



Facility Name & ID Number Renaissance at Midway

# 0041749 Report Period Beginning: 01/01/09 Ending: 12/31/09

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	249	Skilled (SNF)	249	90,885	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	249	TOTALS	249	90,885	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	64,902	2,815	14,140	81,857	8	
9	SNF/PED					9	
10	ICF					10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	64,902	2,815	14,140	81,857	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.07%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES  NO

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

I. On what date did you start providing long term care at this location?  
Date started 06/05/2000

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 06/05/2000 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 249 and days of care provided 9,717

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name & ID Number Renaissance at Midway # 0041749 Report Period Beginning: 01/01/09 Ending: 12/31/09

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	374,063	164,062	18,105	556,230		556,230		556,230		1
2	Food Purchase		428,187		428,187	(29,565)	398,622	(1,660)	396,962		2
3	Housekeeping	298,961	66,573	28	365,562		365,562		365,562		3
4	Laundry	71,832	22,667		94,499		94,499		94,499		4
5	Heat and Other Utilities			190,436	190,436		190,436	(10,890)	179,546		5
6	Maintenance	90,914	63,929	186,666	341,509		341,509	39,166	380,675		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	835,770	745,418	395,235	1,976,423	(29,565)	1,946,858	26,616	1,973,474		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			35,601	35,601		35,601		35,601		9
10	Nursing and Medical Records	4,183,191	462,934	79,098	4,725,223		4,725,223	(11,221)	4,714,002		10
10a	Therapy	191,976			191,976		191,976		191,976		10a
11	Activities	132,921	58,060		190,981		190,981		190,981		11
12	Social Services	81,974		1,624	83,598		83,598		83,598		12
13	CNA Training										13
14	Program Transportation			36,011	36,011		36,011		36,011		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	4,590,062	520,994	152,334	5,263,390		5,263,390	(11,221)	5,252,169		16
	<b>C. General Administration</b>										
17	Administrative	147,661		776,459	924,120		924,120	(747,909)	176,211		17
18	Directors Fees										18
19	Professional Services			161,078	161,078		161,078	(15,915)	145,163		19
20	Dues, Fees, Subscriptions & Promotions			137,457	137,457		137,457	(88,459)	48,998		20
21	Clerical & General Office Expenses	286,391	70,429	933,039	1,289,859		1,289,859	(700,372)	589,487		21
22	Employee Benefits & Payroll Taxes			1,181,147	1,181,147	29,565	1,210,712	(18)	1,210,694		22
23	Inservice Training & Education										23
24	Travel and Seminar			13,493	13,493		13,493	(7,336)	6,157		24
25	Other Admin. Staff Transportation			8,370	8,370		8,370	1,164	9,534		25
26	Insurance-Prop.Liab.Malpractice			910,917	910,917		910,917	14,985	925,902		26
27	Other (specify):*							44,817	44,817		27
28	<b>TOTAL General Administration</b>	434,052	70,429	4,121,960	4,626,441	29,565	4,656,006	(1,499,044)	3,156,962		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,859,884	1,336,841	4,669,529	11,866,254		11,866,254	(1,483,649)	10,382,605		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Renaissance at Midway

#0041749

Report Period Beginning:

01/01/09

Ending:

12/31/09

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			92,573	92,573		92,573	373,958	466,531			30
31	Amortization of Pre-Op. & Org.			3,013	3,013		3,013		3,013			31
32	Interest			2,818	2,818		2,818	631,333	634,151			32
33	Real Estate Taxes							441,408	441,408			33
34	Rent-Facility & Grounds			1,784,827	1,784,827		1,784,827	(1,784,371)	456			34
35	Rent-Equipment & Vehicles			14,562	14,562		14,562	3,919	18,481			35
36	Other (specify):*							45,205	45,205			36
37	<b>TOTAL Ownership</b>			1,897,793	1,897,793		1,897,793	(288,547)	1,609,246			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	16,437	506,499	860,161	1,383,097		1,383,097		1,383,097			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			136,328	136,328		136,328		136,328			42
43	Other (specify):*	282,612		127,849	410,461		410,461	(410,461)				43
44	<b>TOTAL Special Cost Centers</b>	299,049	506,499	1,124,338	1,929,886		1,929,886	(410,461)	1,519,425			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,158,933	1,843,340	7,691,660	15,693,933		15,693,933	(2,182,657)	13,511,276			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VI. ADJUSTMENT DETAIL**

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(13,455)	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	28,232	30		9
10	Interest and Other Investment Income	(20,348)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(147)	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	(9,425)	21		18
19	Entertainment	(8,124)	24		19
20	Contributions	(20,150)	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	(666,052)	21		24
25	Fund Raising, Advertising and Promotional	(61,332)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(11,686)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(641,839)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (1,424,326)		\$	30

**B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)**

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(758,331)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (758,331)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (2,182,657)		37

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

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

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

BHF USE ONLY							
48		49		50		51	

SEE ACCOUNTANTS' COMPILATION REPORT

Renaissance at Midway

ID# 0041749

Report Period Beginning: 01/01/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Patient Needs	\$ (14,107)	10	1
2	Patient Clothing	(22,280)	10	2
3	Bank Charges	(22,199)	21	3
4	Theft Expenses	(767)	21	4
5	Food Rebates	(1,513)	02	5
6	Jury Duty	(275)	10	6
7	Income from Copies	(894)	21	7
8	Non-allowable and prior year legal	(19,489)	19	8
9	Building Co-Misc Taxes and Fees	(4,889)	20	9
10	Building Co.- Amortization	(184)	36	10
11	Building Co.-Accounting	(11,125)	19	11
12	Building Co.-Bank Fees	(109)	21	12
13	Annual Report	(329)	20	13
14	COPE Dues	(7,779)	20	14
15	Non-allowable marketing expenses	(127,849)	43	15
16	Marketing Travel	(9)	25	16
17	Non-allowable expenses	(156,000)	21	17
18	Additional R&M	30,588	06	18
19	Director of Guest Services	(49,875)	43	19
20	Clinical Nurse Evaluator	(70,385)	43	20
21	Guest Relation Salary	(58,823)	43	21
22	Marketing Employee Benefit	(18)	22	22
23	Marketing Wages	(103,529)	43	23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(641,839)		49

Renaissance at Midway

ID# 0041749

Report Period Beginning: 01/01/09

Ending: 12/31/09

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 &amp; ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending:

12/31/09

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(1,660)											(1,660)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(13,455)			2,565								(10,890)	5
6	Maintenance	30,588			8,578								39,166	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>15,473</b>			<b>11,143</b>								<b>26,616</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(36,662)				25,441							(11,221)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(36,662)</b>				<b>25,441</b>							<b>(11,221)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(151,741)	(549,340)	(46,828)							(747,909)	17
18	Directors Fees													18
19	Professional Services	(30,614)	11,125	463	2,830	280							(15,915)	19
20	Fees, Subscriptions & Promotions	(94,479)	4,889		1,002	128							(88,459)	20
21	Clerical & General Office Expenses	(867,132)	(5,157)	1,157	154,438	16,323							(700,372)	21
22	Employee Benefits & Payroll Taxes	(18)											(18)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(8,124)			630	158							(7,336)	24
25	Other Admin. Staff Transportation	(9)			616	557							1,164	25
26	Insurance-Prop.Liab.Malpractice		12,546		2,439								14,985	26
27	Other (specify):*			999	37,230	6,588							44,817	27
28	<b>TOTAL General Administration</b>	<b>(1,000,376)</b>	<b>23,403</b>	<b>(149,122)</b>	<b>(350,155)</b>	<b>(22,793)</b>							<b>(1,499,044)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(1,021,565)</b>	<b>23,403</b>	<b>(149,122)</b>	<b>(339,012)</b>	<b>2,647</b>							<b>(1,483,649)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending:

12/31/09

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	28,232	336,445		9,100	182							373,958	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(20,348)	646,024		5,359	298							631,333	32
33	Real Estate Taxes		433,238		8,170								441,408	33
34	Rent-Facility & Grounds		(1,784,827)		456								(1,784,371)	34
35	Rent-Equipment & Vehicles				3,919								3,919	35
36	Other (specify):*	(184)	45,389										45,205	36
37	<b>TOTAL Ownership</b>	<b>7,700</b>	<b>(323,731)</b>		<b>27,005</b>	<b>479</b>							<b>(288,547)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(410,461)											(410,461)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(410,461)</b>											<b>(410,461)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(1,424,326)	(300,328)	(149,122)	(312,008)	3,127							(2,182,657)	45

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Claridge at Cicero	Chicago, IL	Building Co.

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent	\$ 1,784,827	Claridge at Cicero	100.00%	\$	(1,784,827)	1
2	V	32 Interest	458	Claridge at Cicero	100.00%	646,482	646,024	2
3	V	21 Bank Charges		Claridge at Cicero	100.00%	109	109	3
4	V	20 Miscellaneous Taxes & Fees		Claridge at Cicero	100.00%	4,889	4,889	4
5	V	36 MIP Expense		Claridge at Cicero	100.00%	45,205	45,205	5
6	V	26 Insurance Expense		Claridge at Cicero	100.00%	12,546	12,546	6
7	V	19 Accounting Fees		Claridge at Cicero	100.00%	11,125	11,125	7
8	V	33 Real Estate Taxes		Claridge at Cicero	100.00%	433,238	433,238	8
9	V	30 Depreciation		Claridge at Cicero	100.00%	336,445	336,445	9
10	V	36 Amortization		Claridge at Cicero	100.00%	184	184	10
11	V	21 Miscellaneous Income	5,266				(5,266)	11
12	V							12
13	V							13
14	Total		\$ 1,790,551			\$ 1,490,223	\$ * (300,328)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	17 J. RAJCHENBACH-COMP.	\$	JLR MANAGEMENT CORP.	100.00%	\$ 9,259	\$	9,259	15
16	V	19 PROFESSIONAL FEES				463		463	16
17	V	21 OFFICE				1,157		1,157	17
18	V	27 PAYROLL TAXES				999		999	18
19	V								19
20	V	17 C. RAJCHENBACH-COMP.							20
21	V	27 PAYROLL TAXES							21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V	17 MANAGEMENT FEE	161,000					(161,000)	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 161,000			\$ 11,878	\$ *	(149,122)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 2,565	\$ 2,565
16	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	8,578	8,578
17	V	17 ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	19,291	19,291
18	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	2,830	2,830
19	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	1,002	1,002
20	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	154,438	154,438
21	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	630	630
22	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	616	616
23	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	2,439	2,439
24	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	37,230	37,230
25	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	9,100	9,100
26	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	5,359	5,359
27	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	8,170	8,170
28	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	456	456
29	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	3,919	3,919
30	V						
31	V						
32	V	17 MANAGEMENT FEES	568,631				(568,631)
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 568,631			\$ 256,623	\$ * (312,008)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	10 CLINICAL SALARIES	\$	CLINICAL CONSULTING SERVICES, LLC	100.00%	\$ 25,441	\$	25,441	15
16	V	19 PROFESSIONAL FEES				280		280	16
17	V	20 DUES, LICENSE & INSPECTION				128		128	17
18	V	21 OFFICE WAGES				15,307		15,307	18
19	V	21 OFFICE EXPENSE				1,015		1,015	19
20	V	24 CONTINUING EDUCATION / SEMINAR				158		158	20
21	V	25 AUTO EXPENSE				557		557	21
22	V	27 PAYROLL TAXES				2,828		2,828	22
23	V	27 OTHER EMPLOYEE BENEFITS				3,760		3,760	23
24	V	30 DEPRECIATION				182		182	24
25	V	32 INTEREST				298		298	25
26	V								26
27	V								27
28	V	17 ADMINISTRATIVE FEE	46,828					(46,828)	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		\$ 46,828			\$ 49,955	\$ *	3,127	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22 Workers Compensation	\$ 223,888	Diamond Insurance	100.00%	\$ 223,888	\$	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		\$ 223,888			\$ 223,888	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name &amp; ID Number

Renaissance at Midway

#

0041749

Report Period Beginning:

01/01/09

Ending:

12/31/09

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Jack Rejchenbach	Owner	Administrative	25.00%	See Attached	5.00	12.50%	Alloc. Salary	\$ 9,259	17-7	1
2	David Hartman	Relative	Administrative	none	See Attached	2.97	7.43%				2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 9,259		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

JLR MANAGEMENT CORP.

Street Address

6633 NORTH LINCOLN

City / State / Zip Code

LINCOLNWOOD, IL. 60712

Phone Number

( 847) 679-9141

Fax Number

( 847) 679-1820

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	54	9	\$ 100,000	\$ 100,000	5	\$ 9,259	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	54	9	5,000		5	463	2
3	21	OFFICE	AVG. HOURS WORKED	54	9	12,497	12,497	5	1,157	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED	54	9	10,792		5	999	4
5										5
6										6
7	17	C. RAJCHENBACH-COMP.	AVG. HOURS WORKED	40	1	51,889	51,889			7
8	27	PAYROLL TAXES	AVG. HOURS WORKED	40	1	4,099				8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 184,277	\$ 164,386		\$ 11,878	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

NUCARE SERVICES CORP.

Street Address

7257 N. LINCOLN AVENUE

City / State / Zip Code

LINCOLNWOOD, IL 60712

Phone Number

( 847) 933-2600

Fax Number

( 847) 933-2601

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS	1,224,940	13	\$ 34,570	\$ 90,885	\$ 2,565	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	1,224,940	13	115,610	90,885	8,578	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	1,224,940	13	260,001	260,001	19,291	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,224,940	13	38,148	90,885	2,830	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,224,940	13	13,506	90,885	1,002	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	1,224,940	13	2,081,498	1,811,576	154,438	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,224,940	13	8,486	90,885	630	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	1,224,940	13	8,304	90,885	616	8
9	26	INSURANCE	AVAIL. CENSUS DAYS	1,224,940	13	32,870	90,885	2,439	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	1,224,940	13	501,784	90,885	37,230	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,224,940	13	122,648	90,885	9,100	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,224,940	13	72,233	90,885	5,359	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,224,940	13	110,113	90,885	8,170	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,224,940	13	6,145	90,885	456	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,224,940	13	52,826	90,885	3,919	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,458,744	\$ 2,071,577	\$ 256,623	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,224,940	13	\$ 342,887	\$ 342,887	90,885	\$ 25,441	1
2	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,224,940	13	3,780		90,885	280	2
3	20	DUES, LICENSE & INSPECTIO	AVAIL. CENSUS DAYS	1,224,940	13	1,732		90,885	128	3
4	21	OFFICE WAGES	AVAIL. CENSUS DAYS	1,224,940	13	206,311	206,311	90,885	15,307	4
5	21	OFFICE EXPENSE	AVAIL. CENSUS DAYS	1,224,940	13	13,685		90,885	1,015	5
6	24	CONTINUING EDUCATION / ST	AVAIL. CENSUS DAYS	1,224,940	13	2,134		90,885	158	6
7	25	AUTO EXPENSE	AVAIL. CENSUS DAYS	1,224,940	13	7,503		90,885	557	7
8	27	PAYROLL TAXES	AVAIL. CENSUS DAYS	1,224,940	13	38,113		90,885	2,828	8
9	27	OTHER EMPLOYEE BENEFITS	AVAIL. CENSUS DAYS	1,224,940	13	50,678		90,885	3,760	9
10	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,224,940	13	2,448		90,885	182	10
11	32	INTEREST	AVAIL. CENSUS DAYS	1,224,940	13	4,013		90,885	298	11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 673,284	\$ 549,198		\$ 49,954	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Diamond Insurance

Street Address

40 Skokie Blvd, Suite 105

City / State / Zip Code

Northbrook, IL 60062

Phone Number

( 847) 599-1002

Fax Number

( )

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct Allocation		\$	\$		\$ 223,888	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				\$	\$		\$ 223,888	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending: 12/31/09

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending: 12/31/09

**VIII. ALLOCATION OF INDIRECT COSTS**

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending: 12/31/09

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749 Report Period Beginning: 01/01/09 Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending: 12/31/09

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending:

12/31/09

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	HUD		X	Mortgage			\$	\$ 9,007,864		\$ 646,482	1								
2											2								
3											3								
4											4								
5	See Supplemental Schedule										5								
<b>Working Capital</b>																			
6	Shareholder Loan		X	Working Capital						2,818	6								
7											7								
8	See Supplemental Schedule										8								
9	TOTAL Facility Related						\$	\$ 9,007,864		\$ 649,300	9								
<b>B. Non-Facility Related*</b>																			
10	Interest Income		X							(20,348)	10								
11	Interest Income-Building Co.		X							(458)	11								
12	Alloc. From NuCare		X							5,359	12								
13	See Supplemental Schedule									298	13								
14	TOTAL Non-Facility Related						\$	\$		\$ (15,149)	14								
15	TOTALS (line 9+line14)						\$	\$ 9,007,864		\$ 634,151	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 45,205 Line # 36

\* 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 Midway

# 0041749

Report Period Beginning:

01/01/09

Ending:

12/31/09

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

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1										1										
2										2										
3										3										
4										4										
5										5										
6										6										
7	<b>TOTAL Long-Term</b>										7									
<b>Working Capital</b>																				
8										8										
9										9										
10										10										
11										11										
12										12										
13										13										
14	<b>TOTAL Working Capital</b>										14									
<b>B. Non-Facility Related*</b>																				
15	Alloc from Clinical Consulting		X							298	15									
16											16									
17											17									
18											18									
19											19									
20	<b>TOTAL Non-Facility Related</b>										298	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.)



**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2008 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 2008 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2008.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2008 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2009 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 Bureau of Health Finance at (217) 782-1630.

**2008 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Renaissance at Midway COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0041749

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

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

Enter the tax index number and real estate tax assessed for 2008 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 2008.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>19-03-304-004-0000</u>	<u>Long Term Care Property</u>	\$ <u>1,074.88</u>	\$ <u>1,074.88</u>
2. <u>19-03-304-005-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,283.41</u>	\$ <u>2,283.41</u>
3. <u>19-03-304-006-0000</u>	<u>Long Term Care Property</u>	\$ <u>7,016.67</u>	\$ <u>7,016.67</u>
4. <u>19-03-304-007-0000</u>	<u>Long Term Care Property</u>	\$ <u>105,405.72</u>	\$ <u>105,405.72</u>
5. <u>19-03-304-008-0000</u>	<u>Long Term Care Property</u>	\$ <u>184,070.36</u>	\$ <u>184,070.36</u>
6. <u>19-03-304-009-0000</u>	<u>Long Term Care Property</u>	\$ <u>123,268.79</u>	\$ <u>123,268.79</u>
7. <u>19-03-304-023-0000</u>	<u>Long Term Care Property</u>	\$ <u>5,646.18</u>	\$ <u>5,646.18</u>
8. <u>See Attached</u>	<u>Home Office Allocation</u>	\$ <u>103,083.91</u>	\$ <u>7,265.94</u>
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>531,849.92</u>	\$ <u>436,031.95</u>

**B. Real Estate Tax Cost Allocations**

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

If YES, attach an explanation & 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 2008 tax bills which were listed in Section A to this statement. Be sure to use the 2008 tax bill which is normally paid during 2009.

**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.



Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending:

12/31/09

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 98,903 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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

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

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

None

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

1. Total Amount Incurred: 37,608 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: 3,013 4. Dates Incurred: \_\_\_\_\_

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>48,972</u>	<u>1994</u>	<u>\$ 155,000</u>	<u>1</u>
2	<u>Allocated from 7257 N. Lincoln</u>		<u>2004</u>	<u>11,278</u>	<u>2</u>
3	<b>TOTALS</b>	<u>48,972</u>		<u>\$ 166,278</u>	<u>3</u>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4				\$	\$		\$	\$	\$	4
5										5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	Various		2000	214,280		20	10,748	10,748	100,902	9
10	Various		2001	47,574		20	2,379	2,379	20,434	10
11	Various		2002	15,861		20	1,605	1,605	12,255	11
12	Various		2003	126,758		20	9,895	9,895	63,727	12
13	Various		2004	42,166		20	3,576	3,576	21,086	13
14	Various		2005	31,063		20	3,051	3,051	13,126	14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67	Related Building Company (Pages 12F & 12G)	9,372,183	336,445		275,585	(60,860)	2,543,318	67
68	Related Party Allocations (Pages 12H & 12I)	135,767	4,219		4,732	513	26,797	68
69	Financial Statement Depreciation		92,573			(92,573)		69
70	TOTAL (lines 4 thru 69)	\$ 9,985,652	\$ 433,237		\$ 311,571	\$ (121,666)	\$ 2,801,645	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending:

12/31/09

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,985,652	\$ 433,237		\$ 311,571	\$ (121,666)	\$ 2,801,645	1
2	Replace Carpet	2006	660		20	94	94	377	2
3	Removal & Rebuild Walls	2006	960		20	96	96	376	3
4	Wall Coverings	2006	2,700		20	540	540	2,115	4
5	Window Coverings	2006	2,012		20	201	201	771	5
6	Window Coverings	2006	2,737		20	274	274	1,049	6
7	Telephone System	2006	18,685		20	1,869	1,869	7,163	7
8	Telephone System	2006	18,685		20	1,869	1,869	7,163	8
9	Wall Coverings	2006	3,823		20	765	765	2,867	9
10	Carpeting	2006	4,915		20	702	702	2,692	10
11	Smoke Detector	2006	1,285		20	184	184	658	11
12	Renovations To Therapy Room	2006	22,250		20	2,225	2,225	7,788	12
13	Renovations To Therapy Room	2006	22,250		20	2,225	2,225	7,788	13
14	Wall Coverings	2006	1,670		20	334	334	1,169	14
15	Mural	2006	1,000		20	100	100	342	15
16	Wall Coverings	2006	1,829		20	366	366	1,402	16
17	Carpeting	2006	5,932		20	847	847	2,825	17
18	Interior Design Services	2006	1,774		20	253	253	1,014	18
19	Demolition/Renovation Of Hall & Lobby	2006	4,768		20	477	477	1,629	19
20	Demolition/Renovation Of Hall & Lobby	2006	4,769		20	477	477	1,629	20
21	Demolition/Renovation Of Office & Dining Room	2006	4,424		20	442	442	1,475	21
22	Demolition/Renovation Of Office & Dining Room	2006	4,424		20	442	442	1,475	22
23	Wall Coverings	2006	771		20	154	154	514	23
24	Elevator Parts	2006	5,464		20	546	546	1,821	24
25	Rebate For Design - Invoice 14190718	2006	(2,015)		20	(288)	(288)	(1,032)	25
26	Carpet	2006	3,180		20	454	454	1,439	26
27	Mailboxes	2006	2,820		20	282	282	893	27
28	Wallpaper	2006	2,768		20	554	554	1,845	28
29	Flooring In Dining Room	2006	37,230		20	2,482	2,482	7,653	29
30	Wallpaper And Paint Dining Room	2006	13,080		20	2,616	2,616	8,066	30
31	Roof Sealing	2007	3,500		20	350	350	992	31
32	Wallpaper - See Asset #468	2007	(2,620)		20	(524)	(524)	(1,572)	32
33	Wallpaper - See Asset #468	2007	(148)		20	(30)	(30)	(89)	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,181,234	\$ 433,237		\$ 332,949	\$ (100,288)	\$ 2,875,942	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 10,181,234	\$ 433,237		\$ 332,949	\$ (100,288)	\$ 2,875,942	1
2	2007	3,200		20	320	320	960	2
3	2009	6,500		20	650	650	650	3
4	2009	22,500		20	2,063	2,063	2,063	4
5	2009	8,725		20	509	509	509	5
6	2009	9,000		20	350	350	350	6
7	2009	4,410		20	221	221	221	7
8	2009	59,364		20	2,968	2,968	2,968	8
9	2009	21,603		20	1,286	1,286	1,286	9
10	2009	12,305		20	513	513	513	10
11	2009	9,000		20	350	350	350	11
12	2009	4,410		20	147	147	147	12
13	2009	10,994		20	275	275	275	13
14	2009	3,465		20	206	206	206	14
15	2009	9,313		20	222	222	222	15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 10,366,023	\$ 433,237		\$ 343,029	\$ (90,208)	\$ 2,886,662	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 10,366,023	\$ 433,237		\$ 343,029	\$ (90,208)	\$ 2,886,662	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
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32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 10,366,023	\$ 433,237		\$ 343,029	\$ (90,208)	\$ 2,886,662	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,366,023	\$ 433,237		\$ 343,029	\$ (90,208)	\$ 2,886,662	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,366,023	\$ 433,237		\$ 343,029	\$ (90,208)	\$ 2,886,662	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending:

12/31/09

## XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Building Company Information</b>								1
2	<b>Buildings:</b>								2
3		2000	9,107,497	336,445	35	260,214	(76,231)	2,493,718	3
4		2000	(42,728)						4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	Various	2005	45,177		20	2,259	2,259	11,294	9
10	Repair Door Closures	2007	5,062		20	253	253	759	10
11	Repair Door Holders	2007	7,201		20	360	360	1,080	11
12	Tv Lounge/Stairway	2007	5,000		20	250	250	750	12
13	Flooring 4Th Floor Corridor	2007	41,150		20	2,058	2,058	6,173	13
14	Install - Card Swipe And Door Strike	2007	3,501		20	175	175	525	14
15	2 Tormax Ttx Ii Low Enengvy Operator	2007	3,470		20	174	174	521	15
16	Remove And Dispose Link Fence	2007	2,150		20	108	108	323	16
17	Wall Partition	2007	2,250		20	113	113	338	17
18	10 Fantagraph Pleated Shades, Window Fashions	2007	5,394		20	270	270	809	18
19	Fire Sprinkler Work	2007	4,929		20	246	246	739	19
20	23 Pt Storage Cabinets	2007	5,160		20	258	258	774	20
21	Cylinder Assy/Door Closure	2007	1,783		20	89	89	267	21
22	Furnish And Install Hot And Cold Water Line	2007	1,800		20	90	90	270	22
23	Admission/Hallway Lobby/Reception Area	2007	6,560		20	328	328	984	23
24	6 Track System For Cubicle Curtain	2007	3,310		20	166	166	497	24
25	1St Floor 22 Resident Washrooms	2007	4,620		20	231	231	693	25
26	Remove And Dispose Old Carpet	2007	1,834		20	92	92	275	26
27	14 Pleated Shades/Blinds Window Fashion	2007	8,154		20	408	408	1,223	27
28	1 Tormax Ttx Ii Low Enengvy Operator	2007	4,968		20	248	248	745	28
29	Door Closer/ Holders	2007	4,045		20	202	202	607	29
30	Generator Upgrade	2007	5,793		20	290	290	869	30
31	Flooring 22 Residents Washrooms	2007	4,920		20	246	246	738	31
32	Flooring Admission Hallway/Lobby/Reception Area	2007	6,560		20	328	328	984	32
33	Conference Room	2007	2,050		20	103	103	308	33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Building Company Information Continued</b>		\$	\$		\$	\$	\$	1
2	1St Floor Reface 34 Doors	2007	2,295		20	115	115	345	2
3	1St Floor Reface 34 Doors	2007	2,295		20	115	115	345	3
4	Door Locks	2007	2,832		20	142	142	425	4
5	Construct Patient Room	2007	5,000		20	250	250	750	5
6	Ventilation Work For Generator	2007	26,978		20	1,349	1,349	4,047	6
7	Window Coverings	2007	23,163		20	1,158	1,158	3,474	7
8	Construct Closets	2007	6,000		20	300	300	900	8
9	Flooring	2007	3,890		20	195	195	584	9
10	Drapery	2007	5,169		20	258	258	775	10
11	Painted 33 Rooms; Holes Patching & Repairing	2008	6,930		20	347	347	982	11
12	Armstrong Wide Material - Connection Corlon Stone Harbor - Fl	2008	4,471		20	224	224	634	12
13	Replaced Door Closures & Holders For Rooms	2008	10,865		20	543	543	1,630	13
14	Reface Doors & Metal Door Kickplates	2008	8,050		20	403	403	1,208	14
15	Routing And Cracksealing Of Parking Lot; Concrete Removal & I	2008	6,909		20	345	345	575	15
16	Sign Lightbox And Banner	2008	5,726		20	286	286	381	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (12F &amp; 12G lines 1 thru 33)</b>		\$ 9,372,183	\$ 336,445		\$ 275,585	\$ (60,860)	\$ 2,543,318	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	<b>Related Party Information</b>		\$	\$		\$	\$		1
2	<b>Buildings:</b>								2
3	Allocated from NuCare 7257 N Lincoln Ave	2004	96,157	2,466	35	2,747	281	16,828	3
4	Allocated from Clinical Consult. 7257 N. Lincoln Ave	2004	5,342	137	35	153	16	935	4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	Allocated from NuCare 7257 N Lincoln Ave	2004	106	6	20	5	(1)	29	9
10	Allocated from NuCare 7257 N Lincoln Ave	2005	487	39	20	31	(8)	135	10
11	Allocated from Clinical Consult. 7257 N. Lincoln Ave	2004	1,911	110	20	96	(14)	526	11
12	Allocated from Clinical Consult. 7257 N. Lincoln Ave	2005	8,766	694	20	566	(128)	2,439	12
13	Allocated from NuCare	2003	869	29	20	44	15	266	13
14	Allocated from NuCare	2004	17,644	588	20	883	295	5,043	14
15	Allocated from NuCare	2005	1,046	35	20	52	17	254	15
16	Allocated from NuCare	2006	1,418	47	20	71	24	239	16
17	Allocated from NuCare	2008	1,495	50	20	75	25	94	17
18	Allocated from NuCare	2009	526	18	20	9	(9)	9	18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (12H & 12I lines 1 thru 33)	\$ 135,767	\$ 4,219		\$ 4,732	\$ 513	\$ 26,797	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,046,177	\$ 3,579	\$ 115,345	\$ 111,766	10	\$ 680,883	71
72	Current Year Purchases	98,996	1,485	7,589	6,104	10	7,589	72
73	Fully Depreciated Assets	905,025		570	570	10	905,025	73
74								74
75	TOTALS	\$ 2,050,198	\$ 5,064	\$ 123,504	\$ 118,440		\$ 1,593,497	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 12,582,499	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 438,301	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 466,533	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 28,232	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,480,159	85

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

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

G. Construction-in-Progress

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

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

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

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Alloc from NuCare				456			5
6								6
7	TOTAL				\$ 456			7

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 18,481 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

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

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_  
Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

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

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$ \_\_\_\_\_

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	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	\$		\$ 313,963	\$		\$ 313,963	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			161,995			161,995	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			384,203			384,203	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				345,539		345,539	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Supplemental			16,437			160,960		177,397	13
14	TOTAL			\$ 16,437		\$ 860,161	\$ 506,499		\$ 1,383,097	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance at Midway

# 0041749

Report Period Beginning: 01/01/09

Ending:

12/31/09

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 4,100	\$ 393,419	1
2	Cash-Patient Deposits	10,284	10,284	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	2,791,917	4,051,321	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	130,216	162,503	6
7	Other Prepaid Expenses	189,168	189,168	7
8	Accounts Receivable (owners or related parties)	12,299,186	12,299,186	8
9	Other(specify): <u>See Attached Schedule</u>	4,137	272,127	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 15,429,008	\$ 17,378,008	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		209,865	13
14	Buildings, at Historical Cost		8,016,178	14
15	Leasehold Improvements, at Historical Cost	853,367	1,166,218	15
16	Equipment, at Historical Cost	804,524	1,966,126	16
17	Accumulated Depreciation (book methods)	(1,081,860)	(4,109,751)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	15,304	963,993	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 591,335	\$ 8,212,629	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 16,020,343	\$ 25,590,637	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,033,131	\$ 1,033,131	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	638,371	638,371	30
31	Accrued Taxes Payable (excluding real estate taxes)	(6,375)	(6,375)	31
32	Accrued Real Estate Taxes(Sch.IX-B)		450,204	32
33	Accrued Interest Payable		53,672	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Attached Schedule</u>	12,712,331	12,332,228	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 14,377,458	\$ 14,501,231	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,007,864	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>See Attached Schedule</u>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 9,007,864	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 14,377,458	\$ 23,509,095	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,642,885	\$ 2,081,542	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 16,020,343	\$ 25,590,637	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>2,384,306</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Additional Bad Debts</b>	<b>(150,000)</b>	<b>3</b>
<b>4</b>	<b>Medicare Bad Debts</b>	<b>18,396</b>	<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>2,252,702</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(309,817)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	<b>(300,000)</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(609,817)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>1,642,885</b>	<b>24</b> *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance at Midway

# 0041749

Report Period Beginning: 01/01/09

Ending: 12/31/09

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

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,833,996	1
2	Discounts and Allowances for all Levels	(144,345)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 12,689,651	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,840,005	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,840,005	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	587,421	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	44,062	19
20	Radiology and X-Ray	13,670	20
21	Other Medical Services	186,267	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 831,420	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	10	24
25	Interest and Other Investment Income***	20,348	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 20,358	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	2,682	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 2,682	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 15,384,116	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,976,423	31
32	Health Care	5,263,390	32
33	General Administration	4,626,441	33
<b>B. Capital Expense</b>			
34	Ownership	1,897,793	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,793,558	35
36	Provider Participation Fee	136,328	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 15,693,933	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(309,817)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (309,817)	43

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

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

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

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

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending:

12/31/09

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,997	2,149	\$ 106,128	\$ 49.38	1
2	Assistant Director of Nursing					2
3	Registered Nurses	36,676	39,465	935,711	23.71	3
4	Licensed Practical Nurses	55,462	62,220	1,603,404	25.77	4
5	CNAs & Orderlies	122,784	135,112	1,441,304	10.67	5
6	CNA Trainees					6
7	Licensed Therapist	64	64	3,475	54.30	7
8	Rehab/Therapy Aides	17,500	19,275	191,976	9.96	8
9	Activity Director	3,348	3,638	49,118	13.50	9
10	Activity Assistants	7,156	8,045	83,803	10.42	10
11	Social Service Workers	4,186	4,419	81,974	18.55	11
12	Dietician	3,881	4,289	67,546	15.75	12
13	Food Service Supervisor					13
14	Head Cook	5,505	6,266	84,859	13.54	14
15	Cook Helpers/Assistants	21,416	23,529	221,658	9.42	15
16	Dishwashers					16
17	Maintenance Workers	5,003	5,571	90,914	16.32	17
18	Housekeepers	24,780	26,722	298,961	11.19	18
19	Laundry	7,320	7,905	71,832	9.09	19
20	Administrator	1,895	2,117	110,026	51.97	20
21	Assistant Administrator	450	503	13,439	26.72	21
22	Other Administrative	583	583	24,196	41.50	22
23	Office Manager					23
24	Clerical	15,192	16,411	286,391	17.45	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	3,853	4,220	96,644	22.90	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	7,861	8,440	295,574	35.02	33
34	TOTAL (lines 1 - 33)	346,912	380,943	\$ 6,158,933 *	\$ 16.17	34

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

\*\* See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	402	\$ 18,105	01-03	35
36	Medical Director	Monthly	35,601	09-03	36
37	Medical Records Consultant	Monthly	6,421	10-03	37
38	Nurse Consultant	479	11,975	10-03	38
39	Pharmacist Consultant	Monthly	5,502	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	29	1,624	12-03	45
46	Other(specify)				46
47	Medical Consultant	Monthly	55,200	10-03	47
48					48
49	TOTAL (lines 35 - 48)	910	\$ 134,428		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Murhey, Mark	Administrator	0	\$ 108,068	Workers' Compensation Insurance	\$ 210,190	IDPH License Fee	\$		
Martinez, Margo	Administrator	0	1,958	Unemployment Compensation Insurance	120,951	Advertising: Employee Recruitment	9,507		
Evans, Donald	Assist. Admin.	0	13,439	FICA Taxes	454,552	Health Care Worker Background Check			
Brander, Kathleen	Dir. Reg Mgmt	0	7,479	Employee Health Insurance	271,582	(Indicate # of checks performed 1430 )	15,541		
Flaherty, Marilyn	VP of MC Reimb	0	16,717	Employee Meals	29,565	Patient Background Checks			
				Illinois Municipal Retirement Fund (IMRF)*		IL Council on LTC	11,382		
				Union Pension	42,434	IL Assoc. of Health Care	2,988		
				City Payroll Taxes	10,056	Dues & Subscriptions	1,786		
				Dental Insurance	6,680	Licenses and Fees	6,663		
				401K Match Expenses	2,566	See Supplemental Schedule	1,130		
				Other Employee Benefits	62,118	Less: Public Relations Expense	( )		
						Non-allowable advertising	( )		
						Yellow page advertising	( )		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						TOTAL (agree to Sch. V, line 20, col. 8)			
					\$ 147,661				
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)			\$ 48,997		
Description				Amount					
Nucare-Administrative Fees				\$ 568,631					
CCS -Administrative Fees				46,828					
JLR Management-Administrative Fees				161,000					
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				\$ 776,459					
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount	
Frost Ruttenberg & Rothblatt	Accounting		\$ 27,213			\$	Out-of-State Travel	\$	
Personnel Planners, Inc	Unemployment Consult		10,013						
CDW	Computer Services		2,065						
Emdeon Business Solution	Computer Services		858				In-State Travel		
Giftrap Corp	Computer Services		7,981						
HDSI	Computer Services		10,239						
MDI Achieves	Computer Services		2,037						
PSD Solutions	Computer Services		12,900				Seminar Expense	5,369	
Transwordl System	Computer Services		1,325				Allocated from Clinical Consult	158	
Documentation Solutions	Healthcare Consulting		36,368				Allocated from NuCare	630	
See Attached	Legal		30,591						
See Supplemental Schedule			19,489				Entertainment Expense	( )	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL			\$		TOTAL (agree to Sch. V, line 24, col. 8)

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

\*\*See instructions.

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

(See instructions.)

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/09

Ending:

12/31/09

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. ILCLTC- \$11,382
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 59,294 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. \$ 136,328  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 29,565 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% in14  
d. Have vehicle usage logs been maintained? N/A  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.