

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: <u>0041749</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																							
Facility Name: <u>Renaissance At Midway</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/12</u> to <u>12/31/12</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.																							
Address: <u>4437 South Cicero</u> <u>Chicago</u> <u>60632</u>																									
Number City Zip Code																									
County: <u>Cook</u>																									
Telephone Number: <u>(773) 884-0484</u> Fax # <u>(773) 884- 0485</u>																									
HFS ID Number: _____		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) _____</td></tr><tr><td>(Title) _____</td></tr><tr><td>(Signed) _____</td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Print Name and Title) <u>Kimberley A. Waite, C.P.A.</u></td></tr><tr><td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td></tr><tr><td>(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u></td></tr><tr><td>MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) _____	(Title) _____	(Signed) _____	Paid Preparer	(Print Name and Title) <u>Kimberley A. Waite, C.P.A.</u>	(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>	(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u>	MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630												
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	MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630																								
Date of Initial License for Current Owners: <u>06/05/00</u>																									
Type of Ownership:																									
<table><tr><td>☐ VOLUNTARY,NON-PROFIT</td><td>☒ PROPRIETARY</td><td>☐ GOVERNMENTAL</td></tr><tr><td>☐ Charitable Corp.</td><td>☐ Individual</td><td>☐ State</td></tr><tr><td>☐ Trust</td><td>☐ Partnership</td><td>☐ County</td></tr><tr><td>IRS Exemption Code _____</td><td>☐ Corporation</td><td>☐ Other _____</td></tr><tr><td></td><td>☒ "Sub-S" Corp.</td><td></td></tr><tr><td></td><td>☐ Limited Liability Co.</td><td></td></tr><tr><td></td><td>☐ Trust</td><td></td></tr><tr><td></td><td>☐ Other _____</td><td></td></tr></table>		☐ VOLUNTARY,NON-PROFIT	☒ PROPRIETARY	☐ GOVERNMENTAL	☐ Charitable Corp.	☐ Individual	☐ State	☐ Trust	☐ Partnership	☐ County	IRS Exemption Code _____	☐ Corporation	☐ Other _____		☒ "Sub-S" Corp.			☐ Limited Liability Co.			☐ Trust			☐ Other _____	
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	☐ Limited Liability Co.																								
	☐ Trust																								
	☐ Other _____																								
In the event there are further questions about this report, please contact:																									
Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236-1111</u>																									
Email Address: _____																									

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance At Midway

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

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	249	Skilled (SNF)	249	91,134	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	249	TOTALS	249	91,134	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF			11,169	11,169	8
9	SNF/PED					9
10	ICF	56,303	5,578	2,038	63,919	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	56,303	5,578	13,207	75,088	14

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

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

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

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

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

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

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 X Date 06/05/2000 NO

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

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL X MODIFIED CASH* CASH*

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

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

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

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

V. COST CENTER EXPENSES (continued)

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(9,342)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(39,637)	30		9
10	Interest and Other Investment Income	(3,812)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(262)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(32,109)	21		18
19	Entertainment	(5,127)	21		19
20	Contributions	(29,125)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(652,892)	21		24
25	Fund Raising, Advertising and Promotional	(32,471)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(473,509)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,278,286)		\$	30

BHF USE ONLY							
48		49		50		51	
						52	

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 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(421,836)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (421,836)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,700,122)		37

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

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

		1 Yes	2 No	3 Amount	4 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

Renaissance At Midway

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

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

Renaissance At Midway

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
50		\$	1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
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79			30
80			31
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85			36
86			37
87			38
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90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98			49

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS
30	Depreciation	(39,637)	316,821	9,648	140								286,97230
31	Amortization of Pre-Op. & Org.												31
32	Interest	(56,646)	628,365	1,848	103								573,67032
33	Real Estate Taxes		508,871	7,919									516,79033
34	Rent-Facility & Grounds		(1,497,371)	485									(1,496,886)34
35	Rent-Equipment & Vehicles			5,557	389								5,94635
36	Other (specify):*	(184)	44,166										43,98236
37	TOTAL Ownership	(96,467)	852	25,457	632								(69,526)37
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation												38
39	Ancillary Service Centers							(28,143)					(28,143)39
40	Barber and Beauty Shops												40
41	Coffee and Gift Shops												41
42	Provider Participation Fee												42
43	Other (specify):*	(268,112)											(268,112)43
44	TOTAL Special Cost Centers	(268,112)						(28,143)					(296,255)44
	GRAND TOTAL COST												
45	(sum of lines 29, 37 & 44)	(1,278,286)	41,165	(432,289)	(18,927)	16,359		(28,143)					(1,700,122)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	\$ 1,497,371	Claridge at Cicero	100.00%	\$	\$ (1,497,371)	1
2	V	32	Interest	630	Claridge at Cicero	100.00%	628,995	628,365	2
3	V	36	MIP Expense		Claridge at Cicero	100.00%	43,982	43,982	3
4	V	26	Insurance Expense		Claridge at Cicero	100.00%	12,256	12,256	4
5	V	21	Bank Charges & Penalties		Claridge at Cicero	100.00%	4	4	5
6	V	19	Professional Fees		Claridge at Cicero	100.00%	11,434	11,434	6
7	V	33	Real Estate Taxes		Claridge at Cicero	100.00%	508,871	508,871	7
8	V	30	Depreciation		Claridge at Cicero	100.00%	316,821	316,821	8
9	V	20	Replacement Tax		Claridge at Cicero	100.00%	16,269	16,269	9
10	V	20	Fees		Claridge at Cicero	100.00%	350	350	10
11	V	36	Amortization		Claridge at Cicero	100.00%	184	184	11
12	V								12
13	V								13
14	Total			\$ 1,498,001			\$ 1,539,166	\$ * 41,165	14

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

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%	\$ 2,761	\$ 2,761	15
16	V	6	REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	7,104	7,104	16
17	V	10	CLINICAL SALARIES		NUCARE SERVICES CORP.	100.00%	8,708	8,708	17
18	V	17	ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	35,194	35,194	18
19	V	19	PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	3,795	3,795	19
20	V	20	FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	492	492	20
21	V	21	CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	184,408	184,408	21
22	V	24	SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	129	129	22
23	V	25	ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	1,336	1,336	23
24	V	26	INSURANCE		NUCARE SERVICES CORP.	100.00%	142	142	24
25	V	27	EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	44,171	44,171	25
26	V	30	DEPRECIATION		NUCARE SERVICES CORP.	100.00%	9,648	9,648	26
27	V	32	INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	1,848	1,848	27
28	V	33	REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	7,919	7,919	28
29	V	34	PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	485	485	29
30	V	35	EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	5,557	5,557	30
31	V								31
32	V	17	BOOKKEEPING FEES	745,985	NUCARE SERVICES CORP.	100.00%		(745,985)	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 745,985			\$ 313,696	\$ * (432,289)	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	6	REPAIRS / MINOR EQUIPMENT	\$	CLINICAL CONSULTING SERVICES, LLC	100.00%	\$ 68	\$ 68	15
16	V	10	CLINICAL SALARIES		CLINICAL CONSULTING SERVICES, LLC	100.00%	13,697	13,697	16
17	V	11	ACTIVITY CONSULTANT		CLINICAL CONSULTING SERVICES, LLC	100.00%	553	553	17
18	V	19	PROFESSIONAL FEES		CLINICAL CONSULTING SERVICES, LLC	100.00%			18
19	V	20	DUES, LICENSE & INSPECTION		CLINICAL CONSULTING SERVICES, LLC	100.00%	94	94	19
20	V	21	OFFICE WAGES		CLINICAL CONSULTING SERVICES, LLC	100.00%	23,766	23,766	20
21	V	21	OFFICE EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,233	1,233	21
22	V	24	CONTINUING EDUCATION / SEMINAR		CLINICAL CONSULTING SERVICES, LLC	100.00%	310	310	22
23	V	25	AUTO EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	403	403	23
24	V	26	AUTO INSURANCE		CLINICAL CONSULTING SERVICES, LLC	100.00%	107	107	24
25	V	27	PAYROLL TAXES		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,650	1,650	25
26	V	27	OTHER EMPLOYEE BENEFITS		CLINICAL CONSULTING SERVICES, LLC	100.00%	(7)	(7)	26
27	V	30	DEPRECIATION		CLINICAL CONSULTING SERVICES, LLC	100.00%	140	140	27
28	V	32	INTEREST		CLINICAL CONSULTING SERVICES, LLC	100.00%	103	103	28
29	V	34	RENT		CLINICAL CONSULTING SERVICES, LLC	100.00%			29
30	V	35	AUTO LEASE		CLINICAL CONSULTING SERVICES, LLC	100.00%	389	389	30
31	V								31
32	V	17	ADMINISTRATIVE FEES	61,434	CLINICAL CONSULTING SERVICES, LLC	100.00%		(61,434)	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 61,434			\$ 42,507	\$ * (18,927)	39

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

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%	\$ 10,204	\$ 10,204	15
16	V	19	PROFESSIONAL FEES			100.00%	510	510	16
17	V	21	OFFICE			100.00%	4,417	4,417	17
18	V	27	EMPLOYEE BENEFITS			100.00%	1,228	1,228	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V	17	MANAGEMENT FEES			100.00%			29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$ 16,359	\$ * 16,359	39

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

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	\$ 275,160	DIAMOND INSURANCE	40.00%	\$ 275,160	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 275,160			\$ 275,160	\$ *	39

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

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	153,197	Integra Healthcare Equipment	100.00%	125,054	\$ (28,143)	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			\$ 153,197			\$ 125,054	\$ * (28,143)	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			\$			\$	\$	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

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:	
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:	
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

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	ABRAHAM STERN	4.900%	CHEVY CHASE CORP. D/B/A BRONZEVILLE PARK NURSING & REH	CHICAGO	CLARIDGE AT CICERO	CHICAGO	BUILDING CO.	1
2	EVAN MICHAEL STERN 2005 TRUST	0.900%	CALIFORNIA GARDENS CORP.	CHICAGO	CLINICAL CONSULTING SERV.	LINCOLNWOOD	CLINICAL CONSULTING	2
3	JONATHAN BRYAN STERN 2001 TRUST	0.900%	CLAREMONT EXTENDED HEALTHCARE, L.L.C.	BUFFALO GROVE	QUEST SERVICES CORP.	LINCOLNWOOD	MARKETING	3
4	MARSHALL MAUER	6.250%	CLARIDGE IMPERIAL, LTD.	CHICAGO	JLR FINANCIAL SERVICES CO	LINCOLNWOOD	MANAGEMENT CO.	4
5	MAURICE AARON	4.250%	JACKSON CORP.	CHICAGO	SEASONS HOSPICE	PARK RIDGE	HOSPICE	5
6	ORA AARON	2.000%	MONROE CORP.	CHICAGO	KFT SERVICES, LLC	LINCOLNWOOD	MANAGEMENT CO.	6
7	ORIOLE TRUST	4.950%	THE RENAISSANCE AT 87TH STREET, INC.	CHICAGO	7257 N. LINCOLN AVENUE, LLC	LINCOLNWOOD	BUILDING RENTAL	7
8	RAJCHENBACH FAMILY TRUST	25.000%	ARIA POST ACUTE CARE	HILLSIDE	NUCARE SERVICES	LINCOLNWOOD	BOOKEEPING / MANAGI	8
9	ROBERT HARTMAN FAMILY TRUST	20.050%	THE RENAISSANCE AT SOUTH SHORE, INC.	CHICAGO	DRAKE LOUIS ENTERPRISE, LI	LINCOLNWOOD	MANAGEMENT CO.	9
10	SUSAN STERN	4.900%	RENAISSANCE EAST	MESA, ARIZONA	DIAMOND INSURANCE	NORTHBROOK	WORKERS COMP	10
11	TODD ANDREW STERN 2001 TRUST	0.900%	RENAISSANCE PARK SOUTH, LLC	CHICAGO	INTEGRA HEALTHCARE EQUIP	ELMHURST	DME & MEDICAL SUPPL	11
12	MARK HOLLANDER DISCRETIONARY TRUST	8.333%	RENAISSANCE VILLAGE AL	MESA, ARIZONA	LIFELINE AMBULANCE,LLC	CHICAGO	AMBULANCE	12
13	SHARON HOLLANDER DISCRETIONARY TRUST	8.333%	RENAISSANCE VILLAGE IL	MESA, ARIZONA				13
14	FEIGE C. KNOBEL DISCRETIONARY TRUST	8.333%	RENAISSANCE WEST	MESA, ARIZONA				14
15			CLAREMONT - HANOVER PARK	HANOVER PARK				15
16			SEVEN OAKS	GLENDALE, WISC.				16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

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

VII. RELATED PARTIES (continued)

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

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

VIII. ALLOCATION OF INDIRECT COSTS

- A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒
- B. Show the allocation of costs below. If necessary, please attach worksheets.

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

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

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

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	5	UTILITIES	AVAIL. CENSUS DAYS	1,228,556	15	\$ 37,226	\$	91,134	\$ 2,761	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	1,228,556	15	95,768		91,134	7,104	2
3	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,228,556	15	117,394	117,394	91,134	8,708	3
4	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	1,228,556	15	474,443	462,325	91,134	35,194	4
5	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,228,556	15	51,153		91,134	3,795	5
6	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,228,556	15	6,629		91,134	492	6
7	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	1,228,556	15	2,485,957	1,190,733	91,134	184,408	7
8	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,228,556	15	1,734		91,134	129	8
9	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	1,228,556	15	18,004		91,134	1,336	9
10	26	INSURANCE	AVAIL. CENSUS DAYS	1,228,556	15	1,913		91,134	142	10
11	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	1,228,556	15	595,462		91,134	44,171	11
12	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,228,556	15	130,061		91,134	9,648	12
13	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,228,556	15	24,917		91,134	1,848	13
14	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,228,556	15	106,750		91,134	7,919	14
15	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,228,556	15	6,532		91,134	485	15
16	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,228,556	15	74,917		91,134	5,557	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 4,228,859	\$ 1,770,453		\$ 313,696	25

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

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	6	REPAIRS / MINOR EQUIPMEN	BED DAYS AVAILABLE	1,228,556	15	\$ 920	\$	91,134	\$ 68	1
2	10	CLINICAL SALARIES	BED DAYS AVAILABLE	1,228,556	15	184,643	184,643	91,134	13,697	2
3	11	ACTIVITY CONSULTANT	BED DAYS AVAILABLE	1,228,556	15	7,452	7,452	91,134	553	3
4	19	PROFESSIONAL FEES	BED DAYS AVAILABLE	1,228,556	15			91,134		4
5	20	DUES, LICENSE & INSPECTION	BED DAYS AVAILABLE	1,228,556	15	1,272		91,134	94	5
6	21	OFFICE WAGES	BED DAYS AVAILABLE	1,228,556	15	320,385	320,385	91,134	23,766	6
7	21	OFFICE EXPENSE	BED DAYS AVAILABLE	1,228,556	15	16,624		91,134	1,233	7
8	24	CONTINUING EDUCATION / ST	BED DAYS AVAILABLE	1,228,556	15	4,175		91,134	310	8
9	25	AUTO EXPENSE	BED DAYS AVAILABLE	1,228,556	15	5,436		91,134	403	9
10	26	AUTO INSURANCE	BED DAYS AVAILABLE	1,228,556	15	1,447		91,134	107	10
11	27	PAYROLL TAXES	BED DAYS AVAILABLE	1,228,556	15	22,241		91,134	1,650	11
12	27	OTHER EMPLOYEE BENEFITS	BED DAYS AVAILABLE	1,228,556	15	(91)		91,134	(7)	12
13	30	DEPRECIATION	BED DAYS AVAILABLE	1,228,556	15	1,892		91,134	140	13
14	32	INTEREST	BED DAYS AVAILABLE	1,228,556	15	1,384		91,134	103	14
15	34	RENT	BED DAYS AVAILABLE	1,228,556	15			91,134		15
16	35	AUTO LEASE	BED DAYS AVAILABLE	1,228,556	15	5,242		91,134	389	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 573,023	\$ 512,480		\$ 42,507	25

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

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	49	10	\$ 100,000	\$ 100,000	5	\$ 10,204	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	49	10	5,000		5	510	2
3	21	OFFICE	AVG. HOURS WORKED	49	10	43,284	43,284	5	4,417	3
4	27	EMPLOYEE BENEFITS	AVG. HOURS WORKED	49	10	12,031		5	1,228	4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 160,315	\$ 143,284		\$ 16,359	25

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

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Diamond Insurance
Street Address 40 Skokie Blvd, Suite 105
City / State / Zip Code Northbrook, IL 60062
Phone Number (847) 559-1002
Fax Number (847) 562-0070

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct Allocation			\$	\$		\$ 275,160	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$ 275,160	25

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

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization 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

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	39	DME and Medical Supplies	Direct Allocation						125,054	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$ 125,054	25

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

VIII. ALLOCATION OF INDIRECT COSTS

- A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐
- B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization

Street Address

City / State / Zip Code

Phone Number

Fax Number

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

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

VIII. ALLOCATION OF INDIRECT COSTS

- A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐
- B. Show the allocation of costs below. If necessary, please attach worksheets.

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

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

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

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

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

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 43,982 Line # 36

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

B. Real Estate Taxes

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

FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011 \$	13
14	PLUS APPEAL COST FROM LINE 5 \$	14
15	LESS REFUND FROM LINE 6 \$	15
16	AMOUNT TO USE FOR RATE CALCULATION \$	16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME	<u>Renaissance At Midway</u>	COUNTY	<u>Cook</u>
---------------	------------------------------	--------	-------------

FACILITY IDPH LICENSE NUMBER 0041749

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () FAX#: ()

A. Summary of Real Estate Tax Cost

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

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

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Renaissance At Midway COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0041749

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE () FAX #: ()

A. Summary of Real Estate Tax Cost

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

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

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

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:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility	48,972		\$ 155,000	1
2	Allocated from 7257 N. Lincoln/CCS			11,275	2
3	TOTALS	48,972		\$ 166,275	3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	249			2000	\$ 9,032,497	\$ 316,821	35	\$ 260,214	\$ (56,607)	\$ 3,274,360
5										
6										
7										
8										
	Improvement Type**									
9	Various		2000	186,297		20	9,284	9,284		116,186
10	Various		2001	47,574		20	2,379	2,379		27,571
11	Various		2002	15,861		20	911	911		15,340
12	Various		2003	126,758		20	9,895	9,895		93,412
13	Various		2004	42,166		20	3,577	3,577		31,815
14	Various		2005	29,048		20	2,624	2,624		20,244
15	Various		2006	172,462		20	13,983	13,983		115,833
16	Various		2007	3,200		20	633	633		1,157
17										
18										
19										
20										
21										
22										
23										
24										
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26										
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30										
31										
32										
33										
34										
35										
36										

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

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

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	Related Building Company (Pages 12F & 12G)		427,525			21,362	21,362	117,979	67
68	Related Party Allocations (Pages 12H & 12I)		163,401	5,559		6,129	570	45,781	68
69	Financial Statement Depreciation			167,694			(167,694)		69
70	TOTAL (lines 4 thru 69)		\$ 10,246,789	\$ 490,074		\$ 330,990	\$ (159,084)	\$ 3,859,678	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance At Midway

0041749

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance At Midway

0041749

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 10,818,016	\$ 490,074		\$ 384,246	\$ (105,828)	\$ 3,971,325	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,818,016	\$ 490,074		\$ 384,246	\$ (105,828)	\$ 3,971,325	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,818,016	\$ 490,074		\$ 384,246	\$ (105,828)	\$ 3,971,325	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,818,016	\$ 490,074		\$ 384,246	\$ (105,828)	\$ 3,971,325	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance At Midway

0041749

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	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	18,071	9
10	Repair Door Closures	2006	5,062		20	253	253	1,518	10
11	Repair Door Holders	2006	7,201		20	360	360	2,160	11
12	Tv Lounge/Stairway	2007	5,000		20	250	250	1,500	12
13	Flooring 4Th Floor Corridor	2007	41,150		20	2,058	2,058	12,347	13
14	Install - Card Swipe And Door Strike	2007	3,501		20	175	175	1,050	14
15	2 Tormax Ttx Ii Low Engergy Operator	2007	3,470		20	174	174	1,043	15
16									16
17									17
18	10 Fantagraph Pleated Shades, Window Fashions	2007	5,394		20	270	270	1,619	18
19	Fire Sprinkler Work	2007	4,929		20	246	246	1,477	19
20									20
21									21
22									22
23	Admission/Hallway Lobby/Reception Area	2007	6,560		20	328	328	1,968	23
24	6 Track System For Cubicle Curtain	2007	3,310		20	166	166	995	24
25	1St Floor 22 Resident Washrooms	2007	4,620		20	231	231	1,386	25
26									26
27	14 Pleated Shades/Blinds Window Fashion	2007	8,154		20	408	408	2,447	27
28	1 Tormax Ttx Ii Low Engergy Operator	2007	4,968		20	248	248	1,489	28
29	Door Closer/Holders	2007	4,045		20	202	202	1,213	29
30	Generator Upgrade	2007	5,793		20	290	290	1,739	30
31	Flooring 22 Residents Washrooms	2007	4,920		20	246	246	1,476	31
32	Flooring Admission Hallway/Lobby/Reception Area	2007	6,560		20	328	328	1,968	32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance At Midway

0041749

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company Information Continued		\$	\$		\$	\$	\$	1
2	1St Floor Reface 34 Doors	2007	2,295		20	115	115	690	2
3	1St Floor Reface 34 Doors	2007	2,295		20	115	115	690	3
4	Door Locks	2007	2,832		20	142	142	851	4
5	Construct Patient Room	2007	5,000		20	250	250	1,500	5
6	Ventilation Work For Generator	2007	26,978		20	1,349	1,349	8,094	6
7	Window Coverings	2007	23,163		20	1,158	1,158	6,948	7
8	Construct Closets	2007	6,000		20	300	300	1,800	8
9	Flooring	2007	3,890		20	195	195	1,169	9
10	Drapery	2007	5,169		20	258	258	1,549	10
11	Painted 33 Rooms; Holes Patching & Repairing	2008	6,930		20	347	347	2,023	11
12	Armstrong Wide Material - Connection Corlon Stone Harbor - Fl	2008	4,471		20	224	224	1,306	12
13	Replaced Door Closures & Holders For Rooms	2008	10,865		20	543	543	3,259	13
14	Reface Doors & Metal Door Kickplates	2008	8,050		20	403	403	2,417	14
15	Routing And Cracksealing Of Parking Lot; Concrete Removal & I	2008	6,909		20	345	345	1,610	15
16	Sign Lightbox And Banner	2008	5,726		20	286	286	1,239	16
17	Landscape Irrigation System	2008	6,500		20	325	325	1,300	17
18									18
19	Painting Walls in 31 Rooms	2009	8,725		20	436	436	1,745	19
20	Landscape retaining Walls, Plants, Perennials, and Mulch	2009	9,000		20	450	450	1,800	20
21	Chair Rail - Oak Color	2009	4,410		20	221	221	883	21
22	2nd and 3rd Flr Dining Rm- Tiles, Window Treatments, Chair Ra	2009	59,648		20	2,968	2,968	11,872	22
23	Outside Security System - Monitors, Strobe Lights, Indoor and Ou	2009	21,603		20	1,080	1,080	4,320	23
24	Painting 30 Rooms	2009	12,305		20	615	615	2,461	24
25	Landscaping, Rocks, Boulders, Plants, and Mulch	2009	9,000		20	450	450	1,800	25
26	Chair Rails for 3rd Floor	2009	2,482		20	124	124	496	26
27	5 Indoor Cameras; 1 Outdoor Camera; 6 Boxes of Wire	2009	3,465		20	173	173	693	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (12F & 12G lines 1 thru 33)		\$ 427,525	\$		\$ 21,362	\$ 21,362	\$ 117,979	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance At Midway

0041749

Report Period Beginning:

01/01/12

Ending:

12/31/12

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated from NuCare 7257 N Lincoln Ave	2004	96,137	2,465	35	2,747	282	25,064	3
4	Allocated from Clinical Consult. 7257 N. Lincoln Ave	2004	5,341	137	35	153	16	1,392	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from NuCare	2003	869	50	20	44	(6)	396	9
10	Allocated from NuCare	2004	17,640	1,007	20	883	(124)	7,692	10
11	Allocated from NuCare	2005	1,046	60	20	52	(8)	411	11
12	Allocated from NuCare	2006	1,418	81	20	71	(10)	451	12
13	Allocated from NuCare	2008	1,495	85	20	75	(10)	318	13
14	Allocated from NuCare	2009	24,066	1,374	20	1,203	(171)	4,344	14
15	Allocated from NuCare	2010	3,698	211	20	185	(26)	464	15
16	Allocated from NuCare	2011	200	11	20	10	(1)	19	16
17	Allocated from NuCare	2012	223	13	20	8	(5)	8	17
18									18
19	Allocated from NuCare 7257 N Lincoln Ave	2005	8,764	62	20	566	504	4,135	19
20	Allocated from NuCare 7257 N Lincoln Ave	2004	1,911		20	96	96	812	20
21									21
22	Allocated from Clinical Consult. 7257 N. Lincoln Ave	2005	487	3	20	31	28	230	22
23	Allocated from Clinical Consult. 7257 N. Lincoln Ave	2004	106		20	5	5	45	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (12H & 12I lines 1 thru 33)	\$ 163,401	\$ 5,559		\$ 6,129	\$ 570	\$ 45,781	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 702,204	\$ 3,482	\$ 63,049	\$ 59,567	10	\$ 432,480	71
72	Current Year Purchases	118,422	709	7,232	6,523	10	7,232	72
73	Fully Depreciated Assets	469,730		8	8	10	469,728	73
74								74
75	TOTALS	\$ 1,290,356	\$ 4,191	\$ 70,289	\$ 66,098		\$ 909,440	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

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

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES
- ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Allocated from NuCare (Parking Lot)				485			5
6								6
7	TOTAL				\$ 485			7

**

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-
-

9. Option to Buy:
- ☐ YES
- ☐ NO
- Terms:
- *

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

15. Is Movable equipment rental included in building rental?
- ☐ YES
- ☐ NO
16. Rental Amount for movable equipment: \$ 19,582
- Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility	2010 Acura RDX	\$	\$ 3,780	17
18	Allocated from CCS			389	18
19					19
20					20
21	TOTAL		\$	\$ 4,169	21

10. Effective dates of current rental agreement:

Beginning

Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2013	\$
13.	/2014	\$
14.	/2015	\$

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

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

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

D. NUMBER OF CNAs TRAINED

ALLOCATION OF COSTS (d)

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

		Facility			
		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)	\$			

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.)

		1	2		3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)			
			Units of Service	Cost	Units	Cost						
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	420,745			\$	420,745	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				255,194				255,194	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				489,955				489,955	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescrpts					453,619			453,619	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify):											12
13	Other (specify): See Supplemental						45,444	139,874			185,318	13
14	TOTAL			\$			\$ 1,211,338	\$ 593,493		\$	1,804,831	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 10,212	\$ 555,314	1
2	Cash-Patient Deposits	13,393	13,393	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,905,975	2,759,390	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	151,055	181,086	6
7	Other Prepaid Expenses	2,984	2,984	7
8	Accounts Receivable (owners or related parties)	13,235,032	13,235,032	8
9	Other(specify): See Attached Schedule	13,492	467,576	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 16,332,143	\$ 17,214,775	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	1,191,712	1,689,797	15
16	Equipment, at Historical Cost	1,229,081	2,390,683	16
17	Accumulated Depreciation (book methods)	(1,518,726)	(5,442,778)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule		888,944	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 902,067	\$ 7,752,689	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 17,234,210	\$ 24,967,464	25

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

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,212,314	1
2	Restatements (describe):		2
3	Hazard Insurance	(24,563)	3
4	Hazard Insurance - Deductible Expense	(28,000)	4
5	Rounding	6	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,159,757	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	104,454	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)	\$ 104,454	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,264,211	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

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

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

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

* This must agree with page 4, line 45, column 4.
** Does this agree with taxable income (loss) per Federal Income Tax Return? Not complete If not, please attach a reconciliation.
*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

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

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,066	2,177	\$ 112,235	\$ 51.55	1
2	Assistant Director of Nursing	2,152	2,223	91,219	41.03	2
3	Registered Nurses	40,341	43,270	1,070,116	24.73	3
4	Licensed Practical Nurses	51,281	54,795	1,464,955	26.74	4
5	CNAs & Orderlies	135,329	148,543	1,416,224	9.53	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,854	2,854	87,755	30.75	8
9	Activity Director	2,050	2,251	39,362	17.49	9
10	Activity Assistants	13,381	15,432	162,039	10.50	10
11	Social Service Workers	7,682	8,180	181,364	22.17	11
12	Dietician					12
13	Food Service Supervisor	5,264	5,620	95,771	17.04	13
14	Head Cook	5,269	5,962	86,038	14.43	14
15	Cook Helpers/Assistants	20,458	22,397	223,533	9.98	15
16	Dishwashers					16
17	Maintenance Workers	4,456	4,841	84,620	17.48	17
18	Housekeepers	24,865	27,431	271,037	9.88	18
19	Laundry	12,788	13,890	139,731	10.06	19
20	Administrator	2,138	2,313	121,262	52.43	20
21	Assistant Administrator	2,650	2,793	71,516	25.61	21
22	Other Administrative	204	204	14,159	69.41	22
23	Office Manager	1,969	2,095	62,153	29.67	23
24	Clerical	9,654	10,146	210,958	20.79	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	929	1,011	33,975	33.61	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	7,421	7,421	162,155	21.85	33
34	TOTAL (lines 1 - 33)	355,201	385,849	\$ 6,202,177 *	\$ 16.07	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	411	\$ 18,888	01-03	35
36	Medical Director	Monthly	27,800	09-03	36
37	Medical Records Consultant	Monthly	720	10-03	37
38	Nurse Consultant	Monthly	46,027	10-03	38
39	Pharmacist Consultant	Monthly	11,554	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	27	1,568	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	437	\$ 106,557		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

** See instructions.

Facility Name & ID Number		Renaissance At Midway		STATE OF ILLINOIS		Report Period Beginning:		01/01/12		Page 21									
				# 0041749				Ending:		12/31/12									
XIX. SUPPORT SCHEDULES																			
A. Administrative Salaries				Ownership		D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions									
Name		Function		%		Amount		Description		Amount		Description		Amount					
Risa Dankwerth		Administrator		0		\$ 29,087		Workers' Compensation Insurance		\$ 275,160		IDPH License Fee		\$ 1,990					
Donald-Jay J. Evans		Administrator		0		7,250		Unemployment Compensation Insurance		189,677		Advertising: Employee Recruitment							
Jeff Baker		Administrator		0		85,424		FICA Taxes		448,380		Health Care Worker Background Check							
Brent Fitzgerald		Assist. Administrator		0		22,769		Employee Health Insurance		211,735		(Indicate # of checks performed 695)		11,011					
Kinyarda James		Assist. Administrator		0		48,247		Employee Meals		26,535		Patient Background Checks							
Sondra Mixdorf		Reg. Dir of Operations		0		14,159		Illinois Municipal Retirement Fund (IMRF)*				Dues & Subscrptions		17,769					
								City Payroll Taxes		3,438		Licenses & Inspections		4,540					
TOTAL (agree to Schedule V, line 17, col. 1)		(List each licensed administrator separately.)				\$ 206,937		Union Pension		49,953		Advertising & Promotion		32,471					
B. Administrative - Other								Other Employee Benefits		42,090		Allocated from Nucare		492					
Description						Amount		401K Match Expenses		585		See Supplemental Schedule		94					
Nucare - Bookkeeping Fees						\$ 745,985						Less: Public Relations Expense		()					
CCS - Administrative Fees						61,434						Non-allowable advertising		(32,471)					
												Yellow page advertising		()					
								TOTAL (agree to Schedule V, line 22, col.8)		\$ 1,247,553		TOTAL (agree to Sch. V, line 20, col. 8)		\$ 35,896					
TOTAL (agree to Schedule V, line 17, col. 3)		(Attach a copy of any management service agreement)				\$ 807,419		E. Schedule of Non-Cash Compensation Paid to Owners or Employees				G. Schedule of Travel and Seminar**							
C. Professional Services								Description		Line #		Amount		Description		Amount			
Vendor/Payee		Type				Amount								Out-of-State Travel		\$			
See Attached		Legal				\$ 83,186													
Frost, Ruttenberg & Rothblatt		Accounting				26,692													
Personnel Planners		Unemployment Consulting				4,918													
CDW Computer Centers Inc		Computer Services				263								In-State Travel					
E-Health Data Systems Inc		Computer Services				1,752													
Health Data Systems Inc		Computer Services				6,607													
MDI Achieve Inc		Computer Services				20,880													
PSD Solutions		Computer Services				12,000								Seminar Expense		2,687			
Achieve Accreditation		Quality Imprvmt/Credent.				12,645								Allocated from Nucare		129			
Documentation Solutions		Healthcare Consulting				155								Allocated from CCS		310			
CES Consulting		HR & Payroll Consulting				71													
See Supplemetal Schedule						2,167								Entertainment Expense		()			
TOTAL (agree to Schedule V, line 19, column 3)		(If total legal fees exceed \$5,000, attach copy of invoices.)				\$ 171,338		TOTAL		\$				(agree to Sch. V, line 24, col. 8)		\$ 3,126			
												* Attach copy of IMRF notifications				**See instructions.			
SEE ACCOUNTANTS' COMPILATION REPORT																			

* Attach copy of IMRF notifications

SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes

(2) Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount. IL Council on LTC - \$28,135

(3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A

(5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5,030 Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A

(9) Are you presently operating under a sublease agreement? YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 434,472
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 26,535 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100% ln 14
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A

(17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? Yes

(19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT