



Facility Name & ID Number Renaissance at Midway

# 0041749 Report Period Beginning: 01/01/07 Ending: 12/31/07

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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	42,060	2,547	11,689	56,296	8
9	SNF/PED					9
10	ICF	26,891	677		27,568	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	68,951	3,224	11,689	83,864	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.27%

D. How many bed-hold days during this year were paid by the Department?

1,240 (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 9,053

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: 12/31/07 Fiscal Year: 12/31/07

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

Facility Name & ID Number Renaissance at Midway # 0041749 Report Period Beginning: 01/01/07 Ending: 12/31/07

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	366,673	146,757	27,041	540,471		540,471		540,471			1
2	Food Purchase		466,300		466,300	(31,573)	434,728	(321)	434,406			2
3	Housekeeping	350,592	83,542		434,134		434,134		434,134			3
4	Laundry	60,858	25,276		86,134		86,134		86,134			4
5	Heat and Other Utilities			220,723	220,723		220,723	(7,655)	213,068			5
6	Maintenance	119,524	75,667	176,679	371,870		371,870	16,265	388,135			6
7	Other (specify):*											7
8	<b>TOTAL General Services</b>	<b>897,647</b>	<b>797,542</b>	<b>424,443</b>	<b>2,119,632</b>	<b>(31,573)</b>	<b>2,088,060</b>	<b>8,289</b>	<b>2,096,349</b>			<b>8</b>
	<b>B. Health Care and Programs</b>											
9	Medical Director			60,504	60,504		60,504		60,504			9
10	Nursing and Medical Records	4,067,446	376,686	28,066	4,472,198		4,472,198	(32,083)	4,440,115			10
10a	Therapy	154,767		5,623	160,390		160,390		160,390			10a
11	Activities	159,538	17,945	983	178,466		178,466		178,466			11
12	Social Services	170,888		1,608	172,496		172,496		172,496			12
13	CNA Training											13
14	Program Transportation			8,069	8,069		8,069		8,069			14
15	Other (specify):*											15
16	<b>TOTAL Health Care and Programs</b>	<b>4,552,639</b>	<b>394,631</b>	<b>104,853</b>	<b>5,052,123</b>		<b>5,052,123</b>	<b>(32,083)</b>	<b>5,020,040</b>			<b>16</b>
	<b>C. General Administration</b>											
17	Administrative	139,132		906,713	1,045,845		1,045,845	(823,420)	222,425			17
18	Directors Fees											18
19	Professional Services			151,830	151,830		151,830	(34,359)	117,471			19
20	Dues, Fees, Subscriptions & Promotions			111,677	111,677		111,677	(81,543)	30,134			20
21	Clerical & General Office Expenses	377,223	69,064	361,655	807,942		807,942	(166,903)	641,039			21
22	Employee Benefits & Payroll Taxes			1,069,073	1,069,073	31,573	1,100,646		1,100,646			22
23	Inservice Training & Education											23
24	Travel and Seminar			9,319	9,319		9,319	2,054	11,373			24
25	Other Admin. Staff Transportation			6,813	6,813		6,813	1,300	8,113			25
26	Insurance-Prop.Liab.Malpractice			369,125	369,125		369,125	18,921	388,046			26
27	Other (specify):*							39,436	39,436			27
28	<b>TOTAL General Administration</b>	<b>516,355</b>	<b>69,064</b>	<b>2,986,205</b>	<b>3,571,624</b>	<b>31,573</b>	<b>3,603,197</b>	<b>(1,044,513)</b>	<b>2,558,684</b>			<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>5,966,641</b>	<b>1,261,237</b>	<b>3,515,501</b>	<b>10,743,379</b>		<b>10,743,379</b>	<b>(1,068,306)</b>	<b>9,675,073</b>			<b>29</b>

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance at Midway #0041749 Report Period Beginning: 01/01/07 Ending: 12/31/07

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>D. Ownership</b>										
30	Depreciation			125,514	125,514		125,514	325,227	450,741		30
31	Amortization of Pre-Op. & Org.			2,506	2,506		2,506		2,506		31
32	Interest			98,290	98,290		98,290	616,207	714,497		32
33	Real Estate Taxes							374,972	374,972		33
34	Rent-Facility & Grounds			1,972,386	1,972,386		1,972,386	(1,971,842)	544		34
35	Rent-Equipment & Vehicles			44,496	44,496		44,496	4,117	48,613		35
36	Other (specify):*							46,071	46,071		36
37	<b>TOTAL Ownership</b>			2,243,192	2,243,192		2,243,192	(605,249)	1,637,943		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers	4,528	446,970	761,400	1,212,898		1,212,898		1,212,898		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):*	109,722		1,187	110,909		110,909	(110,909)			43
44	<b>TOTAL Special Cost Centers</b>	114,250	446,970	898,915	1,460,135		1,460,135	(110,909)	1,349,226		44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,080,891	1,708,207	6,657,608	14,446,706		14,446,706	(1,784,464)	12,662,242		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: 01/01/07

