

		FOR BHF USE					

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**2006**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**  
**FINANCIAL AND STATISTICAL REPORT FOR**  
**LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2006)**

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 Facility ID Number:** 0041749

**Facility Name:** Renaissance at Midway

**Address:** 4437 South Cicero Chicago 60632  
 Number City Zip Code

**County:** Cook

**Telephone Number:** (773) 884-0484 **Fax #** (773) 884- 0485

**HFS ID Number:** 363969662001

**Date of Initial License for Current Owners:** 06/05/00

**Type of Ownership:**

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" 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
<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input checked="" type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

**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 01/01/06 to 12/31/06 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) Kimberley A. Waite, C.P.A.

(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.  
111 Pfingsten Road, Suite 300 Deerfield, IL 60015

(Telephone) (847) 236-1111 Fax # (847) 236-1155

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749 Report Period Beginning: 01/01/06 Ending: 12/31/06

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	41,416	3,012	14,427	58,855	8
9	SNF/PED					9
10	ICF	26,128	802		26,930	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	67,544	3,814	14,427	85,785	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.39%

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)

N/A

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES  NO

I. On what date did you start providing long term care at this location?

Date started 6/5/00

J. Was the facility purchased or leased after January 1, 1978?

YES  Date 6/5/00 NO

K. Was the facility certified for Medicare during the reporting year?

YES  NO  If YES, enter number of beds certified 249 and days of care provided 11,207

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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.

Facility Name & ID Number Renaissance at Midway # 0041749 Report Period Beginning: 01/01/06 Ending: 12/31/06

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 OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	357,887	121,503	18,829	498,219		498,219		498,219			1
2	Food Purchase		427,815		427,815	(28,288)	399,528	(385)	399,142			2
3	Housekeeping	337,410	70,930	1,731	410,071		410,071		410,071			3
4	Laundry	60,435	20,982		81,417		81,417		81,417			4
5	Heat and Other Utilities			204,797	204,797		204,797	(15,372)	189,425			5
6	Maintenance	128,510	36,011	166,364	330,885		330,885	1,441	332,326			6
7	Other (specify):*											7
8	<b>TOTAL General Services</b>	884,242	677,241	391,721	1,953,204	(28,288)	1,924,917	(14,316)	1,910,600			8
	<b>B. Health Care and Programs</b>											
9	Medical Director			44,004	44,004		44,004		44,004			9
10	Nursing and Medical Records	3,625,157	282,162	160,297	4,067,616		4,067,616	(10,220)	4,057,396			10
10a	Therapy	155,518		6,093	161,611		161,611		161,611			10a
11	Activities	226,186	26,034	1,284	253,504		253,504		253,504			11
12	Social Services	131,527		1,049	132,576		132,576		132,576			12
13	CNA Training											13
14	Program Transportation			7,007	7,007		7,007		7,007			14
15	Other (specify):*											15
16	<b>TOTAL Health Care and Programs</b>	4,138,388	308,196	219,734	4,666,318		4,666,318	(10,220)	4,656,098			16
	<b>C. General Administration</b>											
17	Administrative	284,139		767,701	1,051,840		1,051,840	(700,080)	351,760			17
18	Directors Fees											18
19	Professional Services			155,524	155,524		155,524	(46,478)	109,046			19
20	Dues, Fees, Subscriptions & Promotions			115,868	115,868		115,868	(63,142)	52,726			20
21	Clerical & General Office Expenses	366,182	60,359	361,615	788,156		788,156	(148,567)	639,589			21
22	Employee Benefits & Payroll Taxes			1,076,756	1,076,756	28,288	1,105,044	(27,656)	1,077,388			22
23	Inservice Training & Education											23
24	Travel and Seminar			8,331	8,331		8,331	2,299	10,630			24
25	Other Admin. Staff Transportation			5,619	5,619		5,619	(30)	5,589			25
26	Insurance-Prop.Liab.Malpractice			263,131	263,131		263,131	17,678	280,809			26
27	Other (specify):*							39,150	39,150			27
28	<b>TOTAL General Administration</b>	650,321	60,359	2,754,545	3,465,225	28,288	3,493,513	(926,826)	2,566,687			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,672,951	1,045,796	3,366,000	10,084,747		10,084,747	(951,362)	9,133,385			29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance at Midway #0041749 Report Period Beginning: 01/01/06 Ending: 12/31/06

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			110,900	110,900		110,900	297,767	408,667			30
31	Amortization of Pre-Op. & Org.			7,522	7,522		7,522		7,522			31
32	Interest			240,130	240,130		240,130	665,644	905,774			32
33	Real Estate Taxes							494,803	494,803			33
34	Rent-Facility & Grounds			1,775,224	1,775,224		1,775,224	(1,759,067)	16,157			34
35	Rent-Equipment & Vehicles			22,955	22,955		22,955	3,539	26,494			35
36	Other (specify):*							46,377	46,377			36
37	<b>TOTAL Ownership</b>			2,156,731	2,156,731		2,156,731	(250,937)	1,905,794			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		460,019	734,143	1,194,162		1,194,162		1,194,162			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			136,328	136,328		136,328		136,328			42
43	Other (specify):*	98,515		31	98,546		98,546	(99,047)	(501)			43
44	<b>TOTAL Special Cost Centers</b>	98,515	460,019	870,502	1,429,036		1,429,036	(99,047)	1,329,989			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	5,771,466	1,505,815	6,393,233	13,670,514		13,670,514	(1,301,346)	12,369,168			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning: 01/01/06

Ending: 12/31/06

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF 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	(18,079)	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	43,459	30		9
10	Interest and Other Investment Income	(85)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(190)	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	(2,340)	21		18
19	Entertainment	(3,116)	21		19
20	Contributions	(18,090)	20		20
21	Owner or Key-Man Insurance	(27,656)	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(137,123)	21		24
25	Fund Raising, Advertising and Promotional	(43,238)	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	(375,823)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (582,282)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(719,065)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (719,065)		36
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (1,301,346)		37

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

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

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

BHF USE ONLY					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

NON-ALLOWABLE EXPENSES	Amount	Sch. V Line	Reference
1 Patient Needs	\$ (2,907)	10	1
2 Patient Clothing	(7,141)	10	2
3 Bank Charges	(10,894)	21	3
4 ICLTC Copr Dies	(3,530)	20	4
5 Misc. Income - Rebates	190	02	5
6 Misc. Income - Copies	(40)	21	6
7 Misc. Income - Jury Duty	(172)	10	7
8 Misc. Income - Subscriptions	(12)	20	8
9 Capitalized R&M	(3,500)	00	9
10 Non-Allowable Expense	(120,000)	21	10
11 Non-Allowable Fees	(279)	20	11
12 Non-Allowable Marketing	(29)	43	12
13 Non-Reimbursable Expense	(36,100)	21	13
14 Marketing Travel	(503)	43	14
15 Marketing Salary	(62,309)	43	15
16 VP Program Development	(16,214)	43	16
17 Director of Guest Services	(12,714)	43	17
18 VP of Marketing	(12,170)	43	18
19 Non-Allowable Legal	(5,404)	19	19
20 Bldg Co. Fees	(4,778)	19	20
21 Bldg Co - Accounting	(7,235)	19	21
22 Non-Allowable Expense	(24,500)	21	22
23 Marketing Travel	(501)	25	23
24			24
25			25
26			26
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96			96
97			97
98			98
99			99
100			100
101 Total	(375,823)		101

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/06

Ending:

12/31/06

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary													1
2	Food Purchase	(385)											(385)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(18,079)		2,707									(15,372)	5
6	Maintenance	(3,500)		4,941									1,441	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(21,964)</b>		<b>7,648</b>									<b>(14,316)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(10,220)											(10,220)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(10,220)</b>											<b>(10,220)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(583,539)	(112,554)	(3,987)							(700,080)	17
18	Directors Fees													18
19	Professional Services	(66,997)	12,513	6,410	455	1,141							(46,478)	19
20	Fees, Subscriptions & Promotions	(65,157)		2,015									(63,142)	20
21	Clerical & General Office Expenses	(334,113)	(3,331)	186,337	1,038	1,502							(148,567)	21
22	Employee Benefits & Payroll Taxes	(27,656)											(27,656)	22
23	Inservice Training & Education													23
24	Travel and Seminar			2,292		7							2,299	24
25	Other Admin. Staff Transportation	(501)		471									(30)	25
26	Insurance-Prop.Liab.Malpractice		15,953	1,725									17,678	26
27	Other (specify):*			33,329	862	4,959							39,150	27
28	<b>TOTAL General Administration</b>	<b>(494,424)</b>	<b>25,135</b>	<b>(350,960)</b>	<b>(110,199)</b>	<b>3,622</b>							<b>(926,826)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(526,608)</b>	<b>25,135</b>	<b>(343,312)</b>	<b>(110,199)</b>	<b>3,622</b>							<b>(951,362)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/06 Ending:

12/31/06

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	
													(to Sch V, col.7)	
30	Depreciation	43,459	239,550	14,758									297,767	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(85)	657,952	7,777									665,644	32
33	Real Estate Taxes		488,558	6,245									494,803	33
34	Rent-Facility & Grounds		(1,759,624)	557									(1,759,067)	34
35	Rent-Equipment & Vehicles			3,539									3,539	35
36	Other (specify):*		46,377										46,377	36
37	<b>TOTAL Ownership</b>	<b>43,374</b>	<b>(327,187)</b>	<b>32,876</b>									<b>(250,937)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(99,047)											(99,047)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(99,047)</b>											<b>(99,047)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(582,282)</b>	<b>(302,052)</b>	<b>(310,436)</b>	<b>(110,199)</b>	<b>3,622</b>							<b>(1,301,346)</b>	<b>45</b>

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		Claridge at Cicero	Chicago, IL	Bldg Co.
				See Attached		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental Income	\$ 1,759,624	Claridge at Cicero	100.00%	\$	\$ (1,759,624)	1
2	V	32 Interest Income	2,650	Claridge at Cicero	100.00%		(2,650)	2
3	V	21 Miscellaneous Income	3,331	Claridge at Cicero	100.00%		(3,331)	3
4	V	36 MIP Insurance		Claridge at Cicero	100.00%	46,193	46,193	4
5	V	26 Insurance		Claridge at Cicero	100.00%	15,953	15,953	5
6	V	19 Fees		Claridge at Cicero	100.00%	4,778	4,778	6
7	V	19 Accounting		Claridge at Cicero	100.00%	7,735	7,735	7
8	V	32 Interest Expense		Claridge at Cicero	100.00%	660,602	660,602	8
9	V	33 Real Estate Taxes		Claridge at Cicero	100.00%	488,558	488,558	9
10	V	30 Depreciation		Claridge at Cicero	100.00%	239,550	239,550	10
11	V	36 Amortization		Claridge at Cicero	100.00%	184	184	11
12	V							12
13	V							13
14	Total		\$ 1,765,605			\$ 1,463,553	\$ * (302,052)	14

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

Facility Name & ID Number Renaissance at Midway # 0041749 Report Period Beginning: 01/01/06 Ending: 12/31/06

## 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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		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%	\$ 2,707	2,707	15
16	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.		4,941	4,941	16
17	V	17 ADMINISTRATIVE - NON-OWNER		NUCARE SERVICES CORP.		22,527	22,527	17
18	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.		6,410	6,410	18
19	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.		2,015	2,015	19
20	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.		186,337	186,337	20
21	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.		2,292	2,292	21
22	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.		471	471	22
23	V	26 INSURANCE		NUCARE SERVICES CORP.		1,725	1,725	23
24	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.		29,703	29,703	24
25	V	30 DEPRECIATION		NUCARE SERVICES CORP.		14,758	14,758	25
26	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.		7,777	7,777	26
27	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.		6,245	6,245	27
28	V	34 BUILDING RENT		NUCARE SERVICES CORP.		557	557	28
29	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.		3,539	3,539	29
30	V	17 ADMIN. - R. HARTMAN		NUCARE SERVICES CORP.		5,039	5,039	30
31	V	17 ADMIN. - B. CARR		NUCARE SERVICES CORP.		9,272	9,272	31
32	V	17 ADMIN. - D. HARTMAN		NUCARE SERVICES CORP.				32
33	V	27 EMP. BEN. - R. HARTMAN		NUCARE SERVICES CORP.		2,904	2,904	33
34	V	27 EMP. BEN. - B. CARR		NUCARE SERVICES CORP.		722	722	34
35	V	27 EMP. BEN. - D. HARTMAN		NUCARE SERVICES CORP.				35
36	V							36
37	V	17 MANAGEMENT FEES	620,377	NUCARE SERVICES CORP.			(620,377)	37
38	V							38
39	Total		\$ 620,377			\$ 309,941	\$ * (310,436)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance at Midway

# 0041749

Report Period Beginning: 01/01/06

Ending: 12/31/06

## VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 J. RAJCHENBACH-COMP.	\$	JLR MANAGEMENT CORP.	100.00%	\$ 7,446	7,446	15
16	V	19 PROFESSIONAL FEES		JLR MANAGEMENT CORP.		455	455	16
17	V	21 OFFICE		JLR MANAGEMENT CORP.		1,038	1,038	17
18	V	27 PAYROLL TAXES		JLR MANAGEMENT CORP.		862	862	18
19	V							19
20	V	17 C. RAJCHENBACH-COMP.		JLR MANAGEMENT CORP.				20
21	V	27 PAYROLL TAXES		JLR MANAGEMENT CORP.				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	120,000	JLR MANAGEMENT CORP.			(120,000)	29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 120,000			\$ 9,801	\$ * (110,199)	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 ADMINISTRATIVE	\$	CAREPATH HEALTH NETWORK	100.00%	\$ 23,337	23,337	15
16	V	19 PROFESSIONAL FEES		CAREPATH HEALTH NETWORK		1,141	1,141	16
17	V	21 CLERICAL AND GENERAL		CAREPATH HEALTH NETWORK		1,502	1,502	17
18	V	24 SEMINARS		CAREPATH HEALTH NETWORK		7	7	18
19	V	27 GEN ADMIN.- EMP. BEN.		CAREPATH HEALTH NETWORK		4,959	4,959	19
20	V							20
21	V							21
22	V							22
23	V							23
24	V	17 MANAGEMENT FEES	27,324	CAREPATH HEALTH NETWORK			(27,324)	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		\$ 27,324			\$ 30,946	\$ * 3,622	39

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

**VII. RELATED PARTIES (continued)**

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Workmans Compensation	\$ 73,118	Diamond Insurance	100.00%	\$ 73,118	\$	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			\$ 73,118			\$ 73,118	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

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

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

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.

**VII. RELATED PARTIES (continued)**

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

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

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

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

**VII. RELATED PARTIES (continued)**

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

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

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

Facility Name & ID Number Renaissance at Midway # 0041749 Report Period Beginning: 01/01/06 Ending: 12/31/06

## 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	Robert Hartman	Owner	Administrative	20.05%	See Attached	1.01	2.00%	Alloc Sal	\$ 5,039	17-7	1
2	Mark Berger	Relative	Administrative	None	See Attached	40.00	80.00%	Salary	142,907	17-1	2
3	Jack Rajchenbach	Owner	Administrative	25.00%	See Attached	5.00	7.69%	Alloc Sal	7,445	17-7	3
4	Bernard Hollander	Owner	Administrative	25.00%	See Attached	2.00	3.08%				4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 155,391		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:

01/01/06

Ending: 12/31/06

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/06

Ending: 12/31/06

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS 901,760	11	\$ 26,855	\$	90,885	\$ 2,707	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS 901,760	11	49,026		90,885	4,941	2
3	17	ADMINISTRATIVE - NON-OWN	AVAIL. CENSUS DAYS 901,760	11	223,510	216,927	90,885	22,527	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 901,760	11	63,602		90,885	6,410	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS 901,760	11	19,990		90,885	2,015	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS 901,760	11	1,848,833	1,578,326	90,885	186,337	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 901,760	11	22,739		90,885	2,292	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS 901,760	11	4,678		90,885	471	8
9	26	INSURANCE	AVAIL. CENSUS DAYS 901,760	11	17,114		90,885	1,725	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS 901,760	11	294,714		90,885	29,703	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS 901,760	11	146,433		90,885	14,758	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 901,760	11	77,159		90,885	7,777	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 901,760	11	61,966		90,885	6,245	13
14	34	BUILDING RENT	AVAIL. CENSUS DAYS 901,760	11	5,526		90,885	557	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 901,760	11	35,109		90,885	3,539	15
16	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED 10	11	50,000	50,000	1	5,039	16
17	17	ADMIN. - B. CARR	AVG. HOURS WORKED 50	11	92,000	92,000	5	9,272	17
18	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED 40	2	70,000	70,000			18
19	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED 10	11	28,814		1	2,904	19
20	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED 50	11	7,164		5	722	20
21	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED 40	2	3,060				21
22									22
23									23
24									24
25	TOTALS				\$ 3,148,292	\$ 2,007,253		\$ 309,941	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/06

Ending: 12/31/06

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	55	10	\$ 81,900	\$ 81,900	5	\$ 7,446	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	55	10	5,000		5	455	2
3	21	OFFICE	AVG. HOURS WORKED	55	10	11,414	11,414	5	1,038	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED	55	10	9,486		5	862	4
5										5
6										6
7	17	C. RAJCHENBACH-COMP.	AVG. HOURS WORKED	40	1	60,037	60,037			7
8	27	PAYROLL TAXES	AVG. HOURS WORKED	40	1	4,770				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					\$ 172,607	\$ 153,351		\$ 9,801	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749 Report Period Beginning: 01/01/06

Ending: 12/31/06

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 CAREPATH HEALTH NETWORK  
 Street Address 6633 N LINCOLN AVENUE  
 City / State / Zip Code LINCOLNWOOD, IL 60712  
 Phone Number ( 888) 707-6700  
 Fax Number ( 847) 679-2150

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	ADMINISTRATIVE	CARE PATH FEES	302,112	9	\$ 258,032	\$ 27,324	\$ 23,337	1
2	19	PROFESSIONAL FEES	CARE PATH FEES	302,112	9	12,615	27,324	1,141	2
3	21	CLERICAL AND GENERAL	CARE PATH FEES	302,112	9	16,607	27,324	1,502	3
4	24	SEMINARS	CARE PATH FEES	302,112	9	75	27,324	7	4
5	27	GEN ADMIN.- EMP. BEN.	CARE PATH FEES	302,112	9	54,833	27,324	4,959	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					\$ 342,162	\$ 258,032	\$ 30,946	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning: 01/01/06

Ending: 12/31/06

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) 599-1002  
 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	22	Workmans Compensation	Direct Allocation		\$	\$		\$ 73,118	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				\$	\$		\$ 73,118	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/06

Ending: 12/31/06

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/06

Ending: 12/31/06

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/06

Ending: 12/31/06

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/06

Ending: 12/31/06

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/06

Ending: 12/31/06

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
<b>A. Directly Facility Related</b>																	
<b>Long-Term</b>																	
1	HUD Heartland Bank		X	Mortgage			\$	\$ 9,211,861			\$ 660,602	1					
2												2					
3												3					
4												4					
5	See Supplemental Schedule											5					
<b>Working Capital</b>																	
6	Shareholders		X								209,837	6					
7	Sun Joint Venture		X								20,195	7					
8	See Supplemental Schedule										10,097	8					
9	<b>TOTAL Facility Related</b>						\$	\$ 9,211,861			\$ 900,731	9					
<b>B. Non-Facility Related*</b>																	
10												10					
11												11					
12												12					
13	See Supplemental Schedule										5,043	13					
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ 5,043	14					
15	<b>TOTALS (line 9+line14)</b>						\$	\$ 9,211,861			\$ 905,774	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 46,193 Line # 36

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1																				
2																				
3																				
4																				
5																				
6																				
7	<b>TOTAL Long-Term</b>																			
<b>Working Capital</b>																				
8	Hillside Ltd. Partnership		X							10,097										
9																				
10																				
11																				
12																				
13																				
14	<b>TOTAL Working Capital</b>									10,097										
<b>B. Non-Facility Related*</b>																				
15	Interest Income		X							(84)										
16	Allocated-Nucare Services		X							7,777										
17	Interest Income - Bldg co		X							(2,650)										
18																				
19																				
20	<b>TOTAL Non-Facility Related</b>									5,043										

\* 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.)



**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2005 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 2005 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2005.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2005 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2006 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 Bureau of Health Finance at (217) 782-1630.

**2005 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Renaissance at Midway COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0041749

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2005 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 2005.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>19-03-304-005</u>	<u>Long Term Care Property</u>	\$ <u>2,501.01</u>	\$ <u>2,501.01</u>
2. <u>19-03-304-006</u>	<u>Long Term Care Property</u>	\$ <u>7,675.12</u>	\$ <u>7,675.12</u>
3. <u>19-03-304-007</u>	<u>Long Term Care Property</u>	\$ <u>119,748.53</u>	\$ <u>119,748.53</u>
4. <u>19-03-304-008</u>	<u>Long Term Care Property</u>	\$ <u>209,354.14</u>	\$ <u>209,354.14</u>
5. <u>19-03-304-009</u>	<u>Long Term Care Property</u>	\$ <u>140,181.18</u>	\$ <u>140,181.18</u>
6. <u>19-03-304-004</u>	<u>Long Term Care Property</u>	\$ <u>1,222.58</u>	\$ <u>1,222.58</u>
7. <u>19-03-300-005</u>	<u>Long Term Care Property</u>	\$ <u>2,309.66</u>	\$ <u>1,154.83</u>
8. <u>19-03-300-006</u>	<u>Long Term Care Property</u>	\$ <u>1,008.52</u>	\$ <u>504.26</u>
9. <u>19-03-300-007</u>	<u>Long Term Care Property</u>	\$ <u>1,573.40</u>	\$ <u>786.70</u>
10. <u>19-03-300-008</u>	<u>Long Term Care Property</u>	\$ <u>2,037.30</u>	\$ <u>1,018.65</u>
	<b>TOTALS</b>	\$ <u>487,611.44</u>	\$ <u>484,147.00</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 & 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 2005 tax bills which were listed in Section A to this statement. Be sure to use the 2005 tax bill which is normally paid during 2006.

**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 Steve Lavenda

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

**A. Summary of Real Estate Tax Cost**

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

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>19-03-300-009</u>	<u>Long Term Care Property</u>	\$ <u>3,280.86</u>	\$ <u>1,640.43</u>
2. <u>19-03-304-023</u>	<u>Long Term Care Property</u>	\$ <u>5,352.14</u>	\$ <u>2,784.11</u>
3. <u>See Attached</u>	<u>Home Office Allocation</u>	\$ <u>92,743.29</u>	\$ <u>9,347.25</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>101,376.29</u>	\$ <u>13,771.79</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 & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

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

Facility Name & ID Number Renaissance at Midway

# 0041749 Report Period Beginning:

01/01/06 Ending:

12/31/06

**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: 37,608 2. Number of Years Over Which it is Being Amortized: 5  
3. Current Period Amortization: 7,522 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	<u>Facility</u>	<u>48,972</u>	<u>1994</u>	<u>\$ 155,000</u>	1
2	<u>7257 N. Lincoln</u>		<u>2004</u>	<u>15,753</u>	2
3	<b>TOTALS</b>	<b>48,972</b>		<b>\$ 170,753</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/06

Ending:

12/31/06

**XI. OWNERSHIP COSTS (continued)**

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

	1 Beds*	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	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
<b>Improvement Type**</b>											
9	Various			2000	214,280		20	10,748	10,748	68,675	9
10	Various			2001	47,574		20	2,379	2,379	13,300	10
11	Various			2002	15,861		20	1,652	1,652	7,349	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											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/06

Ending:

12/31/06

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	
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		9,083,675	239,550		260,309	20,759	1,716,857	67
68		185,241	8,809		6,391	(2,418)	17,705	68
69			110,900			(110,900)		69
70		\$ 9,546,631	\$ 359,259		\$ 281,479	\$ (77,780)	\$ 1,823,886	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/06

Ending:

12/31/06

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,546,631	\$ 359,259		\$ 281,479	\$ (77,780)	\$ 1,823,886	1
2	Parking Lot Development	2003	450		20	45	45	180	2
3	Landscaping	2003	1,013		20	68	68	270	3
4	Landscaping	2003	2,332		20	155	155	583	4
5	Elevator Work	2003	1,981		20	99	99	363	5
6	Landscaping	2003	1,211		20	81	81	283	6
7	Fence	2003	2,925		20	195	195	731	7
8	Storm Line In Parking Lot	2003	15,510		20	1,034	1,034	3,705	8
9	Landscaping	2003	1,100		20	73	73	257	9
10	Ground Sign	2003	5,415		20	361	361	1,203	10
11	Parking Lot Asphalt Resurface	2003	42,530		20	4,253	4,253	14,531	11
12	Fence	2003	8,550		20	570	570	1,948	12
13	Lighting For Parking Area	2003	21,000		20	1,400	1,400	4,783	13
14	Brick Wall For Ground Sign	2003	1,170		20	78	78	254	14
15	Landscaping	2003	2,375		20	158	158	528	15
16	Landscaping	2003	8,495		20	566	566	1,935	16
17	Landscaping	2003	1,200		20	80	80	253	17
18	Bumper Block Inst. Parking Lot	2003	5,170		20	345	345	1,063	18
19	Chiller Board	2003	1,980		20	198	198	627	19
20	Alarm Control Units	2003	1,250		20	63	63	250	20
21	Landscaping	2003	1,101		20	73	73	294	21
22	Tubular Hand Rail	2004	1,100		20	110	110	330	22
23	Fence	2004	19,200		20	1,280	1,280	3,840	23
24	Install Fused Switch	2004	2,683		20	268	268	738	24
25	Dry Wall, Kickplates, Hardware	2004	13,899		20	1,390	1,390	3,938	25
26	Breaker In Mail Board	2004	3,403		20	340	340	993	26
27	Shades	2004	1,881		20	188	188	517	27
28	Door Closer	2005	1,907		20	191	191	381	28
29	Boiler Work	2005	5,368		20	447	447	746	29
30	Kitchen Counter	2005	350		20	35	35	55	30
31	Patio Canopy	2005	2,535		20	254	254	380	31
32	Work In Employee Lunch Room	2005	2,953		20	295	295	443	32
33	Lighting For Lounge	2005	1,175		20	118	118	176	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,729,843	\$ 359,259		\$ 296,290	\$ (62,969)	\$ 1,870,464	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Renaissance at Midway

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 9,729,843	\$ 359,259		\$ 296,290	\$ (62,969)	\$ 1,870,464	1
2	Employee Lounge Work	2005	1,500		20	150	150	225	2
3	Wallcoverings	2005	1,680		20	840	840	1,680	3
4	Bedlocate System	2005	814		20	81	81	136	4
5	Handrail System	2005	2,214		20	111	111	175	5
6	Bed Locate System	2005	1,621		20	162	162	243	6
7	Lighting And Doors	2005	1,441		20	144	144	216	7
8	Employee Lounge Work	2005	1,400		20	140	140	198	8
9	Wall Murals	2005	4,500		20	450	450	638	9
10	Tiling	2005	6,970		20	465	465	658	10
11	Carpeting	2005	1,550		20	221	221	295	11
12	Carpet In Office	2005	694		20	99	99	124	12
13	Flooring In Elevator	2005	1,300		20	87	87	108	13
14	Ac And Kitchen Exhaust	2005	5,893		20	589	589	737	14
15	Cabinet Installation	2005	700		20	47	47	62	15
16	No Idea	2005	2,477		20	248	248	372	16
17	Labor And Repairs Due To Water Damage	2005	1,613		20	161	161	215	17
18	Interior Design Service	2005	520		20	52	52	61	18
19	Labor And Material Repair Due To Water Damage	2005	1,051		20	105	105	114	19
20	Repair Of Cuba Fan	2005	853		20	85	85	163	20
21	Wallguards	2005	810		20	81	81	142	21
22	Repl Res Reimb Asset To Lp	2005			20				22
23	Interior Design Services	2005	3,445		20	492	492	533	23
24	Replace Carpet	2006	660		20	94	94	94	24
25	Removal & Rebuild Walls	2006	960		20	88	88	88	25
26	Wall Coverings	2006	2,700		20	495	495	495	26
27	Window Coverings	2006	2,012		20	168	168	168	27
28	Window Coverings	2006	2,737		20	228	228	228	28
29	Telephone System	2006	18,685		20	1,557	1,557	1,557	29
30	Telephone System	2006	18,685		20	1,557	1,557	1,557	30
31	Wall Coverings	2006	3,823		20	573	573	573	31
32	Carpeting	2006	4,915		20	585	585	585	32
33	Smoke Detector	2006	1,285		20	107	107	107	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,829,351	\$ 359,259		\$ 306,552	\$ (52,707)	\$ 1,883,011	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:

01/01/06

Ending:

12/31/06

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 9,829,351	\$ 359,259		\$ 306,552	\$ (52,707)	\$ 1,883,011	1
2	Renovations To Therapy Room	2006	22,250		20	1,113	1,113	1,113	2
3	Renovations To Therapy Room	2006	22,250		20	1,113	1,113	1,113	3
4	Wall Coverings	2006	1,670		20	167	167	167	4
5	Mural	2006	1,000		20	42	42	42	5
6	Wall Coverings	2006	1,829		20	305	305	305	6
7	Carpeting	2006	5,932		20	282	282	282	7
8	Interior Design Services	2006	1,774		20	253	253	253	8
9	Demolition/Renovation Of Hall & Lobby	2006	4,768		20	199	199	199	9
10	Demolition/Renovation Of Hall & Lobby	2006	4,769		20	199	199	199	10
11	Demolition/Renovation Of Office & Dining Room	2006	4,424		20	147	147	147	11
12	Demolition/Renovation Of Office & Dining Room	2006	4,424		20	147	147	147	12
13	Wall Coverings	2006	771		20	51	51	51	13
14	Elevator Parts	2006	5,464		20	182	182	182	14
15	Rebate For Design - Invoice 14190718	2006	(2,015)		20	(168)	(168)	(168)	15
16	Carpet	2006	3,180		20	76	76	76	16
17	Mailboxes	2006	2,820		20	47	47	47	17
18	Wallpaper	2006	2,768		20	185	185	185	18
19	Flooring In Dining Room	2006	37,230		20	207	207	207	19
20	Wallpaper And Paint Dining Room	2006	13,080		20	218	218	218	20
21	Roof Sealing	2006	3,500		20	175	175	175	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951	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:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12D, Carried Forward		\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951	1
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951	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:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12E, Carried Forward		\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951	1
2									2
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951	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:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12F, Carried Forward	\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951		1
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32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951		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:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12G, Carried Forward	\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951		1
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32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951		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:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12H, Carried Forward	\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951		1
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32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951		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:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12I, Carried Forward	\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951		1
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951		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:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12J, Carried Forward		\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951	1
2									2
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951	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:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12K, Carried Forward	\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951		1
2									2
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951		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:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12L, Carried Forward	\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951		1
2									2
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4									4
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951		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:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12M, Carried Forward		\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951	1
2									2
3									3
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951	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:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12N, Carried Forward		\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951	1
2									2
3									3
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951	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:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12O, Carried Forward	\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951		1
2									2
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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)	\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951		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:

01/01/06

Ending:

12/31/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12P, Carried Forward	\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951		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)	\$ 9,971,239	\$ 359,259		\$ 311,492	\$ (47,767)	\$ 1,887,951		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:

01/01/06

Ending:

12/31/06

**XI. OWNERSHIP COSTS (continued)**

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

	1 Beds*	FOR OHF 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	
4			2000	2000	\$ 9,107,497	\$ 237,659	35	\$ 260,214	\$ 22,555	\$ 1,713,076	4
5			2000	2000	(42,728)						5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9		Installation of Chain Link Fence		2005	18,906	1,891	20	95	(1,796)	3,781	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											34
35											35
36											36

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:

01/01/06

Ending:

12/31/06

**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	
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								67
68								68
69								69
70	TOTAL (lines 4 thru 69)	\$ 9,083,675	\$ 239,550		\$ 260,309	\$ 20,759	\$ 1,716,857	70

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

	1 Beds*	FOR OHF 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	
4	Allocated - 7257 N. Lincoln		2004		\$ 141,780	\$ 3,635	35	\$ 4,051	\$ 416	\$ 12,659	4
5											5
6											6
7											7
8											8
<b>Improvement Type**</b>											
9	Alloc-Nucare Services Corp		2003		1,181	82	20	59	(23)	184	9
10	Alloc-Nucare Services Corp		2004		23,968	1,658	20	1,200	(458)	3,250	10
11	Alloc-Nucare Services Corp		2005		1,421	98	20	71	(27)	131	11
12	Alloc-Nucare Services Corp		2006		1,927	133	20	35	(98)	35	12
13	Allocated - 7257 N. Lincoln		2004		2,818	541	20	141	(400)	352	13
14	Allocated - 7257 N. Lincoln		2005		12,146	2,662	20	834	(1,828)	1,094	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											34
35											35
36											36

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:

01/01/06

Ending:

12/31/06

**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					
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								67				
68								68				
69								69				
70	<b>TOTAL (lines 4 thru 69)</b>	\$	185,241	\$	8,809	\$	6,391	\$	(2,418)	\$	17,705	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: 01/01/06 Ending: 12/31/06

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	\$ 730,654	\$ 5,517	\$ 88,774	\$ 83,257	10	\$ 423,175	71
72	Current Year Purchases	93,027	432	8,401	7,969	10	8,401	72
73	Fully Depreciated Assets	841,622				10	841,622	73
74								74
75	TOTALS	\$ 1,665,303	\$ 5,949	\$ 97,175	\$ 91,226		\$ 1,273,198	75

D. Vehicle Depreciation (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				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,807,295	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 365,208	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 408,667	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 43,459	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,161,149	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Processing, Inspection, Exams - 1900	\$ 203,948	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 203,948	\$	\$	91

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: \_\_\_\_\_

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	Parking				15,600			5
6	Alloc-Nucare Services				557			6
7	TOTAL				\$ 16,157			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

12.	_____ /2007	\$ _____
13.	_____ /2008	\$ _____
14.	_____ /2009	\$ _____

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: \$ 18,779 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	Vehicle	\$ 640.00	\$ 7,715	17
18					18
19					19
20					20
21	TOTAL		\$ 640.00	\$ 7,715	21

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$ \_\_\_\_\_

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	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	\$		\$ 268,520	\$		\$ 268,520	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			131,439			131,439	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			328,484			328,484	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				355,961		355,961	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental					5,700	104,058		109,758	13
14	TOTAL			\$		\$ 734,143	\$ 460,019		\$ 1,194,162	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance at Midway

# 0041749

Report Period Beginning: 01/01/06

Ending:

12/31/06

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/06

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 12,987	\$ 434,228	1
2	Cash-Patient Deposits	(1,023)	(1,023)	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	3,560,812	3,560,812	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	139,049	177,159	6
7	Other Prepaid Expenses	169,277	169,277	7
8	Accounts Receivable (owners or related parties)	523,020	523,020	8
9	Other(specify): <a href="#">See Attached Schedule</a>	25,724	248,987	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 4,429,846	\$ 5,112,460	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		209,865	13
14	Buildings, at Historical Cost		8,016,178	14
15	Leasehold Improvements, at Historical Cost	665,594	684,500	15
16	Equipment, at Historical Cost	763,309	1,592,664	16
17	Accumulated Depreciation (book methods)	(790,848)	(2,978,787)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <a href="#">See Attached Schedule</a>	7,449	2,035,012	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 645,504	\$ 9,559,432	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,075,350	\$ 14,671,892	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,037,582	\$ 1,037,582	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	5,077	5,077	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	422,084	422,084	30
31	Accrued Taxes Payable (excluding real estate taxes)	30,888	30,888	31
32	Accrued Real Estate Taxes(Sch.IX-B)		510,336	32
33	Accrued Interest Payable		54,887	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<a href="#">See Attached Schedule</a>	1,792,601	1,277,399	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 3,288,232	\$ 3,338,253	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,211,861	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<a href="#">See Attached Schedule</a>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 9,211,861	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 3,288,232	\$ 12,550,114	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,787,118	\$ 2,121,778	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 5,075,350	\$ 14,671,892	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 571,544	1
2	Restatements (describe):		2
3	See Attached	(124,999)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 446,545	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	1,340,573	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)	\$ 1,340,573	17
<b>B. Transfers (Itemize):</b>			
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)	\$ 1,787,118	24 *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Renaissance at Midway

# 0041749

Report Period Beginning: 01/01/06

Ending: 12/31/06

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,804,637	1
2	Discounts and Allowances for all Levels	(426,572)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 12,378,065	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,824,510	6
7	Oxygen	7,131	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,831,641	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	601,894	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	40,722	19
20	Radiology and X-Ray	7,115	20
21	Other Medical Services	69,426	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 719,157	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	85	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 85	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<a href="#">See Supplemental Schedule</a>	82,139	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 82,139	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 15,011,087	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,953,204	31
32	Health Care	4,666,318	32
33	General Administration	3,465,225	33
<b>B. Capital Expense</b>			
34	Ownership	2,156,731	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,292,708	35
36	Provider Participation Fee	136,328	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 13,670,514	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	1,340,573	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 1,340,573	43

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

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

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

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

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/06

Ending:

12/31/06

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	2,245	2,390	\$ 113,945	\$ 47.68	1
2	Assistant Director of Nursing	2,117	2,247	76,164	33.90	2
3	Registered Nurses	32,006	35,082	968,255	27.60	3
4	Licensed Practical Nurses	43,836	47,226	1,107,068	23.44	4
5	CNAs & Orderlies	121,552	128,726	1,238,758	9.62	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	14,373	15,277	155,518	10.18	8
9	Activity Director	2,826	3,139	55,594	17.71	9
10	Activity Assistants	16,657	18,177	170,592	9.39	10
11	Social Service Workers	10,237	10,901	131,527	12.07	11
12	Dietician	3,103	3,319	65,805	19.83	12
13	Food Service Supervisor					13
14	Head Cook	7,390	8,186	109,247	13.35	14
15	Cook Helpers/Assistants	20,177	21,718	182,835	8.42	15
16	Dishwashers					16
17	Maintenance Workers	6,248	6,670	128,510	19.27	17
18	Housekeepers	36,698	38,924	337,410	8.67	18
19	Laundry	6,482	7,010	60,435	8.62	19
20	Administrator	2,029	2,086	142,907	68.51	20
21	Assistant Administrator	2,165	2,563	57,565	22.46	21
22	Other Administrative	796	796	83,667	105.11	22
23	Office Manager					23
24	Clerical	22,978	24,435	366,182	14.99	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	8,291	9,269	120,967	13.05	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	2,464	2,505	98,515	39.33	33
34	TOTAL (lines 1 - 33)	364,670	390,646	\$ 5,771,466 *	\$ 14.77	34

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

\*\* See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	449	\$ 18,829	01-03	35
36	Medical Director	Monthly	44,004	09-03	36
37	Medical Records Consultant	24	1,072	10-03	37
38	Nurse Consultant	545	13,631	10-03	38
39	Pharmacist Consultant	Monthly	5,681	10-03	39
40	Physical Therapy Consultant	105	5,122	10a-03	40
41	Occupational Therapy Consultant	15	756	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	4	215	10a-03	43
44	Activity Consultant	23	1,284	11-03	44
45	Social Service Consultant	19	1,049	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,184	\$ 91,643		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	42	\$ 2,595	10-03	50
51	Licensed Practical Nurses	4,013	137,318	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	4,055	\$ 139,913		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning: 01/01/06

Ending: 12/31/06

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries			D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Mark Berger	Administrator		\$ 142,907	Workers' Compensation Insurance	\$ 73,118	IDPH License Fee	\$ 1,786	
Debra Flowers	Assist Admin		51,795	Unemployment Compensation Insurance	193,728	Advertising: Employee Recruitment	14,647	
Sonya Bogan-Clayborn	Assist Admin		5,770	FICA Taxes	423,449	Health Care Worker Background Check	2,040	
Kathleen Brander	Dir Reg Mgmt		13,029	Employee Health Insurance	240,584	(Indicate # of checks performed 204 )		
Marilyn Flaherty	VP Medicare Reimb		17,233	Employee Meals	28,288	Patient Background Checks 1600	16,000	
Jennifer Bebinger	Alz Unit Director		19,853	Illinois Municipal Retirement Fund (IMRF)*		Licenses and Fees	3,008	
See Supplemental Schedule			33,552	Chicago Head Tax	9,412	Dues and Subscriptions	3,285	
<b>TOTAL (agree to Schedule V, line 17, col. 1)</b>				Pension	55,956	Dues - ICLTC	9,945	
(List each licensed administrator separately.)			\$ 284,139	401K Matching	2,831	Advertising and Promotional	43,238	
				Employee Benefits	50,022	See Supplemental Schedule	2,015	
<b>B. Administrative - Other</b>						Less: Public Relations Expense	( )	
Description			Amount			Non-allowable advertising	(43,238)	
Nucare Service Corp - Management Fee			\$ 620,377			Yellow page advertising	( )	
JLR Management - Management Fees			120,000					
Carepath - Network Fees			27,324					
				<b>TOTAL (agree to Schedule V, line 22, col.8)</b>	<b>\$ 1,077,388</b>	<b>TOTAL (agree to Sch. V, line 20, col. 8)</b>	<b>\$ 52,726</b>	
<b>TOTAL (agree to Schedule V, line 17, col. 3)</b>			<b>\$ 767,701</b>					
(Attach a copy of any management service agreement)				<b>E. Schedule of Non-Cash Compensation Paid to Owners or Employees</b>			<b>G. Schedule of Travel and Seminar**</b>	
<b>C. Professional Services</b>				Description	Line #	Amount	Description	Amount
Vendor/Payee	Type		Amount					
FR&R	Accounting		\$ 21,265				Out-of-State Travel	\$
Norm Steinberg	Accounting		316					
See Attached	Legal		85,544					
Personnel Planners	Unemployment Tax Cons		11,458				In-State Travel	
CDW	Computer		1,477					
Emdeon Business Services	Computer		2,200					
Giftrap Corporation	Computer		5,851					
HDSI	Computer		9,560				Seminar Expense	8,331
MediFax	Computer		518				Allocated-Nucare Services	2,292
PSD Solutions	Computer		16,666				Allocated-Carepath	7
Transworld Systems	Computer		669					
							Entertainment Expense	( )
<b>TOTAL (agree to Schedule V, line 19, column 3)</b>				<b>TOTAL</b>		<b>\$</b>	(agree to Sch. V, line 24, col. 8)	
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 155,524				<b>TOTAL</b>	<b>\$ 10,630</b>

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

Facility Name & ID Number Renaissance at Midway

Report Period Beginning: 01/01/06 Ending:

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

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2003	6 FY2004	7 FY2005	8 FY2006	9 FY2007	10 FY2008	11 FY2009	12 FY2010	13 FY2011
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? Yes  
If YES, give association name and amount. ICLTC-\$13483
- (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? \_\_\_\_\_
- (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. \$ 42,743 Line 10-2
- (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. \_\_\_\_\_
- (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.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 136,328  
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. \$ 28,288 Has any meal income been offset against related costs? No Indicate the amount. \$ \_\_\_\_\_
- (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.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? \_\_\_\_\_ If no, please explain. \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, 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