

Facility Name & ID Number Renaissance at Midway

0041749 Report Period Beginning: 01/01/10 Ending: 12/31/10

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF			<u>10,490</u>	<u>10,490</u>	8
9	SNF/PED					9
10	ICF	<u>65,307</u>	<u>3,947</u>	<u>2,889</u>	<u>72,143</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>65,307</u>	<u>3,947</u>	<u>13,379</u>	<u>82,633</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.92%

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 9,201

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/10 Fiscal Year: 12/31/10

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

Facility Name & ID Number Renaissance at Midway # 0041749 Report Period Beginning: 01/01/10 Ending: 12/31/10

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	403,303	143,520	18,214	565,037		565,037		565,037		1
2	Food Purchase		430,390		430,390	(29,383)	401,008	(205)	400,802		2
3	Housekeeping	264,916	63,391		328,307		328,307		328,307		3
4	Laundry	99,795	24,164		123,959		123,959		123,959		4
5	Heat and Other Utilities			202,602	202,602		202,602	(9,509)	193,093		5
6	Maintenance	107,776	76,309	227,748	411,833		411,833	33,694	445,527		6
7	Other (specify):*										7
8	TOTAL General Services	875,790	737,774	448,564	2,062,128	(29,383)	2,032,746	23,980	2,056,725		8
	B. Health Care and Programs										
9	Medical Director			14,400	14,400		14,400		14,400		9
10	Nursing and Medical Records	4,261,762	750,109	89,800	5,101,671		5,101,671	7,083	5,108,754		10
10a	Therapy	175,606			175,606		175,606		175,606		10a
11	Activities	85,565	100,194		185,759		185,759		185,759		11
12	Social Services	113,052		1,972	115,024		115,024		115,024		12
13	CNA Training										13
14	Program Transportation			8,222	8,222		8,222		8,222		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,635,985	850,303	114,394	5,600,682		5,600,682	7,083	5,607,765		16
	C. General Administration										
17	Administrative	159,407		807,245	966,652		966,652	(774,197)	192,455		17
18	Directors Fees										18
19	Professional Services			156,075	156,075	(499)	155,576	(6,083)	149,493		19
20	Dues, Fees, Subscriptions & Promotions			131,952	131,952		131,952	(80,445)	51,507		20
21	Clerical & General Office Expenses	306,201	65,410	290,913	662,524		662,524	(23,122)	639,402		21
22	Employee Benefits & Payroll Taxes			1,300,509	1,300,509	29,383	1,329,892		1,329,892		22
23	Inservice Training & Education										23
24	Travel and Seminar			18,181	18,181		18,181	(4,732)	13,449		24
25	Other Admin. Staff Transportation			8,600	8,600		8,600	1,507	10,107		25
26	Insurance-Prop.Liab.Malpractice			524,306	524,306		524,306	12,169	536,475		26
27	Other (specify):*							48,202	48,202		27
28	TOTAL General Administration	465,608	65,410	3,237,781	3,768,799	28,883	3,797,682	(826,702)	2,970,981		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,977,383	1,653,487	3,800,739	11,431,609	(499)	11,431,110	(795,639)	10,635,470		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.

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			116,437	116,437		116,437	366,796	483,233			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							552,472	552,472			32
33	Real Estate Taxes					499	499	641,356	641,856			33
34	Rent-Facility & Grounds			1,900,961	1,900,961		1,900,961	(1,900,607)	354			34
35	Rent-Equipment & Vehicles			22,865	22,865		22,865	4,812	27,677			35
36	Other (specify):*							44,826	44,826			36
37	TOTAL Ownership			2,040,263	2,040,263	499	2,040,762	(290,345)	1,750,417			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	28,295	473,388	796,270	1,297,953		1,297,953		1,297,953			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):*	159,907		291,283	451,190		451,190	(451,190)				43
44	TOTAL Special Cost Centers	188,202	473,388	1,223,881	1,885,471		1,885,471	(451,190)	1,434,281			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,165,585	2,126,875	7,064,883	15,357,343	0	15,357,343	(1,537,175)	13,820,168			45

THE TOTAL FOR COLUMN 5 MUST BE ZERO, PLEASE CORRECT

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	(12,343)	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	13,471	30		9
10	Interest and Other Investment Income	(92,390)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(205)	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	(290)	21		18
19	Entertainment	(6,176)	24		19
20	Contributions	(33,100)	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	(200,000)	21		24
25	Fund Raising, Advertising and Promotional	(38,921)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(518,581)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (888,536)		\$	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)	(648,639)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (648,639)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,537,175)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

