
25	Other Admin. Staff Transportation			1,330	402								1,732	25
26	Insurance-Prop.Liab.Malpractice			141	107								248	26
27	Other (specify):*			43,994	1,636	1,228							46,858	27
28	**TOTAL General Administration**	(845,487)		(578,576)	(42,320)	16,359							(1,450,023)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(859,653)		(560,077)	(28,059)	16,359							(1,431,430)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number **Renaissance At South Shore** **# 0042085** **Report Period Beginning:** **01/01/12** **Ending:** **12/31/12**

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

	Capital Expense D. Ownership	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
30	Depreciation	(17,253)		9,609	140								(7,504)	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(2,963)		1,841	102								(1,020)	32
33	Real Estate Taxes			7,887									7,887	33
34	Rent-Facility & Grounds			483									483	34
35	Rent-Equipment & Vehicles			5,535	387								5,922	35
36	Other (specify):*													36
37	**TOTAL Ownership**	(20,216)		25,355	629								5,768	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers							(31,514)					(31,514)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(378,179)											(378,179)	43
44	**TOTAL Special Cost Centers**	(378,179)						(31,514)					(409,693)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(1,258,048)		(534,722)	(27,430)	16,359		(31,514)					(1,835,355)	45

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

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

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

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

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	$	NUCARE SERVICES CORP.	100.00%	$ 2,750	$ 2,750	15
16	V	6	REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	7,075	7,075	16
17	V	10	CLINICAL SALARIES		NUCARE SERVICES CORP.	100.00%	8,673	8,673	17
18	V	17	ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	35,053	35,053	18
19	V	19	PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	3,779	3,779	19
20	V	20	FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	490	490	20
21	V	21	CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	183,667	183,667	21
22	V	24	SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	128	128	22
23	V	25	ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	1,330	1,330	23
24	V	26	INSURANCE		NUCARE SERVICES CORP.	100.00%	141	141	24
25	V	27	EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	43,994	43,994	25
26	V	30	DEPRECIATION		NUCARE SERVICES CORP.	100.00%	9,609	9,609	26
27	V	32	INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	1,841	1,841	27
28	V	33	REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	7,887	7,887	28
29	V	34	PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	483	483	29
30	V	35	EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	5,535	5,535	30
31	V								31
32	V	17	BOOKKEEPING FEES	847,158	NUCARE SERVICES CORP.	100.00%		(847,158)	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 847,158			$ 312,436	$ * (534,722)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	REPAIRS / MINOR EQUIPMENT	$	CLINICAL CONSULTING SERVICES, LLC	100.00%	$ 68	$ 68	15
16	V	10	CLINICAL SALARIES		CLINICAL CONSULTING SERVICES, LLC	100.00%	13,642	13,642	16
17	V	11	ACTIVITY CONSULTANT		CLINICAL CONSULTING SERVICES, LLC	100.00%	551	551	17
18	V	19	PROFESSIONAL FEES		CLINICAL CONSULTING SERVICES, LLC	100.00%			18
19	V	20	DUES, LICENSE & INSPECTION		CLINICAL CONSULTING SERVICES, LLC	100.00%	94	94	19
20	V	21	OFFICE WAGES		CLINICAL CONSULTING SERVICES, LLC	100.00%	23,671	23,671	20
21	V	21	OFFICE EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,228	1,228	21
22	V	24	CONTINUING EDUCATION / SEMINAR		CLINICAL CONSULTING SERVICES, LLC	100.00%	308	308	22
23	V	25	AUTO EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	402	402	23
24	V	26	AUTO INSURANCE		CLINICAL CONSULTING SERVICES, LLC	100.00%	107	107	24
25	V	27	PAYROLL TAXES		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,643	1,643	25
26	V	27	OTHER EMPLOYEE BENEFITS		CLINICAL CONSULTING SERVICES, LLC	100.00%	(7)	(7)	26
27	V	30	DEPRECIATION		CLINICAL CONSULTING SERVICES, LLC	100.00%	140	140	27
28	V	32	INTEREST		CLINICAL CONSULTING SERVICES, LLC	100.00%	102	102	28
29	V	34	RENT		CLINICAL CONSULTING SERVICES, LLC	100.00%			29
30	V	35	AUTO LEASE		CLINICAL CONSULTING SERVICES, LLC	100.00%	387	387	30
31	V								31
32	V	17	ADMINISTRATIVE FEES	69,766	CLINICAL CONSULTING SERVICES, LLC			(69,766)	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 69,766			$ 42,336	$ * (27,430)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	J. RAJCHENBACH-COMP.	$	JLR FINANCIAL SERVICES CORP.	100.00%	$ 10,204	$ 10,204	15
