

Facility Name & ID Number Renaissance at Midway

0041749 Report Period Beginning: 01/01/08 Ending: 12/31/08

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	<u>249</u>	Skilled (SNF)	<u>249</u>	<u>91,134</u>	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	<u>249</u>	TOTALS	<u>249</u>	<u>91,134</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>41,153</u>	<u>1,669</u>	<u>12,968</u>	<u>55,790</u>	8
9	SNF/PED					9
10	ICF	<u>26,311</u>	<u>444</u>		<u>26,755</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>67,464</u>	<u>2,113</u>	<u>12,968</u>	<u>82,545</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.58%

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

5 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

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

None

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

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

YES NO

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

YES NO

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

Date started 06/05/00

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

YES Date 06/05/00 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 9,761

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/08 Fiscal Year: 12/31/08

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

Facility Name & ID Number Renaissance at Midway # 0041749 Report Period Beginning: 01/01/08 Ending: 12/31/08

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	343,809	156,082	25,211	525,102		525,102	525,102			1
2	Food Purchase		421,151		421,151	(28,914)	392,237	(244)	391,993		2
3	Housekeeping	288,713	100,507		389,220		389,220		389,220		3
4	Laundry	77,118	14,848		91,966		91,966		91,966		4
5	Heat and Other Utilities			245,636	245,636		245,636	(8,459)	237,177		5
6	Maintenance	84,589	54,964	165,403	304,956		304,956	34,238	339,194		6
7	Other (specify):*										7
8	TOTAL General Services	794,229	747,552	436,250	1,978,031	(28,914)	1,949,117	25,535	1,974,652		8
	B. Health Care and Programs										
9	Medical Director			56,603	56,603		56,603		56,603		9
10	Nursing and Medical Records	3,948,611	391,780	67,480	4,407,871		4,407,871	(10,159)	4,397,712		10
10a	Therapy	179,539		11,015	190,554		190,554		190,554		10a
11	Activities	117,346	9,370	1,939	128,655		128,655		128,655		11
12	Social Services	130,153		2,365	132,518		132,518		132,518		12
13	CNA Training										13
14	Program Transportation			7,724	7,724		7,724		7,724		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,375,649	401,150	147,126	4,923,925		4,923,925	(10,159)	4,913,766		16
	C. General Administration										
17	Administrative	181,122		889,735	1,070,857		1,070,857	(835,818)	235,039		17
18	Directors Fees										18
19	Professional Services			134,072	134,072	(26)	134,046	(34,590)	99,456		19
20	Dues, Fees, Subscriptions & Promotions			143,380	143,380		143,380	(89,534)	53,846		20
21	Clerical & General Office Expenses	323,060	91,700	401,402	816,162		816,162	(133,858)	682,304		21
22	Employee Benefits & Payroll Taxes			1,102,967	1,102,967	28,914	1,131,881		1,131,881		22
23	Inservice Training & Education										23
24	Travel and Seminar			12,955	12,955		12,955	(3,521)	9,434		24
25	Other Admin. Staff Transportation			7,652	7,652		7,652	1,507	9,159		25
26	Insurance-Prop.Liab.Malpractice			380,928	380,928		380,928	17,088	398,016		26
27	Other (specify):*							43,212	43,212		27
28	TOTAL General Administration	504,182	91,700	3,073,091	3,668,973	28,888	3,697,861	(1,035,514)	2,662,347		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,674,060	1,240,402	3,656,467	10,570,929	(26)	10,570,903	(1,020,137)	9,550,766		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Renaissance at Midway #0041749 Report Period Beginning: 01/01/08 Ending: 12/31/08

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
	D. Ownership										
30	Depreciation			72,925	72,925		72,925	385,515	458,440		30
31	Amortization of Pre-Op. & Org.			2,152	2,152		2,152		2,152		31
32	Interest			45,718	45,718		45,718	657,858	703,576		32
33	Real Estate Taxes					26	26	429,116	429,142		33
34	Rent-Facility & Grounds			1,812,408	1,812,408		1,812,408	(1,811,894)	514		34
35	Rent-Equipment & Vehicles			20,038	20,038		20,038	6,454	26,492		35
36	Other (specify):*							45,558	45,558		36
37	TOTAL Ownership			1,953,241	1,953,241	26	1,953,267	(287,393)	1,665,874		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers	12,011	428,012	823,708	1,263,731		1,263,731		1,263,731		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			136,702	136,702		136,702		136,702		42
43	Other (specify):*	164,535		26,349	190,884		190,884	(190,884)			43
44	TOTAL Special Cost Centers	176,546	428,012	986,759	1,591,317		1,591,317	(190,884)	1,400,433		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,850,606	1,668,414	6,596,467	14,115,487		14,115,487	(1,498,414)	12,617,073		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: 01/01/08

Ending: 12/31/08

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(11,565)	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	37,118	30		9
10	Interest and Other Investment Income	(81)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(108)	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	(11,115)	21		18
19	Entertainment	(3,960)	24		19
20	Contributions	(27,055)	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	(147,352)	21		24
25	Fund Raising, Advertising and Promotional	(53,089)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(515)	20		28
29	Other-Attach Schedule	(442,326)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (660,047)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(838,366)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (838,366)		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,498,414)		37

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

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

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

BHF USE ONLY					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

Renaissance at Midway

ID# 0041749

Report Period Beginning: 01/01/08

Ending: 12/31/08

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Generator Rental - Removed from Fixed Assets	\$ 2,852	35	1
2	Food Rebate	(136)	02	2
3	Income from Copies	(180)	21	3
4	Uniform Reimbursement	(33)	10	4
5	Entertainment Reimbursement	(653)	24	5
6	Initial Employment Expenses	(316)	21	6
7	Patient Needs	(8,070)	10	7
8	Patient Clothing	(8,109)	10	8
9	Bank Charges	(15,040)	21	9
10	COPE Payments	(9,088)	20	10
11	Non-Allowable Settlement	(250)	21	11
12	Annual Report	(279)	20	12
13	Building Co. - Misc. Taxes & Fees	(8,000)	20	13
14	Building Co. - Accounting Fees	(9,745)	19	14
15	Building Co. - Amortization	(184)	36	15
16	Non-Allowable and Prior Period Legal Fees	(38,199)	19	16
17	Marketing Expense	(26,349)	43	17
18	Non-Allowable Expense	(156,000)	21	18
19	VP of Program Development	(8,240)	43	19
20	Director of Guest Services	(52,018)	43	20
21	Clinical Nurse Evaluator	(63,902)	43	21
22	Guest Relations Salary	(36,933)	43	22
23	Guest Services Salary	(3,442)	43	23
24	Marketing Travel	(12)	25	24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(442,326)		49

Renaissance at Midway

ID# 0041749

Report Period Beginning: 01/01/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES	Amount	Reference	Sch. V Line
50	\$		1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
69			20
70			21
71			22
72			23
73			24
74			25
75			26
76			27
77			28
78			29
79			30
80			31
81			32
82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98			49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/08

Ending:

12/31/08

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)	
	A. General Services													
1	Dietary													1
2	Food Purchase	(244)											(244)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(11,565)			3,106								(8,459)	5
6	Maintenance		27,154		7,084								34,238	6
7	Other (specify):*													7
8	TOTAL General Services	(11,809)	27,154		10,190								25,535	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(16,212)				6,053							(10,159)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(16,212)				6,053							(10,159)	16
	C. General Administration													
17	Administrative			(146,741)	(689,077)								(835,818)	17
18	Directors Fees													18
19	Professional Services	(47,944)	9,745	463	3,131	15							(34,590)	19
20	Fees, Subscriptions & Promotions	(98,026)	8,000		450	42							(89,534)	20
21	Clerical & General Office Expenses	(330,253)		1,157	192,375	2,863							(133,858)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(4,613)			1,092								(3,521)	24
25	Other Admin. Staff Transportation	(12)			1,467	52							1,507	25
26	Insurance-Prop.Liab.Malpractice		14,415		2,673								17,088	26
27	Other (specify):*			922	41,204	1,086							43,212	27
28	TOTAL General Administration	(480,848)	32,160	(144,199)	(446,685)	4,058							(1,035,514)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(508,869)	59,314	(144,199)	(436,495)	10,112							(1,020,137)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/08 Ending:

12/31/08

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	37,118	337,316		11,081								385,515	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(81)	649,880		8,059								657,858	32
33	Real Estate Taxes		419,697		9,419								429,116	33
34	Rent-Facility & Grounds		(1,812,408)		514								(1,811,894)	34
35	Rent-Equipment & Vehicles	2,852			3,602								6,454	35
36	Other (specify):*	(184)	45,742										45,558	36
37	TOTAL Ownership	39,705	(359,773)		32,675								(287,393)	37
	Ancillary Expense													
	E. Special Cost Centers													
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):*	(190,884)											(190,884)	43
44	TOTAL Special Cost Centers	(190,884)											(190,884)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(660,047)	(300,459)	(144,199)	(403,820)	10,112							(1,498,414)	45

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	Building 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 Rent	\$ 1,812,408	Claridge at Cicero	100.00%	\$	\$ (1,812,408)	1
2	V	32 Interest	1,648	Claridge at Cicero	100.00%	651,528	649,880	2
3	V	06 Repairs & Maintenance		Claridge at Cicero	100.00%	27,154	27,154	3
4	V	20 Miscellaneous Taxes & Fees		Claridge at Cicero	100.00%	8,000	8,000	4
5	V	36 MIP Expense		Claridge at Cicero	100.00%	45,558	45,558	5
6	V	26 Insurance Expense		Claridge at Cicero	100.00%	14,415	14,415	6
7	V	19 Accounting Fees		Claridge at Cicero	100.00%	9,745	9,745	7
8	V	33 Real Estate Taxes		Claridge at Cicero	100.00%	419,697	419,697	8
9	V	30 Depreciation		Claridge at Cicero	100.00%	337,316	337,316	9
10	V	36 Amortization		Claridge at Cicero	100.00%	184	184	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,814,056			\$ 1,513,597	\$ * (300,459)	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: 01/01/08

Ending: 12/31/08

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%	\$ 9,259	\$ 9,259	15
16	V	19 PROFESSIONAL FEES				463	463	16
17	V	21 OFFICE				1,157	1,157	17
18	V	27 PAYROLL TAXES				922	922	18
19	V							19
20	V	17 C. RAJCHENBACH-COMP.						20
21	V	27 PAYROLL TAXES						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	156,000				(156,000)	29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 156,000			\$ 11,801	\$ * (144,199)	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: 01/01/08

Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 3,106	\$ 3,106	15
16	V	6 REPAIRS AND MAINT.				7,084	7,084	16
17	V	17 ADMIN. - NON-OWNER				37,296	37,296	17
18	V	19 PROFESSIONAL FEES				3,131	3,131	18
19	V	20 FEES SUBSCRIPTIONS				450	450	19
20	V	21 CLERICAL & GENERAL				192,375	192,375	20
21	V	24 SEMINARS AND EDUCATION				1,092	1,092	21
22	V	25 ADMIN. STAFF TRAVEL				1,467	1,467	22
23	V	26 INSURANCE				2,673	2,673	23
24	V	27 EMPLOYEE BEN. GEN. ADMIN.				40,577	40,577	24
25	V	30 DEPRECIATION				11,081	11,081	25
26	V	32 INTEREST EXPENSE				8,059	8,059	26
27	V	33 REAL ESTATE TAX				9,419	9,419	27
28	V	34 PARKING LOT RENT				514	514	28
29	V	35 EQUIPMENT RENTAL				3,602	3,602	29
30	V	17 ADMIN. - R. HARTMAN				3,343	3,343	30
31	V	17 ADMIN. - B. CARR				3,026	3,026	31
32	V	17 ADMIN. - D. HARTMAN				993	993	32
33	V	27 EMP. BEN. - R. HARTMAN				132	132	33
34	V	27 EMP. BEN. - B. CARR				120	120	34
35	V	27 EMP. BEN. - D. HARTMAN				375	375	35
36	V							36
37	V	17 Management Fees	733,735				(733,735)	37
38	V							38
39	Total		\$ 733,735			\$ 329,915	\$ * (403,820)	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	10 CLINICAL SALARIES	\$	CLINICAL CONSULTING SERVICES, LLC	100.00%	\$ 6,053	\$ 6,053	15
16	V	19 PROFESSIONAL FEES				15	15	16
17	V	20 LICENSE & INSPECTION				42	42	17
18	V	21 OFFICE WAGES				2,459	2,459	18
19	V	21 OFFICE EXPENSE				404	404	19
20	V	25 AUTO EXPENSE				52	52	20
21	V	27 PAYROLL TAXES				734	734	21
22	V	27 OTHER EMPLOYEE BENEFITS				352	352	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		\$			\$ 10,112	\$ * 10,112	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Workers' Compensation	\$ 226,417	Diamond Insurance	100.00%	\$ 226,417	\$	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			\$ 226,417			\$ 226,417	\$ *	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.

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Renaissance at Midway # 0041749 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Jack Racjchenbach	Owner	Administrative	25.00%	See Attached	5.00	7.69%	Alloc. Salary	\$ 9,259	17-7	1
2	Bernard Hollander	Owner	Administrative	25.00%	See Attached	2.00	3.07%				2
3	Robert Hartman	Owner	Administrative	20.05%	See Attached	0.86	1.72%	Alloc. Salary	3,343	17-7	3
4	Mark Hartman	Relative	Administrative	0%	See Attached		0.00%	Salary	23,440	17-1	4
5	Mark Berger	Relative	Administrative	0%	See Attached	3.43	8.57%	Alloc. Salary	16,713	17-7	5
6	David Hartman	Relative	Administrative	0%	See Attached	3.43	8.57%	Alloc. Salary	993	17-7	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 53,748		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: 01/01/08

Ending: 12/31/08

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: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	54	9	\$ 100,000	\$ 100,000	5	\$ 9,259	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	54	9	5,000		5	463	2
3	21	OFFICE	AVG. HOURS WORKED	54	9	12,497	12,497	5	1,157	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED	54	9	9,959		5	922	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	4,717				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					\$ 191,840	\$ 172,164		\$ 11,801	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS 1,063,296	13	\$ 36,243	\$	77,592	\$ 3,106	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS 1,063,296	13	82,646		77,592	7,084	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS 1,063,296	13	435,152	435,152	77,592	37,296	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 1,063,296	13	36,529		77,592	3,131	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS 1,063,296	13	5,248		77,592	450	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS 1,063,296	13	2,244,511	1,829,739	77,592	192,375	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 1,063,296	13	12,739		77,592	1,092	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS 1,063,296	13	17,115		77,592	1,467	8
9	26	INSURANCE	AVAIL. CENSUS DAYS 1,063,296	13	31,184		77,592	2,673	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS 1,063,296	13	473,425		77,592	40,577	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS 1,063,296	13	129,281		77,592	11,081	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 1,063,296	13	94,028		77,592	8,059	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 1,063,296	13	109,900		77,592	9,419	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS 1,063,296	13	5,996		77,592	514	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 1,063,296	13	42,030		77,592	3,602	15
16	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED 11	13	39,000	39,000	1	3,343	16
17	17	ADMIN. - B. CARR	AVG. HOURS WORKED 11	13	35,304	35,304	1	3,026	17
18	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED 38	2	11,588	11,588	3	993	18
19	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED 11	13	1,542		1	132	19
20	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED 11	13	1,395		1	120	20
21	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED 38	2	4,372		3	375	21
22									22
23									23
24									24
25	TOTALS				\$ 3,849,228	\$ 2,350,782		\$ 329,915	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning: 01/01/08

Ending: 12/31/08

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	10	CLINICAL SALARIES	AVAIL.CENSUS DAYS	292,260	13	\$ 77,230	\$ 77,230	22,908	\$ 6,053	1
2	19	PROFESSIONAL FEES	AVAIL.CENSUS DAYS	292,260	13	188	22,908	15		2
3	20	LICENSE & INSPECTION	AVAIL.CENSUS DAYS	292,260	13	539	22,908	42		3
4	21	OFFICE WAGES	AVAIL.CENSUS DAYS	292,260	13	31,375	31,375	22,908	2,459	4
5	21	OFFICE EXPENSE	AVAIL.CENSUS DAYS	292,260	13	5,151	22,908	404		5
6	25	AUTO EXPENSE	AVAIL.CENSUS DAYS	292,260	13	668	22,908	52		6
7	27	PAYROLL TAXES	AVAIL.CENSUS DAYS	292,260	13	9,369	22,908	734		7
8	27	OTHER EMPLOYEE BENEFITS	AVAIL.CENSUS DAYS	292,260	13	4,486	22,908	352		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					\$ 129,005	\$ 108,605		\$ 10,111	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Workers' Compensation	Direct Allocation		\$	\$		\$ 226,417	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				\$	\$		\$ 226,417	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning: 01/01/08

Ending: 12/31/08

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: 01/01/08

Ending: 12/31/08

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: 01/01/08

Ending: 12/31/08

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: 01/01/08

Ending: 12/31/08

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: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	HUD		X	Mortgage			\$	\$ 9,080,764			\$ 651,528	1					
2												2					
3												3					
4												4					
5	See Supplemental Schedule											5					
Working Capital																	
6	Shareholder Loan		X	Working Capital							45,718	6					
7												7					
8	See Supplemental Schedule											8					
9	TOTAL Facility Related						\$	\$ 9,080,764			\$ 697,246	9					
B. Non-Facility Related*																	
10	Interest Income		X								(81)	10					
11	Interest Income - Bldg. Co.		X								(1,648)	11					
12	Allocated from Nucare		X								8,059	12					
13	See Supplemental Schedule											13					
14	TOTAL Non-Facility Related						\$	\$			\$ 6,330	14					
15	TOTALS (line 9+line14)						\$	\$ 9,080,764			\$ 703,576	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 45,558 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:

01/01/08

Ending:

12/31/08

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

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

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

* 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.)

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

B. Real Estate Taxes

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2007 report.		\$ 450,542	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$ 433,926	2
3. Under or (over) accrual (line 2 minus line 1).		\$ (16,616)	3
4. Real Estate Tax accrual used for 2008 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 445,732	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$ 26	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ 77 For 98-00 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 429,142	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2003	475,485	8
	2004	486,047	9
	2005	488,572	10
	2006	429,087	11
	2007	424,507	12
2008 Accrual = \$424,507 x 1.05 = \$445,732			
Allocated from NuCare - \$9,419			

FOR BHF USE ONLY			
13	FROM R. E. TAX STATEMENT FOR 2007	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 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 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 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 2008 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.

2007 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 2007 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 2007.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>19-03-304-005-0000</u>	<u>Long Term Care Property</u>	\$ <u>2,260.73</u>	\$ <u>2,260.73</u>
2. <u>19-03-304-006-0000</u>	<u>Long Term Care Property</u>	\$ <u>6,947.00</u>	\$ <u>6,947.00</u>
3. <u>19-03-304-007-0000</u>	<u>Long Term Care Property</u>	\$ <u>104,358.67</u>	\$ <u>104,358.67</u>
4. <u>19-03-304-008-0000</u>	<u>Long Term Care Property</u>	\$ <u>182,241.85</u>	\$ <u>182,241.85</u>
5. <u>19-03-304-009-0000</u>	<u>Long Term Care Property</u>	\$ <u>122,044.22</u>	\$ <u>122,044.22</u>
6. <u>19-03-304-004-0000</u>	<u>Long Term Care Property</u>	\$ <u>1,064.17</u>	\$ <u>1,064.17</u>
7. <u>19-03-304-023-0000</u>	<u>Long Term Care Property</u>	\$ <u>5,590.08</u>	\$ <u>5,590.08</u>
8. <u>See Attached</u>	<u>Home Office Allocation</u>	\$ <u>100,029.37</u>	\$ <u>8,573.41</u>
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u>524,536.09</u>	\$ <u>433,080.13</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 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

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:** 2007 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 2007 real estate tax costs, as well as copies of your real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 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 2008 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.

2007 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. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u>_____</u>	\$ <u>_____</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? 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:

01/01/08 Ending:

12/31/08

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: 2,152 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>Allocated from 7257 N. Lincoln</u>		<u>2004</u>	<u>13,713</u>	2
3	TOTALS	<u>48,972</u>		<u>\$ 168,713</u>	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning:

01/01/08

Ending:

12/31/08

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
		Improvement Type**									
9	Various			2000	214,280		20	10,748	10,748	90,159	9
10	Various			2001	47,574		20	2,379	2,379	18,058	10
11	Various			2002	15,861		20	1,652	1,652	10,650	11
12	Various			2003	126,758		20	9,895	9,895	53,829	12
13	Various			2004	42,166		20	3,576	3,576	17,508	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

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		9,329,232	337,316		273,437	(63,879)	2,264,468	67
68		163,084	5,230		5,674	444	26,603	68
69			72,925			(72,925)		69
70		\$ 9,938,955	\$ 415,471		\$ 307,361	\$ (108,110)	\$ 2,481,275	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:

01/01/08

Ending:

12/31/08

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 12A, Carried Forward		\$ 9,938,955	\$ 415,471		\$ 307,361	\$ (108,110)	\$ 2,481,275	1
2	Kitchen Counter	2005	350		20	35	35	125	2
3	Wall Murals	2005	4,500		20	450	450	1,538	3
4	Tiling	2005	6,970		20	465	465	1,588	4
5	Carpeting	2005	1,550		20	221	221	738	5
6	Carpet In Office	2005	694		20	99	99	322	6
7	Flooring In Elevator	2005	1,300		20	87	87	282	7
8	Ac And Kitchen Exhaust	2005	5,893		20	589	589	1,915	8
9	Cabinet Installation	2005	700		20	47	47	156	9
10	No Idea	2005	2,477		20	248	248	867	10
11	Labor And Repairs Due To Water Damage	2005	1,613		20	161	161	538	11
12	Interior Design Service	2005	520		20	52	52	165	12
13	Labor And Material Repair Due To Water Damage	2005	1,051		20	105	105	324	13
14	Interior Design Services	2005	3,445		20	492	492	1,517	14
15	Replace Carpet	2006	660		20	94	94	283	15
16	Removal & Rebuild Walls	2006	960		20	96	96	280	16
17	Wall Coverings	2006	2,700		20	540	540	1,575	17
18	Window Coverings	2006	2,012		20	201	201	570	18
19	Window Coverings	2006	2,737		20	274	274	775	19
20	Telephone System	2006	18,685		20	1,869	1,869	5,294	20
21	Telephone System	2006	18,685		20	1,869	1,869	5,294	21
22	Wall Coverings	2006	3,823		20	765	765	2,103	22
23	Carpeting	2006	4,915		20	702	702	1,989	23
24	Smoke Detector	2006	1,285		20	184	184	474	24
25	Renovations To Therapy Room	2006	22,250		20	2,225	2,225	5,563	25
26	Renovations To Therapy Room	2006	22,250		20	2,225	2,225	5,563	26
27	Wall Coverings	2006	1,670		20	334	334	835	27
28	Mural	2006	1,000		20	100	100	242	28
29	Wall Coverings	2006	1,829		20	366	366	1,036	29
30	Carpeting	2006	5,932		20	847	847	1,977	30
31	Interior Design Services	2006	1,774		20	253	253	760	31
32	Demolition/Renovation Of Hall & Lobby	2006	4,768		20	477	477	1,152	32
33	Demolition/Renovation Of Hall & Lobby	2006	4,769		20	477	477	1,153	33
34	TOTAL (lines 1 thru 33)		\$ 10,092,722	\$ 415,471		\$ 324,310	\$ (91,161)	\$ 2,528,268	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	Totals from Page 12B, Carried Forward		\$ 10,092,722	\$ 415,471		\$ 324,310	\$ (91,161)	\$ 2,528,268	1
2	Demolition/Renovation Of Office & Dining Room	2006	4,424		20	442	442	1,032	2
3	Demolition/Renovation Of Office & Dining Room	2006	4,424		20	442	442	1,032	3
4	Wall Coverings	2006	771		20	154	154	360	4
5	Elevator Parts	2006	5,464		20	546	546	1,275	5
6	Rebate For Design - Invoice 14190718	2006	(2,015)		20	(288)	(288)	(744)	6
7	Carpet	2006	3,180		20	454	454	984	7
8	Mailboxes	2006	2,820		20	282	282	611	8
9	Wallpaper	2006	2,768		20	554	554	1,292	9
10	Flooring In Dining Room	2006	37,230		20	2,482	2,482	5,171	10
11	Wallpaper And Paint Dining Room	2006	13,080		20	2,616	2,616	5,450	11
12	Roof Sealing	2007	3,500		20	350	350	642	12
13	Wallpaper - See Asset #468	2007	(2,620)		20	(524)	(524)	(1,048)	13
14	Wallpaper - See Asset #468	2007	(148)		20	(30)	(30)	(59)	14
15	Wheelchair Door Construction	2007	3,200		20	320	320	640	15
16	Painted 33 Rooms; Holes Patching & Repairing	2008	6,930		20	635	635	635	16
17	Armstrong Wide Material - Connection Corlon Stone Harbor - Floor	2008	4,471		20	410	410	410	17
18	Replaced Door Closures & Holders For Rooms	2008	10,865		20	1,087	1,087	1,087	18
19	Reface Doors & Metal Door Kickplates	2008	8,050		20	805	805	805	19
20	Routing And Cracksealing Of Parking Lot; Concrete Removal & R	2008	6,909		20	230	230	230	20
21	Sign Lightbox And Banner	2008	5,726		20	95	95	95	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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:

01/01/08

Ending:

12/31/08

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 12C, Carried Forward		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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:

01/01/08

Ending:

12/31/08

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		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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
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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)		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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:

01/01/08

Ending:

12/31/08

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 12E, Carried Forward		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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
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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)		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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:

01/01/08

Ending:

12/31/08

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		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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:

01/01/08

Ending:

12/31/08

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		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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:

01/01/08

Ending:

12/31/08

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		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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)		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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 12I, Carried Forward		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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:

01/01/08

Ending:

12/31/08

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 12J, Carried Forward		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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)		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12K, Carried Forward		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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	Totals from Page 12L, Carried Forward	\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	1	
2								2	
3								3	
4								4	
5								5	
6								6	
7								7	
8								8	
9								9	
10								10	
11								11	
12								12	
13								13	
14								14	
15								15	
16								16	
17								17	
18								18	
19								19	
20								20	
21								21	
22								22	
23								23	
24								24	
25								25	
26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (lines 1 thru 33)	\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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:

01/01/08

Ending:

12/31/08

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		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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
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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)		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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:

01/01/08

Ending:

12/31/08

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		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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
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16									16
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)		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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:

01/01/08

Ending:

12/31/08

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		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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)		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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:

01/01/08

Ending:

12/31/08

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		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,211,751	\$ 415,471		\$ 335,372	\$ (80,099)	\$ 2,548,168	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:

01/01/08

Ending:

12/31/08

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	\$ 337,316	35	\$ 260,214	\$ (77,102)	\$ 2,233,504	4
5		2000	2000	(42,728)						5
6										6
7										7
8										8
	Improvement Type**									
9	Installation of Chain Link Fence		2005	18,906		20	945		3,781	9
10	Door Closer		2005	1,907		20	95	95	381	10
11	Boiler Work		2005	5,368		20	268	268	1,074	11
12	Patio Canopy		2005	2,535		20	127	127	507	12
13	Work In Emplooyee Lunch Room		2005	2,953		20	148	148	591	13
14	Lighting for Lounge		2005	1,175		20	59	59	235	14
15	Employee Lounge Work		2005	1,500		20	75	75	300	15
16	Wallcoverings		2005	1,680		20	84	84	336	16
17	Bed Locate System		2005	814		20	41	41	163	17
18	Handrail System		2005	2,214		20	111	111	443	18
19	Bed Locate System		2005	1,621		20	81	81	324	19
20	Lighting and Doors		2005	1,441		20	72	72	288	20
21	Employee Lounge Work		2005	1,400		20	70	70	280	21
22	Repair of Cuba Fan		2005	853		20	43	43	171	22
23	Wall Guards		2005	810		20	41	41	162	23
24	Repair Door Closures		2007	5,062		20	253	253	506	24
25	Repair Door Holders		2007	7,201		20	360	360	720	25
26	Tv Lounge/Stairway		2007	5,000		20	250	250	500	26
27	Flooring 4Th Floor Corridor		2007	41,150		20	2,058	2,058	4,115	27
28	Install - Card Swipe And Door Strike		2007	3,501		20	175	175	350	28
29	2 Tormax Ttx Ii Low Enenergy Operator		2007	3,470		20	174	174	347	29
30	Remove And Dispose Link Fence		2007	2,150		20	108	108	215	30
31	Wall Partition		2007	2,250		20	113	113	225	31
32	10 Fantagraph Pleated Shades, Window Fashions		2007	5,394		20	270	270	539	32
33	Fire Sprinkler Work		2007	4,929		20	246	246	493	33
34	23 Pt Storage Cabinets		2007	5,160		20	258	258	516	34
35	Cylinder Assy/Door Closure		2007	1,783		20	89	89	178	35
36	Furnish And Install Hot And Cold Water Line		2007	1,800		20	90	90	180	36

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	
37	Admission/Hallway Lobby/Reception Area	2007	\$ 6,560	\$	20	\$ 328	\$ 328	\$ 656	37
38	6 Track System For Cubicle Curtain	2007	3,310		20	166	166	331	38
39	1St Floor 22 Resident Washrooms	2007	4,620		20	231	231	462	39
40	Remove And Dispose Old Carpet	2007	1,834		20	92	92	183	40
41	14 Pleated Shades/Blinds Window Fashion	2007	8,154		20	408	408	815	41
42	1 Tormax Ttx Ii Low Engergy Operator	2007	4,968		20	248	248	497	42
43	Door Closer/holders	2007	4,045		20	202	202	405	43
44	Generator Upgrade	2007	5,793		20	290	290	579	44
45	Flooring 22 Residents Washrooms	2007	4,920		20	246	246	492	45
46	Flooring Admission Hallway/Lobby/Reception Area	2007	6,560		20	328	328	656	46
47	Conference Room	2007	2,050		20	103	103	205	47
48	1St Floor Reface 34 Doors	2007	2,295		20	115	115	230	48
49	1St Floor Reface 34 Doors	2007	2,295		20	115	115	230	49
50	Door Locks	2007	2,832		20	142	142	283	50
51	Construct Patient Room	2007	5,000		20	250	250	500	51
52	Ventilation Work For Generator	2007	26,978		20	1,349	1,349	2,698	52
53	Window Coverings	2007	23,163		20	1,158	1,158	2,316	53
54	Construct Closets	2007	6,000		20	300	300	600	54
55	Flooring	2007	3,890		20	195	195	389	55
56	Drapery	2007	5,169		20	258	258	517	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)		\$ 9,329,232	\$ 337,316		\$ 273,437	\$ (64,824)	\$ 2,264,468	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	Allocated from 7257 N. Lincoln		2004	2004	\$ 123,421	\$ 3,165	35	\$ 3,526	\$ 361	\$ 18,072	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Allocated from Nucare			2003	1,004	37	20	50	13	257	9
10	Allocated from Nucare			2004	20,382	744	20	1,020	276	4,805	10
11	Allocated from Nucare			2005	1,208	44	20	61	17	233	11
12	Allocated from Nucare			2006	1,638	60	20	82	22	194	12
13	Allocated from Nucare			2008	1,727	-	20	86	86	86	13
14	Allocated from 7257 N. Lincoln			2004	11,251	898	20	726	(172)	2,404	14
15	Allocated from 7257 N. Lincoln			2005	2,453	282	20	123	(159)	552	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:

01/01/08

Ending:

12/31/08

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)	\$	163,084	\$	5,230	\$	5,674	\$	444	\$	26,603	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: 01/01/08 Ending: 12/31/08

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	\$ 760,156	\$ 5,767	\$ 88,611	\$ 82,844	10	\$ 565,826	71
72	Current Year Purchases	312,276	84	34,370	34,286	10	34,370	72
73	Fully Depreciated Assets	886,973		88	88	10	886,973	73
74								74
75	TOTALS	\$ 1,959,405	\$ 5,851	\$ 123,068	\$ 117,217		\$ 1,487,168	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 12,339,869	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 421,322	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 458,440	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 37,118	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,035,336	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 - 2000	\$ 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: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Allocated from Nucare				514			5
6								6
7	TOTAL				\$ 514			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.	_____ /2009	\$ _____
13.	_____ /2010	\$ _____
14.	_____ /2011	\$ _____

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: \$ 26,492 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			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	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	\$		\$ 337,742	\$		\$ 337,742	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			95,793			95,793	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			390,173			390,173	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				299,093		299,093	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Supplemental			12,011			128,919		140,930	13
14	TOTAL			\$ 12,011		\$ 823,708	\$ 428,012		\$ 1,263,731	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning: 01/01/08

Ending:

12/31/08

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 4,100	\$ 302,314	1
2	Cash-Patient Deposits	11,217	11,217	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	2,882,658	4,076,992	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	125,835	160,525	6
7	Other Prepaid Expenses	7,848	7,848	7
8	Accounts Receivable (owners or related parties)	12,798,047	12,798,047	8
9	Other(specify): <u>See Attached Schedule</u>	4,410	314,642	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 15,834,115	\$ 17,671,585	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		209,865	13
14	Buildings, at Historical Cost		8,016,178	14
15	Leasehold Improvements, at Historical Cost	687,117	951,583	15
16	Equipment, at Historical Cost	806,677	1,884,044	16
17	Accumulated Depreciation (book methods)	(989,287)	(3,712,849)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	4,757	985,745	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 509,264	\$ 8,334,566	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,343,379	\$ 26,006,151	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,111,761	\$ 1,111,761	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	536,036	536,036	30
31	Accrued Taxes Payable (excluding real estate taxes)	48,834	48,834	31
32	Accrued Real Estate Taxes(Sch.IX-B)		445,732	32
33	Accrued Interest Payable		54,106	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	12,262,442	11,871,352	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 13,959,073	\$ 14,067,821	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,080,764	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Attached Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 9,080,764	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 13,959,073	\$ 23,148,585	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,384,306	\$ 2,857,566	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 16,343,379	\$ 26,006,151	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,584,928	1
2	Restatements (describe):		2
3	Medicare Bad Debt	(153,706)	3
4	Hazard Insurance	(14,042)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,417,180	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	967,126	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)	\$ 967,126	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,384,306	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Renaissance at Midway

0041749

Report Period Beginning: 01/01/08

Ending: 12/31/08

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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,441,804	1
2	Discounts and Allowances for all Levels	(148,433)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,293,371	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,995,318	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,995,318	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	597,664	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	31,575	19
20	Radiology and X-Ray	13,454	20
21	Other Medical Services	149,755	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 792,448	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	81	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 81	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	1,395	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,395	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,082,613	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,978,031	31
32	Health Care	4,923,925	32
33	General Administration	3,668,973	33
B. Capital Expense			
34	Ownership	1,953,241	34
C. Ancillary Expense			
35	Special Cost Centers	1,454,615	35
36	Provider Participation Fee	136,702	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,115,487	40
41	Income before Income Taxes (line 30 minus line 40)**	967,126	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 967,126	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: 01/01/08

Ending:

12/31/08

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	1,994	2,109	\$ 103,459	\$ 49.06	1
2	Assistant Director of Nursing	1,835	2,115	87,452	41.35	2
3	Registered Nurses	24,268	24,268	870,982	35.89	3
4	Licensed Practical Nurses	54,308	62,069	1,464,709	23.60	4
5	CNAs & Orderlies	133,540	148,042	1,335,924	9.02	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	19,751	19,751	179,539	9.09	8
9	Activity Director	2,278	2,278	30,555	13.41	9
10	Activity Assistants	7,587	8,657	86,791	10.03	10
11	Social Service Workers	6,299	6,726	130,153	19.35	11
12	Dietician	3,076	3,294	50,907	15.45	12
13	Food Service Supervisor					13
14	Head Cook	6,370	7,226	96,434	13.35	14
15	Cook Helpers/Assistants	20,264	22,002	196,468	8.93	15
16	Dishwashers					16
17	Maintenance Workers	4,090	4,304	84,589	19.65	17
18	Housekeepers	23,896	26,366	288,713	10.95	18
19	Laundry	7,998	8,638	77,118	8.93	19
20	Administrator	1,999	2,085	90,104	43.22	20
21	Assistant Administrator	1,523	1,554	29,882	19.23	21
22	Other Administrative	583	583	61,136	104.86	22
23	Office Manager					23
24	Clerical	17,156	19,256	323,060	16.78	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	7,602	8,386	86,085	10.27	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	4,417	4,597	176,546	38.40	33
34	TOTAL (lines 1 - 33)	350,834	384,306	\$ 5,850,606 *	\$ 15.22	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	569	\$ 25,211	01-03	35
36	Medical Director	Monthly	56,603	09-03	36
37	Medical Records Consultant	Monthly	5,673	10-03	37
38	Nurse Consultant	514	13,533	10-03	38
39	Pharmacist Consultant	Monthly	4,274	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	35	1,939	11-03	44
45	Social Service Consultant	43	2,365	12-03	45
46	Other(specify)				46
47	Medical Consultant	Monthly	44,000	10-03	47
48	Therapy Consultant	139	11,015	10a-03	48
49	TOTAL (lines 35 - 48)	1,300	\$ 164,613		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: 01/01/08 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 FY2005	6 FY2006	7 FY2007	8 FY2008	9 FY2009	10 FY2010	11 FY2011	12 FY2012	13 FY2013
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. ILCLTC - \$17,940
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 46,546 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 136,702
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 28,914 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100% ln 14
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A 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