

Facility Name & ID Number Renaissance At Midway

0041749 Report Period Beginning: 01/01/11 Ending: 12/31/11

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	249	Skilled (SNF)	249	90,885	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	249	TOTALS	249	90,885	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF			10,375	10,375	8
9	SNF/PED					9
10	ICF	56,616	4,630	2,794	64,040	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	56,616	4,630	13,169	74,415	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.88%

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 8,963

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2011 Fiscal Year: 12/31/2011

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

Facility Name & ID Number Renaissance At Midway # 0041749 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	385,254	86,892	19,981	492,127		492,127		492,127		1
2	Food Purchase		430,514		430,514	(32,485)	398,029	(267)	397,762		2
3	Housekeeping	288,299	64,617		352,916		352,916		352,916		3
4	Laundry	117,377	35,777		153,154		153,154		153,154		4
5	Heat and Other Utilities			198,950	198,950		198,950	(8,110)	190,840		5
6	Maintenance	87,827	75,802	233,698	397,327		397,327	16,363	413,690		6
7	Other (specify):*										7
8	TOTAL General Services	878,757	693,602	452,629	2,024,988	(32,485)	1,992,503	7,986	2,000,489		8
	B. Health Care and Programs										
9	Medical Director			38,800	38,800		38,800		38,800		9
10	Nursing and Medical Records	4,037,359	870,624	181,529	5,089,512		5,089,512	(15,144)	5,074,368		10
10a	Therapy	185,867		885	186,752		186,752		186,752		10a
11	Activities	127,270	69,121		196,391		196,391		196,391		11
12	Social Services	117,761		2,973	120,734		120,734		120,734		12
13	CNA Training										13
14	Program Transportation			9,468	9,468		9,468		9,468		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,468,257	939,745	233,655	5,641,657		5,641,657	(15,144)	5,626,513		16
	C. General Administration										
17	Administrative	179,812		892,090	1,071,902		1,071,902	(866,772)	205,130		17
18	Directors Fees										18
19	Professional Services			179,034	179,034	(6,109)	172,925	9,269	182,194		19
20	Dues, Fees, Subscriptions & Promotions			240,992	240,992		240,992	(63,036)	177,956		20
21	Clerical & General Office Expenses	306,946	97,503	549,219	953,668		953,668	(305,746)	647,922		21
22	Employee Benefits & Payroll Taxes			1,381,559	1,381,559	32,485	1,414,044		1,414,044		22
23	Inservice Training & Education										23
24	Travel and Seminar			12,269	12,269		12,269	535	12,804		24
25	Other Admin. Staff Transportation			1,027	1,027		1,027	1,035	2,062		25
26	Insurance-Prop.Liab.Malpractice			665,999	665,999		665,999	11,153	677,152		26
27	Other (specify):*							56,530	56,530		27
28	TOTAL General Administration	486,758	97,503	3,922,189	4,506,450	26,376	4,532,826	(1,157,029)	3,375,797		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,833,772	1,730,850	4,608,473	12,173,095	(6,109)	12,166,986	(1,164,187)	11,002,799		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

Renaissance At Midway

#0041749

Report Period Beginning:

01/01/11

Ending:

12/31/11

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			151,483	151,483		151,483	331,251	482,734			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			6,425	6,425		6,425	628,119	634,544			32
33	Real Estate Taxes			2,458	2,458	6,109	8,567	505,645	514,212			33
34	Rent-Facility & Grounds			2,183,194	2,183,194		2,183,194	(2,182,741)	453			34
35	Rent-Equipment & Vehicles			21,425	21,425		21,425	3,552	24,977			35
36	Other (specify):*							44,419	44,419			36
37	TOTAL Ownership			2,364,985	2,364,985	6,109	2,371,094	(669,754)	1,701,340			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	6,062	457,320	901,289	1,364,671		1,364,671		1,364,671			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			427,743	427,743		427,743		427,743			42
43	Other (specify):*	148,874		210,359	359,233		359,233	(359,233)				43
44	TOTAL Special Cost Centers	154,936	457,320	1,539,391	2,151,647		2,151,647	(359,233)	1,792,414			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,988,708	2,188,170	8,512,849	16,689,727		16,689,727	(2,193,174)	14,496,553			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(10,673)	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	(9,289)	30		9
10	Interest and Other Investment Income	(3,140)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(267)	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	(575)	21		18
19	Entertainment	(7,522)	21		19
20	Contributions	(32,376)	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	(456,757)	21		24
25	Fund Raising, Advertising and Promotional	(25,448)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(7,217)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(243)	20		28
29	Other-Attach Schedule	(449,151)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,002,658)		\$	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)	(1,190,516)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,190,516)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,193,174)		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

SEE ACCOUNTANTS' COMPILATION REPORT

BHF USE ONLY							
48		49		50		51	52

Renaissance At MidwayID# 0041749Report Period Beginning: 01/01/11Ending: 12/31/11