16	V	19	PROFESSIONAL FEES		JLR FINANCIAL SERVICES CORP.	100.00%	510	510	16
17	V	21	OFFICE		JLR FINANCIAL SERVICES CORP.	100.00%	4,417	4,417	17
18	V	27	EMPLOYEE BENEFITS		JLR FINANCIAL SERVICES CORP.	100.00%	1,228	1,228	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			$			$ 16,359	$ * 16,359	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Workmans Comp	$ 344,927	DIAMOND INSURANCE	100.00%	$ 344,927	$	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			$ 344,927			$ 344,927	$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	DME and Medical Supplies	171,549	Integra Healthcare Equipment	100.00%	140,035	$ (31,514)	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			$ 171,549			$ 140,035	$ * (31,514)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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	4.82%	CHEVY CHASE CORP. D/B/A BRONZEVILLE PARK NURSING & REH	CHICAGO	CLINICAL CONSULTING SERV.	LINCOLNWOOD	CLINICAL CONSULTING	1
2	JONATHAN BRYAN STERN TRUST 2001	0.87%	CALIFORNIA GARDENS CORP.	CHICAGO	QUEST SERVICES CORP.	LINCOLNWOOD	MARKETING	2
3	MARSHALL A. MAUER	6.15%	CLAREMONT EXTENDED HEALTHCARE, L.L.C.	BUFFALO GROVE	JLR FINANCIAL SERVICES COI	LINCOLNWOOD	MANAGEMENT CO.	3
4	MAURICE I. AARON	4.67%	CLARIDGE IMPERIAL, LTD.	CHICAGO	SEASONS HOSPICE	PARK RIDGE	HOSPICE	4
5	ORIOLE TRUST	4.87%	JACKSON CORP.	CHICAGO	KFT SERVICES, LLC	LINCOLNWOOD	MANAGEMENT CO.	5
6	RAJCHENBACH FAMILY TRUST	24.68%	MONROE CORP.	CHICAGO	7257 N. LINCOLN AVENUE, LLC	LINCOLNWOOD	BUILDING RENTAL	6
7	ROBERT HARTMAN FAMILY TRUST	21.00%	THE RENAISSANCE AT 87TH STREET, INC.	CHICAGO	NUCARE SERVICES	LINCOLNWOOD	BOOKKEEPING	7
8	SUSAN L. STERN	4.82%	ARIA POST ACUTE CARE	HILLSIDE	DRAKE LOUIS ENTERPRISE, LL	LINCOLNWOOD	MANAGEMENT CO.	8
9	TODD ANDREW STERN TRUST 2001	0.87%	THE RENAISSANCE AT MIDWAY, INC.	CHICAGO	DIAMOND INSURANCE	NORTHBROOK	WORKERS COMP	9
10	MARK HOLLANDER DISCRETIONARY TRUST	8.31%	RENAISSANCE EAST	MESA, ARIZONA	INTEGRA HEALTHCARE EQUIP	ELMHURST	DME & MEDICAL SUPPL	10
11	SHARON HOLLANDER DISCRETIONARY TRUST	8.31%	RENAISSANCE PARK SOUTH, LLC	CHICAGO	LIFELINE AMBULANCE, LLC	CHICAGO	AMBULANCE	11
12	FEIGE C. KNOBEL DISCRETIONARY TRUST	8.31%	RENAISSANCE VILLAGE AL	MESA, ARIZONA				12
13	JONATHAN ARON	1.45%	RENAISSANCE VILLAGE IL	MESA, ARIZONA				13
14	EVAN MICHAEL STERN 2005 TRUST	0.87%	RENAISSANCE WEST	MESA, ARIZONA				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

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

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

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

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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Jack Rajchenbach	Relative	Administrative	0%	See Attached	5	8.33%	Alloc. Salary	$ 10,204	17-07	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	$ 10,204		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

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

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 [X]

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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 At South Shore # 0042085 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 [X] NO [ ]

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS	1,228,556	15	$ 37,226	$	90,768	$ 2,750	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	1,228,556	15	95,768		90,768	7,075	2
3	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,228,556	15	117,394	117,394	90,768	8,673	3
4	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	1,228,556	15	474,443	462,325	90,768	35,053	4
5	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,228,556	15	51,153		90,768	3,779	5
6	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,228,556	15	6,629		90,768	490	6
7	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	1,228,556	15	2,485,957	1,190,733	90,768	183,667	7
8	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,228,556	15	1,734		90,768	128	8
9	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	1,228,556	15	18,004		90,768	1,330	9
10	26	INSURANCE	AVAIL. CENSUS DAYS	1,228,556	15	1,913		90,768	141	10
11	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	1,228,556	15	595,462		90,768	43,994	11
12	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,228,556	15	130,061		90,768	9,609	12
13	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,228,556	15	24,917		90,768	1,841	13
14	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,228,556	15	106,750		90,768	7,887	14
15	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,228,556	15	6,532		90,768	483	15
16	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,228,556	15	74,917		90,768	5,535	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 4,228,859	$ 1,770,453		$ 312,436	25