Ending: 12/31/07

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(10,316)	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	49,847	30		9
10	Interest and Other Investment Income	(44,874)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(179)	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	(26,400)	21		18
19	Entertainment	(6,136)	21		19
20	Contributions	(13,815)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(118,156)	21		24
25	Fund Raising, Advertising and Promotional	(65,068)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(580)	20		28
29	Other-Attach Schedule	(405,218)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (640,895)</b>		<b>\$</b>	<b>30</b>

BHF USE ONLY						
48		49		50		51
						52

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

		1	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)	(1,143,569)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (1,143,569)</b>		<b>36</b>
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	<b>\$ (1,784,464)</b>		<b>37</b>

\*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>			<b>\$</b>		<b>47</b>

NON-ALLOWABLE EXPENSES	Amount	Sch. V Line	Reference
1 Patient Needs	\$ (21,262)	10	1
2 Patient Clothing	(10,663)	10	2
3 Bank Charges	(10,680)	23	3
4 Misc Income Rebates	(142)	02	4
5 Misc Income-Jury Dues	(155)	00	5
6 Misc Income-Copies	(161)	23	6
7 Misc Income-Seminar	(10)	24	7
8 Misc Income-Child Support	(72)	23	8
9 Non-Reimbursable Expense	(36,247)	23	9
10 Marketing Salary	(55,535)	43	10
11 Guest Services	(15,579)	43	11
12 COPIES	(3,183)	20	12
13 Non-allowable fees	(279)	20	13
14 Non-allowable expenses	(151,500)	21	14
15 Non-allowable marketing	(477)	43	15
16 Marketing Travel	(730)	43	16
17 Bidg Co-Fees	(250)	19	17
18 Bidg Co-Accounting	(9,600)	19	18
19 Non-Allowable Legal	(67,602)	19	19
20 Non-allowable salary	(38,608)	43	20
21 Non-allowable settlement	(2,500)	23	21
22			22
23			23
24			24
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99			99
100			100
101 Total	(405,218)		101

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/07

Ending:

12/31/07

## 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	(321)											(321)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(10,316)		2,661									(7,655)	5
6	Maintenance		11,715	4,550									16,265	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(10,637)</b>	<b>11,715</b>	<b>7,211</b>									<b>8,289</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(32,083)											(32,083)	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>(32,083)</b>											<b>(32,083)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(659,424)	(144,054)	(19,942)							(823,420)	17
18	Directors Fees													18
19	Professional Services	(57,452)	9,850	13,033	455	(245)							(34,359)	19
20	Fees, Subscriptions & Promotions	(82,925)		1,351		31							(81,543)	20
21	Clerical & General Office Expenses	(351,852)	(3,000)	186,169	1,038	742							(166,903)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(10)		2,064									2,054	24
25	Other Admin. Staff Transportation			1,300									1,300	25
26	Insurance-Prop.Liab.Malpractice		17,362	1,559									18,921	26
27	Other (specify):*			35,325	876	3,235							39,436	27
28	<b>TOTAL General Administration</b>	<b>(492,239)</b>	<b>24,212</b>	<b>(418,622)</b>	<b>(141,685)</b>	<b>(16,179)</b>							<b>(1,044,513)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(534,959)</b>	<b>35,927</b>	<b>(411,410)</b>	<b>(141,685)</b>	<b>(16,179)</b>							<b>(1,068,306)</b>	<b>29</b>

STATE OF ILLINOIS

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/07

Ending:

Summary B

12/31/07

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 TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	49,847	262,541	12,838									325,227	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(44,874)	652,273	8,808									616,207	32
33	Real Estate Taxes		369,293	5,679									374,972	33
34	Rent-Facility & Grounds		(1,972,386)	544									(1,971,842)	34
35	Rent-Equipment & Vehicles			4,117									4,117	35
36	Other (specify):*		46,071										46,071	36
37	<b>TOTAL Ownership</b>	<b>4,973</b>	<b>(642,208)</b>	<b>31,986</b>									<b>(605,249)</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):*	(110,909)											(110,909)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(110,909)</b>											<b>(110,909)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(640,895)</b>	<b>(606,281)</b>	<b>(379,424)</b>	<b>(141,685)</b>	<b>(16,179)</b>							<b>(1,784,464)</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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,972,386	Claridge at Cicero	100.00%	\$	\$ (1,972,386)	1
2	V	32 Interest Income	3,954	Claridge at Cicero	100.00%		(3,954)	2
3	V	21 Miscellaneous Income	3,000	Claridge at Cicero	100.00%		(3,000)	3
4	V	06 Repairs and Maintenance		Claridge at Cicero	100.00%	11,715	11,715	4
5	V	36 MIP Expenses		Claridge at Cicero	100.00%	45,887	45,887	5
6	V	26 Insurance Expenses		Claridge at Cicero	100.00%	17,362	17,362	6
7	V	19 Fees		Claridge at Cicero	100.00%	250	250	7
8	V	19 Accounting Fees		Claridge at Cicero	100.00%	9,600	9,600	8
9	V	32 Interest Expenses		Claridge at Cicero	100.00%	656,227	656,227	9
10	V	33 Real Estate Taxes		Claridge at Cicero	100.00%	369,293	369,293	10
11	V	30 Depreciation		Claridge at Cicero	100.00%	262,541	262,541	11
12	V	36 Amortization		Claridge at Cicero	100.00%	184	184	12
13	V							13
14	Total		\$ 1,979,340			\$ 1,373,059	\$ * (606,281)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway # 0041749 Report Period Beginning: 01/01/07 Ending: 12/31/07

## VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 2,661	\$ 2,661	15
16	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.		4,550	4,550	16
17	V	17 ADMIN. - NON-OWNER		NUCARE SERVICES CORP.		32,794	32,794	17
18	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.		13,033	13,033	18
19	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.		1,351	1,351	19
20	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.		186,169	186,169	20
21	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.		2,064	2,064	21
22	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.		1,300	1,300	22
23	V	26 INSURANCE		NUCARE SERVICES CORP.		1,559	1,559	23
24	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.		25,021	25,021	24
25	V	30 DEPRECIATION		NUCARE SERVICES CORP.		12,838	12,838	25
26	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.		8,808	8,808	26
27	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.		5,679	5,679	27
28	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.		544	544	28
29	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.		4,117	4,117	29
30	V	17 ADMIN. - R. HARTMAN		NUCARE SERVICES CORP.		17,036	17,036	30
31	V	17 ADMIN. - B. CARR		NUCARE SERVICES CORP.		9,654	9,654	31
32	V	17 ADMIN. - D. HARTMAN		NUCARE SERVICES CORP.				32
33	V	27 EMP. BEN. - R. HARTMAN		NUCARE SERVICES CORP.		8,289	8,289	33
34	V	27 EMP. BEN. - B. CARR		NUCARE SERVICES CORP.		2,015	2,015	34
35	V	27 EMP. BEN. - D. HARTMAN		NUCARE SERVICES CORP.				35
36	V							36
37	V	17 MANAGEMENT FEES	718,908	NUCARE SERVICES CORP.			(718,908)	37
38	V							38
39	Total		\$ 718,908			\$ 339,484	\$ * (379,424)	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: 01/01/07

Ending: 12/31/07

## 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.		876	876	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	151,500	JLR MANAGEMENT CORP.			(151,500)	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		\$ 151,500			\$ 9,815	\$ * (141,685)	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%	\$ 16,363	\$ 16,363	15
16	V	19 PROFESSIONAL FEES		CAREPATH HEALTH NETWORK		(245)	(245)	16
17	V	20 DUES AND SUBSCRIPRTIONS		CAREPATH HEALTH NETWORK		31	31	17
18	V	21 CLERICAL AND GENERAL		CAREPATH HEALTH NETWORK		742	742	18
19	V	27 GEN ADMIN.- EMP. BEN.		CAREPATH HEALTH NETWORK		3,235	3,235	19
20	V							20
21	V							21
22	V							22
23	V							23
24	V	17 MANAGEMENT FEES	36,305	CAREPATH HEALTH NETWORK			(36,305)	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		\$ 36,305			\$ 20,126	\$ * (16,179)	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: 01/01/07

Ending: 12/31/07

## 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.

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway # 0041749 Report Period Beginning: 01/01/07 Ending: 12/31/07

## 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	Adminstrative	20.05	See Attached	0.95	1.90%	Alloc Salary	\$ 17,036	17-7	1
2	Mark Hartman	Relative	Adminstrative	None	See Attached	40	100.00%	Alloc Salary	5,778	17-1	2
3	Mark Berger	Relative	Adminstrative	None	See Attached	20	50.00%	Alloc Salary	41,538	17-1	3
4	Jack Rajchenbach	Owner	Adminstrative	25.00	See Attached	5	7.69%	Alloc Salary	7,445	17-7	4
5	Bernard Hollander	Owner	Adminstrative	25.00	See Attached	2	3.08%				5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 71,797		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: 01/01/07