Renaissance at Midway

ID# 0041749
 Report Period Beginning: 01/01/10
 Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Jury Duty Income	\$ (34)	10	1
2	Patient Needs	(17,259)	10	2
3	Patient Clothing	(8,021)	10	3
4	Bank Charges	(23,643)	21	4
5	Misc. Income	(2,082)	21	5
6	Annual Reports	(1,099)	20	6
7	Non-Allowable Expenses	(156,000)	43	7
8	Non-Allowable Marketing Expenses	(135,283)	43	8
9	Capitalized R&M	(8,912)	6	9
10	Additional R&M	35,701	6	10
11	Out of Period and Non-Allowable Legal Fees	(17,579)	19	11
12	Cope Dues	(8,833)	20	12
13	Replacement Tax - Building Co	(4,916)	20	13
14	Accounting Fees - Building Co	(10,400)	19	14
15	Amortization - Building Co	(184)	36	15
16	Fees - Building Co	(100)	20	16
17	Dir of Guest Services	(64,268)	43	17
18	Marketing Travel	(30)	25	18
19	Marketing Wages	(59,106)	43	19
20	Clinical Nurse Evaluator	(36,533)	43	20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(518,581)		49

Renaissance at Midway

ID# 0041749

Report Period Beginning: 01/01/10

Ending: 12/31/10

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/10

Ending:

12/31/10

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(205)											(205)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(12,343)		2,834									(9,509)	5
6	Maintenance	26,789		6,905									33,694	6
7	Other (specify):*													7
8	TOTAL General Services	14,241		9,739									23,980	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(25,314)				32,397							7,083	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(25,314)				32,397							7,083	16
	C. General Administration													
17	Administrative			(583,835)	5,930	(49,551)	(146,741)						(774,197)	17
18	Directors Fees													18
19	Professional Services	(27,979)	10,400	10,997		36	463						(6,083)	19
20	Fees, Subscriptions & Promotions	(86,969)	5,016	1,472		36							(80,445)	20
21	Clerical & General Office Expenses	(226,015)		175,097		26,639	1,157						(23,122)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(6,176)		1,260		184							(4,732)	24
25	Other Admin. Staff Transportation	(30)		1,283		254							1,507	25
26	Insurance-Prop.Liab.Malpractice		10,363	1,806									12,169	26
27	Other (specify):*			38,951	240	8,189	822						48,202	27
28	TOTAL General Administration	(347,169)	25,779	(352,970)	6,170	(14,213)	(144,299)						(826,702)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(358,242)	25,779	(343,231)	6,170	18,184	(144,299)						(795,639)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/10

Ending:

12/31/10

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	13,471	344,497	8,670		158							366,796	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(92,390)	640,658	3,983		221							552,472	32
33	Real Estate Taxes		633,591	7,765									641,356	33
34	Rent-Facility & Grounds		(1,900,960)	353									(1,900,607)	34
35	Rent-Equipment & Vehicles			4,812									4,812	35
36	Other (specify):*	(184)	45,010										44,826	36
37	TOTAL Ownership	(79,103)	(237,204)	25,583		379							(290,345)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(451,190)											(451,190)	43
44	TOTAL Special Cost Centers	(451,190)											(451,190)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(888,536)	(211,425)	(317,648)	6,170	18,563	(144,299)						(1,537,175)	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	\$ 1,900,960	Claridge at Cicero	100.00%	\$	(1,900,960)	1
2	V	32 Interest	405	Claridge at Cicero	100.00%	641,063	640,658	2
3	V	20 Replacement Tax		Claridge at Cicero	100.00%	4,916	4,916	3
4	V	36 MIP Expense		Claridge at Cicero	100.00%	44,826	44,826	4
5	V	26 Insurance Expense		Claridge at Cicero	100.00%	10,363	10,363	5
6	V	19 Accounting Fees		Claridge at Cicero	100.00%	10,400	10,400	6
7	V	33 Real Estate Taxes		Claridge at Cicero	100.00%	633,591	633,591	7
8	V	30 Depreciation		Claridge at Cicero	100.00%	344,497	344,497	8
9	V	36 Amortization		Claridge at Cicero	100.00%	184	184	9
10	V	20 Fees		Claridge at Cicero	100.00%	100	100	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,901,365			\$ 1,689,940	\$ * (211,425)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 2,834	\$ 2,834
16	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	6,905	6,905
17	V	17 ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	17,859	17,859
18	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	10,997	10,997
19	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	1,472	1,472
20	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	175,097	175,097
21	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	1,260	1,260
22	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	1,283	1,283
23	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	1,806	1,806
24	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	38,951	38,951
25	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	8,670	8,670
26	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	3,983	3,983
27	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	7,765	7,765
28	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	353	353
29	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	4,812	4,812
30	V						
31	V	17 MANAGEMENT FEE	601,694	NUCARE SERVICES CORP.	100.00%		(601,694)
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 601,694			\$ 284,046	\$ * (317,648)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:			
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)			
15	V	17 ADMIN. - R. HARTMAN		NUCARE SERVICES CORP.	100.00%	5,930	\$	5,930	15	
16	V								16	
17	V								17	
18	V								18	
19	V								19	
20	V	27 EMP. BEN. - R. HARTMAN		NUCARE SERVICES CORP.	100.00%	240		240	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		\$				\$	6,170	\$ * 6,170	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	10 CLINICAL SALARIES	\$	CLINICAL CONSULTING SERVICES, LLC	100.00%	\$ 32,397	\$ 32,397
16	V	19 PROFESSIONAL FEES		CLINICAL CONSULTING SERVICES, LLC	100.00%	36	36
17	V	20 DUES, LICENSE & INSPECTION		CLINICAL CONSULTING SERVICES, LLC	100.00%	36	36
18	V	21 OFFICE WAGES		CLINICAL CONSULTING SERVICES, LLC	100.00%	23,668	23,668
19	V	21 OFFICE EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	2,971	2,971
20	V	24 CONTINUING EDUCATION / SEMINAR		CLINICAL CONSULTING SERVICES, LLC	100.00%	184	184
21	V	25 AUTO EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	254	254
22	V	27 PAYROLL TAXES		CLINICAL CONSULTING SERVICES, LLC	100.00%	3,857	3,857
23	V	27 OTHER EMPLOYEE BENEFITS		CLINICAL CONSULTING SERVICES, LLC	100.00%	4,332	4,332
24	V	30 DEPRECIATION		CLINICAL CONSULTING SERVICES, LLC	100.00%	158	158
25	V	32 INTEREST		CLINICAL CONSULTING SERVICES, LLC	100.00%	221	221
26	V						
27	V	17 ADMINISTRATIVE FEE	49,551	CLINICAL CONSULTING SERVICES, LLC	100.00%		(49,551)
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 49,551			\$ 68,114	\$ * 18,563

* 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				822		822	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	17 MANAGEMENT FEES	156,000	JLR MANAGEMENT CORP.				(156,000)	29
30	V				100.00%				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		\$ 156,000			\$ 11,701	\$ *	(144,299)	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	\$ 234,114	Diamond Insurance	100.00%	\$ 234,114	\$	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		\$ 234,114			\$ 234,114	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number

Renaissance at Midway

0041749

Report Period Beginning:

01/01/10

Ending:

12/31/10

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Jack Rajchenbach	Relative	Administrative	0	See Attached	5.00	7.69%	Alloc. Salary	\$ 9,259	17-7	1
2	Robert Hartman	Relative	Administrative	0	See Attached	1.48	2.96%	Alloc. Salary	5,930	17-7	2
3	David Hartman	Relative	Administrative	0	See Attached	0.88	2.20%				3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only amounts anticipated to be considered allowable by										11
12	the IL Dept of HFS										12
13								TOTAL	\$ 15,189		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:

01/01/10

Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/10

Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS	1,226,110	16	\$ 38,227	\$ 90,885	\$ 2,834	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	1,226,110	16	93,156	90,885	6,905	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	1,226,110	16	240,928	240,928	17,859	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,226,110	16	148,362	90,885	10,997	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,226,110	16	19,864	90,885	1,472	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	1,226,110	16	2,362,190	2,024,369	175,097	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,226,110	16	16,998	90,885	1,260	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	1,226,110	16	17,306	90,885	1,283	8
9	26	INSURANCE	AVAIL. CENSUS DAYS	1,226,110	16	24,362	90,885	1,806	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	1,226,110	16	525,475	90,885	38,951	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,226,110	16	116,967	90,885	8,670	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,226,110	16	53,729	90,885	3,983	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,226,110	16	104,761	90,885	7,765	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,226,110	16	4,765	90,885	353	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,226,110	16	64,914	90,885	4,812	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,832,004	\$ 2,265,297	\$ 284,046	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/10

Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

NUCARE SERVICES CORP.

Street Address

7257 N. LINCOLN AVENUE

City / State / Zip Code

LINCOLNWOOD, IL 60712

Phone Number

(847) 933-2600

Fax Number

(847) 933-2601

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED	20	16	80,000	1	5,930	1
2									2
3									3
4									4
5									5
6	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED	20	16	3,234	1	240	6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 83,234	\$ 80,000	\$ 6,170	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/10

Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,226,110	16	\$ 437,066	\$ 437,066	90,855	32,397	1
2	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,226,110	16	484		90,855	36	2
3	20	DUES, LICENSE & INSPECTIO	AVAIL. CENSUS DAYS	1,226,110	16	488		90,855	36	3
4	21	OFFICE WAGES	AVAIL. CENSUS DAYS	1,226,110	16	319,300	319,300	90,855	23,668	4
5	21	OFFICE EXPENSE	AVAIL. CENSUS DAYS	1,226,110	16	40,077		90,855	2,971	5
6	24	CONTINUING EDUCATION / ST	AVAIL. CENSUS DAYS	1,226,110	16	2,480		90,855	184	6
7	25	AUTO EXPENSE	AVAIL. CENSUS DAYS	1,226,110	16	3,430		90,855	254	7
8	27	PAYROLL TAXES	AVAIL. CENSUS DAYS	1,226,110	16	52,028		90,855	3,857	8
9	27	OTHER EMPLOYEE BENEFITS	AVAIL. CENSUS DAYS	1,226,110	16	58,440		90,855	4,332	9
10	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,226,110	16	2,132		90,855	158	10
11	32	INTEREST	AVAIL. CENSUS DAYS	1,226,110	16	2,985		90,855	221	11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 918,910	\$ 756,366		\$ 68,114	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/10

Ending: 12/31/10

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 54.00	9	\$ 100,000	\$ 100,000	5.00	\$ 9,259	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED 54.00	9	5,000		5.00	463	2
3	21	OFFICE	AVG. HOURS WORKED 54.00	9	12,497	12,497	5.00	1,157	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED 54.00	9	8,881		5.00	822	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				\$ 126,378	\$ 112,497		\$ 11,701	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/10

Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Diamond Insurance

Street Address

40 Skokie Blvd, Suite 105

City / State / Zip Code

Northbrook, IL 60062

Phone Number

(847) 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		\$	\$		\$ 234,114	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				\$	\$		\$ 234,114	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/10

Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/10

Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749 Report Period Beginning: 01/01/10 Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/10

Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Renaissance at Midway

0041749

Report Period Beginning:

01/01/10

Ending:

12/31/10

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	HUD		X	Mortgage			\$	\$ 8,929,578		\$ 641,063	1								
2											2								
3											3								
4											4								
5	See Supplemental Schedule										5								
Working Capital																			
6											6								
7											7								
8	See Supplemental Schedule										8								
9	TOTAL Facility Related						\$	\$ 8,929,578		\$ 641,063	9								
B. Non-Facility Related*																			
10	Interest Income		X							(92,390)	10								
11	Interest Inome - Bldg Co		X							(405)	11								
12	Allocated from NuCare		X							3,983	12								
13	See Supplemental Schedule									221	13								
14	TOTAL Non-Facility Related						\$	\$		\$ (88,591)	14								
15	TOTALS (line 9+line14)						\$	\$ 8,929,578		\$ 552,472	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 44,826 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:

01/01/10

Ending:

12/31/10

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

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

	1	2	3	4	5	6		7	8	9	10									
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
	A. Directly Facility Related																			
	Long-Term																			
1							\$	\$			\$	1								
2												2								
3												3								
4												4								
5												5								
6												6								
7	TOTAL Long-Term											7								
	Working Capital																			
8							\$	\$			\$	8								
9												9								
10												10								
11												11								
12												12								
13												13								
14	TOTAL Working Capital											14								
	B. Non-Facility Related*																			
15	Alloc from Clinical Consulting		X				\$	\$			\$	221								
16												16								
17												17								
18												18								
19												19								
20	TOTAL Non-Facility Related											221								

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

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

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

B. Real Estate Taxes

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

1. Real Estate Tax accrual used on 2009 report.		\$	450,204	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	536,445	2
3. Under or (over) accrual (line 2 minus line 1).		\$	86,241	3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	555,114	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	499	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	641,855	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2005	488,572	8	
	2006	429,087	9	
	2007	424,507	10	
	2008	428,766	11	
	2009	528,680	12	
2010 Accrual = \$528,680 x 1.05 = \$555,114				
Allocated from NuCare \$7,765				
allocated from Clinical Consulting \$				

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

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/10

Ending:

12/31/10

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>48,972</u>		<u>\$ 155,000</u>	<u>1</u>
2	<u>Allocated from 7257 N. Lincoln</u>		<u>2004</u>	<u>11,267</u>	<u>2</u>
3	TOTALS	48,972		\$ 166,267	3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4				\$	\$		\$	\$	\$
5									
6									
7									
8									
Improvement Type**									
9	Various		2000	214,280		20	10,708	10,708	111,610
10	Various		2001	47,574		20	2,379	2,379	22,813
11	Various		2002	15,861		20	1,087	1,087	13,342
12	Various		2003	126,758		20	9,895	9,895	73,621
13	Various		2004	42,166		20	3,577	3,577	24,662
14	Various		2005	31,063		20	3,051	3,051	16,176
15	Various		2006	194,850		20	21,582	21,582	96,546
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
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		9,531,537	344,497		283,553	(60,944)	2,834,842	67
68		214,502	6,715		8,594	1,879	36,306	68
69			116,437			(116,437)		69
70		\$ 10,418,591	\$ 467,649		\$ 344,426	\$ (123,223)	\$ 3,229,920	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/10

Ending:

12/31/10

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 10,418,591	\$ 467,649		\$ 344,426	\$ (123,223)	\$ 3,229,920	1
2	Roof Sealing	2007	3,500		20	350	350	1,342	2
3	Wallpaper - See Asset #468	2007	(2,620)		20	(524)	(524)	(2,096)	3
4	Wallpaper - See Asset #468	2007	(148)		20	(30)	(30)	(118)	4
5	Wheelchair Door Construction	2007	3,200		20	320	320	1,280	5
6	Chair Rails For 3Rd Floor	2009	1,928		20	386	386	514	6
7	Construct Kitchenette; Cabinetry; Corner Guards; Paintings	2009	10,994		20	2,199	2,199	2,749	7
8	Carpeting In 7 Offices	2009	9,313		20	1,330	1,330	1,552	8
9	Service Generator-Replace 1 Loadbank Of Generator, Flush, Repl	2010	6,382		20	638	638	638	9
10	Service Overhead Door Electronic Closer/Holder, Furnish/Install	2010	2,979		20	248	248	248	10
11	Replace Concrete Overhang With New Surface-50%Deposit	2010	2,610		20	152	152	152	11
12	Replace Block Heater, Water Heater Thermostat	2010	5,739		20	1,148	1,148	1,148	12
13	1 Booster Heater Replacement	2010	3,335		20	445	445	445	13
14	Remodel 2Nd Flr Corridor: 2Nd Flr Res Rooms, New Floor Tiles,	2010	121,955		20	5,081	5,081	5,081	14
15	Window Treatments - Chicagoland Blind And Shade	2010	15,619		20	265	265	265	15
16	Install Concrete Floor On Porch	2010	3,390		20	85	85	85	16
17	Trash Chute: Cut Out & Dispose Of Defective Intake Doors, Furn	2010	3,278		20	109	109	109	17
18	Paint 1St Floor Rooms Only, 26 Small Rooms And 4 Large Includi	2010	7,150		20	179	179	179	18
19	Shower Repair And Painting Of South Hallway, Handrails & Stair	2010	8,250		20	125	125	125	19
20	Build Up Central Portion Of Roof, Apply Base Sheet, Apply Modifi	2010	11,500		20	288	288	288	20
21	Remove Wallpaper, Repair, Patch And Tape 30 Rooms, Paint Roo	2010	14,650		20	244	244	244	21
22	Furnish/Install 1 Door Controller, 1 Satellite Brd, 1 Power Supply	2010	6,518		20	109	109	109	22
23	Paint 1St & 3Rd Flr, Back Hallway And Furnished Materials For	2010	13,158		20	110	110	110	23
24	Remove Old Tiles And Dispose, Install Armstrong Timberline Wa	2010	3,510		20	146	146	146	24
25	Furnish/Install 1 32 Dvr; 2 Inside Cameras	2010	4,320		20	288	288	288	25
26	Parts For Boiler- Lochinvar Heat Exchanger, Lochinvar Burner, I	2010	7,048		20	147	147	147	26
27	Parts For Boiler- Lochinvar Heat Exchanger, Lochinvar Burner, I	2010	7,547		20	52	52	52	27
28	Boiler Repair	2010	2,950		20	148	148	148	28
29	Exit Door Repair	2010	2,585		20	129	129	129	29
30	Generator	2010	3,377		20	169	169	169	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,702,607	\$ 467,649		\$ 358,762	\$ (108,887)	\$ 3,245,446	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		\$ 10,702,607	\$ 467,649		\$ 358,762	\$ (108,887)	\$ 3,245,446	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		\$ 10,702,607	\$ 467,649		\$ 358,762	\$ (108,887)	\$ 3,245,446	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		\$ 10,702,607	\$ 467,649		\$ 358,762	\$ (108,887)	\$ 3,245,446	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		\$ 10,702,607	\$ 467,649		\$ 358,762	\$ (108,887)	\$ 3,245,446	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		\$ 10,702,607	\$ 467,649		\$ 358,762	\$ (108,887)	\$ 3,245,446	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		\$ 10,702,607	\$ 467,649		\$ 358,762	\$ (108,887)	\$ 3,245,446	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Building Company Information								1
2	Buildings:								2
3		2000	9,107,497	344,497	35	260,214	(84,283)	2,753,932	3
4		2000	(42,728)						4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Various	2005	45,177		20	2,259	2,259	13,553	9
10	Repair Door Closures	2007	5,062		20	253	253	1,012	10
11	Repair Door Holders	2007	7,201		20	360	360	1,440	11
12	Tv Lounge/Stairway	2007	5,000		20	250	250	1,000	12
13	Flooring 4Th Floor Corridor	2007	41,150		20	2,058	2,058	8,231	13
14	Install - Card Swipe And Door Strike	2007	3,501		20	175	175	700	14
15	2 Tormax Ttx Ii Low Enenergy Operator	2007	3,470		20	174	174	695	15
16	Remove And Dispose Link Fence	2007	2,150		20	108	108	431	16
17	Wall Partition	2007	2,250		20	113	113	451	17
18	10 Fantagraph Pleated Shades, Window Fashions	2007	5,394		20	270	270	1,079	18
19	Fire Sprinkler Work	2007	4,929		20	246	246	985	19
20	23 Pt Storage Cabinets	2007	5,160		20	258	258	1,032	20
21	Cylinder Assy/Door Closure	2007	1,783		20	89	89	356	21
22	Furnish And Install Hot And Cold Water Line	2007	1,800		20	90	90	360	22
23	Admission/Hallway Lobby/Reception Area	2007	6,560		20	328	328	1,312	23
24	6 Track System For Cubicle Curtain	2007	3,310		20	166	166	663	24
25	1St Floor 22 Resident Washrooms	2007	4,620		20	231	231	924	25
26	Remove And Dispose Old Carpet	2007	1,834		20	92	92	367	26
27	14 Pleated Shades/Blinds Window Fashion	2007	8,154		20	408	408	1,631	27
28	1 Tormax Ttx Ii Low Enenergy Operator	2007	4,968		20	248	248	993	28
29	Door Closer/ Holders	2007	4,045		20	202	202	809	29
30	Generator Upgrade	2007	5,793		20	290	290	1,159	30
31	Flooring 22 Residents Washrooms	2007	4,920		20	246	246	984	31
32	Flooring Admission Hallway/Lobby/Reception Area	2007	6,560		20	328	328	1,312	32
33	Conference Room	2007	2,050		20	103	103	411	33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/10

Ending:

12/31/10

XI. OWNERSHIP COSTS (continued)

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

1	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	Building Company Information Continued		\$	\$		\$	\$	\$	1
2	1St Floor Reface 34 Doors	2007	2,295		20	115	115	460	2
3	1St Floor Reface 34 Doors	2007	2,295		20	115	115	460	3
4	Door Locks	2007	2,832		20	142	142	567	4
5	Construct Patient Room	2007	5,000		20	250	250	1,000	5
6	Ventilation Work For Generator	2007	26,978		20	1,349	1,349	5,396	6
7	Window Coverings	2007	23,163		20	1,158	1,158	4,632	7
8	Construct Closets	2007	6,000		20	300	300	1,200	8
9	Flooring	2007	3,890		20	195	195	779	9
10	Drapery	2007	5,169		20	258	258	1,033	10
11	Painted 33 Rooms; Holes Patching & Repairing	2008	6,930		20	347	347	1,329	11
12	Armstrong Wide Material - Connection Corlon Stone Harbor - Fl	2008	4,471		20	224	224	858	12
13	Replaced Door Closures & Holders For Rooms	2008	10,865		20	543	543	2,173	13
14	Reface Doors & Metal Door Kickplates	2008	8,050		20	403	403	1,611	14
15	Routing And Cracksealing Of Parking Lot; Concrete Removal & J	2008	6,909		20	345	345	920	15
16	Sign Lightbox And Banner	2008	5,726		20	286	286	667	16
17	Landscape Irrigation System	2009	6,500		20	325	325	650	17
18	2nd & 3rd Floor Dining Rm- Tiles, Window Treatments, Chair Ra	2009	22,500		20	1,125	1,125	2,250	18
19	Painting Walls in 31 Rooms	2009	8,725		20	436	436	873	19
20	Landscape retaining Walls, Plants, Perennials, and Mulch	2009	9,000		20	450	450	900	20
21	Chair Rail - Oak Color	2009	4,410		20	221	221	441	21
22	2nd and 3rd Flr Dining Rm- Tiles, Window Treatments, Chair Ra	2009	59,364		20	2,968	2,968	5,936	22
23	Outside Security System - Monitors, Strobe Lights, Indoor and Ou	2009	21,603		20	1,080	1,080	2,160	23
24	Painting 30 Rooms	2009	12,305		20	615	615	1,231	24
25	Landscaping, Rocks, Boulders, Plants, and Mulch	2009	9,000		20	450	450	900	25
26	Chair Rails for 3rd Floor	2009	2,482		20	124	124	248	26
27	5 Indoor Cameras; 1 Outdoor Camera; 6 Boxes of Wire	2009	3,465		20	173	173	347	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (12F & 12G lines 1 thru 33)		\$ 9,531,537	\$ 344,497		\$ 283,553	\$ (60,944)	\$ 2,834,842	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Related Party Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated from NuCare 7257 N Lincoln Ave	2004	96,066	2,463	35	2,745	282	19,556	3
4	Allocated from Clinical Consult. 7257 N. Lincoln Ave	2004	5,337	137	35	152	15	1,086	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from NuCare	2003	868	30	20	41	11	308	9
10	Allocated from NuCare	2004	17,627	643	20	882	239	5,921	10
11	Allocated from NuCare	2005	1,045	38	20	52	14	306	11
12	Allocated from NuCare	2006	1,417	52	20	71	19	309	12
13	Allocated from NuCare	2008	1,494	54	20	75	21	169	13
14	Allocated from NuCare	2009	75,694	2,760	20	3,785	1,025	4,733	14
15	Allocated from NuCare	2010	3,695	135	20	94	(41)	94	15
16	Allocated from NuCare 7257 N Lincoln Ave	2005	8,757	382	20	565	183	3,002	16
17	Allocated from NuCare 7257 N Lincoln Ave	2004	1,909		20	96	96	621	17
18	Allocated from Clinical Consult. 7257 N. Lincoln Ave	2005	487	21	20	31	10	167	18
19	Allocated from Clinical Consult. 7257 N. Lincoln Ave	2004	106		20	5	5	34	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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party Information Continued								1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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)		\$ 214,502	\$ 6,715		\$ 8,594	\$ 1,879	\$ 36,306	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/10

Ending:

12/31/10

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	\$ 1,119,173	\$ 1,740	\$ 103,148	\$ 101,408	10	\$ 765,973	71
72	Current Year Purchases	114,418	348	20,951	20,603	10	20,951	72
73	Fully Depreciated Assets	930,955		316	316	10	930,955	73
74								74
75	TOTALS	\$ 2,164,546	\$ 2,088	\$ 124,415	\$ 122,327		\$ 1,717,879	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		Alloc. From NuCare	2010	\$ 657	\$ 24	\$ 55	\$ 31	5	\$ 55	76
77										77
78										78
79										79
80	TOTALS			\$ 657	\$ 24	\$ 55	\$ 31		\$ 55	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)	\$ 13,034,078	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 469,761	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 483,232	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 13,471	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,963,380	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.

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Alloc. From NuCare				353			5
6								6
7	TOTAL				\$ 353			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: \$ 27,677 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____ /2011 \$ _____

13. _____ /2012 \$ _____

14. _____ /2013 \$ _____

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units of Service			Units	Cost									
1	Licensed Occupational Therapist	39 - 03	hrs					\$ 292,277							\$ 292,277	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					151,971							151,971	2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	39 - 03	hrs					352,022							352,022	4
5	Physician Care		visits													5
6	Dental Care		visits													6
7	Work Related Program		hrs													7
8	Habilitation		hrs													8
9	Pharmacy	39 - 02	# of prescripts							334,204					334,204	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				28,295					139,184					167,479	13
14	TOTAL				\$ 28,295			\$ 796,270		\$ 473,388				\$	1,297,953	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning: 01/01/10

Ending:

12/31/10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 4,100	\$ 442,381	1
2	Cash-Patient Deposits	11,307	11,307	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,510,724	2,807,976	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	124,842	156,906	6
7	Other Prepaid Expenses	388,374	388,374	7
8	Accounts Receivable (owners or related parties)	1,715,433	1,715,433	8
9	Other(specify): See Attached Schedule	21,531	234,306	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,776,311	\$ 5,756,683	10
B. Long-Term Assets				
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	893,710	1,391,795	15
16	Equipment, at Historical Cost	968,459	2,130,061	16
17	Accumulated Depreciation (book methods)	(1,198,297)	(4,538,569)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule		916,389	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 663,872	\$ 8,125,719	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,440,183	\$ 13,882,402	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,627,669	\$ 1,627,669	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	386,543	386,543	30
31	Accrued Taxes Payable (excluding real estate taxes)	30,498	30,498	31
32	Accrued Real Estate Taxes(Sch.IX-B)		555,114	32
33	Accrued Interest Payable		53,205	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	See Attached Schedule	206,196	(126,662)	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,250,906	\$ 2,526,367	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		8,929,578	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	See Attached Schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 8,929,578	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,250,906	\$ 11,455,945	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,189,277	\$ 2,426,457	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,440,183	\$ 13,882,402	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,642,885	1
2	Restatements (describe):		2
3	Rounding	(6)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,642,879	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	546,398	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 546,398	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,189,277	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning: 01/01/10

Ending: 12/31/10

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,254,550	1
2	Discounts and Allowances for all Levels	(303,735)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,950,815	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,896,401	6
7	Oxygen	860	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,897,261	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	703,876	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	84,738	19
20	Radiology and X-Ray	12,384	20
21	Other Medical Services	160,109	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 961,107	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	92,390	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 92,390	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	2,168	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,168	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,903,741	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,062,128	31
32	Health Care	5,600,682	32
33	General Administration	3,768,799	33
B. Capital Expense			
34	Ownership	2,040,263	34
C. Ancillary Expense			
35	Special Cost Centers	1,749,143	35
36	Provider Participation Fee	136,328	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,357,343	40
41	Income before Income Taxes (line 30 minus line 40)**	546,398	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 546,398	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:

01/01/10

Ending:

12/31/10

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,717	2,916	\$ 138,090	\$ 47.36	1
2	Assistant Director of Nursing					2
3	Registered Nurses	41,439	47,080	1,074,375	22.82	3
4	Licensed Practical Nurses	46,832	51,976	1,439,214	27.69	4
5	CNAs & Orderlies	145,286	159,449	1,533,410	9.62	5
6	CNA Trainees					6
7	Licensed Therapist	273	273	13,758	50.40	7
8	Rehab/Therapy Aides	15,617	17,201	175,606	10.21	8
9	Activity Director					9
10	Activity Assistants	7,462	8,287	85,565	10.33	10
11	Social Service Workers	5,445	5,890	113,052	19.19	11
12	Dietician	3,993	4,439	77,351	17.43	12
13	Food Service Supervisor					13
14	Head Cook	5,579	6,293	86,799	13.79	14
15	Cook Helpers/Assistants	22,510	24,849	239,153	9.62	15
16	Dishwashers					16
17	Maintenance Workers	5,007	5,425	107,776	19.87	17
18	Housekeepers	23,880	26,062	264,916	10.16	18
19	Laundry	8,496	9,115	99,795	10.95	19
20	Administrator	1,850	2,086	110,378	52.91	20
21	Assistant Administrator	1,094	1,217	31,394	25.80	21
22	Other Administrative	397	397	17,635	44.42	22
23	Office Manager					23
24	Clerical	17,486	19,228	306,201	15.92	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,795	3,160	76,673	24.26	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	5,858	6,229	174,443	28.00	33
34	TOTAL (lines 1 - 33)	364,016	401,572	\$ 6,165,584 *	\$ 15.35	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	405	\$ 18,214	01-03	35
36	Medical Director	Monthly	14,400	09-03	36
37	Medical Records Consultant	Monthly	2,865	10-03	37
38	Nurse Consultant	491	12,275	10-03	38
39	Pharmacist Consultant	Monthly	5,460	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	35	1,972	12-03	45
46	Other(specify)				46
47	Medical Consultant	Monthly	69,200	10-03	47
48					48
49	TOTAL (lines 35 - 48)	931	\$ 124,386		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	
Mark Murhey	Administrator	0	\$ 110,378	Workers' Compensation Insurance	\$ 234,114	IDPH License Fee	\$	
Donald Evans	Assit. Admin.	0	31,394	Unemployment Compensation Insurance	134,287	Advertising: Employee Recruitment	13,673	
Kathleen Brander	Dir. Reg Mgmt	0	991	FICA Taxes	457,920	Health Care Worker Background Check		
Marylin Flaherty	VP of MC Reimb	0	16,644	Employee Health Insurance	328,259	(Indicate # of checks performed)	16,630	
				Employee Meals	29,383	Patient Background Checks	1011	
				Illinois Municipal Retirement Fund (IMRF)*		IL Council on LTC	12,244	
				City Payroll Taxes	9,836	Misc. Dues	1,316	
				Union Pension	57,607	Subscriptions	60	
				Dental Insurance	9,316	Licenses & Inspections	6,076	
				401K Match Expenses	3,502	See Supplemental Schedule	1,508	
				Other Employee Benefits	65,670	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)		
					\$ 159,406			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description				Description			Description	
Amount				Line #			Amount	
Nucare-Administrative Fees							Out-of-State Travel	
\$ 601,694							\$	
CCS -Administrative Fees								
49,551								
JLR Management-Administrative Fees							In-State Travel	
156,000								
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense	
							12,005	
\$ 807,245							Allocated from NuCare	
							1,260	
							Allocated from Clinical Consult	
							184	
							Entertainment Expense	
							()	
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	
							\$ 13,449	
C. Professional Services								
Vendor/Payee								
Type								
Amount								
Frost, Ruttenberg & Rothblatt								
Accounting								
\$ 30,456								
See Attached								
Legal								
51,408								
Personnel Planners								
Unemployment Consult.								
5,625								
CDW								
Computer Services								
308								
Del Marketing								
Computer Services								
5,717								
Emdeon Business Solution								
Computer Services								
1,053								
Giftrap Corp								
Computer Services								
6,737								
HDSI								
Computer Services								
8,193								
MDI Achieve								
Computer Services								
3,495								
PSD Solutions								
Computer Services								
14,952								
Sonicwall Services								
Computer Services								
292								
See Supplemental Schedule								
27,839								
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)								
\$ 156,075								

* 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								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/10

Ending:

12/31/10

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ILCLTC \$21,077
- (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. \$ 731 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 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. \$ 29,383 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100% ln 14
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.