SEE ACCOUNTANTS' COMPILATION REPORT

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

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 [X] NO [ ]

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6	REPAIRS / MINOR EQUIPMENT	BED DAYS AVAILABLE	1,228,556	15	$ 920	$	90,768	$ 68	1
2	10	CLINICAL SALARIES	BED DAYS AVAILABLE	1,228,556	15	184,643	184,643	90,768	13,642	2
3	11	ACTIVITY CONSULTANT	BED DAYS AVAILABLE	1,228,556	15	7,452	7,452	90,768	551	3
4	19	PROFESSIONAL FEES	BED DAYS AVAILABLE	1,228,556	15			90,768		4
5	20	DUES, LICENSE & INSPECTION	BED DAYS AVAILABLE	1,228,556	15	1,272		90,768	94	5
6	21	OFFICE WAGES	BED DAYS AVAILABLE	1,228,556	15	320,385	320,385	90,768	23,671	6
7	21	OFFICE EXPENSE	BED DAYS AVAILABLE	1,228,556	15	16,624		90,768	1,228	7
8	24	CONTINUING EDUCATION / SE	BED DAYS AVAILABLE	1,228,556	15	4,175		90,768	308	8
9	25	AUTO EXPENSE	BED DAYS AVAILABLE	1,228,556	15	5,436		90,768	402	9
10	26	AUTO INSURANCE	BED DAYS AVAILABLE	1,228,556	15	1,447		90,768	107	10
11	27	PAYROLL TAXES	BED DAYS AVAILABLE	1,228,556	15	22,241		90,768	1,643	11
12	27	OTHER EMPLOYEE BENEFITS	BED DAYS AVAILABLE	1,228,556	15	(91)		90,768	(7)	12
13	30	DEPRECIATION	BED DAYS AVAILABLE	1,228,556	15	1,892		90,768	140	13
14	32	INTEREST	BED DAYS AVAILABLE	1,228,556	15	1,384		90,768	102	14
15	34	RENT	BED DAYS AVAILABLE	1,228,556	15			90,768		15
16	35	AUTO LEASE	BED DAYS AVAILABLE	1,228,556	15	5,242		90,768	387	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 573,023	$ 512,480		$ 42,336	25

SEE ACCOUNTANTS' COMPILATION REPORT

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

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 [X] NO [ ]

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	49	10	$ 100,000	$ 100,000	5	$ 10,204	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	49	10	5,000		5	510	2
3	21	OFFICE	AVG. HOURS WORKED	49	10	43,284	43,284	5	4,417	3
4	27	EMPLOYEE BENEFITS	AVG. HOURS WORKED	49	10	12,031		5	1,228	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					$ 160,315	$ 143,284		$ 16,359	25

SEE ACCOUNTANTS' COMPILATION REPORT

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

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 [X] NO [ ]

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	Workers Compensation	Direct Allocation			$	$		$ 344,927	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					$	$		$ 344,927	25

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

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 X NO

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	39	DME and Medical Supplies	Direct Allocation						140,035	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					$	$		$ 140,035	25

SEE ACCOUNTANTS' COMPILATION REPORT

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

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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 At South Shore # 0042085 Report Period Beginning: 01/01/12 Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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 At South Shore # 0042085 Report Period Beginning: 01/01/12 Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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 At South Shore # 0042085 Report Period Beginning: 01/01/12 Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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 At South Shore # 0042085 Report Period Beginning: 01/01/12 Ending: 12/31/12

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5	See Supplemental Schedule											5
	Working Capital											
6	Bank of America		X	Line of Credit				2,650,000			47,868	6
7												7
8	See Supplemental Schedule											8
9	TOTAL Facility Related						$	$ 2,650,000			$ 47,868	9
	B. Non-Facility Related*											
10	Interest Income		X								(2,963)	10
11	Alloc from Nucare										1,841	11
12	Alloc from Clinical Consult										102	12
13	See Supplemental Schedule											13
14	TOTAL Non-Facility Related						$	$			$ (1,020)	14
15	TOTALS (line 9+line14)						$	$ 2,650,000			$ 46,848	15

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance At South Shore # 0042085 **Report Period Beginning:** 01/01/12 **Ending:** 12/31/12

