

		FOR BHF USE			

LL2

Supportive Living Facility

**2006
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2006)**

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I.

Facility Name: Renaissance Center

Address: 2800 West Fulton Chicago 60612
Number City Zip Code

County: Cook

Telephone Number: (773) 722-2900 Fax # _____

Federal Employer ID Number: _____

Date Current Owners were Certified: 8/14/2002

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	_____
	<input type="checkbox"/> Limited Liability Co.	_____
	<input type="checkbox"/> Trust	_____
	<input checked="" type="checkbox"/> Other <u>Limited Partnership</u>	_____

In the event there are further questions about this report, please contact:

Name: Steve Lavenda Telephone Number: (847) 236 - 1111

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2006 to 12/31/2006 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.

Officer or Administrator of Provider	(Signed) _____	(Date) _____
	(Type or Print Name) _____	(Title) _____
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) <u>Steven N. Lavenda, 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
IL DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001
Phone # (217) 782-1630

Facility Name Renaissance Center

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	110	Single Unit Apartment	110	40,150	1
2		Double Unit Apartment			2
3		Other			3
4	110	TOTALS	110	40,150	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	31,324	153		31,477	5
6	Double Unit					6
7	Other					7
8	TOTALS	31,324	153		31,477	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 78.40%

D. Indicate the number of paid bed-hold days the SLF had during this year
721 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 285 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES NO

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO

G. List all services provided by your facility for non-residents.

(E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/06 Fiscal Year: 12/31/06

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

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? N/A If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? N/A If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? N/A If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

Facility Name: Renaissance Center

Report Period Beginning:

1/1/2006

Ending: 12/31/2006

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	205,716	158,884	3,003	367,603		367,603	1
2	Housekeeping, Laundry and Maintenance	128,344	39,204	85,084	252,632	(3,159)	249,473	2
3	Heat and Other Utilities			129,011	129,011	(2,234)	126,777	3
4	Other (specify):							4
5	TOTAL General Services	334,060	198,088	217,098	749,246	(5,393)	743,853	5
B. Health Care and Programs								
6	Health Care/ Personal Care	400,958		4,149	405,107		405,107	6
7	Activities and Social Services	42,448		8,262	50,710		50,710	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	443,406		12,411	455,817		455,817	9
C. General Administration								
10	Administrative and Clerical	183,278	11,959	248,070	443,307	(27,820)	415,487	10
11	Marketing Materials, Promotions and Advertising	86,408		39,887	126,295	(126,481)	(186)	11
12	Employee Benefits and Payroll Taxes			234,065	234,065	(7,131)	226,934	12
13	Insurance-Property, Liability and Malpractice			69,139	69,139	(1,383)	67,756	13
14	Other (specify):	4,793		36,219	41,012		41,012	14
15	TOTAL General Administration	274,479	11,959	627,380	913,818	(162,815)	751,003	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,051,945	210,047	856,889	2,118,881	(168,208)	1,950,673	16
Capital Expenses								
D. Ownership								
17	Depreciation			313,016	313,016	(5,202)	307,814	17
18	Interest			110,089	110,089	(1,001)	109,088	18
19	Real Estate Taxes			159,582	159,582	(3,760)	155,822	19
20	Rent -- Facility and Grounds					8,715	8,715	20
21	Rent -- Equipment			12,301	12,301	679	12,980	21
22	Other (specify):			12,086	12,086		12,086	22
23	TOTAL Ownership			607,074	607,074	(568)	606,506	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,051,945	210,047	1,463,963	2,725,955	(168,777)	2,557,178	24

Renaissance Center

Report Period Beginning: 1/1/2006
 Ending: 12/31/2006

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1	Non-Straight Line Depreciation	(6,542)	17 1
2	Other Income	(2,100)	10 2
3	Late Fees/Finance Charges	(1,375)	10 3
4	Meals & Entertainment	(281)	10 4
5	Advertising & Promotional	(39,886)	11 5
6	Bank Charges	(553)	10 6
7	Contributions	(180)	10 7
8	Cable TV	(529)	10 8
9	Bad Debt	(6,071)	10 9
10	Resident Gifts	(1,443)	10 10
11	Marketing Salaries	(86,408)	11 11
12	Marketing Employee Benefits	(23,626)	12 12
13	Service Fee-1st Mortgage	(7,400)	10 13
14	Management Fees	(10,000)	10 14
15	Interest Income	(1,001)	18 15
16			16
17	Allocated Pathway Senior Living, LLC		17
18	Management Fees	(185,150)	10 18
19	R&M	1,019	02 19
20	Utilities	346	03 20
21	Administrative & Clerical	187,261	10 21
22	Employee Benefits	13,611	12 22
23	Insurance	2,878	12 23
24	Depreciation	1,340	17 24
25	Office Rental	8,715	20 25
26	Equipment Rental	679	21 26
27	Advertising & Promotional	(187)	11 27
28			28
29			29
30	Related Expenses to Income from the Clinic:		30
31	Housekeeping	(530)	02 31
32	Maintenance	(3,648)	02 32
33	Utilities	(2,580)	03 33
34	Insurance	(1,383)	13 34
35	Real Estate Taxes	(3,760)	19 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			49
50			50
51			51
52			52
53			53
54			54
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83			83
84			84
85			85
86			86
87			87
88			88
89			89
90			90
91			91
92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(168,777)	101

Facility Name: Renaissance Center

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.59	\$ 33.78	1
2	Licensed Practical Nurses	1.97	26.77	2
3	Certified Nurse Assistants	12.10	9.93	3
4	Activity Director & Assistants	1.22	16.71	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.99	11.01	7
8	Dishwashers			8
9	Maintenance Workers	4.02	12.68	9
10	Housekeepers	1.00	10.77	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.20	20.99	13
14	Clerical			14
15	Marketing	1.13	36.79	15
16	Other	0.14	16.25	16
17	Total (lines 1 thru 16)	35.35	\$ 14.31	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Brian J. Cloch	29%	40	\$ 22,078	1
2	Jerome Finis	29%	40	31,104	2
3	Robert H. Helle	13%	40	28,250	3
4	E. J. Keledijan	29%	40	23,612	4
5					5
Total				\$ 105,044	6

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attached					

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES NO

Name of related entity: _____ If yes, what is the value of those services? \$ _____
 (Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Renaissance Center

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

VIII. OWNERSHIP COSTS

A. Purchase price of land 108,947 Year land was acquired 2002

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

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

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation		
1	110		2002	2002	\$ 10,866,590	\$ 271,665	40	\$ 271,665	\$ (0)	\$ 271,665	1	
2	Allocated from Pathway					1,340		1,340			2	
3											3	
4											4	
5											5	
Improvement Type												
6	Total From Supplemental Page 5's											6
7											7	
8											8	
9											9	
10											10	
11											11	
12											12	
13											13	
14											14	
15											15	
16											16	
17	TOTAL (lines 1 thru 16)				\$ 10,866,590	\$ 273,005		\$ 273,005	\$ (0)	\$ 271,665	17	

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 348,095	\$ 41,351	\$ 34,810	(6,542)	10	\$ 37,047	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 348,095	\$ 41,351	\$ 34,810	(6,542)		\$ 37,047	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								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)		\$	\$		\$	\$	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								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)		\$	\$		\$	\$	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								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)		\$	\$		\$	\$	34

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

Facility Name: Renaissance Center

Report Period Beginning: 1/1/2006

Ending: 2/31/2006

IX. RENTAL COSTS

A. Building and Fixed Equipment

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? YES NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5	Allocated from Pathway			/ /	8,715			5
6				/ /				6
7	TOTAL				\$ 8,715			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ 12,980

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	Name of Lender	2		3	4	6		7	8	9	
			Related**	YES			NO	Amount of Note				
					Purpose of Loan	Date of Note	Original	Balance	Maturity Date			
A. Directly Facility Related												
Long-Term												
1		Loan Payables		X		/ /	\$	1,400,533			8,750	1
2		ES Loan		X		/ /		1,300,000	/ /			2
3		Bond Payables		X		/ /		4,120,000	/ /			3
Working Capital												
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$	6,820,533			8,750	7
B. Non-Facility Related												
8		Interest Income		X		/ /			/ /		100,338	8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$	6,820,533			109,088	10

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

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

**Supplemental Schedule of Equipment Rental
12/31/2006**

<u>Description</u>	<u>Amount</u>
9A Laundry Equipment	528
9B Other Equipment	7,966
9A Postage Meter	351
9B Leased Copier	3,454
9A Allocated from Pathway	681
9B	
9A	
9B	
Total	<u>12,980</u>

Facility Name: Renaissance Center

Report Period Beginning: 1/1/2006

Ending:

12/31/2006

12/31/2006

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2006

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 60,911	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	753,066		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	14,511		6
7	Other Prepaid Expenses	1,500		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	145,818		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 975,806	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	1,332,163		11
12	Long-Term Investments			12
13	Land	108,947		13
14	Buildings, at Historical Cost	10,866,590		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	348,096		16
17	Accumulated Depreciation (book methods)	(1,485,141)		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	338,707		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,509,362	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,485,168	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 140,713	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	29,517		30
31	Accrued Taxes Payable	172,498		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	2,402,347		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,745,075	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,700,533		38
39	Mortgage Payable			39
40	Bonds Payable	4,120,000		40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	2,303,034		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 9,123,567	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,868,642	\$	45
46	TOTAL EQUITY	\$ 616,526	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,485,168	\$	47

*(See instructions.)

Facility Name Renaissance CenterReport Period Beginning: 1/1/2006Ending: 12/31/2006**Supplemental Schedule of Other Assets and Liabilities**

Other Current Assets:	<u>Operating</u>	<u>After Consolidation</u>	Other Current Liabilities	<u>Operating</u>	<u>After Consolidation</u>
09A Resident Activity Fund	700	-	36A Due To Hri	1,060,150	-
09B Real Estate Tax Escrow	100,134	-	36B Due To Imc	348,041	-
09C Debt Service Reserve	22,369	-	36C Due To Cef	762,060	-
09D Payroll/Benefit Escrow	13,700	-	36D Const Loan-	222,450	-
09E Operating Expense Escrow	2,100	-	36E Due To Pathway	8,946	-
09F Utility Deposits	6,815	-	36F Resident Activity Fund	700	-
09G	-	-	36G	-	-
09H	-	-	36H	-	-
09I	-	-	36I	-	-
09J	-	-	36J	-	-
	<u>145,818</u>	<u>-</u>		<u>2,402,347</u>	<u>-</u>
	<u>145,818</u>	<u>-</u>		<u>2,402,347</u>	<u>-</u>
Other Non-Current Assets:	<u>Operating</u>	<u>After Consolidation</u>	Other Non-Current Liabilities	<u>Operating</u>	<u>After Consolidation</u>
23A Capitalized Costs	275,454	-	43A Deferred Developer Fee	220,815	-
23B Syndication Costs	63,253	-	43B Home Funds	1,207,219	-
23C	-	-	43C lhda Htf	875,000	-
23D	-	-	43D	-	-
23E	-	-	43E	-	-
23F	-	-	43F	-	-
23G	-	-	43G	-	-
23H	-	-	43H	-	-
23I	-	-	43I	-	-
23J	-	-	43J	-	-
	<u>338,707</u>	<u>-</u>		<u>2,303,034</u>	<u>-</u>
	<u>338,707</u>	<u>-</u>		<u>2,303,034</u>	<u>-</u>

Facility Name: Renaissance Center

Report Period Beginning: 1/1/2006

Ending: 12/31/2006

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 2,497,697	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 2,497,697	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,001	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 1,001	14
D. Other Revenue (specify):			
15	See Attached	24,611	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 24,611	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 2,523,309	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	749,246	19
20	Health Care/ Personal Care	455,817	20
21	General Administration	913,818	21
B. Capital Expense			
22	Ownership	607,074	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 2,725,955	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (202,646)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (202,646)	31

Facility Name Renaissance Center
Supplemental Schedule of Other Revenue & Expense

Report Period Beginning: 1/1/2006Ending: 12/31/2006

15A	Late Fees	15
15B	Nsf Fees	90
15C	Meal Program Income	165
15D	Clinic Rental Income	22,241
15E	Other Income	2,100
15F		
15G		
15H		
15I		
15J		
15K		
15L		
15M		
15N		
15O		
15P		
15Q		
15R		
15S		

24,611