Ending: 12/31/07

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: 01/01/07

Ending: 12/31/07

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	960,286	12	\$ 28,115	\$ 90,885	\$ 2,661	1	
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	960,286	12	48,079	90,885	4,550	2	
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	960,286	12	346,499	346,499	90,885	32,794	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	960,286	12	137,702	90,885	13,033	4	
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	960,286	12	14,277	90,885	1,351	5	
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	960,286	12	1,967,057	1,688,717	90,885	186,169	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	960,286	12	21,810	90,885	2,064	7	
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	960,286	12	13,739	90,885	1,300	8	
9	26	INSURANCE	AVAIL. CENSUS DAYS	960,286	12	16,477	90,885	1,559	9	
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	960,286	12	264,372	90,885	25,021	10	
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	960,286	12	135,649	90,885	12,838	11	
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	960,286	12	93,063	90,885	8,808	12	
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	960,286	12	60,000	90,885	5,679	13	
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	960,286	12	5,749	90,885	544	14	
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	960,286	12	43,501	90,885	4,117	15	
16	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED	10	12	180,000	180,000	90,885	17,036	16
17	17	ADMIN. - B. CARR	AVG. HOURS WORKED	50	12	102,000	102,000	90,885	9,654	17
18	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED	40	2	80,000	80,000	90,885		18
19	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED	10	12	87,577	90,885	8,289	19	
20	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED	50	12	21,286	90,885	2,015	20	
21	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED	40	2	16,421	90,885		21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 3,683,372	\$ 2,397,215	\$ 339,484	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/07

Ending: 12/31/07

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	9,634		5	876	4
5										5
6										6
7	17	C. RAJCHENBACH-COMP.	AVG. HOURS WORKED	40	1	59,667	59,667			7
8	27	PAYROLL TAXES	AVG. HOURS WORKED	40	1	4,736				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					\$ 172,351	\$ 152,981		\$ 9,815	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning: 01/01/07

Ending: 12/31/07

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	388,800	9	\$ 175,237	\$ 175,237	36,305	\$ 16,363	1
2	19	PROFESSIONAL FEES	CARE PATH FEES	388,800	9	(2,628)		36,305	(245)	2
3	20	DUES AND SUBSCRIPRTIONS	CARE PATH FEES	388,800	9	332		36,305	31	3
4	21	CLERICAL AND GENERAL	CARE PATH FEES	388,800	9	7,946		36,305	742	4
5	27	GEN ADMIN.- EMP. BEN.	CARE PATH FEES	388,800	9	34,646		36,305	3,235	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					\$ 215,533	\$ 175,237		\$ 20,126	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	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: 01/01/07

Ending: 12/31/07

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: 01/01/07

Ending: 12/31/07

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: 01/01/07

Ending: 12/31/07

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: 01/01/07

Ending: 12/31/07

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:

01/01/07

Ending: 12/31/07

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 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
<b>A. Directly Facility Related</b>												
<b>Long-Term</b>												
1	HUD Heartland Bank		X	Mortgage			\$	\$ 9,148,648			\$ 656,227	1
2												2
3												3
4												4
5	See Supplemental Schedule											5
<b>Working Capital</b>												
6	Sun Joint Ventures		X								8,443	6
7	Shareholders		X								85,626	7
8	See Supplemental Schedule										4,221	8
9	<b>TOTAL Facility Related</b>						\$	\$ 9,148,648			\$ 754,517	9
<b>B. Non-Facility Related*</b>												
10												10
11												11
12												12
13	See Supplemental Schedule										(40,020)	13
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (40,020)	14
15	<b>TOTALS (line 9+line14)</b>						\$	\$ 9,148,648			\$ 714,497	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 45,887 Line # 36

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

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

Facility Name & ID Number

Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

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

	1	2	3	4	5	6		7	8	9	10									
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1							\$	\$			\$	1								
2												2								
3												3								
4												4								
5												5								
6												6								
7	<b>TOTAL Long-Term</b>											7								
<b>Working Capital</b>																				
8	Hillside Ltd. Partnership		X				\$	\$			\$	4,221	8							
9												9								
10												10								
11												11								
12												12								
13												13								
14	<b>TOTAL Working Capital</b>											4,221	14							
<b>B. Non-Facility Related*</b>																				
15	Interest Income		X				\$	\$			\$	(44,874)	15							
16	Interest Income-Bldg Co		X									(3,954)	16							
17	Allocated-Nucare Services		X									8,808	17							
18												18								
19												19								
20	<b>TOTAL Non-Facility Related</b>											(40,020)	20							

\* 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:** 2006 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 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 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 2007 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.