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2011 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 457,201	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.)		$ 498,139	2
3. Under or (over) accrual (line 2 minus line 1).		$ 40,938	3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 495,154	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.**		$ 123	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 536,214	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2007	333,996	8
	2008	337,347	9
	2009	406,100	10
	2010	507,745	11
	2011	490,252	12

2012 Accrual = $490,252 x 1.01 =$495,154
Allocated from Nucare $7,887

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011	$	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.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Renaissance At South Shore COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042085

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

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

Enter the tax index number and real estate tax assessed for 2011 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 2011.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	21-30-101-003-0000	Long Term Care Property	$ 38,161.98	$ 38,161.98
2.	21-30-101-004-0000	Long Term Care Property	$ 71,738.45	$ 71,738.45
3.	21-30-101-014-0000	Long Term Care Property	$ 195,303.36	$ 195,303.36
4.	21-30-101-022-0000	Long Term Care Property	$ 53,173.20	$ 53,173.20
5.	21-30-101-023-0000	Long Term Care Property	$ 131,874.68	$ 131,874.68
6.	See Attached	Home Office Allocation	$ 84,353.24	$ 5,920.57
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 574,604.91	$ 496,172.24

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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Renaissance At South Shore COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042085

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE ( ) _____ FAX #: ( ) _____

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

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

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 At South Shore # 0042085 Report Period Beginning: 01/01/12 Ending: 12/31/12

X. BUILDING AND GENERAL INFORMATION:

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

C. Does the Operating Entity? [ ] (a) Own the Facility [ ] (b) Rent from a Related Organization. [X] (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? [X] (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 [X] NO
If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Alloc from 7257 N. Lincoln & Clini	80,865	2004	$ 11,230	1
2					2
3	TOTALS	80,865		$ 11,230	3

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1998	78,106		20	3,905	3,905	55,285	9
10	Various			1999	88,720		20	4,436	4,436	60,459	10
11	Various			2000	72,602		20	3,630	3,630	45,980	11
12	Various			2001	45,629		20	2,281	2,281	26,548	12
13	Various			2002	11,757		20	158	158	11,757	13
14	Various			2003	16,299		20	1,630	1,630	15,778	14
15	Various			2004	62,649		20	5,628	5,628	53,644	15
16	Various			2005	10,333		20	766	766	7,077	16
17	Various			2006	72,736		20	4,964	4,964	54,175	17
18	Various			2007	176,978		20	17,866	17,866	99,572	18
19	Various			2008	131,853		20	11,460	11,460	49,276	19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

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

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	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
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58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12F & 12G)								67
68	Related Party Allocations (Pages 12H & 12I)		162,744	5,535		6,101	566	45,599	68
69	Financial Statement Depreciation			259,648			(259,648)		69
70	TOTAL (lines 4 thru 69)		$ 930,405	$ 265,183		$ 62,826	$ (202,357)	$ 525,150	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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	Totals from Page 12A, Carried Forward		$ 930,405	$ 265,183		$ 62,826	$ (202,357)	$ 525,150	1
2	Nathan Maple In Basement, 2Nd Floor, And Dining Room; Techn	2009	59,562		20	3,971	3,971	14,890	2
3	Cabinet Mail Box, Tv Stands, Servicing Units, Kitchen Counter Ar	2009	6,500		20	1,300	1,300	4,875	3
4	Heating And Air Conditioning System - Replacement	2009	15,320		20	1,277	1,277	4,788	4
5	Flooring Materials For 4Th Floor Corridor	2009	11,637		20	776	776	2,780	5
6	Additional Flooring Materials	2009	2,773		20	185	185	662	6
7	Light Fixtures, Light Switches, Circuit Panel	2009	5,525		20	553	553	1,934	7
8	Resident Room Painting	2009	12,350		20	1,235	1,235	4,425	8
9	2Nd & 4Th Floor- Wall Covering, Cove Base, Handrails, Paint	2009	92,038		20	9,204	9,204	32,213	9
10	Removing Wallpaper And Painting Resident Rooms	2009	18,475		20	1,848	1,848	6,158	10
11	Pleated Shades And Faux Wood Blinds	2009	4,670		20	467	467	1,557	11
12	Tadiran Ipx500 Telephone System	2009	24,875		20	2,488	2,488	8,499	12
13	2Nd And 4Th Flr- Lights, Signage, Wallcovering, Cove Base, Pain	2009	112,486		20	11,249	11,249	38,433	13
14	Vct Tile And Installation	2009	4,020		20	268	268	871	14
15	Usa Satellite Camera	2009	2,626		20	375	375	1,188	15
16	Handrails, Bumpers, Corner Guards, Cove Base, Etc	2009	15,860		20	3,172	3,172	10,045	16
17	Custom Office Cabinetry	2009	13,150		20	877	877	2,703	17
18	Copper Finned Boiler	2009	10,765		20	1,076	1,076	3,319	18
19	Wallcovering For Basement Corridor, Business Office, Mgrs Offic	2009	13,958		20	2,792	2,792	8,608	19
20	Ceramic Flooring For Shower Room	2009	3,910		20	261	261	804	20
21	Chair Rail For 4Th Floor Resident Rooms	2009	6,803		20	1,361	1,361	4,195	21
22	Reface Front Lobby Doors & Window Ledges	2009	4,000		20	200	200	717	22
23	3Rd Floor Hallway Flooring	2010	22,858		20	4,572	4,572	13,715	23
24	Therapy Rm- Remove Flooring And Carpet, Prep And Level Floo	2010	9,752		20	1,950	1,950	5,851	24
25	Rewire Non Functionng Boiler	2010	2,789		20	279	279	813	25
26	Reface/Laminate 38 Patient Room Doors	2010	5,700		20	570	570	1,615	26
27	1St Flr Hallway Installation Natural 3" Vinyl Plank.	2010	11,780		20	2,356	2,356	6,479	27
28	Remove 850 Sq. Ft. Of 16" Decoria Tile. Prep And Level Floor Wi	2010	4,244		20	424	424	1,096	28
29	3 Rollershades, 4 Upholstered Cornice In Therapy Rm And Install	2010	7,245		20	725	725	2,174	29
30	2 Ctns Vinyl Cove Base 4" For Basement Area. Lobby; Furnish/In	2010	28,525		20	2,853	2,853	8,082	30
31	4 Light Fixtures - Entry; Various Signage For 3Rd Flr Corridor; I	2010	9,107		20	911	911	2,353	31
32	50% Deposit - Awnings Around Facility 4 Flrs 200Ft X 3Ft X 2Ft;	2010	8,150		20	815	815	1,970	32
33	Fabricate/Install 4 Cabinets, 36"W X 30"H X 12"D; 4 Base Cabin	2010	6,282		20	628	628	1,361	33
34	TOTAL (lines 1 thru 33)		$ 1,488,139	$ 265,183		$ 123,840	$ (141,343)	$ 724,322	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 At South Shore # 0042085 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	Totals from Page 12B, Carried Forward		$ 1,488,139	$ 265,183		$ 123,840	$ (141,343)	$ 724,322	1
2	2 Light Fixtures Olympia; 2 Sconces Replacement For Lobby; 4 P	2010	3,517		20	352	352	909	2
3	Furnish/Install 36 Cordless Plus Premium Blinds In Hr; Med. Rec	2010	11,845		20	1,185	1,185	2,665	3
4	Remove Old Carpet, Install New Carpet, 4" Cove Base, Furnish C	2010	29,019		20	2,902	2,902	8,706	4
5	Remove 1036 Sq Ft. Decoria Tile, Prep And Level Flr, Furnish An	2010	6,797		20	680	680	1,756	5
6	Balance Due - Cherry Garden Mural - Alzheimer Unit	2010	2,600		20	130	130	314	6
7	3Rd Floor Assisted Living Barth-Remove Tiles, Furnish/Install Ne	2010	3,172		20	159	159	436	7
8	Balance Due - Installation Of 16 Windows For 1St, 2Nd, 3Rd Floo	2010	4,973		20	249	249	642	8
9	Painting Moulding	2010	2,999		20	150	150	387	9
10	Prime Vestibule Reception & 3Rd Floor Hall	2010	4,925		20	246	246	677	10
11	300 Ft 5 1/2 Ft Hand Rail Honduras Mahogany, 58 Pcs End Cap, 2	2011	7,591		20	380	380	759	11
12	Electrical Work For Crd Access Expansion	2011	5,700		20	570	570	1,140	12
13	Painting Of 32 Resident Rooms Walls, Bathrooms, Therapy Rm, S	2011	18,085		20	1,808	1,808	3,316	13
14	Removal Of Nurses Station - 50% Deposit	2011	7,710		20	771	771	1,414	14
15	Fabricate And Install Cabinets In 4 Shower Rooms 50% Deposit	2011	5,852		20	585	585	1,024	15
16	50% Balance, Awnings Around Facility, 1 Patio Awning, 1 Back D	2011	8,150		20	815	815	1,426	16
17	Furnish And Install 1 Hydraulic Oil Cooler On Passenger Elevato	2011	5,386		20	539	539	943	17
18	Labor To Install 1 Hydraulic Oil Cooler On Passenger Elevator	2011	4,486		20	449	449	785	18
19	Replace Corridor Lay In Lighting W/ Corelite T5 On 2Nd, 3Rd A	2011	14,575		20	1,458	1,458	2,429	19
20	Expansion Remodeling Of 2Nd, 3Rd And 4Th Flr Dining Rooms, S	2011	48,300		20	4,830	4,830	8,050	20
21	Furnish And Install 6 Oak Doors, 2 Drawers And Drwr Fronts In	2011	6,884		20	344	344	574	21
22	Balance Due - Expansion Remodeling Of 2Nd, 3Rd And 4Th Flr D	2011	11,491		20	1,149	1,149	1,819	22
23	Fabricate And Install One New Flex Sign Face To Replace Existin	2011	13,625		20	908	908	1,438	23
24	Replace 20 Lights, 1St Flr Corridor, 4Th Flr, 29 Wall Sconce Ligh	2011	10,265		20	1,027	1,027	1,540	24
25	Installation Of Cabinetry And Mouldings - 50% Deposit	2011	8,294		20	829	829	1,451	25
26	3Rd Flr Bathroom Remodeling. Remove Tiles From Wall, Replace	2011	6,050		20	605	605	655	26
27	Shower Rooms Project- Daltiles, Waterproof Membranes, Cerami	2011	17,407		20	1,741	1,741	2,176	27
28	Service To Vac Out Set Of Triple Drains And A Catch Basin And	2011	2,725		20	273	273	500	28
29	Uninstall Various Electrical Wiring Piping Junction Boxes And To	2011	3,125		20	313	313	521	29
30	Bathroom Flooring - Ceramic	2012	6,700		20	447	447	447	30
31	Polar Rails In Rooms	2012	2,697		20	112	112	112	31
32	First Floor Bathroom - Ceramic Flooring	2012	7,750		20	306	306	306	32
33	Second Floor Bathroom - Ceramic Flooring	2012	5,500		20	244	244	244	33
34	TOTAL (lines 1 thru 33)		$ 1,786,335	$ 265,183		$ 150,392	$ (114,791)	$ 773,883	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 At South Shore # 0042085 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	Totals from Page 12C, Carried Forward		$ 1,786,335	$ 265,183		$ 150,392	$ (114,791)	$ 773,883	1
2	Replace Boiler Pump, Switch, Gauge	2012	3,320		20	231	231	231	2
3	Bathroom Drywall	2012	2,600		20	130	130	130	3
4	Guard System - Security	2012	2,517		20	126	126	126	4
5	Belts, Heater Hose, Governor Controller, And Actuator	2012	5,409		20	135	135	135	5
6	Elevator Repairs	2012	2,800		20	140	140	140	6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 1,802,981	$ 265,183		$ 151,154	$ (114,029)	$ 774,645	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 At South Shore # 0042085 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	Totals from Page 12D, Carried Forward		$ 1,802,981	$ 265,183		$ 151,154	$ (114,029)	$ 774,645	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
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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)		$ 1,802,981	$ 265,183		$ 151,154	$ (114,029)	$ 774,645	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 At South Shore # 0042085 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	Building Company Information								1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
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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 At South Shore # 0042085 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	Building Company Information Continued		$	$		$	$	$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (12F & 12G lines 1 thru 33)		$	$		$	$	$	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 At South Shore # 0042085 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	Related Party Information		$	$		$	$	$	1
2	Buildings:								2
3	Allocated from NuCare 7257 N. Lincoln Ave	2004	95,751	2,455	35	2,736	281	24,964	3
4	Allocated from Clinical Consulting Services	2004	5,319	136	35	152	16	1,387	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from NuCare	2003	865	49	20	43	(6)	395	9
10	Allocated from NuCare	2004	17,570	1,003	20	879	(124)	7,661	10
11	Allocated from NuCare	2005	1,042	59	20	52	(7)	409	11
12	Allocated from NuCare	2006	1,412	81	20	71	(10)	449	12
13	Allocated from NuCare	2008	1,489	85	20	74	(11)	317	13
14	Allocated from NuCare	2009	23,969	1,369	20	1,198	(171)	4,327	14
15	Allocated from NuCare	2010	3,683	210	20	184	(26)	462	15
16	Allocated from NuCare	2011	199	11	20	10	(1)	19	16
17	Allocated from NuCare	2012	222	13	20	8	(5)	8	17
18									18
19	Allocated from NuCare 7257 N. Lincoln Ave	2005	8,729	61	20	563	502	4,118	19
20	Allocated from NuCare 7257 N. Lincoln Ave	2004	1,903		20	95	95	809	20
21	Allocated from Clinical Consulting Services	2005	485	3	20	31	28	229	21
22	Allocated from Clinical Consulting Services	2004	106		20	5	5	45	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 At South Shore # 0042085 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	Related Party Information Continued								1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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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)		$ 162,744	$ 5,535		$ 6,101	$ 566	$ 45,599	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 At South Shore # 0042085 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	$ 814,210	$ 3,468	$ 96,252	$ 92,784	10	$ 582,360	71
72	Current Year Purchases	51,935	706	4,597	3,891	10	4,597	72
73	Fully Depreciated Assets	375,167		8	8	10	375,165	73
74								74
75	TOTALS	$ 1,241,312	$ 4,174	$ 100,856	$ 96,682		$ 962,121	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	2012	$ 655	$ 37	$ 131	$ 94	5	$ 316	76
77										77
78										78
79										79
80	TOTALS			$ 655	$ 37	$ 131	$ 94		$ 316	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)	$ 3,056,177	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 269,394	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 252,141	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (17,253)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,737,082	85	