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Miscellaneous Income	\$ (753)	21	1
2	Jury Duty Income	(17)	10	2
3	Patient Needs	(9,038)	10	3
4	Patient Clothing	(14,693)	10	4
5	Guest Relations	(14,898)	43	5
6	Bank Charges	(23,024)	21	6
7	Building Co - Fees	(100)	20	7
8	Building Co - Accounting Fees	(10,795)	19	8
9	Building Co - Bank Charges & Penalties	(113)	21	9
10	Building Co - Office Expense	(1,212)	21	10
11	Building Co - Replacement Tax	(4,018)	20	11
12	Building Co - Amortication	(184)	36	12
13	COPE Dues	(5,928)	20	13
14	Non-Allowable Fees	(76,355)	43	14
15	Non-Allowable Marketing Fees	(134,004)	43	15
16	Marketing Travel	(4)	25	16
17	Annual Report	(279)	20	17
18	Non-Allowable Legal	(19,215)	19	18
19	Non-Reimbursable Salary	(133,975)	43	19
20	Additional R&M	14,560	06	20
21	Capitalized R&M	(8,681)	06	21
22	Non-Allowable Interest	(6,425)	32	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	(449,151)		49

Renaissance At Midway

ID# 0041749
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 Ending: 12/31/11

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
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90			41
91			42
92			43
93			44
94			45
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96			47
97			48
98			49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Renaissance At Midway

0041749

Report Period Beginning:

01/01/11

Ending:

12/31/11

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	(267)											(267)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(10,673)		2,563									(8,110)	5
6	Maintenance	5,879		10,190	294								16,363	6
7	Other (specify):*													7
8	TOTAL General Services	(5,061)		12,753	294								7,986	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(23,749)			8,605								(15,144)	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	(23,749)			8,605								(15,144)	16
	C. General Administration													
17	Administrative			(761,948)	(49,083)	(55,741)							(866,772)	17
18	Directors Fees													18
19	Professional Services	(30,010)	10,795	28,021		463							9,269	19
20	Fees, Subscriptions & Promotions	(68,392)	4,118	1,203	35								(63,036)	20
21	Clerical & General Office Expenses	(497,173)	1,325	170,603	17,800	1,700							(305,746)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			307	228								535	24
25	Other Admin. Staff Transportation	(4)		714	325								1,035	25
26	Insurance-Prop.Liab.Malpractice		10,355	798									11,153	26
27	Other (specify):*			54,036	1,090	1,405							56,530	27
28	TOTAL General Administration	(595,578)	26,593	(506,266)	(29,605)	(52,173)							(1,157,029)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(624,388)	26,593	(493,513)	(20,707)	(52,173)							(1,164,187)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Renaissance At Midway

0041749

Report Period Beginning:

01/01/11

Ending:

12/31/11

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	(9,289)	331,191	9,215	134								331,251	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(9,565)	634,772	2,759	153								628,119	32
33	Real Estate Taxes		497,041	8,604									505,645	33
34	Rent-Facility & Grounds		(2,183,194)	453									(2,182,741)	34
35	Rent-Equipment & Vehicles			3,552									3,552	35
36	Other (specify):*	(184)	44,603										44,419	36
37	TOTAL Ownership	(19,038)	(675,587)	24,583	288								(669,754)	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):*	(359,233)											(359,233)	43
44	TOTAL Special Cost Centers	(359,233)											(359,233)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(1,002,658)	(648,994)	(468,930)	(20,419)	(52,173)							(2,193,174)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 2,183,194	Claridge at Cicero	100.00%	\$	(2,183,194)	1
2	V	32 Interest	472	Claridge at Cicero	100.00%	635,244	634,772	2
3	V	36 MIP Expense		Claridge at Cicero	100.00%	44,419	44,419	3
4	V	26 Insurance Expense		Claridge at Cicero	100.00%	10,355	10,355	4
5	V	21 Bank Charges & Penalties		Claridge at Cicero	100.00%	113	113	5
6	V	19 Accounting Fees		Claridge at Cicero	100.00%	10,795	10,795	6
7	V	21 Office Expense		Claridge at Cicero	100.00%	1,212	1,212	7
8	V	33 Real Estate Taxes		Claridge at Cicero	100.00%	497,041	497,041	8
9	V	30 Depreciation		Claridge at Cicero	100.00%	331,191	331,191	9
10	V	20 Replacement Tax		Claridge at Cicero	100.00%	4,018	4,018	10
11	V	20 Fees		Claridge at Cicero	100.00%	100	100	11
12	V	36 Amortization		Claridge at Cicero	100.00%	184	184	12
13	V							13
14	Total		\$ 2,183,666			\$ 1,534,672	\$ * (648,994)	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%	\$ 2,563	\$ 2,563
16	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	10,190	10,190
17	V	17 ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	16,059	16,059
18	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	28,021	28,021
19	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	1,203	1,203
20	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	170,603	170,603
21	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	307	307
22	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	714	714
23	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	798	798
24	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	54,036	54,036
25	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	9,215	9,215
26	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	2,759	2,759
27	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	8,604	8,604
28	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	453	453
29	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	3,552	3,552
30	V						
31	V	17 MANAGEMENT FEES	778,007	NUCARE SERVICES CORP.	100.00%		(778,007)
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 778,007			\$ 309,077	\$ * (468,930)

* 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	6 MINOR EQUIPMENT	\$	CLINICAL CONSULTING SERVICES, LLC	100.00%	\$ 294	\$	294	15
16	V	10 CLINICAL SALARIES		CLINICAL CONSULTING SERVICES, LLC	100.00%	8,605		8,605	16
17	V	19 PROFESSIONAL FEES		CLINICAL CONSULTING SERVICES, LLC	100.00%				17
18	V	20 DUES, LICENSE & INSPECTION		CLINICAL CONSULTING SERVICES, LLC	100.00%	35		35	18
19	V	21 OFFICE WAGES		CLINICAL CONSULTING SERVICES, LLC	100.00%	16,676		16,676	19
20	V	21 OFFICE EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,124		1,124	20
21	V	24 CONTINUING EDUCATION / SEMINAR		CLINICAL CONSULTING SERVICES, LLC	100.00%	228		228	21
22	V	25 AUTO EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	325		325	22
23	V	27 PAYROLL TAXES		CLINICAL CONSULTING SERVICES, LLC	100.00%	87		87	23
24	V	27 OTHER EMPLOYEE BENEFITS		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,003		1,003	24
25	V	30 DEPRECIATION		CLINICAL CONSULTING SERVICES, LLC	100.00%	134		134	25
26	V	32 INTEREST		CLINICAL CONSULTING SERVICES, LLC	100.00%	153		153	26
27	V								27
28	V	17 ADMINISTRATIVE FEE	49,083	CLINICAL CONSULTING SERVICES, LLC	100.00%			(49,083)	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		\$ 49,083			\$ 28,664	\$ *	(20,419)	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	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				1,700		1,700	17
18	V	27 EMPLOYEE BENEFITS				1,405		1,405	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	65,000	JLR MANAGEMENT CORP.	100.00%			(65,000)	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 65,000			\$ 12,827	\$ *	(52,173)	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	\$ 416,905	Diamond Insurance	40.00%	\$ 416,905	\$	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		\$ 416,905			\$ 416,905	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

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

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	ABRAHAM STERN	4.900%	CHEVY CHASE CORP. D/B/A BRONZEVILLE PARK NURSING & REH	CHICAGO	CLARIDGE AT CICERO	CHICAGO	BUILDING CO.	1
2	BERNARD HOLLANDER FAMILY TRUST	25.000%	CALIFORNIA GARDENS CORP.	CHICAGO	CLINICAL CONSULTING SERV.	LINCOLNWOOD	CLINICAL CONSULTING	2
3	EVAN MICHAEL STERN 2005 TRUST	0.900%	CLAREMONT EXTENDED HEALTHCARE, L.L.C.	BUFFALO GROVE	QUEST SERVICES CORP.	LINCOLNWOOD	MARKETING	3
4	JONATHAN BRYAN STERN 2001 TRUST	0.900%	CLARIDGE IMPERIAL, LTD.	CHICAGO	DBD REHABILITATION SERV.	CHICAGO	PSYCHIATRIC SERVICE	4
5	MARSHALL MAUER	6.250%	FOREST VILLA NURSING & REHABILITATION CENTER, L.L.C.	NILES	JEM REHABILITATION SERV.	CHICAGO	PSYCHIATRIC SERVICE	5
6	MAURICE AARON	4.250%	JACKSON CORP.	CHICAGO	JLR MANAGEMENT	LINCOLNWOOD	MANAGEMENT CO.	6
7	ORA AARON	2.000%	MONROE CORP.	CHICAGO	SEASONS HOSPICE	PARK RIDGE	HOSPICE	7
8	ORIOLE TRUST	4.950%	THE RENAISSANCE AT 87TH STREET, INC.	CHICAGO	KFT SERVICES, LLC	LINCOLNWOOD	MANAGEMENT CO.	8
9	RAJCHENBACH FAMILY TRUST	25.000%	THE RENAISSANCE AT HILLSIDE, INC.	HILLSIDE	7257 N. LINCOLN AVENUE, LLC	LINCOLNWOOD	BUILDING RENTAL	9
10	ROBERT HARTMAN FAMILY TRUST	20.050%	THE RENAISSANCE AT SOUTH SHORE, INC.	CHICAGO	NUCARE SERVICES	LINCOLNWOOD	BOOKEEPING / MANAGI	10
11	SUSAN STERN	4.900%	RENAISSANCE EAST	MESA, ARIZONA	DRAKE LOUIS ENTERPRISE, LI	LINCOLNWOOD	MANAGEMENT CO.	11
12	TODD ANDREW STERN 2001 TRUST	0.900%	RENAISSANCE PARK SOUTH, LLC	CHICAGO	DIAMOND INSURANCE	NORTHBROOK	WORKERS COMP	12
13			RENAISSANCE VILLAGE AL	MESA, ARIZONA				13
14			RENAISSANCE VILLAGE IL	MESA, ARIZONA				14
15			RENAISSANCE WEST	MESA, ARIZONA				15
16			CLAREMONT - HANOVER PARK	HANOVER PARK				16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number

Renaissance At Midway

0041749

Report Period Beginning:

01/01/11

Ending:

12/31/11

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Renaissance At Midway

0041749

Report Period Beginning:

01/01/11

Ending:

12/31/11

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	0.00%	See Attached	5.00	7.69%	Alloc. Salary	\$ 9,259	17-7	1
2	David Hartman	Relative	Administrative	0.00%	See Attached	0.83	2.08%				2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect										10
11	only amounts anticipated to be considered allowable by the IL Dept. of HFS.										11
12											12
13								TOTAL	\$ 9,259		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

0041749

Report Period Beginning:

01/01/11

Ending: 12/31/11

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:

01/01/11

Ending: 12/31/11

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	1,283,340	16	\$ 36,192	\$ 90,885	\$ 2,563	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	1,283,340	16	143,887	90,885	10,190	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	1,283,340	16	226,766	211,441	16,059	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,283,340	16	395,673	90,885	28,021	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,283,340	16	16,986	90,885	1,203	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	1,283,340	16	2,408,992	(706,320)	170,603	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,283,340	16	4,332	90,885	307	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	1,283,340	16	10,088	90,885	714	8
9	26	INSURANCE	AVAIL. CENSUS DAYS	1,283,340	16	11,273	90,885	798	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	1,283,340	16	763,008	90,885	54,036	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,283,340	16	130,120	90,885	9,215	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,283,340	16	38,953	90,885	2,759	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,283,340	16	121,491	90,885	8,604	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,283,340	16	6,400	90,885	453	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,283,340	16	50,154	90,885	3,552	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 4,364,315	\$	\$ 309,077	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

0041749

Report Period Beginning:

01/01/11

Ending: 12/31/11

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	6	MINOR EQUIPMENT	AVAIL. CENSUS DAYS	1,283,340	17	\$ 4,147	\$ 90,885	\$ 294	1
2	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,283,340	17	121,500	121,500	8,605	2
3	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,283,340	17		90,885		3
4	20	DUES, LICENSE & INSPECTIO	AVAIL. CENSUS DAYS	1,283,340	17	500	90,885	35	4
5	21	OFFICE WAGES	AVAIL. CENSUS DAYS	1,283,340	17	235,467	235,467	16,676	5
6	21	OFFICE EXPENSE	AVAIL. CENSUS DAYS	1,283,340	17	15,872	90,885	1,124	6
7	24	CONTINUING EDUCATION / ST	AVAIL. CENSUS DAYS	1,283,340	17	3,225	90,885	228	7
8	25	AUTO EXPENSE	AVAIL. CENSUS DAYS	1,283,340	17	4,586	90,885	325	8
9	27	PAYROLL TAXES	AVAIL. CENSUS DAYS	1,283,340	17	1,222	90,885	87	9
10	27	OTHER EMPLOYEE BENEFITS	AVAIL. CENSUS DAYS	1,283,340	17	14,168	90,885	1,003	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,283,340	17	1,896	90,885	134	11
12	32	INTEREST	AVAIL. CENSUS DAYS	1,283,340	17	2,164	90,885	153	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					\$ 404,746	\$ 356,967	\$ 28,664	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

0041749

Report Period Beginning:

01/01/11

Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

JLR MANAGEMENT CORP.

Street Address

6633 NORTH LINCOLN

City / State / Zip Code

LINCOLNWOOD, IL. 60712

Phone Number

(847) 679-9141

Fax Number

(847) 679-1820

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	54	9	\$ 100,000	\$ 100,000	5	\$ 9,259	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	54	9	5,000		5	463	2
3	21	OFFICE	AVG. HOURS WORKED	54	9	18,359	18,359	5	1,700	3
4	27	EMPLOYEE BENEFITS	AVG. HOURS WORKED	54	9	15,176		5	1,405	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					\$ 138,535	\$ 118,359		\$ 12,827	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

0041749

Report Period Beginning:

01/01/11

Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Diamond Insurance

Street Address

40 Skokie Blvd, Suite 105

City / State / Zip Code

Northbrook, IL 60062

Phone Number

(847) 559-1002

Fax Number

(847) 562-0070

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		\$	\$		\$ 416,905	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				\$	\$		\$ 416,905	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

0041749

Report Period Beginning:

01/01/11

Ending: 12/31/11

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:

01/01/11

Ending: 12/31/11

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:

01/01/11

Ending: 12/31/11

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: 01/01/11 Ending: 12/31/11

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:

01/01/11

Ending: 12/31/11

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:

01/01/11

Ending:

12/31/11

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		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	HUD		X	Mortgage			\$	\$ 8,845,507			\$ 635,244	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						\$	\$ 8,845,507			\$ 635,244	9							
	B. Non-Facility Related*																		
10	Interest Income		X								(3,140)	10							
11	Interest Income - Bldg Co.		X								(472)	11							
12	Allocated from NuCare		X								2,759	12							
13	See Supplemental Schedule										153	13							
14	TOTAL Non-Facility Related						\$	\$			(700)	14							
15	TOTALS (line 9+line14)						\$	\$ 8,845,507			\$ 634,544	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 44,419 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:

01/01/11

Ending:

12/31/11

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																			
	Working Capital																			
8							\$	\$			\$	8								
9												9								
10												10								
11												11								
12												12								
13												13								
14	TOTAL Working Capital																			
	B. Non-Facility Related*																			
15	Allocated from CCS		X				\$	\$			\$	153								
16												16								
17												17								
18												18								
19												19								
20	TOTAL Non-Facility Related																			
												153								

* 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.)

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Renaissance At Midway COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0041749

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

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

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

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

Facility Name & ID Number Renaissance At Midway

0041749

Report Period Beginning:

01/01/11

Ending:

12/31/11

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	Facility	48,972		\$ 155,000	1
2	Allocated from 7257 N. Lincoln		2004	10,765	2
3	TOTALS	48,972		\$ 165,765	3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1	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	249		2000	\$ 9,032,497	\$ 331,191	35	\$ 260,214	\$ (70,977)	\$ 3,014,146	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various		2000	186,297		20	9,284	9,284	106,902	9
10	Various		2001	47,574		20	2,379	2,379	25,192	10
11	Various		2002	15,861		20	1,087	1,087	14,429	11
12	Various		2003	126,758		20	9,895	9,895	83,517	12
13	Various		2004	42,166		20	3,577	3,577	28,239	13
14	Various		2005	29,048		20	2,763	2,763	17,620	14
15	Various		2006	172,462		20	13,829	13,829	83,594	15
16	Various		2007	3,200		20	320	320	1,600	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	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		427,525			21,362	21,362	96,617	67
68		205,128	6,787		5,843	(944)	37,857	68
69			151,483			(151,483)		69
70		\$ 10,288,516	\$ 489,461		\$ 330,553	\$ (158,908)	\$ 3,509,713	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:

01/01/11

Ending:

12/31/11

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 10,288,516	\$ 489,461		\$ 330,553	\$ (158,908)	\$ 3,509,713	1
2	Chair Rails For 3Rd Floor	2009	1,928		20	386	386	900	2
3	Construct Kitchenette; Cabinetry; Corner Guards; Paintings	2009	8,941		20	2,199	2,199	4,947	3
4	Carpeting In 7 Offices	2009	9,313		20	1,330	1,330	2,883	4
5	Boiler Repair	2009	2,950		20	148	148	295	5
6	Service Generator-Replace 1 Loadbank Of Generator, Flush, Repl	2010	6,382		20	638	638	1,276	6
7	Service Overhead Door Electronic Closer/Holder, Furnish/Install	2010	2,979		20	298	298	546	7
8	Replace Concrete Overhang With New Surface-50%Deposit	2010	2,610		20	261	261	413	8
9	Replace Block Heater, Water Heater Thermostat	2010	5,739		20	1,148	1,148	2,295	9
10	1 Booster Heater Replacement	2010	3,335		20	667	667	1,112	10
11	Remodel 2Nd Flr Corridor: 2Nd Flr Res Rooms, New Floor Tiles,	2010	121,955		20	12,196	12,196	17,277	11
12	Window Treatments - Chicagoland Blind And Shade	2010	15,619		20	781	781	1,041	12
13	Install Concrete Floor On Porch	2010	3,390		20	339	339	424	13
14	Trash Chute: Cut Out & Dispose Of Defective Intake Doors, Furn	2010	3,278		20	328	328	437	14
15	Paint 1St Floor Rooms Only, 26 Small Rooms And 4 Large Includi	2010	7,150		20	715	715	894	15
16	Shower Repair And Painting Of South Hallway. Handrails & Stair	2010	8,250		20	413	413	516	16
17	Build Up Central Portion Of Roof, Apply Base Sheet, Apply Modifi	2010	11,500		20	1,150	1,150	1,438	17
18	Remove Wallpaper, Repair, Patch And Tape 30 Rooms, Paint Roo	2010	14,650		20	1,465	1,465	1,709	18
19	Furnish/Install 1 Door Controller, 1 Satellite Brd, 1 Power Supply	2010	6,518		20	652	652	760	19
20	Paint 1St & 3Rd Flr, Back Hallway And Furnished Materials For	2010	13,158		20	1,316	1,316	1,425	20
21	Remove Old Tiles And Dispose, Install Armstrong Timberline Wa	2010	3,510		20	351	351	497	21
22	Furnish/Install 1 32 Dvr; 2 Inside Cameras	2010	4,320		20	864	864	1,152	22
23	Parts For Boiler- Lochinvar Heat Exchanger, Lochinvar Burner, N	2010	7,048		20	587	587	734	23
24	Parts For Boiler- Lochinvar Heat Exchanger, Lochinvar Burner, I	2010	7,547		20	629	629	681	24
25	Corridors Door Repair	2010	2,585		20	129	129	248	25
26	Generator	2010	3,377		20	169	169	253	26
27	1St Flr Rehab Room & Resident Rooms	2011	8,650		20	865	865	865	27
28	Furnish/ Install 4Th Flr Cafeteria- 7 Blinds, 1St Flr Cafe-5 Blinds	2011	4,405		20	441	441	441	28
29	Hot Tab Risers Installed	2011	5,100		20	510	510	510	29
30	1St & 4Th Flr Caf� Blinds	2011	4,700		20	470	470	470	30
31	3Rd Flr Resident, Wound Care, Nurse Station, Mds Rooms, & Ha	2011	9,017		20	751	751	751	31
32	3Rd Flr Patient Rooms & Bathroom Paint & Skim Coat	2011	10,250		20	854	854	854	32
33	Nurse Station Construction & Installation	2011	8,600		20	645	645	645	33
34	TOTAL (lines 1 thru 33)		\$ 10,617,269	\$ 489,461		\$ 364,246	\$ (125,215)	\$ 3,558,403	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 10,617,269	\$ 489,461		\$ 364,246	\$ (125,215)	\$ 3,558,403	1
2	Roof Repair, Sealing, & Installation Of New Roof	2011	24,000		20	2,000	2,000	2,000	2
3	Tempered Glass Windows	2011	2,611		20	196	196	196	3
4	Pavement Sealcoat	2011	5,700		20	380	380	380	4
5	Paint 30 Rooms And Bathrooms On 2Nd Floor, Plaster Holes On V	2011	13,875		20	925	925	925	5
6	1-4 Flr North Stairwell Painting	2011	3,500		20	233	233	233	6
7	Doors Security System,Back Up Power Supply	2011	4,908		20	286	286	286	7
8	2Nd Flr Resident Rooms Shades	2011	6,870		20	401	401	401	8
9	Lanscaping, Trees, Rocks, Hardscape Concrete	2011	4,835		20	215	215	215	9
10	Replace Door Closers In 8 Patient Rooms, Furnish 14 Door Holder	2011	17,030		20	852	852	852	10
11	166 Curtains & Draperies With 2 Refunds Applies	2011	24,490		20	1,225	1,225	1,225	11
12	Labor And Materials For A/C Repair	2011	5,966		20	249	249	249	12
13	Built In Cabinets, Panel, Crown Molding	2011	8,850		20				13
14	Wallpaper Removal Paint & Skim Coat	2011	12,500		20				14
15	Painting Hallways	2011	27,000		20				15
16	Nurses Station - 1St Floor - Countertop & Cabinetry	2011	9,890		20				16
17	Kitchenette-Build Wall, 2 Diffuser, 4 Receptacles, Remodel Thera	2011	29,593		20				17
18	Replaced Condenser Fan Motor On Chiller	2011	2,500		20				18
19	Repair A/C Chiller	2011	3,351		20				19
20	Fire Sprinkler Work	2011	2,830		20				20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,827,568	\$ 489,461		\$ 371,207	\$ (118,254)	\$ 3,565,364	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 10,827,568	\$ 489,461		\$ 371,207	\$ (118,254)	\$ 3,565,364	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		\$ 10,827,568	\$ 489,461		\$ 371,207	\$ (118,254)	\$ 3,565,364	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 10,827,568	\$ 489,461		\$ 371,207	\$ (118,254)	\$ 3,565,364	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		\$ 10,827,568	\$ 489,461		\$ 371,207	\$ (118,254)	\$ 3,565,364	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:

01/01/11

Ending:

12/31/11

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Building Company Information								1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Various	2005	45,177		20	2,259	2,259	15,812	9
10	Repair Door Closures	2006	5,062		20	253	253	1,265	10
11	Repair Door Holders	2006	7,201		20	360	360	1,800	11
12	Tv Lounge/Stairway	2007	5,000		20	250	250	1,250	12
13	Flooring 4Th Floor Corridor	2007	41,150		20	2,058	2,058	10,289	13
14	Install - Card Swipe And Door Strike	2007	3,501		20	175	175	875	14
15	2 Tormax Ttx Ii Low Engergy Operator	2007	3,470		20	174	174	869	15
16									16
17									17
18	10 Fantagraph Pleated Shades, Window Fashions	2007	5,394		20	270	270	1,349	18
19	Fire Sprinkler Work	2007	4,929		20	246	246	1,231	19
20									20
21									21
22									22
23	Admission/Hallway Lobby/Reception Area	2007	6,560		20	328	328	1,640	23
24	6 Track System For Cubicle Curtain	2007	3,310		20	166	166	829	24
25	1St Floor 22 Resident Washrooms	2007	4,620		20	231	231	1,155	25
26									26
27	14 Pleated Shades/Blinds Window Fashion	2007	8,154		20	408	408	2,039	27
28	1 Tormax Ttx Ii Low Engergy Operator	2007	4,968		20	248	248	1,241	28
29	Door Closer/ Holders	2007	4,045		20	202	202	1,011	29
30	Generator Upgrade	2007	5,793		20	290	290	1,449	30
31	Flooring 22 Residents Washrooms	2007	4,920		20	246	246	1,230	31
32	Flooring Admission Hallway/Lobby/Reception Area	2007	6,560		20	328	328	1,640	32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance At Midway

0041749

Report Period Beginning:

01/01/11

Ending:

12/31/11

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Building Company Information Continued		\$	\$		\$	\$	\$	1
2	1St Floor Reface 34 Doors	2007	2,295		20	115	115	575	2
3	1St Floor Reface 34 Doors	2007	2,295		20	115	115	575	3
4	Door Locks	2007	2,832		20	142	142	709	4
5	Construct Patient Room	2007	5,000		20	250	250	1,250	5
6	Ventilation Work For Generator	2007	26,978		20	1,349	1,349	6,745	6
7	Window Coverings	2007	23,163		20	1,158	1,158	5,790	7
8	Construct Closets	2007	6,000		20	300	300	1,500	8
9	Flooring	2007	3,890		20	195	195	974	9
10	Drapery	2007	5,169		20	258	258	1,291	10
11	Painted 33 Rooms; Holes Patching & Repairing	2008	6,930		20	347	347	1,676	11
12	Armstrong Wide Material - Connection Corlon Stone Harbor - Fl	2008	4,471		20	224	224	1,082	12
13	Replaced Door Closures & Holders For Rooms	2008	10,865		20	543	543	2,716	13
14	Reface Doors & Metal Door Kickplates	2008	8,050		20	403	403	2,014	14
15	Routing And Cracksealing Of Parking Lot; Concrete Removal & J	2008	6,909		20	345	345	1,265	15
16	Sign Lightbox And Banner	2008	5,726		20	286	286	953	16
17	Landscape Irrigation System	2008	6,500		20	325	325	975	17
18									18
19	Painting Walls in 31 Rooms	2009	8,725		20	436	436	1,309	19
20	Landscape retaining Walls, Plants, Perennials, and Mulch	2009	9,000		20	450	450	1,350	20
21	Chair Rail - Oak Color	2009	4,410		20	221	221	662	21
22	2nd and 3rd Flr Dining Rm- Tiles, Window Treatments, Chair Rai	2009	59,648		20	2,968	2,968	8,904	22
23	Outside Security System - Monitors, Strobe Lights, Indoor and Ou	2009	21,603		20	1,080	1,080	3,240	23
24	Painting 30 Rooms	2009	12,305		20	615	615	1,846	24
25	Landscaping, Rocks, Boulders, Plants, and Mulch	2009	9,000		20	450	450	1,350	25
26	Chair Rails for 3rd Floor	2009	2,482		20	124	124	372	26
27	5 Indoor Cameras; 1 Outdoor Camera; 6 Boxes of Wire	2009	3,465		20	173	173	520	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (12F & 12G lines 1 thru 33)		\$ 427,525	\$		\$ 21,362	\$ 21,362	\$ 96,617	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Related Party Information		\$	\$		\$	\$		1
2	Buildings:								2
3	Allocated from NuCare 7257 N Lincoln Ave	2004	91,782	2,353	35	2,622	269	21,306	3
4	Allocated from Clinical Consult. 7257 N. Lincoln Ave	2004	5,099	131	35	146	15	1,184	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from NuCare	2003	830	36	20	42	6	337	9
10	Allocated from NuCare	2004	66,184	732	20	843	111	6,501	10
11	Allocated from NuCare	2005	998	43	20	50	7	342	11
12	Allocated from NuCare	2006	1,354	59	20	68	9	363	12
13	Allocated from NuCare	2008	1,427	62	20	71	9	232	13
14	Allocated from NuCare	2009	22,975	3,143	20	1,149	(1,994)	2,998	14
15	Allocated from NuCare	2010	3,531	153	20	177	24	266	15
16	Allocated from NuCare	2011	191	8	20	9	1	9	16
17									17
18	Allocated from NuCare 7257 N Lincoln Ave	2005	8,367	63	20	540	477	3,408	18
19	Allocated from NuCare 7257 N Lincoln Ave	2004	1,824		20	91	91	684	19
20									20
21	Allocated from Clinical Consult. 7257 N. Lincoln Ave	2005	465	4	20	30	26	189	21
22	Allocated from Clinical Consult. 7257 N. Lincoln Ave	2004	101		20	5	5	38	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1								1	
2								2	
3								3	
4								4	
5								5	
6								6	
7								7	
8								8	
9								9	
10								10	
11								11	
12								12	
13								13	
14								14	
15								15	
16								16	
17								17	
18								18	
19								19	
20								20	
21								21	
22								22	
23								23	
24								24	
25								25	
26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (12H & 12I lines 1 thru 33)		\$ 205,128	\$ 6,787		\$ 5,843	\$ (944)	\$ 37,857	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 912,541	\$ 2,269	\$ 97,918	\$ 95,649	10	\$ 619,622	71
72	Current Year Purchases	140,427	266	13,341	13,075	10	13,341	72
73	Fully Depreciated Assets	1,295,538		143	143	10	1,295,538	73
74								74
75	TOTALS	\$ 2,348,506	\$ 2,535	\$ 111,402	\$ 108,867		\$ 1,928,501	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Allocated from Nucare	2011	\$ 627	\$ 27	\$ 125	\$ 98	5	\$ 178	76
77										77
78										78
79										79
80	TOTALS			\$ 627	\$ 27	\$ 125	\$ 98		\$ 178	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)	\$ 13,342,465	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 492,023	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 482,734	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (9,289)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,494,042	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Allocated from NuCare (Parking Lot)				453			5
6								6
7	TOTAL				\$ 453			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: \$ 24,977 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. _____ /2012 \$ _____

13. _____ /2013 \$ _____

14. _____ /2014 \$ _____

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 338,522	\$		\$ 338,522	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			182,402			182,402	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			365,658			365,658	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				388,069		388,069	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			6,062		14,707	69,251		90,020	13
14	TOTAL			\$ 6,062		\$ 901,289	\$ 457,320		\$ 1,364,671	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: 01/01/11

Ending:

12/31/11

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/11

(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	\$ 10,706	\$ 218,187	1
2	Cash-Patient Deposits	16,100	16,100	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	3,559,184	5,159,909	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	171,811	203,604	6
7	Other Prepaid Expenses	5,592	5,592	7
8	Accounts Receivable (owners or related parties)	13,163,252	13,163,252	8
9	Other(specify): <u>See Attached Schedule</u>	6,818	440,407	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 16,933,463	\$ 19,207,051	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	1,160,742	1,658,827	15
16	Equipment, at Historical Cost	1,118,904	2,280,506	16
17	Accumulated Depreciation (book methods)	(1,351,032)	(4,990,379)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>		905,710	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 928,614	\$ 8,080,707	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 17,862,077	\$ 27,287,758	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 2,593,792	\$ 2,593,901	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	4,793	4,793	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	367,515	367,515	30
31	Accrued Taxes Payable (excluding real estate taxes)	31,533	31,533	31
32	Accrued Real Estate Taxes(Sch.IX-B)		541,368	32
33	Accrued Interest Payable		52,704	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	13,652,130	13,193,374	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 16,649,763	\$ 16,785,188	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		8,845,507	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Attached Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 8,845,507	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 16,649,763	\$ 25,630,695	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,212,314	\$ 1,657,063	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 17,862,077	\$ 27,287,758	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,189,277	1
2	Restatements (describe):		2
3	Late Entries - See Attached	(280,308)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,908,969	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(696,655)	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)	\$ (696,655)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,212,314	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

0041749

Report Period Beginning: 01/01/11

Ending: 12/31/11

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	\$ 12,863,682	1
2	Discounts and Allowances for all Levels	(393,170)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,470,512	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,364,580	6
7	Oxygen	17,405	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,381,985	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	845,603	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	97,626	19
20	Radiology and X-Ray	15,133	20
21	Other Medical Services	178,303	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,136,665	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	3,140	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,140	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	770	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 770	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,993,072	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,024,988	31
32	Health Care	5,641,657	32
33	General Administration	4,506,450	33
B. Capital Expense			
34	Ownership	2,364,985	34
C. Ancillary Expense			
35	Special Cost Centers	1,723,904	35
36	Provider Participation Fee	427,743	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,689,727	40
41	Income before Income Taxes (line 30 minus line 40)**	(696,655)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (696,655)	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:

01/01/11

Ending:

12/31/11

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,699	1,840	\$ 84,651	\$ 46.01	1
2	Assistant Director of Nursing	1,799	1,826	66,195	36.25	2
3	Registered Nurses	41,826	45,875	1,047,654	22.84	3
4	Licensed Practical Nurses	47,055	51,147	1,407,563	27.52	4
5	CNAs & Orderlies	123,990	137,426	1,384,643	10.08	5
6	CNA Trainees					6
7	Licensed Therapist	160	160	6,062	37.89	7
8	Rehab/Therapy Aides	6,196	6,196	185,867	30.00	8
9	Activity Director	1,957	2,086	33,521	16.07	9
10	Activity Assistants	7,994	9,011	93,749	10.40	10
11	Social Service Workers	5,003	5,773	117,761	20.40	11
12	Dietician	2,786	3,061	44,543	14.55	12
13	Food Service Supervisor	1,019	1,120	16,289	14.54	13
14	Head Cook	5,497	6,251	88,534	14.16	14
15	Cook Helpers/Assistants	20,870	22,642	235,888	10.42	15
16	Dishwashers					16
17	Maintenance Workers	4,463	4,922	87,827	17.84	17
18	Housekeepers	24,397	26,233	288,299	10.99	18
19	Laundry	11,763	12,786	117,377	9.18	19
20	Administrator	1,992	2,096	104,589	49.90	20
21	Assistant Administrator	224	240	6,234	25.98	21
22	Other Administrative	856	856	68,989	80.59	22
23	Office Manager					23
24	Clerical	19,621	21,468	306,946	14.30	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,547	1,681	42,203	25.11	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	5,026	5,026	153,324	30.51	33
34	TOTAL (lines 1 - 33)	337,740	369,722	\$ 5,988,708 *	\$ 16.20	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	423	\$ 19,981	01-03	35
36	Medical Director	Monthly	38,800	09-03	36
37	Medical Records Consultant	Monthly	2,296	10-03	37
38	Nurse Consultant	Monthly	174,191	10-03	38
39	Pharmacist Consultant	Monthly	5,042	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	51	2,973	12-03	45
46	Other(specify)				46
47	Therapy	Per Visit	885	10a-03	47
48					48
49	TOTAL (lines 35 - 48)	474	\$ 244,168		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	
Risa Dankwerth	Administrator	0.00%	\$ 60,397	Workers' Compensation Insurance	\$ 416,905	IDPH License Fee	\$ 1,575	
Mark Murhey	Administrator	0.00%	44,193	Unemployment Compensation Insurance	147,922	Advertising: Employee Recruitment	134,749	
Kinyarda James	Assist. Admin.	0.00%	6,234	FICA Taxes	448,936	Health Care Worker Background Check	8,127	
Marylin Flaherty	Dir. Reg. Mgmt.	0.00%	14,522	Employee Health Insurance	274,034	(Indicate # of checks performed 450)		
Frederick Ramos	Administrative	0.00%	54,467	Employee Meals	32,485	Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	25,087	
				City Payroll Taxes	5,116	Licenses & Inspections	7,180	
				Union Pension	46,179	Advertising & Promotion	25,692	
				Dental & Vision Insurance	5,900	Allocated from Nucare	1,203	
				401K Match Expenses	1,960	See Supplemental Schedule	35	
				Other Employee Benefits	34,608	Less: Public Relations Expense (
						Non-allowable advertising	(25,448)	
						Yellow page advertising	(243)	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 179,812	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 1,414,045		\$ 177,958		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Nucare - Administrative Fees			\$ 778,007				Out-of-State Travel	\$
CCS - Administrative Fees			49,083					
JLR Management - Administrative Fees			65,000				In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 892,090				Seminar Expense	12,269
							Allocated from Nucare	307
							Allocated from CCS	228
							Entertainment Expense (
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 12,804
C. Professional Services				TOTAL				
Vendor/Payee	Type		Amount	\$				
See Attached	Legal		\$ 67,945					
Frost, Ruttenberg & Rothblatt	Accounting		34,793					
Personnel Planners	Unemployment Consulting		4,278					
Achieve Accreditation	Quality Imprvmt/Credent.		8,270					
Documentation Solutions	Healthcare Consulting		3,456					
MPRO	Peer Review		1,130					
Risk Management Services	Risk Management		8,000					
Urban Real Estate Research Inc	Real Estate Appraisal		5,000					
CDW Computer Centers Inc	Computer Services		1,179					
Emdeon Business Solutions	Computer Services		571					
Giftrap Corporation	Computer Services		2,408					
See Supplemental Schedule			42,004					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 179,034					

* 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:

01/01/11

Ending:

12/31/11

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IL Council on LTC - \$23,845 ; IL Assoc. of HC - \$5,976
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 3,690 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 427,743
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. \$ 32,485 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.

SEE ACCOUNTANTS' COMPILATION REPORT