



Facility Name & ID Number Renaissance At Midway

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

III. STATISTICAL DATA

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

	1	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	91,134	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	91,134	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			11,169	11,169	8
9	SNF/PED					9
10	ICF	56,303	5,578	2,038	63,919	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	56,303	5,578	13,207	75,088	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 82.39%

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

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

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

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

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

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

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

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 249 and days of care provided 9,604

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

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

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

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	405,342	72,626	18,888	496,856		496,856		496,856		1
2	Food Purchase		353,345		353,345	(26,535)	326,810	(262)	326,548		2
3	Housekeeping	271,037	62,501		333,538		333,538		333,538		3
4	Laundry	139,731	38,409		178,140		178,140		178,140		4
5	Heat and Other Utilities			194,368	194,368		194,368	(6,581)	187,787		5
6	Maintenance	84,620	84,898	234,393	403,911		403,911	10,130	414,041		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>900,730</b>	<b>611,779</b>	<b>447,649</b>	<b>1,960,158</b>	<b>(26,535)</b>	<b>1,933,623</b>	<b>3,287</b>	<b>1,936,910</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			27,800	27,800		27,800		27,800		9
10	Nursing and Medical Records	4,209,440	681,554	58,301	4,949,295		4,949,295	1,718	4,951,013		10
10a	Therapy	87,755	(2,080)		85,675		85,675		85,675		10a
11	Activities	242,452	24,763		267,215		267,215	553	267,768		11
12	Social Services	181,364		1,568	182,932		182,932		182,932		12
13	CNA Training										13
14	Program Transportation			3,980	3,980		3,980		3,980		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>4,721,011</b>	<b>704,237</b>	<b>91,649</b>	<b>5,516,897</b>		<b>5,516,897</b>	<b>2,271</b>	<b>5,519,168</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	206,937		807,419	1,014,356		1,014,356	(762,021)	252,335		17
18	Directors Fees										18
19	Professional Services			171,338	171,338	(4,176)	167,162	(47,972)	119,190		19
20	Dues, Fees, Subscriptions & Promotions			107,755	107,755		107,755	(71,859)	35,896		20
21	Clerical & General Office Expenses	273,111	60,376	783,607	1,117,094		1,117,094	(519,772)	597,322		21
22	Employee Benefits & Payroll Taxes			1,221,018	1,221,018	26,535	1,247,553		1,247,553		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,687	2,687		2,687	438	3,125		24
25	Other Admin. Staff Transportation			2,421	2,421		2,421	1,739	4,160		25
26	Insurance-Prop.Liab.Malpractice			753,264	753,264		753,264	12,505	765,769		26
27	Other (specify):*							47,042	47,042		27
28	<b>TOTAL General Administration</b>	<b>480,048</b>	<b>60,376</b>	<b>3,849,509</b>	<b>4,389,933</b>	<b>22,359</b>	<b>4,412,292</b>	<b>(1,339,899)</b>	<b>3,072,392</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>6,101,789</b>	<b>1,376,392</b>	<b>4,388,807</b>	<b>11,866,988</b>	<b>(4,176)</b>	<b>11,862,812</b>	<b>(1,334,341)</b>	<b>10,528,471</b>		<b>29</b>

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			167,694	167,694		167,694	286,972	454,666			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			52,834	52,834		52,834	573,670	626,504			32
33	Real Estate Taxes			(2,458)	(2,458)	4,176	1,718	516,790	518,508			33
34	Rent-Facility & Grounds			1,497,371	1,497,371		1,497,371	(1,496,886)	485			34
35	Rent-Equipment & Vehicles			17,805	17,805		17,805	5,946	23,751			35
36	Other (specify):*							43,982	43,982			36
37	<b>TOTAL Ownership</b>			1,733,246	1,733,246	4,176	1,737,422	(69,526)	1,667,896			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		593,493	1,211,338	1,804,831		1,804,831	(28,143)	1,776,688			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			434,472	434,472		434,472		434,472			42
43	Other (specify):*	100,387		167,725	268,112		268,112	(268,112)	0			43
44	<b>TOTAL Special Cost Centers</b>	100,387	593,493	1,813,535	2,507,415		2,507,415	(296,255)	2,211,160			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,202,176	1,969,885	7,935,588	16,107,649		16,107,649	(1,700,122)	14,407,527			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending:

12/31/12

**VI. ADJUSTMENT DETAIL**

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

		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	(9,342)	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	(39,637)	30		9
10	Interest and Other Investment Income	(3,812)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(262)	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	(32,109)	21		18
19	Entertainment	(5,127)	21		19
20	Contributions	(29,125)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(652,892)	21		24
25	Fund Raising, Advertising and Promotional	(32,471)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(473,509)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (1,278,286)		\$	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)	(421,836)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (421,836)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (1,700,122)		37

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

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

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

BHF USE ONLY							
48		49		50		51	

SEE ACCOUNTANTS' COMPILATION REPORT

Renaissance At Midway

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Miscellaneous Income	\$ (6,866)	21	1
2	Jury Duty Income	(103)	10	2
3	Patient Needs	(15,679)	10	3
4	Patient Clothing	(4,434)	10	4
5	Community Relations	(28,626)	43	5
6	Bank Charges	(19,259)	21	6
7	Non-Allowable Interest	(52,834)	32	7
8	Annual Reports	(279)	20	8
9	Building Co - Replacement Tax	(16,269)	20	9
10	Building Co - Fees	(350)	20	10
11	Collection Expense	(17,343)	21	11
12	Non-Allowable Marketing Fees	(167,725)	43	12
13	COPE Dues	(10,570)	20	13
14	Out of Period and Non-Allowable Legal Fees	(52,277)	19	14
15	Building Co - Professional Fees	(11,434)	19	15
16	Building Co - Bank Charges & Penalties	(4)	21	16
17	Building Co - Amortization	(184)	36	17
18	Additional R&M	6,163	06	18
19	Capitalized R&M	(3,205)	06	19
20	Marketing Salaries	(71,761)	43	20
21	Records Copies	(471)	10	21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(473,509)		49



## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

	Operating Expenses	PAGES	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	(262)											(262)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(9,342)		2,761									(6,581)	5
6	Maintenance	2,958		7,104	68								10,130	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(6,646)</b>		<b>9,865</b>	<b>68</b>								<b>3,287</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(20,687)		8,708	13,697								1,718	10
10a	Therapy													10a
11	Activities				553								553	11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(20,687)</b>		<b>8,708</b>	<b>14,249</b>								<b>2,271</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(710,791)	(61,434)	10,204							(762,021)	17
18	Directors Fees													18
19	Professional Services	(63,711)	11,434	3,795		510							(47,972)	19
20	Fees, Subscriptions & Promotions	(89,064)	16,619	492	94								(71,859)	20
21	Clerical & General Office Expenses	(733,600)	4	184,408	24,999	4,417							(519,772)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			129	310								438	24
25	Other Admin. Staff Transportation			1,336	403								1,739	25
26	Insurance-Prop.Liab.Malpractice		12,256	142	107								12,505	26
27	Other (specify):*			44,171	1,643	1,228							47,042	27
28	<b>TOTAL General Administration</b>	<b>(886,375)</b>	<b>40,313</b>	<b>(476,320)</b>	<b>(33,877)</b>	<b>16,359</b>							<b>(1,339,899)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(913,707)</b>	<b>40,313</b>	<b>(457,746)</b>	<b>(19,559)</b>	<b>16,359</b>							<b>(1,334,341)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12 Ending:

12/31/12

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

	Capital Expense	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)	
	<b>D. Ownership</b>													
30	Depreciation	(39,637)	316,821	9,648	140								286,972	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(56,646)	628,365	1,848	103								573,670	32
33	Real Estate Taxes		508,871	7,919									516,790	33
34	Rent-Facility & Grounds		(1,497,371)	485									(1,496,886)	34
35	Rent-Equipment & Vehicles			5,557	389								5,946	35
36	Other (specify):*	(184)	44,166										43,982	36
37	<b>TOTAL Ownership</b>	<b>(96,467)</b>	<b>852</b>	<b>25,457</b>	<b>632</b>								<b>(69,526)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers							(28,143)					(28,143)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(268,112)											(268,112)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(268,112)</b>						<b>(28,143)</b>					<b>(296,255)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(1,278,286)</b>	<b>41,165</b>	<b>(432,289)</b>	<b>(18,927)</b>	<b>16,359</b>		<b>(28,143)</b>					<b>(1,700,122)</b>	<b>45</b>

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	\$ 1,497,371	Claridge at Cicero	100.00%	\$	(1,497,371)	1
2	V	32 Interest	630	Claridge at Cicero	100.00%	628,995	628,365	2
3	V	36 MIP Expense		Claridge at Cicero	100.00%	43,982	43,982	3
4	V	26 Insurance Expense		Claridge at Cicero	100.00%	12,256	12,256	4
5	V	21 Bank Charges & Penalties		Claridge at Cicero	100.00%	4	4	5
6	V	19 Professional Fees		Claridge at Cicero	100.00%	11,434	11,434	6
7	V	33 Real Estate Taxes		Claridge at Cicero	100.00%	508,871	508,871	7
8	V	30 Depreciation		Claridge at Cicero	100.00%	316,821	316,821	8
9	V	20 Replacement Tax		Claridge at Cicero	100.00%	16,269	16,269	9
10	V	20 Fees		Claridge at Cicero	100.00%	350	350	10
11	V	36 Amortization		Claridge at Cicero	100.00%	184	184	11
12	V							12
13	V							13
14	Total		\$ 1,498,001			\$ 1,539,166	\$ * 41,165	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%	\$ 2,761	\$ 2,761
16	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	7,104	7,104
17	V	10 CLINICAL SALARIES		NUCARE SERVICES CORP.	100.00%	8,708	8,708
18	V	17 ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	35,194	35,194
19	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	3,795	3,795
20	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	492	492
21	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	184,408	184,408
22	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	129	129
23	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	1,336	1,336
24	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	142	142
25	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	44,171	44,171
26	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	9,648	9,648
27	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	1,848	1,848
28	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	7,919	7,919
29	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	485	485
30	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	5,557	5,557
31	V						
32	V	17 BOOKKEEPING FEES	745,985	NUCARE SERVICES CORP.	100.00%		(745,985)
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 745,985			\$ 313,696	\$ * (432,289)

\* 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 REPAIRS / MINOR EQUIPMENT	\$	CLINICAL CONSULTING SERVICES, LLC	100.00%	\$ 68	\$	68	15
16	V	10 CLINICAL SALARIES		CLINICAL CONSULTING SERVICES, LLC	100.00%	13,697		13,697	16
17	V	11 ACTIVITY CONSULTANT		CLINICAL CONSULTING SERVICES, LLC	100.00%	553		553	17
18	V	19 PROFESSIONAL FEES		CLINICAL CONSULTING SERVICES, LLC	100.00%				18
19	V	20 DUES, LICENSE & INSPECTION		CLINICAL CONSULTING SERVICES, LLC	100.00%	94		94	19
20	V	21 OFFICE WAGES		CLINICAL CONSULTING SERVICES, LLC	100.00%	23,766		23,766	20
21	V	21 OFFICE EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,233		1,233	21
22	V	24 CONTINUING EDUCATION / SEMINAR		CLINICAL CONSULTING SERVICES, LLC	100.00%	310		310	22
23	V	25 AUTO EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	403		403	23
24	V	26 AUTO INSURANCE		CLINICAL CONSULTING SERVICES, LLC	100.00%	107		107	24
25	V	27 PAYROLL TAXES		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,650		1,650	25
26	V	27 OTHER EMPLOYEE BENEFITS		CLINICAL CONSULTING SERVICES, LLC	100.00%	(7)		(7)	26
27	V	30 DEPRECIATION		CLINICAL CONSULTING SERVICES, LLC	100.00%	140		140	27
28	V	32 INTEREST		CLINICAL CONSULTING SERVICES, LLC	100.00%	103		103	28
29	V	34 RENT		CLINICAL CONSULTING SERVICES, LLC	100.00%				29
30	V	35 AUTO LEASE		CLINICAL CONSULTING SERVICES, LLC	100.00%	389		389	30
31	V								31
32	V	17 ADMINISTRATIVE FEES	61,434	CLINICAL CONSULTING SERVICES, LLC	100.00%			(61,434)	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 61,434			\$ 42,507	\$ *	(18,927)	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 FINANCIAL SERVICES CORP.	100.00%	\$ 10,204	\$	10,204	15
16	V	19 PROFESSIONAL FEES			100.00%	510		510	16
17	V	21 OFFICE			100.00%	4,417		4,417	17
18	V	27 EMPLOYEE BENEFITS			100.00%	1,228		1,228	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V	17 MANAGEMENT FEES			100.00%				29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$			\$ 16,359	\$ *	16,359	39

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

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	\$ 275,160	DIAMOND INSURANCE	40.00%	\$ 275,160	\$	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		\$ 275,160			\$ 275,160	\$ *	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	39 DME and Medical Supplies	153,197	Integra Healthcare Equipment	100.00%	125,054	\$ (28,143)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 153,197			\$ 125,054	\$ * (28,143)

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

**VII. RELATED PARTIES (continued)**

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

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

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

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

**VII. RELATED PARTIES (continued)**

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	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	<b>Total</b>		\$			\$	\$ *	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	EVAN MICHAEL STERN 2005 TRUST	0.900%	CALIFORNIA GARDENS CORP.	CHICAGO	CLINICAL CONSULTING SERV.	LINCOLNWOOD	CLINICAL CONSULTING	2
3	JONATHAN BRYAN STERN 2001 TRUST	0.900%	CLAREMONT EXTENDED HEALTHCARE, L.L.C.	BUFFALO GROVE	QUEST SERVICES CORP.	LINCOLNWOOD	MARKETING	3
4	MARSHALL MAUER	6.250%	CLARIDGE IMPERIAL, LTD.	CHICAGO	JLR FINANCIAL SERVICES CO	LINCOLNWOOD	MANAGEMENT CO.	4
5	MAURICE AARON	4.250%	JACKSON CORP.	CHICAGO	SEASONS HOSPICE	PARK RIDGE	HOSPICE	5
6	ORA AARON	2.000%	MONROE CORP.	CHICAGO	KFT SERVICES, LLC	LINCOLNWOOD	MANAGEMENT CO.	6
7	ORIOLE TRUST	4.950%	THE RENAISSANCE AT 87TH STREET, INC.	CHICAGO	7257 N. LINCOLN AVENUE, LLC	LINCOLNWOOD	BUILDING RENTAL	7
8	RAJCHENBACH FAMILY TRUST	25.000%	ARIA POST ACUTE CARE	HILLSDALE	NUCARE SERVICES	LINCOLNWOOD	BOOKEEPING / MANAGI	8
9	ROBERT HARTMAN FAMILY TRUST	20.050%	THE RENAISSANCE AT SOUTH SHORE, INC.	CHICAGO	DRAKE LOUIS ENTERPRISE, LI	LINCOLNWOOD	MANAGEMENT CO.	9
10	SUSAN STERN	4.900%	RENAISSANCE EAST	MESA, ARIZONA	DIAMOND INSURANCE	NORTHBROOK	WORKERS COMP	10
11	TODD ANDREW STERN 2001 TRUST	0.900%	RENAISSANCE PARK SOUTH, LLC	CHICAGO	INTEGRA HEALTHCARE EQUIP	ELMHURST	DME & MEDICAL SUPPLI	11
12	MARK HOLLANDER DISCRETIONARY TRUST	8.333%	RENAISSANCE VILLAGE AL	MESA, ARIZONA	LIFELINE AMBULANCE,LLC	CHICAGO	AMBULANCE	12
13	SHARON HOLLANDER DISCRETIONARY TRUST	8.333%	RENAISSANCE VILLAGE IL	MESA, ARIZONA				13
14	FEIGE C. KNOBEL DISCRETIONARY TRUST	8.333%	RENAISSANCE WEST	MESA, ARIZONA				14
15			CLAREMONT - HANOVER PARK	HANOVER PARK				15
16			SEVEN OAKS	GLENDALE, WISC.				16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number

Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending:

12/31/12

VII. RELATED PARTIES

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference		
						Hours	Percent	Description	Amount			
1	Jack Rajchenbach	Relative	Administrative	0	See Attached	5	8.33%	Alloc. Salary	\$ 10,204	17-7	1	
2											2	
3											3	
4											4	
5											5	
6											6	
7											7	
8											8	
9											9	
10											10	
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts											11
12	anticipated to be considered allowable by the IL. Dept. of HFS.											12
13								TOTAL	\$ 10,204		13	

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending: 12/31/12

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

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

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

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization 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	1,228,556	15	\$ 37,226	\$ 91,134	\$ 2,761	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	1,228,556	15	95,768	91,134	7,104	2
3	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,228,556	15	117,394	117,394	8,708	3
4	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	1,228,556	15	474,443	462,325	35,194	4
5	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,228,556	15	51,153	91,134	3,795	5
6	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,228,556	15	6,629	91,134	492	6
7	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	1,228,556	15	2,485,957	1,190,733	184,408	7
8	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,228,556	15	1,734	91,134	129	8
9	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	1,228,556	15	18,004	91,134	1,336	9
10	26	INSURANCE	AVAIL. CENSUS DAYS	1,228,556	15	1,913	91,134	142	10
11	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	1,228,556	15	595,462	91,134	44,171	11
12	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,228,556	15	130,061	91,134	9,648	12
13	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,228,556	15	24,917	91,134	1,848	13
14	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,228,556	15	106,750	91,134	7,919	14
15	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,228,556	15	6,532	91,134	485	15
16	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,228,556	15	74,917	91,134	5,557	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 4,228,859	\$ 1,770,453		\$ 313,696	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

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

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	6	REPAIRS / MINOR EQUIPMEN	BED DAYS AVAILABLE	1,228,556	15	\$ 920	\$ 91,134	\$ 68	1
2	10	CLINICAL SALARIES	BED DAYS AVAILABLE	1,228,556	15	184,643	184,643	13,697	2
3	11	ACTIVITY CONSULTANT	BED DAYS AVAILABLE	1,228,556	15	7,452	7,452	553	3
4	19	PROFESSIONAL FEES	BED DAYS AVAILABLE	1,228,556	15		91,134		4
5	20	DUES, LICENSE & INSPECTIO	BED DAYS AVAILABLE	1,228,556	15	1,272	91,134	94	5
6	21	OFFICE WAGES	BED DAYS AVAILABLE	1,228,556	15	320,385	320,385	23,766	6
7	21	OFFICE EXPENSE	BED DAYS AVAILABLE	1,228,556	15	16,624	91,134	1,233	7
8	24	CONTINUING EDUCATION / SI	BED DAYS AVAILABLE	1,228,556	15	4,175	91,134	310	8
9	25	AUTO EXPENSE	BED DAYS AVAILABLE	1,228,556	15	5,436	91,134	403	9
10	26	AUTO INSURANCE	BED DAYS AVAILABLE	1,228,556	15	1,447	91,134	107	10
11	27	PAYROLL TAXES	BED DAYS AVAILABLE	1,228,556	15	22,241	91,134	1,650	11
12	27	OTHER EMPLOYEE BENEFITS	BED DAYS AVAILABLE	1,228,556	15	(91)	91,134	(7)	12
13	30	DEPRECIATION	BED DAYS AVAILABLE	1,228,556	15	1,892	91,134	140	13
14	32	INTEREST	BED DAYS AVAILABLE	1,228,556	15	1,384	91,134	103	14
15	34	RENT	BED DAYS AVAILABLE	1,228,556	15		91,134		15
16	35	AUTO LEASE	BED DAYS AVAILABLE	1,228,556	15	5,242	91,134	389	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 573,023	\$ 512,480		\$ 42,507	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	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 49	10	\$ 100,000	\$ 100,000	5	\$ 10,204	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED 49	10	5,000		5	510	2
3	21	OFFICE	AVG. HOURS WORKED 49	10	43,284	43,284	5	4,417	3
4	27	EMPLOYEE BENEFITS	AVG. HOURS WORKED 49	10	12,031		5	1,228	4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 160,315	\$ 143,284		\$ 16,359	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending: 12/31/12

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		\$	\$		\$ 275,160	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				\$	\$		\$ 275,160	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

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

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	39	DME and Medical Supplies	Direct Allocation					125,054	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				\$	\$		\$ 125,054	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending: 12/31/12

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

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

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

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending: 12/31/12

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

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

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

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

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

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	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:

01/01/12

Ending: 12/31/12

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

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

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

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending:

12/31/12

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	HUD		X	Mortgage			\$	\$ 8,755,223		\$ 628,995	1								
2											2								
3											3								
4											4								
5	See Supplemental Schedule										5								
<b>Working Capital</b>																			
6											6								
7											7								
8	See Supplemental Schedule										8								
9	TOTAL Facility Related						\$	\$ 8,755,223		\$ 628,995	9								
<b>B. Non-Facility Related*</b>																			
10	Interest Income		X							(3,813)	10								
11	Interest Income - Bldg Co.		X							(630)	11								
12	Allocated from NuCare		X							1,848	12								
13	See Supplemental Schedule									103	13								
14	TOTAL Non-Facility Related						\$	\$		\$ (2,492)	14								
15	TOTALS (line 9+line14)						\$	\$ 8,755,223		\$ 626,503	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 43,982 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:

01/01/12

Ending:

12/31/12

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

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1										1										
2										2										
3										3										
4										4										
5										5										
6										6										
7	<b>TOTAL Long-Term</b>									7										
<b>Working Capital</b>																				
8										8										
9										9										
10										10										
11										11										
12										12										
13										13										
14	<b>TOTAL Working Capital</b>									14										
<b>B. Non-Facility Related*</b>																				
15	Allocated from CCS									103										
16										16										
17										17										
18										18										
19										19										
20	<b>TOTAL Non-Facility Related</b>									103										

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

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2011 report.		\$	<b>541,368</b>	<b>1</b>	
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<b>519,031</b>	<b>2</b>	
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>(22,337)</b>	<b>3</b>	
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>536,668</b>	<b>4</b>	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	<b>4,176</b>	<b>5</b>	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$		<b>6</b>	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>518,507</b>	<b>7</b>	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2007	<b>424,507</b>	<b>8</b>	<b>FOR BHF USE ONLY</b>	
	2008	<b>428,766</b>	<b>9</b>		
	2009	<b>528,680</b>	<b>10</b>		
	2010	<b>513,247</b>	<b>11</b>		
	2011	<b>511,112</b>	<b>12</b>		
<b>2012 Accrual = \$511,112 x 1.05 = \$623,668</b>				<b>13</b>	FROM R. E. TAX STATEMENT FOR 2011 \$
<b>Allocated from NuCare \$7,919</b>				<b>14</b>	PLUS APPEAL COST FROM LINE 5 \$
				<b>15</b>	LESS REFUND FROM LINE 6 \$
				<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION \$

**NOTES:**

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

**SEE ACCOUNTANTS' COMPILATION REPORT**

# 2011 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 2011 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2011.

	(A) <u>Tax Index Number</u>	(B) <u>Property Description</u>	(C) <u>Total Tax</u>	(D) <u>Tax Applicable to Nursing Home</u>
1.	<u>19-03-304-004-0000</u>	<u>Long Term Care Property</u>	\$ <u>827.91</u>	\$ <u>827.91</u>
2.	<u>19-03-304-005-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,317.45</u>	\$ <u>2,317.45</u>
3.	<u>19-03-304-006-0000</u>	<u>Long Term Care Property</u>	\$ <u>7,196.78</u>	\$ <u>7,196.78</u>
4.	<u>19-03-304-007-0000</u>	<u>Long Term Care Property</u>	\$ <u>126,598.11</u>	\$ <u>126,598.11</u>
5.	<u>19-03-304-008-0000</u>	<u>Long Term Care Property</u>	\$ <u>221,514.46</u>	\$ <u>221,514.46</u>
6.	<u>19-03-304-009-0000</u>	<u>Long Term Care Property</u>	\$ <u>148,308.74</u>	\$ <u>148,308.74</u>
7.	<u>19-03-304-023-0000</u>	<u>Long Term Care Property</u>	\$ <u>4,348.67</u>	\$ <u>4,348.67</u>
8.	<u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>84,353.24</u>	\$ <u>5,608.96</u>
9.	<u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>84,353.24</u>	\$ <u>311.61</u>
10.	_____	_____	\$ _____	\$ _____
<b>TOTALS</b>			\$ <u><u>679,818.60</u></u>	\$ <u><u>517,032.69</u></u>

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

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

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



Facility Name & ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending:

12/31/12

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.

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

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

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:

Table with 5 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and an unlabeled column. Row 1: Facility, 48,972, \$ 155,000, 1. Row 2: Allocated from 7257 N. Lincoln/CCS, 11,275, 2. Row 3: TOTALS, 48,972, \$ 166,275, 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	\$ 316,821	35	\$ 260,214	\$ (56,607)	\$ 3,274,360	4
5										5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	Various		2000	186,297		20	9,284	9,284	116,186	9
10	Various		2001	47,574		20	2,379	2,379	27,571	10
11	Various		2002	15,861		20	911	911	15,340	11
12	Various		2003	126,758		20	9,895	9,895	93,412	12
13	Various		2004	42,166		20	3,577	3,577	31,815	13
14	Various		2005	29,048		20	2,624	2,624	20,244	14
15	Various		2006	172,462		20	13,983	13,983	115,833	15
16	Various		2007	3,200		20	633	633	1,157	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	117,979	67
68		163,401	5,559		6,129	570	45,781	68
69			167,694			(167,694)		69
70		\$ 10,246,789	\$ 490,074		\$ 330,990	\$ (159,084)	\$ 3,859,678	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending:

12/31/12

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 10,246,789	\$ 490,074		\$ 330,990	\$ (159,084)	\$ 3,859,678	1
2	Chair Rails For 3Rd Floor	2009	1,928		20	386	386	1,285	2
3	Construct Kitchenette; Cabinetry; Corner Guards; Paintings	2009	8,941		20	1,788	1,788	5,812	3
4	Carpeting In 7 Offices	2009	9,313		20	1,330	1,330	4,213	4
5	Boiler Repair	2009	2,950		20	148	148	455	5
6	Service Generator-Replace 1 Loadbank Of Generator, Flush, Repl	2010	6,382		20	638	638	1,914	6
7	Service Overhead Door Electronic Closer/Holder, Furnish/Install	2010	2,979		20	298	298	844	7
8	Replace Concrete Overhang With New Surface-50%Deposit	2010	2,610		20	261	261	674	8
9	Replace Block Heater, Water Heater Thermostat	2010	5,739		20	1,148	1,148	3,443	9
10	1 Booster Heater Replacement	2010	3,335		20	667	667	1,779	10
11	Remodel 2Nd Flr Corridor: 2Nd Flr Res Rooms, New Floor Tiles,	2010	121,955		20	12,196	12,196	29,472	11
12	Window Treatments - Chicagoland Blind And Shade	2010	15,619		20	781	781	1,822	12
13	Install Concrete Floor On Porch	2010	3,390		20	339	339	763	13
14	Trash Chute: Cut Out & Dispose Of Defective Intake Doors, Furn	2010	3,278		20	328	328	765	14
15	Paint 1St Floor Rooms Only, 26 Small Rooms And 4 Large Includi	2010	7,150		20	715	715	1,609	15
16	Shower Repair And Painting Of South Hallway. Handrails & Stair	2010	8,250		20	413	413	928	16
17	Build Up Central Portion Of Roof, Apply Base Sheet, Apply Modifi	2010	11,500		20	1,150	1,150	2,588	17
18	Remove Wallpaper, Repair, Patch And Tape 30 Rooms, Paint Roo	2010	14,650		20	1,465	1,465	3,174	18
19	Furnish/Install 1 Door Controller, 1 Satellite Brd, 1 Power Supply	2010	6,518		20	652	652	1,412	19
20	Paint 1St & 3Rd Flr, Back Hallway And Furnished Materials For	2010	13,158		20	1,316	1,316	2,741	20
21	Remove Old Tiles And Dispose, Install Armstrong Timberline Wa	2010	3,510		20	351	351	848	21
22	Furnish/Install 1 32 Dvr; 2 Inside Cameras	2010	4,320		20	864	864	2,016	22
23	Parts For Boiler- Lochinvar Heat Exchanger, Lochinvar Burner, N	2010	7,048		20	587	587	1,321	23
24	Parts For Boiler- Lochinvar Heat Exchanger, Lochinvar Burner, I	2010	7,547		20	629	629	1,310	24
25	Corridors Door Repair	2010	2,585		20	129	129	377	25
26	Generator	2010	3,377		20	169	169	422	26
27	1St Floor Rehab Room & Resident Rooms	2011	8,650		20	865	865	1,730	27
28	Furnish/ Install 4Th Flr Cafeteria- 7 Blinds, 1St Flr Cafe-5 Blinds	2011	4,405		20	441	441	881	28
29	Hot Tab Risers Installed	2011	5,100		20	510	510	1,020	29
30	1St & 4Th Floor Cafe Blinds	2011	4,700		20	470	470	940	30
31	3Rd Floor Resident, Wound Care, Nurse Station, Mds Room & Ha	2011	9,017		20	902	902	1,653	31
32	3Rd Floor Patient Rooms & Bathroom Paint & Skim Coat	2011	10,250		20	1,025	1,025	1,879	32
33	Nurse Station Construction & Installation	2011	8,600		20	860	860	1,505	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,575,542	\$ 490,074		\$ 364,808	\$ (125,266)	\$ 3,941,275	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending:

12/31/12

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 10,575,542	\$ 490,074		\$ 364,808	\$ (125,266)	\$ 3,941,275	1
2	Roof Repair, Sealing & Installation Of New Roof	2011	24,000		20	2,400	2,400	4,400	2
3	Tempered Glass Windows	2011	2,611		20	261	261	457	3
4	Pavement Sealcoat	2011	5,700		20	570	570	950	4
5	Paint 30 Rooms And Bathrooms On 2Nd Floor, Plaster Holes On V	2011	13,875		20	1,388	1,388	2,313	5
6	1-4 Floor North Stairwell Painting	2011	3,500		20	350	350	583	6
7	Doors Security System, Back Up Power Supply	2011	4,908		20	491	491	777	7
8	2Nd Floor Resident Room Shades	2011	6,870		20	687	687	1,088	8
9	Landscaping, Trees, Rocks, Hardscape Concrete	2011	4,835		20	322	322	537	9
10	Replace Door Closers In 8 Patient Rooms, Furnish 14 Door Holder	2011	17,030		20	1,703	1,703	2,555	10
11	166 Curtains & Draperies	2011	24,490		20	2,449	2,449	3,674	11
12	Labor And Materials For A/C Repair	2011	5,966		20	497	497	746	12
13	Replaced Condensor Fan Motor On Chiller	2011	2,500		20	125	125	177	13
14	Replace A/C Chiller	2011	3,351		20	168	168	279	14
15	Fire Sprinkler Work	2011	2,830		20	142	142	236	15
16	Built In Cabinets, Panel, Crown Molding	2011	8,850		20	443	443	885	16
17	Wallpaper Removal, Paint & Skim Coat	2011	12,500		20	625	625	1,198	17
18	Paint Hallways	2011	27,000		20	1,350	1,350	2,700	18
19	1St Floor Nurses Station - Countertop & Cabinetry	2011	9,890		20	495	495	783	19
20	Kitchenette - Build Wall, 2 Diffuser, 4 Receptacles, Remodel Ther	2011	29,593		20	1,480	1,480	2,219	20
21	Nurse Station - Cabinets And Drawers	2012	4,945		20	907	907	907	21
22	Divider Wall	2012	4,310		20	718	718	718	22
23	Lighting On Different Floors	2012	3,680		20	307	307	307	23
24	Divider Wall	2012	4,310		20	647	647	647	24
25	Parking Lot Lighting	2012	3,800		20	190	190	190	25
26	Smoke Detectors	2012	7,925		20	566	566	566	26
27	Security Cameras	2012	3,205		20	160	160	160	27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,818,016	\$ 490,074		\$ 384,246	\$ (105,828)	\$ 3,971,325	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		\$ 10,818,016	\$ 490,074		\$ 384,246	\$ (105,828)	\$ 3,971,325	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 10,818,016	\$ 490,074		\$ 384,246	\$ (105,828)	\$ 3,971,325	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		\$ 10,818,016	\$ 490,074		\$ 384,246	\$ (105,828)	\$ 3,971,325	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 10,818,016	\$ 490,074		\$ 384,246	\$ (105,828)	\$ 3,971,325	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending:

12/31/12

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Building Company Information</b>								1
2	<b>Buildings:</b>								2
3									3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	Various	2005	45,177		20	2,259	2,259	18,071	9
10	Repair Door Closures	2006	5,062		20	253	253	1,518	10
11	Repair Door Holders	2006	7,201		20	360	360	2,160	11
12	Tv Lounge/Stairway	2007	5,000		20	250	250	1,500	12
13	Flooring 4Th Floor Corridor	2007	41,150		20	2,058	2,058	12,347	13
14	Install - Card Swipe And Door Strike	2007	3,501		20	175	175	1,050	14
15	2 Tormax Ttx Ii Low Engergy Operator	2007	3,470		20	174	174	1,043	15
16									16
17									17
18	10 Fantagraph Pleated Shades, Window Fashions	2007	5,394		20	270	270	1,619	18
19	Fire Sprinkler Work	2007	4,929		20	246	246	1,477	19
20									20
21									21
22									22
23	Admission/Hallway Lobby/Reception Area	2007	6,560		20	328	328	1,968	23
24	6 Track System For Cubicle Curtain	2007	3,310		20	166	166	995	24
25	1St Floor 22 Resident Washrooms	2007	4,620		20	231	231	1,386	25
26									26
27	14 Pleated Shades/Blinds Window Fashion	2007	8,154		20	408	408	2,447	27
28	1 Tormax Ttx Ii Low Engergy Operator	2007	4,968		20	248	248	1,489	28
29	Door Closer/ Holders	2007	4,045		20	202	202	1,213	29
30	Generator Upgrade	2007	5,793		20	290	290	1,739	30
31	Flooring 22 Residents Washrooms	2007	4,920		20	246	246	1,476	31
32	Flooring Admission Hallway/Lobby/Reception Area	2007	6,560		20	328	328	1,968	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 &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending:

12/31/12

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Building Company Information Continued</b>		\$	\$		\$	\$	\$	1
2	1St Floor Reface 34 Doors	2007	2,295		20	115	115	690	2
3	1St Floor Reface 34 Doors	2007	2,295		20	115	115	690	3
4	Door Locks	2007	2,832		20	142	142	851	4
5	Construct Patient Room	2007	5,000		20	250	250	1,500	5
6	Ventilation Work For Generator	2007	26,978		20	1,349	1,349	8,094	6
7	Window Coverings	2007	23,163		20	1,158	1,158	6,948	7
8	Construct Closets	2007	6,000		20	300	300	1,800	8
9	Flooring	2007	3,890		20	195	195	1,169	9
10	Drapery	2007	5,169		20	258	258	1,549	10
11	Painted 33 Rooms; Holes Patching & Repairing	2008	6,930		20	347	347	2,023	11
12	Armstrong Wide Material - Connection Corlon Stone Harbor - Fl	2008	4,471		20	224	224	1,306	12
13	Replaced Door Closures & Holders For Rooms	2008	10,865		20	543	543	3,259	13
14	Reface Doors & Metal Door Kickplates	2008	8,050		20	403	403	2,417	14
15	Routing And Cracksealing Of Parking Lot; Concrete Removal & J	2008	6,909		20	345	345	1,610	15
16	Sign Lightbox And Banner	2008	5,726		20	286	286	1,239	16
17	Landscape Irrigation System	2008	6,500		20	325	325	1,300	17
18									18
19	Painting Walls in 31 Rooms	2009	8,725		20	436	436	1,745	19
20	Landscape retaining Walls, Plants, Perennials, and Mulch	2009	9,000		20	450	450	1,800	20
21	Chair Rail - Oak Color	2009	4,410		20	221	221	883	21
22	2nd and 3rd Flr Dining Rm- Tiles, Window Treatments, Chair Rai	2009	59,648		20	2,968	2,968	11,872	22
23	Outside Security System - Monitors, Strobe Lights, Indoor and Ou	2009	21,603		20	1,080	1,080	4,320	23
24	Painting 30 Rooms	2009	12,305		20	615	615	2,461	24
25	Landscaping, Rocks, Boulders, Plants, and Mulch	2009	9,000		20	450	450	1,800	25
26	Chair Rails for 3rd Floor	2009	2,482		20	124	124	496	26
27	5 Indoor Cameras; 1 Outdoor Camera; 6 Boxes of Wire	2009	3,465		20	173	173	693	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	\$ 117,979	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	<b>Related Party Information</b>		\$	\$		\$	\$		1
2	<b>Buildings:</b>								2
3	Allocated from NuCare 7257 N Lincoln Ave	2004	96,137	2,465	35	2,747	282	25,064	3
4	Allocated from Clinical Consult. 7257 N. Lincoln Ave	2004	5,341	137	35	153	16	1,392	4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	Allocated from NuCare	2003	869	50	20	44	(6)	396	9
10	Allocated from NuCare	2004	17,640	1,007	20	883	(124)	7,692	10
11	Allocated from NuCare	2005	1,046	60	20	52	(8)	411	11
12	Allocated from NuCare	2006	1,418	81	20	71	(10)	451	12
13	Allocated from NuCare	2008	1,495	85	20	75	(10)	318	13
14	Allocated from NuCare	2009	24,066	1,374	20	1,203	(171)	4,344	14
15	Allocated from NuCare	2010	3,698	211	20	185	(26)	464	15
16	Allocated from NuCare	2011	200	11	20	10	(1)	19	16
17	Allocated from NuCare	2012	223	13	20	8	(5)	8	17
18									18
19	Allocated from NuCare 7257 N Lincoln Ave	2005	8,764	62	20	566	504	4,135	19
20	Allocated from NuCare 7257 N Lincoln Ave	2004	1,911		20	96	96	812	20
21									21
22	Allocated from Clinical Consult. 7257 N. Lincoln Ave	2005	487	3	20	31	28	230	22
23	Allocated from Clinical Consult. 7257 N. Lincoln Ave	2004	106		20	5	5	45	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)		\$ 163,401	\$ 5,559		\$ 6,129	\$ 570	\$ 45,781	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	\$ 702,204	\$ 3,482	\$ 63,049	\$ 59,567	10	\$ 432,480	71
72	Current Year Purchases	118,422	709	7,232	6,523	10	7,232	72
73	Fully Depreciated Assets	469,730		8	8	10	469,728	73
74								74
75	TOTALS	\$ 1,290,356	\$ 4,191	\$ 70,289	\$ 66,098		\$ 909,440	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Allocated from NuCare	2012	\$ 657	\$ 38	\$ 131	\$ 93	5	\$ 318	76
77										77
78										78
79										79
80	TOTALS			\$ 657	\$ 38	\$ 131	\$ 93		\$ 318	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 12,275,304	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 494,303	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 454,666	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (39,637)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,881,083	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number

Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending: 12/31/12

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: 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)				485			5
6								6
7	TOTAL				\$ 485			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: \$ 19,582 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	Facility	2010 Acura RDX	\$	\$ 3,780	17
18	Allocated from CCS			389	18
19					19
20					20
21	TOTAL		\$	\$ 4,169	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. \_\_\_\_\_ /2013 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2014 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2015 \$ \_\_\_\_\_

\* 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	\$		\$ 420,745	\$		\$ 420,745	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			255,194			255,194	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			489,955			489,955	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				453,619		453,619	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					45,444	139,874		185,318	13
14	TOTAL			\$		\$ 1,211,338	\$ 593,493		\$ 1,804,831	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning: 01/01/12

Ending:

12/31/12

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 10,212	\$ 555,314	1
2	Cash-Patient Deposits	13,393	13,393	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	2,905,975	2,759,390	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	151,055	181,086	6
7	Other Prepaid Expenses	2,984	2,984	7
8	Accounts Receivable (owners or related parties)	13,235,032	13,235,032	8
9	Other(specify): <a href="#">See Attached Schedule</a>	13,492	467,576	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 16,332,143	\$ 17,214,775	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		209,865	13
14	Buildings, at Historical Cost		8,016,178	14
15	Leasehold Improvements, at Historical Cost	1,191,712	1,689,797	15
16	Equipment, at Historical Cost	1,229,081	2,390,683	16
17	Accumulated Depreciation (book methods)	(1,518,726)	(5,442,778)	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): <a href="#">See Attached Schedule</a>		888,944	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 902,067	\$ 7,752,689	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 17,234,210	\$ 24,967,464	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 15,411,136	\$ 15,411,136	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,086	2,086	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	435,683	435,683	30
31	Accrued Taxes Payable (excluding real estate taxes)	48,018	48,018	31
32	Accrued Real Estate Taxes(Sch.IX-B)		536,668	32
33	Accrued Interest Payable		52,167	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<a href="#">See Attached Schedule</a>	73,076	(511,736)	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 15,969,999	\$ 15,974,022	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		8,755,223	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<a href="#">See Attached Schedule</a>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 8,755,223	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 15,969,999	\$ 24,729,245	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,264,211	\$ 238,219	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 17,234,210	\$ 24,967,464	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>1,212,314</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<u>Hazard Insurance</u>	(24,563)	<b>3</b>
<b>4</b>	<u>Hazard Insurance - Deductible Expense</u>	(28,000)	<b>4</b>
<b>5</b>	<u>Rounding</u>	6	<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>1,159,757</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	104,454	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>104,454</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>1,264,211</b>	<b>24</b> *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning: 01/01/12

Ending:

12/31/12

**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.****Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 13,379,648	1
2	Discounts and Allowances for all Levels	(1,359,797)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 12,019,851	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,059,402	6
7	Oxygen	20,118	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 3,079,520	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	633,756	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	277,663	19
20	Radiology and X-Ray	42,742	20
21	Other Medical Services	147,308	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 1,101,469	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	10	24
25	Interest and Other Investment Income***	3,813	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 3,823	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Supplemental Schedule	7,440	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 7,440	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 16,212,103	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,960,158	31
32	Health Care	5,516,897	32
33	General Administration	4,389,933	33
<b>B. Capital Expense</b>			
34	Ownership	1,733,246	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,072,943	35
36	Provider Participation Fee	434,472	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 16,107,649	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	104,454	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 104,454	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 8,698,426	44
45	Private Pay - Net Inpatient Revenue	195,723	45
46	Medicare - Net Inpatient Revenue	2,021,195	46
47	Other-(specify) CCHHS	642,631	47
48	Other-(specify) Managed Care / Hospice	461,876	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 12,019,851	49

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

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

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

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

**SEE ACCOUNTANTS' COMPILATION REPORT**

Facility Name & ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,066	2,177	\$ 112,235	\$ 51.55	1
2	Assistant Director of Nursing	2,152	2,223	91,219	41.03	2
3	Registered Nurses	40,341	43,270	1,070,116	24.73	3
4	Licensed Practical Nurses	51,281	54,795	1,464,955	26.74	4
5	CNAs & Orderlies	135,329	148,543	1,416,224	9.53	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,854	2,854	87,755	30.75	8
9	Activity Director	2,050	2,251	39,362	17.49	9
10	Activity Assistants	13,381	15,432	162,039	10.50	10
11	Social Service Workers	7,682	8,180	181,364	22.17	11
12	Dietician					12
13	Food Service Supervisor	5,264	5,620	95,771	17.04	13
14	Head Cook	5,269	5,962	86,038	14.43	14
15	Cook Helpers/Assistants	20,458	22,397	223,533	9.98	15
16	Dishwashers					16
17	Maintenance Workers	4,456	4,841	84,620	17.48	17
18	Housekeepers	24,865	27,431	271,037	9.88	18
19	Laundry	12,788	13,890	139,731	10.06	19
20	Administrator	2,138	2,313	121,262	52.43	20
21	Assistant Administrator	2,650	2,793	71,516	25.61	21
22	Other Administrative	204	204	14,159	69.41	22
23	Office Manager	1,969	2,095	62,153	29.67	23
24	Clerical	9,654	10,146	210,958	20.79	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	929	1,011	33,975	33.61	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	7,421	7,421	162,155	21.85	33
34	TOTAL (lines 1 - 33)	355,201	385,849	\$ 6,202,177 *	\$ 16.07	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	411	\$ 18,888	01-03	35
36	Medical Director	Monthly	27,800	09-03	36
37	Medical Records Consultant	Monthly	720	10-03	37
38	Nurse Consultant	Monthly	46,027	10-03	38
39	Pharmacist Consultant	Monthly	11,554	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	27	1,568	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	437	\$ 106,557		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-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								
													Amount of Expense Amortized Per Year							
													Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010
1	N/A			\$	\$	\$	\$	\$	\$	\$	\$	\$								
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20	<b>TOTALS</b>			\$	\$	\$	\$	\$	\$	\$	\$	\$								

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance At Midway

# 0041749

Report Period Beginning:

01/01/12

Ending:

12/31/12

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report?  
If YES, give association name and amount. IL Council on LTC - \$28,135
- (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. \$ 5,030 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. \$ 434,472  
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. \$ 26,535 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**