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

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

G. Construction-in-Progress

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

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: South Shore Partnership
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
   If NO, see instructions. [X] 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:	1998	248		$ 1,942,651			3
4	Additions							4
5	Parking Rent				1,905			5
6	Allocated from NuCare				483			6
7	TOTAL		248		$ 1,945,039 **			7

8. List separately any amortization of lease expense included on page 4, line 34.
   This amount was calculated by dividing the total amount to be amortized
   by the length of the lease ____.

9. Option to Buy: [ ] YES [ ] NO Terms: ____ *

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.	/2013	$
13.	/2014	$
14.	/2015	$

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

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO
16. Rental Amount for movable equipment: $ 31,104 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 CCS		$	$ 387	17
18					18
19					19
20					20
21	TOTAL		$	$ 387	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

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

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 582,155	$		$ 582,155	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			172,669			172,669	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 01	hrs	23,691		495,261			518,952	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				481,289		481,289	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					12,435	198,515		210,950	13
14	TOTAL			$ 23,691		$ 1,262,520	$ 679,804		$ 1,966,015	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

STATE OF ILLINOIS

Facility Name & ID Number Renaissance At South Shore **#** 0042085 **Report Period Beginning:** 01/01/12 **Ending:** 12/31/12

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12 **(last day of reporting year)**

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 9,376	$	1
2	Cash-Patient Deposits	25,097		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	3,439,359		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	182,976		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	2,953,760		8
9	Other(specify): See Attached Schedule	1,520,832		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 8,131,400	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	2,333,994		15
16	Equipment, at Historical Cost	1,162,906		16
17	Accumulated Depreciation (book methods)	(2,262,763)		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): See Attached Schedule	27,930		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,262,067	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 9,393,467	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 2,672,125	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	19,253		28
29	Short-Term Notes Payable	2,650,000		29
30	Accrued Salaries Payable	601,148		30
31	Accrued Taxes Payable (excluding real estate taxes)	77,469		31
32	Accrued Real Estate Taxes(Sch.IX-B)	495,154		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	41,322		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 6,556,471	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule			43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 6,556,471	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,836,996	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 9,393,467	$	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

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

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 4,137,817	1
2	Restatements (describe):		2
3	**Hazard Insurance**	(24,267)	3
4	**Hazard Insurance - Deductible Expenses**	(154,418)	4
5	**Rounding**	3	5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 3,959,135	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,122,139)	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)**	$ (1,122,139)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 2,836,996	24 *

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 14,838,433	1
2	Discounts and Allowances for all Levels	(937,142)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 13,901,291	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,371,719	6
7	Oxygen	11,617	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 3,383,336	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	675,058	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	101,836	19
20	Radiology and X-Ray	53,950	20
21	Other Medical Services	127,546	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 958,390	23
	D. Non-Operating Revenue		
24	Contributions	7,466	24
25	Interest and Other Investment Income***	2,963	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 10,429	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	1,452	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,452	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 18,254,898	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,025,648	31
32	Health Care	6,633,275	32
33	General Administration	5,116,756	33
	B. Capital Expense		
34	Ownership	2,805,844	34
	C. Ancillary Expense		
35	Special Cost Centers	2,344,194	35
36	Provider Participation Fee	451,320	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 19,377,037	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,122,139)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,122,139)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 10,120,516	44
45	Private Pay - Net Inpatient Revenue	322,396	45
46	Medicare - Net Inpatient Revenue	3,126,927	46
47	Other-(specify) CCHHS	163,556	47
48	Other-(specify) Managed Care	167,896	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 13,901,291	49

* **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 At South Shore # 0042085 Report Period Beginning: 01/01/12 Ending: 12/31/12

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,889	3,170	$ 105,337	$ 33.23	1
2	Assistant Director of Nursing	1,872	1,929	77,393	40.12	2
3	Registered Nurses	42,567	45,833	1,305,731	28.49	3
4	Licensed Practical Nurses	57,559	62,141	1,690,305	27.20	4
5	CNAs & Orderlies	163,316	180,100	1,925,458	10.69	5
6	CNA Trainees					6
7	Licensed Therapist	610	610	23,691	38.84	7
8	Rehab/Therapy Aides	6,056	6,717	78,828	11.74	8
9	Activity Director	2,949	3,219	77,735	24.15	9
10	Activity Assistants	11,162	12,633	135,060	10.69	10
11	Social Service Workers	7,054	7,995	160,626	20.09	11
12	Dietician					12
13	Food Service Supervisor	40,777	4,555	90,647	19.90	13
14	Head Cook	6,157	6,892	88,014	12.77	14
15	Cook Helpers/Assistants	23,435	26,025	265,966	10.22	15
16	Dishwashers					16
17	Maintenance Workers	4,933	5,305	104,411	19.68	17
18	Housekeepers	18,131	19,884	248,583	12.50	18
19	Laundry	11,482	13,115	144,646	11.03	19
20	Administrator	1,959	2,476	127,511	51.50	20
21	Assistant Administrator	1,689	1,765	52,072	29.50	21
22	Other Administrative	210	210	14,617	69.60	22
23	Office Manager	2,087	2,614	53,122	20.32	23
24	Clerical	11,995	13,025	171,831	13.19	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	932	1,070	30,254	28.27	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	10,826	12,202	279,871	22.94	33
34	TOTAL (lines 1 - 33)	430,647	433,485	$ 7,251,709 *	$ 16.73	34

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	294	$ 13,924	01-03	35
36	Medical Director	Monthly	83,917	09-03	36
37	Medical Records Consultant	1,236	16,062	10-03	37
38	Nurse Consultant	424	8,769	10-03	38
39	Pharmacist Consultant	Monthly	14,592	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	33	1,950	12-03	45
46	Other(specify)				46
47	Medical Consultant	Monthly	22,500	10-03	47
48					48
49	TOTAL (lines 35 - 48)	1,986	$ 161,714		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 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

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

** See instructions.

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Connie Ortega	Administrator	0	$ 34,064
Kevin J McInerney	Administrator	0	34,745
Quinn Cordoran	Administrator/Assit Admin	0	79,095
Michael Porter	Assitant Admin	0	8,577
Brent Fitzgerald	Assitant Admin	0	23,103
Sondra Mixdorf	Regional Dir of Operations	0	14,617
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 194,200

B. Administrative - Other

Description	Amount
Nucare Service Corporation-Bookkeeping Fee	$ 847,158
CCS - Administrative Fee	69,766
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 916,924

C. Professional Services

Vendor/Payee	Type	Amount
See Attached	Legal	$ 91,541
FR&R	Accounting	29,897
Personnel Planners	UC Tax Consultant	6,786
E-Health Solutions	Computer Services	1,752
HDSI	Computer Services	5,471
Health Data Soloutions	Computer Services	300
MDI Achieve	Computer Services	20,880
Optima Healthcare Solutions	Computer Services	693
Achieve Accreditation	Quality Improvmt/Credent.	17,540
CES Consulting	HR & Payroll Consulting	71
Documentation Solutions	Reimb. Consulting	210
See Supplemetal Schedule		2,997
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $5,000, attach copy of invoices.)		$ 178,139

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 344,927
Unemployment Compensation Insurance	276,559
FICA Taxes	534,383
Employee Health Insurance	261,351
Employee Meals	22,106
Illinois Municipal Retirement Fund (IMRF)*	
Union Pension	48,617
Dental Insurance	1,590
City Payroll Tax	4,932
Other Employee Benefits	13,262
401K Expense	1,062
Vision Insurance	78
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,508,866

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,410
Advertising: Employee Recruitment	6,242
Health Care Worker Background Check (Indicate # of checks performed 842)	13,365
Patient Background Checks	
IL Council on LTC	27,515
Dues and Subscriptions	1,238
Licenses and Fees	2,589
Allocated from NuCare	490
See Supplemental Schedule	94
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 52,943

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	2,718
Allocated from NuCare	128
Allocated from Clinical Consulting	309
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 3,155

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					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	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At South Shore **#** 0042085 **Report Period Beginning:** 01/01/12 **Ending:** 12/31/12

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **Yes**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **LILCLTC $27,514**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **2,414** 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. $ **451,320**
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. $ **22,106** 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% line 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? **No**
g. Does the facility transport residents to and from day training? N/A
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.