**2006 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 2006 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 2006.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>19-03-304-005</u>	<u>Long Term Care Property</u>	\$ <u>2,285.16</u>	\$ <u>2,285.16</u>
2. <u>19-03-304-006</u>	<u>Long Term Care Property</u>	\$ <u>7,021.97</u>	\$ <u>7,021.97</u>
3. <u>19-03-304-007</u>	<u>Long Term Care Property</u>	\$ <u>105,484.77</u>	\$ <u>105,484.77</u>
4. <u>19-03-304-008</u>	<u>Long Term Care Property</u>	\$ <u>184,208.39</u>	\$ <u>184,208.39</u>
5. <u>19-03-304-009</u>	<u>Long Term Care Property</u>	\$ <u>123,361.21</u>	\$ <u>123,361.21</u>
6. <u>19-03-304-004</u>	<u>Long Term Care Property</u>	\$ <u>1,075.67</u>	\$ <u>1,075.67</u>
7. <u>19-03-304-023</u>	<u>Long Term Care Property</u>	\$ <u>5,650.39</u>	\$ <u>5,650.39</u>
8. <u>See Attached</u>	<u>Home Office Allocation</u>	\$ <u>100,273.68</u>	\$ <u>9,490.27</u>
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>529,361.24</u>	\$ <u>438,577.83</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 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

**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. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ _____	\$ _____

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

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

Facility Name & ID Number Renaissance at Midway

# 0041749 Report Period Beginning:

01/01/07 Ending:

12/31/07

**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: 2,506 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>15,143</u>	2
3	<b>TOTALS</b>	<u>48,972</u>		<u>\$ 170,143</u>	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/07

Ending:

12/31/07

**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	79,411	9
10	Various			2001	47,574		20	2,379	2,379	15,679	10
11	Various			2002	15,861		20	1,652	1,652	9,000	11
12	Various			2003	126,758		20	9,895	9,895	43,934	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:

01/01/07

Ending:

12/31/07

**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		9,109,946	247,971		260,214	12,243	1,973,290	67
68		178,178	6,377		6,172	(205)	23,109	68
69			125,514			(125,514)		69
70		\$ 9,692,597	\$ 379,862		\$ 291,060	\$ (88,802)	\$ 2,144,423	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:

01/01/07

Ending:

12/31/07

**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>		\$ 9,692,597	\$ 379,862		\$ 291,060	\$ (88,802)	\$ 2,144,423	1
2	Tubular Hand Rail	2004	1,100		20	110	110	440	2
3	Fence	2004	19,200		20	1,280	1,280	5,120	3
4	Install Fused Switch	2004	2,683		20	268	268	1,006	4
5	Dry Wall, Kickplates, Hardware	2004	13,899		20	1,390	1,390	5,328	5
6	Breaker In Mail Board	2004	3,403		20	340	340	1,333	6
7	Shades	2004	1,881		20	188	188	705	7
8	Kitchen Counter	2005	350		20	35	35	90	8
9	Wall Murals	2005	4,500		20	450	450	1,088	9
10	Tiling	2005	6,970		20	465	465	1,123	10
11	Carpeting	2005	1,550		20	221	221	517	11
12	Carpet In Office	2005	694		20	99	99	223	12
13	Flooring In Elevator	2005	1,300		20	87	87	195	13
14	Ac And Kitchen Exhaust	2005	5,893		20	589	589	1,326	14
15	Cabinet Installation	2005	700		20	47	47	109	15
16	No Idea	2005	2,477		20	248	248	619	16
17	Labor And Repairs Due To Water Damage	2005	1,613		20	161	161	376	17
18	Interior Design Service	2005	520		20	52	52	113	18
19	Labor And Material Repair Due To Water Damage	2005	1,051		20	105	105	219	19
20	Interior Design Services	2005	3,445		20	492	492	1,025	20
21	Replace Carpet	2006	660		20	94	94	189	21
22	Removal & Rebuild Walls	2006	960		20	96	96	184	22
23	Wall Coverings	2006	2,700		20	540	540	1,035	23
24	Window Coverings	2006	2,012		20	201	201	369	24
25	Window Coverings	2006	2,737		20	274	274	502	25
26	Telephone System	2006	18,685		20	1,869	1,869	3,426	26
27	Telephone System	2006	18,685		20	1,869	1,869	3,426	27
28	Wall Coverings	2006	3,823		20	765	765	1,338	28
29	Carpeting	2006	4,915		20	702	702	1,287	29
30	Smoke Detector	2006	1,285		20	184	184	291	30
31	Renovations To Therapy Room	2006	22,250		20	2,225	2,225	3,338	31
32	Renovations To Therapy Room	2006	22,250		20	2,225	2,225	3,338	32
33	Wall Coverings	2006	1,670		20	334	334	501	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,868,458	\$ 379,862		\$ 309,065	\$ (70,797)	\$ 2,184,602	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/07

Ending:

12/31/07

## 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>		\$ 9,868,458	\$ 379,862		\$ 309,065	\$ (70,797)	\$ 2,184,602	1
2	Mural	2006	1,000		20	100	100	142	2
3	Wall Coverings	2006	1,829		20	366	366	671	3
4	Carpeting	2006	5,932		20	847	847	1,130	4
5	Interior Design Services	2006	1,774		20	253	253	507	5
6	Demolition/Renovation Of Hall & Lobby	2006	4,768		20	477	477	675	6
7	Demolition/Renovation Of Hall & Lobby	2006	4,769		20	477	477	676	7
8	Demolition/Renovation Of Office & Dining Room	2006	4,424		20	442	442	590	8
9	Demolition/Renovation Of Office & Dining Room	2006	4,424		20	442	442	590	9
10	Wall Coverings	2006	771		20	154	154	206	10
11	Elevator Parts	2006	5,464		20	546	546	729	11
12	Rebate For Design - Invoice 14190718	2006	(2,015)		20	(288)	(288)	(456)	12
13	Carpet	2006	3,180		20	454	454	530	13
14	Mailboxes	2006	2,820		20	282	282	329	14
15	Wallpaper	2006	2,768		20	554	554	738	15
16	Flooring In Dining Room	2006	37,230		20	2,482	2,482	2,689	16
17	Wallpaper And Paint Dining Room	2006	13,080		20	2,616	2,616	2,834	17
18	Roof Sealing	2006	3,500		20	292	292	292	18
19	Wallpaper - See Asset #468	2007	(2,620)		20	(524)	(524)	(524)	19
20	Wallpaper - See Asset #468	2007	(148)		20	(30)	(30)	(30)	20
21	Repair Door Closures	2007	5,062		20	506	506	506	21
22	Repair Door Holders	2007	7,201		20	720	720	720	22
23	Tv Lounge/Stairway	2007	5,000		20	458	458	458	23
24	Flooring 4Th Floor Corridor	2007	41,150		20	2,515	2,515	2,515	24
25	Install - Card Swipe And Door Strike	2007	3,501		20	321	321	321	25
26	2 Tormax Ttx Ii Low Energy Operator	2007	3,470		20	260	260	260	26
27	Remove And Dispose Link Fence	2007	2,150		20	96	96	96	27
28	Wall Partition	2007	2,250		20	150	150	150	28
29	10 Fantagraph Pleated Shades, Window Fashions	2007	5,394		20	450	450	450	29
30	Fire Sprinkler Work	2007	4,929		20	469	469	469	30
31	23 Pt Storage Cabinets	2007	5,160		20	344	344	344	31
32	Cylinder Assy/Door Closure	2007	1,783		20	104	104	104	32
33	Furnish And Install Hot And Cold Water Line	2007	1,800		20	105	105	105	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,050,258	\$ 379,862		\$ 325,505	\$ (54,357)	\$ 2,203,418	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building 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>		\$ 10,050,258	\$ 379,862		\$ 325,505	\$ (54,357)	\$ 2,203,418	1
2	Admission/Hallway Lobby/Reception Area	2007	6,560		20	219	219	219	2
3	6 Track System For Cubicle Curtain	2007	3,310		20	166	166	166	3
4	1St Floor 22 Resident Washrooms	2007	4,620		20	128	128	128	4
5	Remove And Dispose Old Carpet	2007	1,834		20	109	109	109	5
6	14 Pleated Shades/Blinds Window Fashion	2007	8,154		20	340	340	340	6
7	1 Tormax Ttx Ii Low Engergy Operator	2007	4,968		20	373	373	373	7
8	Door Closer/holders	2007	4,045		20	202	202	202	8
9	Generator Upgrade	2007	5,793		20	121	121	121	9
10	Flooring 22 Residents Washrooms	2007	4,920		20	137	137	137	10
11	Flooring Admission Hallway/Lobby/Reception Area	2007	6,560		20	146	146	146	11
12	Conference Room	2007	2,050		20	46	46	46	12
13	1St Floor Reface 34 Doors	2007	2,295		20	57	57	57	13
14	1St Floor Reface 34 Doors	2007	2,295		20	57	57	57	14
15	Door Locks	2007	2,832		20	118	118	118	15
16	Construct Patient Room	2007	5,000		20	83	83	83	16
17	Ventilation Work For Generator	2007	26,978		20	337	337	337	17
18	Window Coverings	2007	23,163		20	579	579	579	18
19	Construct Closets	2007	6,000		20	50	50	50	19
20	Flooring	2007	3,890		20	22	22	22	20
21	Drapery	2007	5,169		20	86	86	86	21
22	Wheelchair Door Construction	2007	3,200		20	320	320	320	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>		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	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:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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10									10
11									11
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	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:

