

Facility Name & ID Number Renaissance at Midway

0041749 Report Period Beginning: 01/01/13 Ending: 12/31/13

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF			10,894	10,894	8
9	SNF/PED					9
10	ICF	55,894	7,139	1,689	64,722	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	55,894	7,139	12,583	75,616	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.20%

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

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

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

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

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

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

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 249 and days of care provided 8,890

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: 12/31/2013 Fiscal Year: 12/31/2013

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	369,278	98,662	38,235	506,175		506,175		506,175		1
2	Food Purchase		367,534		367,534	(27,375)	340,159	(346)	339,813		2
3	Housekeeping	252,987	52,816		305,803		305,803		305,803		3
4	Laundry	114,884	38,906		153,790		153,790		153,790		4
5	Heat and Other Utilities			220,625	220,625		220,625	(8,769)	211,856		5
6	Maintenance	85,664	71,203	213,191	370,058		370,058	9,316	379,374		6
7	Other (specify):*										7
8	TOTAL General Services	822,813	629,121	472,051	1,923,985	(27,375)	1,896,610	201	1,896,811		8
	B. Health Care and Programs										
9	Medical Director			25,050	25,050		25,050		25,050		9
10	Nursing and Medical Records	4,563,017	676,202	82,704	5,321,923		5,321,923	(19,623)	5,302,300		10
10a	Therapy	168,050			168,050		168,050		168,050		10a
11	Activities	366,002	24,394	596	390,992		390,992	1,045	392,037		11
12	Social Services	157,062		2,035	159,097		159,097		159,097		12
13	CNA Training										13
14	Program Transportation			1,661	1,661		1,661		1,661		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,254,131	700,596	112,046	6,066,773		6,066,773	(18,578)	6,048,195		16
	C. General Administration										
17	Administrative	195,371		886,007	1,081,378		1,081,378	(830,254)	251,124		17
18	Directors Fees										18
19	Professional Services			195,369	195,369	(5,000)	190,369	(43,349)	147,020		19
20	Dues, Fees, Subscriptions & Promotions			103,575	103,575		103,575	(72,062)	31,513		20
21	Clerical & General Office Expenses	294,866	62,070	697,018	1,053,954		1,053,954	(358,133)	695,821		21
22	Employee Benefits & Payroll Taxes			1,381,853	1,381,853	27,375	1,409,228		1,409,228		22
23	Inservice Training & Education										23
24	Travel and Seminar			15,073	15,073		15,073	1,121	16,194		24
25	Other Admin. Staff Transportation			1,718	1,718		1,718	2,133	3,851		25
26	Insurance-Prop.Liab.Malpractice			586,937	586,937		586,937	10,810	597,747		26
27	Other (specify):*							55,365	55,365		27
28	TOTAL General Administration	490,237	62,070	3,867,550	4,419,857	22,375	4,442,232	(1,234,370)	3,207,862		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,567,181	1,391,787	4,451,647	12,410,615	(5,000)	12,405,615	(1,252,746)	11,152,869		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

Renaissance at Midway

#0041749

Report Period Beginning:

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Ending:

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V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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	
	D. Ownership											
30	Depreciation			184,003	184,003		184,003	290,204	474,207			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			135,994	135,994		135,994	285,589	421,583			32
33	Real Estate Taxes					5,000	5,000	729,065	734,065			33
34	Rent-Facility & Grounds			1,810,761	1,810,761		1,810,761	(1,810,259)	502			34
35	Rent-Equipment & Vehicles			37,651	37,651		37,651	6,540	44,191			35
36	Other (specify):*							55,219	55,219			36
37	TOTAL Ownership			2,168,409	2,168,409	5,000	2,173,409	(443,641)	1,729,768			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		650,707	1,634,415	2,285,122		2,285,122	(24,125)	2,260,997			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			539,249	539,249		539,249		539,249			42
43	Other (specify):*	74,619			74,619		74,619	(74,619)				43
44	TOTAL Special Cost Centers	74,619	650,707	2,173,664	2,898,990		2,898,990	(98,744)	2,800,246			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,641,800	2,042,494	8,793,720	17,478,014		17,478,014	(1,795,131)	15,682,883			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:

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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	(11,572)	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	(31,889)	30		9
10	Interest and Other Investment Income	(5,726)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(346)	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	(317)	21		18
19	Entertainment	(904)	21		19
20	Contributions	(27,250)	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	(529,504)	21		24
25	Fund Raising, Advertising and Promotional	(36,367)	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	(316,429)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (960,304)		\$	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)	(834,827)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (834,827)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,795,131)		37

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

BHF USE ONLY					
48		49		50	51
					52

Renaissance at Midway

Report Period Beginning: 01/01/13
 Ending: 12/31/13

ID# 0041749

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Jury Duty Income	\$ (103)	10	1
2	Patient Needs	(21,426)	10	2
3	Patient Clothing	(4,648)	10	3
4	Bank Charges	(19,533)	21	4
5	Sequestration Fee	(68,281)	21	5
6	Building Co - Professional Fees	(10,975)	19	6
7	Building Co - Bank Charges & Penalties	(50)	21	7
8	Building Co - Amortization	(6,875)	36	8
9	Building Co - Replacement Tax	(303)	20	9
10	Building Co - Fees	(100)	20	10
11	Records Copies	(466)	21	11
12	Non-Allowable Interest	(39,888)	32	12
13	Annual Reports	(279)	20	13
14	Collection Expense	(8,116)	21	14
15	Non-Allowable Legal Fees	(52,404)	19	15
16	Aditional R&M	10,103	06	16
17	Capitalized R&M	(8,486)	06	17
18	Markeitng Salaries	(74,619)	43	18
19	COPE Dues	(9,980)	20	19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	(316,429)	49

Renaissance at Midway

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Report Period Beginning: 01/01/13

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Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
50		\$		1
51				2
52				3
53				4
54				5
55				6
56				7
57				8
58				9
59				10
60				11
61				12
62				13
63				14
64				15
65				16
66				17
67				18
68				19
69				20
70				21
71				22
72				23
73				24
74				25
75				26
76				27
77				28
78				29
79				30
80				31
81				32

82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98	Total	0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	(346)											(346)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(11,572)		2,803									(8,769)	5
6	Maintenance	1,617		7,699									9,316	6
7	Other (specify):*													7
8	TOTAL General Services	(10,301)		10,502									201	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(26,177)		6,904					(350)				(19,623)	10
10a	Therapy													10a
11	Activities			1,045									1,045	11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(26,177)		7,949					(350)				(18,578)	16
	C. General Administration													
17	Administrative			(842,754)			12,500						(830,254)	17
18	Directors Fees													18
19	Professional Services	(63,379)	10,975	8,430			625						(43,349)	19
20	Fees, Subscriptions & Promotions	(74,279)	403	1,814									(72,062)	20
21	Clerical & General Office Expenses	(627,171)	50	263,575			5,412						(358,133)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			1,121									1,121	24
25	Other Admin. Staff Transportation			2,133									2,133	25
26	Insurance-Prop.Liab.Malpractice		8,951	1,859									10,810	26
27	Other (specify):*			53,823			1,542						55,365	27
28	TOTAL General Administration	(764,829)	20,379	(509,999)			20,079						(1,234,370)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(801,307)	20,379	(491,548)			20,079		(350)				(1,252,746)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(31,889)	306,580	15,514									290,204	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(45,614)	329,263	1,940									285,589	32
33	Real Estate Taxes		722,107	6,958									729,065	33
34	Rent-Facility & Grounds		(1,810,761)	502									(1,810,259)	34
35	Rent-Equipment & Vehicles			6,540									6,540	35
36	Other (specify):*	(6,875)	62,094										55,219	36
37	TOTAL Ownership	(84,378)	(390,717)	31,454									(443,641)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers							(8,996)	(6,133)	(8,996)			(24,125)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(74,619)											(74,619)	43
44	TOTAL Special Cost Centers	(74,619)						(8,996)	(6,133)	(8,996)			(98,744)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(960,304)	(370,338)	(460,093)			20,079	(8,996)	(6,483)	(8,996)			(1,795,131)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,810,761	Claridge at Cicero		\$	\$ (1,810,761)	1
2	V	32 Interest	581	Claridge at Cicero		329,844	329,263	2
3	V	36 MIP Expense		Claridge at Cicero		55,219	55,219	3
4	V	26 Insurance Expense		Claridge at Cicero		8,951	8,951	4
5	V	21 Bank Charges & Penalties		Claridge at Cicero		50	50	5
6	V	19 Professional Fees		Claridge at Cicero		10,975	10,975	6
7	V	33 Real Estate Taxes		Claridge at Cicero		722,107	722,107	7
8	V	30 Depreciation		Claridge at Cicero		306,580	306,580	8
9	V	20 Replacement Tax		Claridge at Cicero		303	303	9
10	V	20 Fees		Claridge at Cicero		100	100	10
11	V	36 Amortization		Claridge at Cicero		6,875	6,875	11
12	V							12
13	V							13
14	Total		\$ 1,811,342			\$ 1,441,004	\$ * (370,338)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

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%	\$ 2,803	\$ 2,803
16	V	6 MAINTENANCE SALARIES		NUCARE SERVICES CORP.	100.00%	951	951
17	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	6,748	6,748
18	V	10 CLINICAL SALARIES		NUCARE SERVICES CORP.	100.00%	6,904	6,904
19	V	11 ACTIVITY SALARIES		NUCARE SERVICES CORP.	100.00%	1,045	1,045
20	V	17 ADMINISTRATIVE SALARIES - NON-OWNER		NUCARE SERVICES CORP.	100.00%	43,253	43,253
21	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	8,430	8,430
22	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	1,814	1,814
23	V	21 CLERICAL & GENERAL SALARIES		NUCARE SERVICES CORP.	100.00%	236,565	236,565
24	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	27,010	27,010
25	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	1,121	1,121
26	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	2,133	2,133
27	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	1,859	1,859
28	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	53,823	53,823
29	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	15,514	15,514
30	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	1,940	1,940
31	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	6,958	6,958
32	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	502	502
33	V	35 AUTO LEASE		NUCARE SERVICES CORP.	100.00%	4,028	4,028
34	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	2,512	2,512
35	V						
36	V	17 BOOKKEEPING FEES	886,007	NUCARE SERVICES CORP.	100.00%		(886,007)
37	V						
38	V						
39	Total		\$ 886,007			\$ 425,914	\$ * (460,093)

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

SEE ACCOUNTANTS' COMPILATION REPORT

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 Workmans Comp	\$ 60,918	DIAMOND INSURANCE		\$ 60,918	\$	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		\$ 60,918			\$ 60,918	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	\$ 143,477	MAPLE LEAF		\$ 143,477	\$	15
16	V	26 Liability Insurance	97,751	MAPLE LEAF		97,751		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		\$ 241,228			\$ 241,228	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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%	\$ 12,500	\$	12,500	15
16	V	19 PROFESSIONAL FEES		JLR FINANCIAL SERVICES CORP.	100.00%	625		625	16
17	V	21 OFFICE		JLR FINANCIAL SERVICES CORP.	100.00%	5,412		5,412	17
18	V	27 EMPLOYEE BENEFITS		JLR FINANCIAL SERVICES CORP.	100.00%	1,542		1,542	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		\$			\$ 20,079	\$ *	20,079	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	\$ 44,815	Integra Healthcare Equipment	100.00%	\$ 35,819	\$ (8,996)
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		\$ 44,815			\$ 35,819	\$ * (8,996)

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	10 Ambulance	\$ 2,000	Lifeline Ambulance	100.00%	\$ 1,650	\$ (350)
16	V	39 Ambulance	35,089	Lifeline Ambulance	100.00%	28,956	(6,133)
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		\$ 37,089			\$ 30,606	\$ * (6,483)

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

SEE ACCOUNTANTS' COMPILATION REPORT

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 Respiratory	\$ 44,815	Integra Respiratory Service		\$ 35,819	\$ (8,996)
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		\$ 44,815			\$ 35,819	\$ * (8,996)

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

SEE ACCOUNTANTS' COMPILATION REPORT

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.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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 & REI	CHICAGO	CLARIDGE AT CICERO	CHICAGO	BUILDING CO.	1
2	EVAN MICHAEL STERN 2005 TRUST	0.900%	CALIFORNIA GARDENS CORP.	CHICAGO	JLR FINANCIAL SERVICES CO	LINCOLNWOOD	MANAGEMENT CO.	2
3	JONATHAN BRYAN STERN 2001 TRUST	0.900%	CLAREMONT EXTENDED HEALTHCARE, L.L.C.	BUFFALO GROVE	SEASONS HOSPICE	PARK RIDGE	HOSPICE	3
4	MARSHALL MAUER	6.250%	CLARIDGE IMPERIAL, LTD.	CHICAGO	KFT SERVICES, LLC	LINCOLNWOOD	MANAGEMENT CO.	4
5	MAURICE AARON	4.250%	JACKSON CORP.	CHICAGO	7257 N. LINCOLN AVENUE, LLC	LINCOLNWOOD	BUILDING RENTAL	5
6	ORA AARON	2.000%	MONROE CORP.	CHICAGO	NUCARE SERVICES	LINCOLNWOOD	BOOKKEEPING	6
7	ORIOLE TRUST	4.950%	THE RENAISSANCE AT 87TH STREET, INC.	CHICAGO	DRAKE LOUIS ENTERPRISE, LI	LINCOLNWOOD	MANAGEMENT CO.	7
8	RAJCHENBACH FAMILY TRUST	25.000%	ARIA POST ACUTE CARE	HILLSIDE	DIAMOND INSURANCE	NORTHBROOK	WORKERS COMP	8
9	ROBERT HARTMAN FAMILY TRUST	20.050%	THE RENAISSANCE AT SOUTH SHORE, INC.	CHICAGO	INTEGRA HEALTHCARE EQUI	ELMHURST	DME & MEDICAL SUPPLIES	9
10	SUSAN STERN	4.900%	RENAISSANCE EAST	MESA, ARIZONA	LIFELINE AMBULANCE, LLC	CHICAGO	AMBULANCE	10
11	TODD ANDREW STERN 2001 TRUST	0.900%	RENAISSANCE PARK SOUTH, LLC	CHICAGO	MAPLELEAF INSURANCE	GRAND CAYMAN	LIABILITY INS	11
12	MARK HOLLANDER DISCRETIONARY TRUST	8.333%	RENAISSANCE VILLAGE AL	MESA, ARIZONA				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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending:

12/31/13

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: 01/01/13 Ending: 12/31/13

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	6	10.00%	Alloc. Salary	\$ 12,500	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	\$ 12,500		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:

01/01/13

Ending: 12/31/13

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS 1,205,960	16	\$ 37,199	\$	90,885	\$ 2,803	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	12,620	12,620	90,885	951	2
3	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS 1,205,960	16	89,537		90,885	6,748	3
4	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	91,606	91,606	90,885	6,904	4
5	11	ACTIVITY SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	13,872	13,872	90,885	1,045	5
6	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	573,931	573,931	90,885	43,253	6
7	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 1,205,960	16	111,853		90,885	8,430	7
8	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS 1,205,960	16	24,065		90,885	1,814	8
9	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS 1,205,960	16	3,139,005	3,139,005	90,885	236,565	9
10	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS 1,205,960	16	358,395		90,885	27,010	10
11	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 1,205,960	16	14,876		90,885	1,121	11
12	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS 1,205,960	16	28,298		90,885	2,133	12
13	26	INSURANCE	AVAIL. CENSUS DAYS 1,205,960	16	24,669		90,885	1,859	13
14	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS 1,205,960	16	714,188		90,885	53,823	14
15	30	DEPRECIATION	AVAIL. CENSUS DAYS 1,205,960	16	205,852		90,885	15,514	15
16	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 1,205,960	16	25,740		90,885	1,940	16
17	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 1,205,960	16	92,330		90,885	6,958	17
18	34	PARKING LOT RENT	AVAIL. CENSUS DAYS 1,205,960	16	6,664		90,885	502	18
19	35	AUTO LEASE	AVAIL. CENSUS DAYS 1,205,960	16	53,447		90,885	4,028	19
20	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 1,205,960	16	33,335		90,885	2,512	20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 5,651,481	\$ 3,831,033		\$ 425,914	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

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

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		\$	\$		\$ 60,918	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				\$	\$		\$ 60,918	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

Name of Related Organization Maple Leaf Insurance
 Street Address PO Box 69,720 West Bay Rd.
 City / State / Zip Code Grand Cayman KY1-1102
 Phone Number ()
 Fax Number ()

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		\$	\$		143,477	1
2	26	Libility Insurance	Direct Allocation					97,751	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				\$	\$		241,228	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

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

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	
17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	48	9	\$ 100,000	\$ 100,000	6	\$ 12,500	1
19	PROFESSIONAL FEES	AVG. HOURS WORKED	48	9	5,000		6	625	2
21	OFFICE	AVG. HOURS WORKED	48	9	43,293	43,293	6	5,412	3
27	EMPLOYEE BENEFITS	AVG. HOURS WORKED	48	9	12,338		6	1,542	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				\$ 160,631	\$ 143,293		\$ 20,079	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

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

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		\$	\$		\$ 35,819	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				\$	\$		\$ 35,819	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

Name of Related Organization Lifeline Ambulance LLC
 Street Address 2424 S. Wabash Ave
 City / State / Zip Code Chicago, IL 60616
 Phone Number (312) 949-9595
 Fax Number (312) 9499262

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	10	Ambulance		Direct Allocation				\$ 1,650	1
2	39	Ambulance		Direct Allocation				28,956	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				\$	\$		\$ 30,606	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending: 12/31/13

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 Integra Respiratory Service
 Street Address 747 Church Road
 City / State / Zip Code Elmhurst, IL 60126
 Phone Number (630) 834-3700
 Fax Number (630) 834-1500

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	Respiratory	Direct Allocation		\$	\$		\$ 35,819	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				\$	\$		\$ 35,819	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending: 12/31/13

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	HUD		X	Mortgage			\$	\$ 9,389,460			\$ 329,844	1					
2												2					
3												3					
4												4					
5												5					
Working Capital																	
6	Private Bank		X	Line of Credit				2,470,746			96,106	6					
7												7					
8												8					
9	TOTAL Facility Related						\$	\$ 11,860,206			\$ 425,950	9					
B. Non-Facility Related*																	
10	Interest Income		X								(5,726)	10					
11	Interest Income - Bldg Co.		X								(581)	11					
12	Allocated from NuCare		X								690	12					
13	See Supplemental Schedule										1,250	13					
14	TOTAL Non-Facility Related						\$	\$			\$ (4,367)	14					
15	TOTALS (line 9+line14)						\$	\$ 11,860,206			\$ 421,582	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 55,219 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:

01/01/13

Ending:

12/31/13

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	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
	A. Directly Facility Related															
	Long-Term															
1							\$	\$			\$					
2																
3																
4																
5																
6																
7	TOTAL Long-Term															
	Working Capital															
8							\$	\$			\$					
9																
10																
11																
12																
13																
14	TOTAL Working Capital															
	B. Non-Facility Related*															
15	Alloc. From 7257 N. Lincoln		X				\$	\$			\$ 1,250					
16																
17																
18																
19																
20	TOTAL Non-Facility Related										1,250					

* 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.)

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Renaissance at Midway COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0041749

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 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 2012.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>19-03-304-004-0000</u>	<u>Long Term Care Property</u>	\$ <u>1,876.84</u>	\$ <u>1,876.84</u>
2. <u>19-03-304-005-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,596.07</u>	\$ <u>2,596.07</u>
3. <u>19-03-304-006-0000</u>	<u>Long Term Care Property</u>	\$ <u>8,050.13</u>	\$ <u>8,050.13</u>
4. <u>19-03-304-007-0000</u>	<u>Long Term Care Property</u>	\$ <u>150,808.53</u>	\$ <u>150,808.53</u>
5. <u>19-03-304-008-0000</u>	<u>Long Term Care Property</u>	\$ <u>264,291.74</u>	\$ <u>264,291.74</u>
6. <u>19-03-304-009-0000</u>	<u>Long Term Care Property</u>	\$ <u>176,915.28</u>	\$ <u>176,915.28</u>
7. <u>19-03-304-023-0000</u>	<u>Long Term Care Property</u>	\$ <u>9,497.93</u>	\$ <u>9,497.93</u>
8. <u>10-27-319-028-0000</u>	<u>Home Office Allocation</u>	\$ <u>88,815.89</u>	\$ <u>6,693.45</u>
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>702,852.41</u></u>	\$ <u><u>620,729.97</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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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.**

4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ _____	\$ _____

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

Facility Name & ID Number Renaissance at Midway

0041749 Report Period Beginning:

01/01/13 Ending:

12/31/13

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	Facility	48,972		\$ 155,000	1
2	Allocated from 7257 N. Lincoln			12,058	2
3	TOTALS	48,972		\$ 167,058	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	\$ 306,580	35	\$ 260,214	\$ (46,366)	\$ 3,534,574	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various		2000	186,297		20	9,284	9,284	125,469	9
10	Various		2001	47,574		20	2,379	2,379	29,949	10
11	Various		2002	15,861		20	521	521	15,861	11
12	Various		2003	126,758		20	8,045	8,045	101,457	12
13	Various		2004	42,166		20	3,577	3,577	35,392	13
14	Various		2005	29,048		20	2,118	2,118	22,362	14
15	Various		2006	172,462		20	13,040	13,040	128,873	15
16	Various		2007	3,200		20	633	633	1,790	16
17	Various		2009	23,132		20	3,652	3,652	15,416	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	139,341	67
68		172,035	7,804		6,408	(1,396)	54,615	68
69			184,003			(184,003)		69
70		\$ 10,278,555	\$ 498,387		\$ 331,232	\$ (167,155)	\$ 4,205,101	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 10,278,555	\$ 498,387		\$ 331,232	\$ (167,155)	\$ 4,205,101	1
2	Service Generator-Replace 1 Loadbank Of Generator, Flush, Repl	2010	6,382		20	638	638	2,553	2
3	Service Overhead Door Electronic Closer/Holder, Furnish/Install 5	2010	2,979		20	298	298	1,142	3
4	Replace Concrete Overhang With New Surface-50%Deposit	2010	2,610		20	261	261	935	4
5	Replace Block Heater, Water Heater Thermostat	2010	5,739		20	1,148	1,148	4,591	5
6	1 Booster Heater Replacement	2010	3,335		20	667	667	2,445	6
7	Remodel 2Nd Flr Corridor: 2Nd Flr Res Rooms, New Floor Tiles, V	2010	121,955		20	12,196	12,196	41,668	7
8	Window Treatments - Chicagoland Blind And Shade	2010	15,619		20	781	781	2,603	8
9	Install Concrete Floor On Porch	2010	3,390		20	339	339	1,102	9
10	Trash Chute: Cut Out & Dispose Of Defective Intake Doors, Furni	2010	3,278		20	328	328	1,093	10
11	Paint 1St Floor Rooms Only, 26 Small Rooms And 4 Large Includi	2010	7,150		20	715	715	2,324	11
12	Shower Repair And Painting Of South Hallway. Handrails & Stair	2010	8,250		20	413	413	1,341	12
13	Build Up Central Portion Of Roof, Apply Base Sheet, Apply Modif	2010	11,500		20	1,150	1,150	3,738	13
14	Remove Wallpaper, Repair, Patch And Tape 30 Rooms, Paint Roo	2010	14,650		20	1,465	1,465	4,639	14
15	Furnish/Install 1 Door Controller, 1 Satellite Brd, 1 Power Supply,	2010	6,518		20	652	652	2,064	15
16	Paint 1St & 3Rd Flr, Back Hallway And Furnished Materials For 1	2010	13,158		20	1,316	1,316	4,057	16
17	Remove Old Tiles And Dispose, Install Armstrong Timberline War	2010	3,510		20	351	351	1,199	17
18	Furnish/Install 1 32 Dvr; 2 Inside Cameras	2010	4,320		20	864	864	2,880	18
19	Parts For Boiler- Lochinvar Heat Exchanger, Lochinvar Burner, M	2010	7,048		20	587	587	1,909	19
20	Parts For Boiler- Lochinvar Heat Exchanger, Lochinvar Burner, I	2010	7,547		20	629	629	1,939	20
21	Corridors Door Repair	2010	2,585		20	129	129	506	21
22	Generator	2010	3,377		20	169	169	591	22
23	1St Floor Rehab Room & Resident Rooms	2011	8,650		20	865	865	2,595	23
24	Furnish/ Install 4Th Flr Cafeteria- 7 Blinds, 1St Flr Cafe-5 Blinds	2011	4,405		20	441	441	1,322	24
25	Hot Tab Risers Installed	2011	5,100		20	510	510	1,530	25
26	1St & 4Th Floor Cafe Blinds	2011	4,700		20	470	470	1,410	26
27	3Rd Floor Resident, Wound Care, Nurse Station, Mds Room & Ha	2011	9,017		20	902	902	2,555	27
28	3Rd Floor Patient Rooms & Bathroom Paint & Skim Coat	2011	10,250		20	1,025	1,025	2,904	28
29	Nurse Station Construction & Installation	2011	8,600		20	860	860	2,365	29
30	Roof Repair, Sealing & Installation Of New Roof	2011	24,000		20	2,400	2,400	6,800	30
31	Tempered Glass Windows	2011	2,611		20	261	261	718	31
32	Pavement Sealcoat	2011	5,700		20	570	570	1,520	32
33	Paint 30 Rooms And Bathrooms On 2Nd Floor, Plaster Holes On V	2011	13,875		20	1,388	1,388	3,700	33
34	TOTAL (lines 1 thru 33)		\$ 10,630,361	\$ 498,387		\$ 366,017	\$ (132,370)	\$ 4,317,837	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 10,630,361	\$ 498,387		\$ 366,017	\$ (132,370)	\$ 4,317,837	1
2	1-4 Floor North Stairwell Painting	2011	3,500		20	350	350	933	2
3	Doors Security System, Back Up Power Supply	2011	4,908		20	491	491	1,268	3
4	2Nd Floor Resident Room Shades	2011	6,870		20	687	687	1,775	4
5	Landscaping, Trees, Rocks, Hardscape Concrete	2011	4,835		20	322	322	860	5
6	Replace Door Closers In 8 Patient Rooms, Furnish 14 Door Holder	2011	17,030		20	1,703	1,703	4,258	6
7	166 Curtains & Draperies	2011	24,490		20	2,449	2,449	6,123	7
8	Labor And Materials For A/C Repair	2011	5,966		20	497	497	1,243	8
9	Replaced Condensor Fan Motor On Chiller	2011	2,500		20	125	125	302	9
10	Replace A/C Chiller	2011	3,351		20	168	168	447	10
11	Fire Sprinkler Work	2011	2,830		20	142	142	377	11
12	Built In Cabinets, Panel, Crown Molding	2011	8,850		20	443	443	1,328	12
13	Wallpaper Removal, Paint & Skim Coat	2011	12,500		20	625	625	1,823	13
14	Paint Hallways	2011	27,000		20	1,350	1,350	4,050	14
15	1St Floor Nurses Station - Countertop & Cabinetry	2011	9,890		20	495	495	1,277	15
16	Kitchenette - Build Wall, 2 Diffuser, 4 Receptacles, Remodel Thera	2011	29,593		20	1,480	1,480	3,699	16
17	Nurse Station - Cabinets And Drawers	2012	4,945		20	989	989	1,896	17
18	Divider Wall	2012	4,310		20	862	862	1,580	18
19	Lighting On Different Floors	2012	3,680		20	368	368	675	19
20	Divider Wall	2012	4,310		20	862	862	1,509	20
21	Parking Lot Lighting	2012	3,800		20	253	253	443	21
22	Smoke Detectors	2012	7,925		20	1,132	1,132	1,698	22
23	Security Cameras	2012	3,205		20	321	321	507	23
24	Wifi Cable Wiring	2013	5,500		20	733	733	733	24
25	Solid-State Starter	2013	3,047		20	127	127	127	25
26	1 Crv Heat Exchanger Cb 1796 Ch1801H	2013	4,910		20	123	123	123	26
27	Replace Time Delayed Egress Maglock	2013	2,560		20	128	128	128	27
28	Replace Bad Time Egress And Cameras	2013	3,200		20	160	160	160	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,845,867	\$ 498,387		\$ 383,401	\$ (114,986)	\$ 4,357,178	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	Totals from Page 12C, Carried Forward		\$ 10,845,867	\$ 498,387		\$ 383,401	\$ (114,986)	\$ 4,357,178	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)		\$ 10,845,867	\$ 498,387		\$ 383,401	\$ (114,986)	\$ 4,357,178	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending:

12/31/13

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		\$ 10,845,867	\$ 498,387		\$ 383,401	\$ (114,986)	\$ 4,357,178		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)	\$ 10,845,867	\$ 498,387		\$ 383,401	\$ (114,986)	\$ 4,357,178		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Building Company Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements								8
9	Various	2005	45,177		20	2,259	2,259	20,330	9
10	Repair Door Closures	2006	5,062		20	253	253	1,771	10
11	Repair Door Holders	2006	7,201		20	360	360	2,520	11
12	Tv Lounge/Stairway	2007	5,000		20	250	250	1,750	12
13	Flooring 4Th Floor Corridor	2007	41,150		20	2,058	2,058	14,404	13
14	Install - Card Swipe And Door Strike	2007	3,501		20	175	175	1,225	14
15	2 Tormax Ttx Ii Low Energy Operator	2007	3,470		20	174	174	1,216	15
16									16
17									17
18	10 Fantagraph Pleated Shades, Window Fashions	2007	5,394		20	270	270	1,888	18
19	Fire Sprinkler Work	2007	4,929		20	246	246	1,724	19
20									20
21									21
22									22
23	Admission/Hallway Lobby/Reception Area	2007	6,560		20	328	328	2,296	23
24	6 Track System For Cubicle Curtain	2007	3,310		20	166	166	1,160	24
25	1St Floor 22 Resident Washrooms	2007	4,620		20	231	231	1,617	25
26									26
27	14 Pleated Shades/Blinds Window Fashion	2007	8,154		20	408	408	2,854	27
28	1 Tormax Ttx Ii Low Energy Operator	2007	4,968		20	248	248	1,738	28
29	Door Closer/ Holders	2007	4,045		20	202	202	1,416	29
30	Generator Upgrade	2007	5,793		20	290	290	2,028	30
31	Flooring 22 Residents Washrooms	2007	4,920		20	246	246	1,722	31
32	Flooring Admission Hallway/Lobby/Reception Area	2007	6,560		20	328	328	2,296	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	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Building Company Information Continued		\$	\$		\$	\$	\$	1
2	1St Floor Reface 34 Doors	2007	2,295		20	115	115	805	2
3	1St Floor Reface 34 Doors	2007	2,295		20	115	115	805	3
4	Door Locks	2007	2,832		20	142	142	992	4
5	Construct Patient Room	2007	5,000		20	250	250	1,750	5
6	Ventilation Work For Generator	2007	26,978		20	1,349	1,349	9,443	6
7	Window Coverings	2007	23,163		20	1,158	1,158	8,106	7
8	Construct Closets	2007	6,000		20	300	300	2,100	8
9	Flooring	2007	3,890		20	195	195	1,363	9
10	Drapery	2007	5,169		20	258	258	1,808	10
11	Painted 33 Rooms; Holes Patching & Repairing	2008	6,930		20	347	347	2,369	11
12	Armstrong Wide Material - Connection Corlon Stone Harbor - Flo	2008	4,471		20	224	224	1,529	12
13	Replaced Door Closures & Holders For Rooms	2008	10,865		20	543	543	3,803	13
14	Reface Doors & Metal Door Kickplates	2008	8,050		20	403	403	2,819	14
15	Routing And Cracksealing Of Parking Lot; Concrete Removal & F	2008	6,909		20	345	345	1,956	15
16	Sign Lightbox And Banner	2008	5,726		20	286	286	1,526	16
17	Landscape Irrigation System	2008	6,500		20	325	325	1,625	17
18									18
19	Painting Walls in 31 Rooms	2009	8,725		20	436	436	2,182	19
20	Landscape retaining Walls, Plants, Perennials, and Mulch	2009	9,000		20	450	450	2,250	20
21	Chair Rail - Oak Color	2009	4,410		20	221	221	1,103	21
22	2nd and 3rd Flr Dining Rm- Tiles, Window Treatments, Chair Rai	2009	59,648		20	2,968	2,968	14,840	22
23	Outside Security System - Monitors, Strobe Lights, Indoor and Ou	2009	21,603		20	1,080	1,080	5,400	23
24	Painting 30 Rooms	2009	12,305		20	615	615	3,077	24
25	Landscaping, Rocks, Boulders, Plants, and Mulch	2009	9,000		20	450	450	2,250	25
26	Chair Rails for 3rd Floor	2009	2,482		20	124	124	620	26
27	5 Indoor Cameras; 1 Outdoor Camera; 6 Boxes of Wire	2009	3,465		20	173	173	867	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	\$ 139,341	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Related Party Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated from NuCare 7257 N. Lincoln Ave	2004	108,523	2,783	20	3,101	318	31,394	3
4									4
5									5
6									6
7									7
8	Leasehold Information								8
9	Allocated from NuCare Services	2003	883	85	20	44	(41)	447	9
10	Allocated from NuCare Services	2004	17,922	1,724	20	897	(827)	8,712	10
11	Allocated from NuCare Services	2005	1,063	102	20	53	(49)	470	11
12	Allocated from NuCare Services	2006	1,441	139	20	72	(67)	531	12
13	Allocated from NuCare Services	2008	1,518	146	20	76	(70)	399	13
14	Allocated from NuCare Services	2009	24,449	2,352	20	1,222	(1,130)	5,635	14
15	Allocated from NuCare Services	2010	3,757	361	20	188	(173)	659	15
16	Allocated from NuCare Services	2011	203	20	20	10	(10)	30	16
17	Allocated from NuCare Services	2012	226	22	20	11	(11)	20	17
18									18
19	Allocated from NuCare 7257 N. Lincoln Ave	2005	9,893	70	20	626	556	5,294	19
20	Allocated from NuCare 7257 N. Lincoln Ave	2004	2,157		20	108	108	1,024	20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending:

12/31/13

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		\$	\$		\$	\$	\$	\$	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)		\$ 172,035	\$ 7,804		\$ 6,408	\$ (1,396)	\$ 54,615	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	\$ 782,221	\$ 7,165	\$ 78,521	\$ 71,356	10	\$ 491,622	71
72	Current Year Purchases	86,751	481	12,147	11,666	10	12,147	72
73	Fully Depreciated Assets	509,735		5	5	10	509,735	73
74								74
75	TOTALS	\$ 1,378,708	\$ 7,646	\$ 90,673	\$ 83,027		\$ 1,013,504	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	2013	\$ 668	\$ 64	\$ 134	\$ 70	5	\$ 456	76
77										77
78										78
79										79
80	TOTALS			\$ 668	\$ 64	\$ 134	\$ 70		\$ 456	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)	\$ 12,392,300	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 506,097	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 474,208	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (31,889)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,371,138	85

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

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

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending: 12/31/13

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				502			5
6								6
7	TOTAL				\$ 502			7

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. _____ /2014 \$ _____

13. _____ /2015 \$ _____

14. _____ /2016 \$ _____

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: \$ 30,352

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	\$	\$ 6,200	17
18	Facility	2013 Honda Accord		3,611	18
19	Allocated from NuCare			4,028	19
20					20
21	TOTAL		\$	\$ 13,839	21

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$			\$ 656,770	\$		\$ 656,770	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				251,017			251,017	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39 - 03	hrs				683,506			683,506	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy	39 - 02	# of prescrpts					420,886		420,886	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						43,122	229,821		272,943	13
14	TOTAL			\$			\$ 1,634,415	\$ 650,707		\$ 2,285,122	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning: 01/01/13

Ending:

12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 9,068	\$ 792,069	1
2	Cash-Patient Deposits	14,684	14,684	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	3,823,031	3,823,031	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,518	16,805	6
7	Other Prepaid Expenses	6,258	6,258	7
8	Accounts Receivable (owners or related parties)	1,000	1,000	8
9	Other(specify): <u>See Attached Schedule</u>	5,002	1,264,165	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,861,561	\$ 5,918,012	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		209,865	13
14	Buildings, at Historical Cost		8,016,178	14
15	Leasehold Improvements, at Historical Cost	1,207,192	1,705,277	15
16	Equipment, at Historical Cost	1,316,180	2,477,782	16
17	Accumulated Depreciation (book methods)	(1,702,729)	(5,901,245)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	1,795,029	2,775,570	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,615,672	\$ 9,283,427	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,477,233	\$ 15,201,439	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,829,088	\$ 1,829,088	26
27	Officer's Accounts Payable	20,633	20,633	27
28	Accounts Payable-Patient Deposits	3,378	3,378	28
29	Short-Term Notes Payable	2,470,746	2,470,746	29
30	Accrued Salaries Payable	472,695	472,695	30
31	Accrued Taxes Payable (excluding real estate taxes)	46,635	46,635	31
32	Accrued Real Estate Taxes(Sch.IX-B)		636,211	32
33	Accrued Interest Payable		22,300	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	716,284	764,457	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,559,459	\$ 6,266,143	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,389,460	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>See Attached Schedule</u>	31,162	31,162	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 31,162	\$ 9,420,622	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,590,621	\$ 15,686,765	46
47	TOTAL EQUITY (page 18, line 24)	\$ 886,612	\$ (485,326)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,477,233	\$ 15,201,439	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,264,211	1
2	Restatements (describe):		2
3	Rounding	3	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,264,214	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(377,602)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (377,602)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 886,612	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,517,930	1
2	Discounts and Allowances for all Levels	(2,222,197)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,295,733	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,393,168	6
7	Oxygen	12,686	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 4,405,854	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	733,484	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	444,363	19
20	Radiology and X-Ray	61,994	20
21	Other Medical Services	145,733	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,385,574	23
D. Non-Operating Revenue			
24	Contributions	6,956	24
25	Interest and Other Investment Income***	5,726	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 12,682	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	569	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 569	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,100,412	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,923,985	31
32	Health Care	6,066,773	32
33	General Administration	4,419,857	33
B. Capital Expense			
34	Ownership	2,168,409	34
C. Ancillary Expense			
35	Special Cost Centers	2,359,741	35
36	Provider Participation Fee	539,249	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,478,014	40
41	Income before Income Taxes (line 30 minus line 40)**	(377,602)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (377,602)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 8,143,532	44
45	Private Pay - Net Inpatient Revenue	342,347	45
46	Medicare - Net Inpatient Revenue	1,765,500	46
47	Other-(specify) CCHHS	607,946	47
48	Other-(specify) Managed Care	436,408	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,295,733	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:

01/01/13

Ending:

12/31/13

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	2,005	2,086	\$ 112,241	\$ 53.81	1
2	Assistant Director of Nursing	1,997	2,094	86,889	41.49	2
3	Registered Nurses	46,489	51,377	1,317,732	25.65	3
4	Licensed Practical Nurses	53,292	56,768	1,546,374	27.24	4
5	CNAs & Orderlies	137,245	149,594	1,448,934	9.69	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,332	5,332	168,050	31.52	8
9	Activity Director	3,757	4,010	77,777	19.40	9
10	Activity Assistants	18,068	19,459	207,239	10.65	10
11	Social Service Workers	5,874	6,321	157,062	24.85	11
12	Dietician					12
13	Food Service Supervisor	2,039	2,312	38,115	16.49	13
14	Head Cook	5,784	6,700	92,181	13.76	14
15	Cook Helpers/Assistants	20,817	23,280	238,982	10.27	15
16	Dishwashers					16
17	Maintenance Workers	4,433	4,853	85,664	17.65	17
18	Housekeepers	21,743	23,644	252,987	10.70	18
19	Laundry	9,408	10,598	114,884	10.84	19
20	Administrator	1,972	2,079	121,501	58.44	20
21	Assistant Administrator	1,552	1,762	52,057	29.54	21
22	Other Administrative	231	231	21,813	94.43	22
23	Office Manager					23
24	Clerical	13,453	15,629	294,866	18.87	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,891	2,126	27,634	13.00	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	11,037	11,222	178,818	15.93	33
34	TOTAL (lines 1 - 33)	368,419	401,477	\$ 6,641,800 *	\$ 16.54	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	951	\$ 38,235	01-03	35
36	Medical Director	Monthly	25,050	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	68,216	10-03	38
39	Pharmacist Consultant	Monthly	14,488	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	10	596	11-03	44
45	Social Service Consultant	34	2,035	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	995	\$ 148,620		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Jeff Baker	Administrator	0	\$ 121,501	Workers' Compensation Insurance	\$ 401,997	IDPH License Fee	\$	
James Kinyarda	Assist. Administrator	0	52,057	Unemployment Compensation Insurance	165,901	Advertising: Employee Recruitment	438	
Tony Prather	Regional Dir of Operations	0	21,813	FICA Taxes	506,185	Health Care Worker Background Check		
				Employee Health Insurance	239,561	(Indicate # of checks performed 832)	9,770	
				Employee Meals	27,375	Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	17,016	
				City Payroll Taxes	2,646	Licenses & Inspections	2,475	
				Union Pension	22,768	Advertising & Promotion	36,367	
				Other Employee Benefits	41,087	Allocated from Nucare	1,814	
				401K Match Expenses	1,708			
						Less: Public Relations Expense	()	
						Non-allowable advertising	(36,367)	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 195,370	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,409,228	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 31,513	
(List each licensed administrator separately.)								
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Nucare - Bookkeeping Fees			\$ 886,007				Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 886,007				Seminar Expense	15,073
(Attach a copy of any management service agreement)							Allocated from Nucare	1,121
C. Professional Services				TOTAL			Entertainment Expense	
Vendor/Payee	Type		Amount				(agree to Sch. V, line 24, col. 8)	()
See Attached	Legal Services		\$ 78,881				TOTAL	\$ 16,194
Frost, Ruttenberg & Rothblatt	Accounting Fees		23,962					
McGladrey LLP	Accounting Fees		280					
Personnel Planners	Unemploymnet Consult		5,560					
Urban Real Estate Research	Real Estate Appraisal		5,000					
CDW Computer Centers Inc	Computer Services		1,249					
E-Health Data Systems Inc	Computer Services		5,112					
Curaspan, Inc	Computer Services		2,800					
HDSI Health Data Systems	Computer Services		5,076					
Macker Tek	Computer Services		6,300					
MDI Achieve	Computer Services		22,655					
See Supplemental Schedule			38,495					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 195,369					
(If total legal fees exceed \$5,000, attach copy of invoices.)								

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/13

Ending:

12/31/13

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IL Council on LTC - \$26,566
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 0 Line _____
- (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. \$ 539,249
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 27,375 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.