01/01/07

Ending:

12/31/07

**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		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	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:

01/01/07

Ending:

12/31/07

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		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	1
2									2
3									3
4									4
5									5
6									6
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8									8
9									9
10									10
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	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:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	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:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	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:

01/01/07

Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	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:

01/01/07

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12/31/07

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	\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114		1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114		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:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12K, Carried Forward		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	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:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12L, Carried Forward		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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17									17
18									18
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12M, Carried Forward		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	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

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Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12N, Carried Forward		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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27									27
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	34

SEE ACCOUNTANTS' COMPILATION REPORT

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Facility Name & ID Number Renaissance at Midway

# 0041749

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12O, Carried Forward		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	1
2									2
3									3
4									4
5									5
6									6
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9									9
10									10
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	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:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12P, Carried Forward		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,183,894	\$ 379,862		\$ 329,201	\$ (50,661)	\$ 2,207,114	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:

01/01/07

Ending:

12/31/07

**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	
	Bed* FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	249	2000	2000	\$ 9,107,497	\$ 237,659	35	\$ 260,214	\$ 22,555	\$ 1,973,290	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			(1,891)		9
10	Door Closer		2005	1,907	572			(572)		10
11	Boiler Work		2005	5,368	1,193			(1,193)		11
12	Patio Canopy		2005	2,535	634			(634)		12
13	Work In Emplooyee Lunch Room		2005	2,953	738			(738)		13
14	Lighting for Lounge		2005	1,175	294			(294)		14
15	Employee Lounge Work		2005	1,500	375			(375)		15
16	Wallcoverings		2005	1,680	1,680			(1,680)		16
17	Bed Locate System		2005	814	217			(217)		17
18	Handrail System		2005	2,214	1,144			(1,144)		18
19	Bed Locate System		2005	1,621	405			(405)		19
20	Lighting and Doors		2005	1,441	360			(360)		20
21	Employee Lounge Work		2005	1,400	338			(338)		21
22	Repair of Cuba Fan		2005	853	248			(248)		22
23	Wall Guards		2005	810	223			(223)		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:

01/01/07

Ending:

12/31/07

**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)	\$	9,109,946	\$	247,971	\$	260,214	\$	12,243	\$	1,973,290	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:

01/01/07 Ending:

12/31/07

**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		\$ 136,287	\$ 3,494	35	\$ 3,894	\$ 400	\$ 16,062	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	Alloc-Nucare Services Corp.			2003	1,109	40	20	56	16	228	9
10	Alloc-Nucare Services Corp.			2004	22,507	822	20	1,127	305	4,179	10
11	Alloc-Nucare Services Corp.			2005	1,334	49	20	67	18	190	11
12	Alloc-Nucare Services Corp.			2006	1,809	66	20	90	24	123	12
13	Allocated- 7257 N. Lincoln			2004	2,708	312	20	136	(176)	474	13
14	Allocated- 7257 N. Lincoln			2005	12,424	1,594	20	802	(792)	1,853	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:

01/01/07

Ending:

12/31/07

**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>	\$	178,178	\$	6,377	\$	6,172	\$	(205)	\$	23,109	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: 01/01/07 Ending: 12/31/07

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	\$ 816,606	\$ 20,503	\$ 98,852	\$ 78,349	10	\$ 525,941	71
72	Current Year Purchases	231,739	526	22,685	22,159	10	22,685	72
73	Fully Depreciated Assets	844,764				10	844,764	73
74								74
75	TOTALS	\$ 1,893,109	\$ 21,029	\$ 121,537	\$ 100,508		\$ 1,393,390	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 Description	Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 12,247,146	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 400,891	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 450,738	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 49,847	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,600,504	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, Inspections, 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	Alloc-Nucare Services				544			5
6								6
7	<b>TOTAL</b>				\$ 544			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.	_____ /2008	\$ _____
13.	_____ /2009	\$ _____
14.	_____ /2010	\$ _____

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: \$ 44,025 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	\$ 4,588	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$ 640.00	\$ 4,588	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?</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		Contract	Total
		1 Drop-outs	2 Completed		
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	\$		\$ 306,810	\$		\$ 306,810	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			70,416			70,416	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			379,509			379,509	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				286,163		286,163	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			4,528		4,665	160,807		170,000	13
14	TOTAL			\$ 4,528		\$ 761,400	\$ 446,970		\$ 1,212,898	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: 01/01/07

Ending:

12/31/07

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/07

(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	\$ 11,319	\$ 278,659	1
2	Cash-Patient Deposits	(1,023)	(1,023)	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	3,633,765	3,633,765	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	119,374	154,569	6
7	Other Prepaid Expenses	25,845	25,845	7
8	Accounts Receivable (owners or related parties)	9,769,301	9,769,301	8
9	Other(specify): <a href="#">See Attached Schedule</a>	16,252	300,403	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 13,574,833	\$ 14,161,519	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	859,041	904,220	15
16	Equipment, at Historical Cost	966,358	1,820,069	16
17	Accumulated Depreciation (book methods)	(916,362)	(3,334,724)	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>	1,743	2,116,376	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 910,780	\$ 9,731,984	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 14,485,613	\$ 23,893,503	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,166,237	\$ 1,166,237	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	5,107	5,107	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	473,209	473,209	30
31	Accrued Taxes Payable (excluding real estate taxes)	54,080	54,080	31
32	Accrued Real Estate Taxes(Sch.IX-B)		450,542	32
33	Accrued Interest Payable		54,511	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>	11,202,052	10,465,930	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 12,900,685	\$ 12,669,616	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,148,648	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>	\$	\$ 9,148,648	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 12,900,685	\$ 21,818,264	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,584,928	\$ 2,075,239	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 14,485,613	\$ 23,893,503	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,787,118	1
2	Restatements (describe):		2
3	See Attached	(494,758)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,292,360	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	292,568	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)	\$ 292,568	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)	\$ 1,584,928	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: 01/01/07

Ending: 12/31/07

**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	\$ 12,524,221	1
2	Discounts and Allowances for all Levels	(343,886)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 12,180,335	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,610,353	6
7	Oxygen	2,723	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,613,076	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	629,176	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	58,546	19
20	Radiology and X-Ray	11,797	20
21	Other Medical Services	88,275	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 787,794	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	44,874	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 44,874	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<a href="#">See Supplemental Schedule</a>	113,195	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 113,195	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 14,739,274	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,119,632	31
32	Health Care	5,052,123	32
33	General Administration	3,571,624	33
<b>B. Capital Expense</b>			
34	Ownership	2,243,192	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,323,807	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>	\$ 14,446,706	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	292,568	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 292,568	43

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

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

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. 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: 01/01/07

Ending:

12/31/07

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	1,965	2,086	\$ 101,788	\$ 48.80	1
2	Assistant Director of Nursing	1,677	1,864	71,327	38.27	2
3	Registered Nurses	26,961	30,742	1,103,199	35.89	3
4	Licensed Practical Nurses	47,934	54,321	1,306,420	24.05	4
5	CNAs & Orderlies	121,180	133,092	1,364,109	10.25	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	15,508	17,033	154,767	9.09	8
9	Activity Director	1,914	2,123	41,025	19.32	9
10	Activity Assistants	11,284	12,313	118,513	9.63	10
11	Social Service Workers	9,282	10,137	170,888	16.86	11
12	Dietician	2,887	3,068	63,351	20.65	12
13	Food Service Supervisor					13
14	Head Cook	8,394	9,453	123,577	13.07	14
15	Cook Helpers/Assistants	18,777	20,762	179,745	8.66	15
16	Dishwashers					16
17	Maintenance Workers	5,668	6,051	119,524	19.75	17
18	Housekeepers	34,695	37,849	350,592	9.26	18
19	Laundry	6,271	6,952	60,858	8.75	19
20	Administrator	629	645	41,914	64.98	20
21	Assistant Administrator	1,301	1,622	34,351	21.18	21
22	Other Administrative	629	645	62,867	97.47	22
23	Office Manager					23
24	Clerical	23,087	24,551	377,223	15.36	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	6,486	7,217	120,603	16.71	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	3,021	3,688	114,249	30.98	33
34	TOTAL (lines 1 - 33)	349,550	386,214	\$ 6,080,890 *	\$ 15.74	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	647	\$ 27,041	01-03	35
36	Medical Director	Monthly	60,504	09-03	36
37	Medical Records Consultant	121	5,312	10-03	37
38	Nurse Consultant	526	12,947	10-03	38
39	Pharmacist Consultant	Monthly	4,807	10-03	39
40	Physical Therapy Consultant	80	5,573	10a-03	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	1	50	10a-03	43
44	Activity Consultant	18	983	11-03	44
45	Social Service Consultant	30	1,608	12-03	45
46	Other(specify) Medical Consultant	Monthly	5,000	10-03	46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,423	\$ 123,825		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name & ID Number Renaissance at Midway

Report Period Beginning: 01/01/07 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 FY2004	6 FY2005	7 FY2006	8 FY2007	9 FY2008	10 FY2009	11 FY2010	12 FY2011	13 FY2012
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- \$10,300
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 47,015 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. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 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. \$ 31,573 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% ln14
- 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?
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT