

		FOR BHF USE					

LL1

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

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

I. IDPH Facility ID Number: 0041426

Facility Name: Wynscape

Address: 2180 West Manchester Road Wheaton 60187
 Number City Zip Code

County: DuPage

Telephone Number: (630) 665-4330 **Fax #** (630) 665-3181

HFS ID Number: 363436685002

Date of Initial License for Current Owners: 3/1/1996

Type of Ownership:

<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input checked="" type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code <u>501C(3)</u>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
	<input type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other	

In the event there are further questions about this report, please contact:
Name: Patrick Szajkovic **Telephone Number:** (847) 259-7373, Ext. 111

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from July 1, 2005 to June 30, 2006 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed) <u>10/31/2006</u> (Date)
	(Type or Print Name) <u>Joseph L. Benson</u>
	(Title) <u>President & Chief Operating Officer</u>
Paid Preparer	(Signed) <u>10/31/2006</u> (Date)
	(Print Name and Title) <u>Patrick Szajkovic</u> <u>Senior Consultant</u>
	(Firm Name & Address) <u>Strategic Reimbursement, Inc.</u> <u>3315 W. Algonquin Rd. S-110, Rolling Meadows, IL 60008</u>
	(Telephone) <u>(847) 259-7373</u> Fax # <u>(847) 259-9869</u>
	MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Wynscape# 0041426 Report Period Beginning: July 1, 2005 Ending: June 30, 2006

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 bedsN/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>108</u>	Skilled (SNF)	<u>108</u>	<u>39,420</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>101</u>	Intermediate (ICF)	<u>101</u>	<u>36,865</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>209</u>	TOTALS	<u>209</u>	<u>76,285</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>6,924</u>	<u>3,281</u>	<u>17,055</u>	<u>27,260</u>	8
9	SNF/PED					9
10	ICF	<u>17,643</u>	<u>15,060</u>	<u>0</u>	<u>32,703</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>24,567</u>	<u>18,341</u>	<u>17,055</u>	<u>59,963</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 78.60%

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

None (Do not include bed-hold days in Section B.)

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

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

NoneF. Does the facility maintain a daily midnight census? YesG. 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 3/1/1996

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

YES Date 3/1/1996 NO

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

YES NO If YES, enter number
of beds certified 108 and days of care provided 14,247Medicare Intermediary AdminaStar Federal, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED
CASH* CASH* Is your fiscal year identical to your tax year? YES NO Tax Year: 6/30/2006 Fiscal Year: 6/30/2006

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

Facility Name & ID Number Wynscape

0041426

Report Period Beginning:

July 1, 2005

Ending:

June 30, 2006

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	466,635	30,296	94,085	591,016		591,016	(496)	590,520			1
2	Food Purchase		388,128		388,128		388,128	0	388,128			2
3	Housekeeping	257,752	7,917	177,817	443,486		443,486	0	443,486			3
4	Laundry	106,121	18,851		124,972	0	124,972	0	124,972			4
5	Heat and Other Utilities			286,977	286,977		286,977	3,253	290,230			5
6	Maintenance	44,645	36,736	163,290	244,671		244,671	194,455	439,126			6
7	Other (specify):*				0		0	0	0			7
8	TOTAL General Services	875,153	481,928	722,169	2,079,250	0	2,079,250	197,212	2,276,462			8
	B. Health Care and Programs											
9	Medical Director			20,818	20,818		20,818	0	20,818			9
10	Nursing and Medical Records	4,764,241	263,929	240,151	5,268,321		5,268,321	0	5,268,321			10
10a	Therapy	679,600	17,673	39,085	736,358		736,358	0	736,358			10a
11	Activities	192,990		5,832	198,822		198,822	0	198,822			11
12	Social Services	186,579		2,405	188,984		188,984	0	188,984			12
13	CNA Training				0		0	0	0			13
14	Program Transportation				0		0	0	0			14
15	Other (specify):*				0		0	0	0			15
16	TOTAL Health Care and Programs	5,823,410	281,602	308,291	6,413,303	0	6,413,303	0	6,413,303			16
	C. General Administration											
17	Administrative	105,109		739,351	844,460		844,460	(153,394)	691,066			17
18	Directors Fees				0		0	0	0			18
19	Professional Services			22,130	22,130		22,130	21,917	44,047			19
20	Dues, Fees, Subscriptions & Promotions			13,044	13,044		13,044	3,296	16,340			20
21	Clerical & General Office Expenses	299,388	42,819	86,149	428,356		428,356	302,472	730,828			21
22	Employee Benefits & Payroll Taxes			1,732,443	1,732,443		1,732,443	128,012	1,860,455			22
23	Inservice Training & Education				0		0	0	0			23
24	Travel and Seminar			(1,160)	(1,160)		(1,160)	0	(1,160)			24
25	Other Admin. Staff Transportation				0		0	0	0			25
26	Insurance-Prop.Liab.Malpractice			528,762	528,762		528,762	0	528,762			26
27	Other (specify):*				0		0	0	0			27
28	TOTAL General Administration	404,497	42,819	3,120,719	3,568,035	0	3,568,035	302,303	3,870,338			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,103,060	806,349	4,151,179	12,060,588	0	12,060,588	499,515	12,560,103			29

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

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 Wynscape

#0041426

Report Period Beginning: July 1, 2005 Ending:

June 30, 2006

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			4,874,659	4,874,659		4,874,659	(4,293,182)	581,477			30
31	Amortization of Pre-Op. & Org.				0		0	0	0			31
32	Interest			204,915	204,915		204,915	(32,822)	172,093			32
33	Real Estate Taxes				0		0	0	0			33
34	Rent-Facility & Grounds				0		0	0	0			34
35	Rent-Equipment & Vehicles			42,159	42,159		42,159	0	42,159			35
36	Other (specify):*				0		0	0	0			36
37	TOTAL Ownership			5,121,733	5,121,733	0	5,121,733	(4,326,004)	795,729			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation				0		0	0	0			38
39	Ancillary Service Centers		531,441		531,441		531,441	0	531,441			39
40	Barber and Beauty Shops				0		0	0	0			40
41	Coffee and Gift Shops				0		0	0	0			41
42	Provider Participation Fee			114,428	114,428		114,428	0	114,428			42
43	Other (specify):*			249,434	249,434		249,434	(126,502)	122,932			43
44	TOTAL Special Cost Centers	0	531,441	363,862	895,303	0	895,303	(126,502)	768,801			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,103,060	1,337,790	9,636,774	18,077,624	0	18,077,624	(3,952,991)	14,124,633			45

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

Facility Name & ID Number Wynscape

0041426

Report Period Beginning:

July 1, 2005

Ending:

June 30, 2006

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(4,428,085)	30		9
10	Interest and Other Investment Income	(32,822)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				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				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(24,000)	43		24
25	Fund Raising, Advertising and Promotional	(102,502)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Page 5a	(2,226)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (4,589,635)		\$ 0	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)	636,644		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 636,644		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (3,952,991)		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.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

Wynscape

ID# 0041426

Report Period Beginning: July 1, 2005

Ending: June 30, 2006

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Vending Income	\$ (496)	1	1
2	Other Miscellaneous income	(1,612)	21	2
3	Finance charges	(118)	21	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				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	(2,226)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Wynscape

0041426

Report Period Beginning:

July 1, 2005

Ending:

June 30, 2006

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	(496)	0	0	0	0	0	0	0	0	0	0	(496)	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	3,253	0	0	0	0	0	0	0	0	0	3,253	5
6	Maintenance	0	194,455	0	0	0	0	0	0	0	0	0	194,455	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(496)	197,708	0	197,212	8								
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	(153,394)	0	0	0	0	0	0	0	0	0	(153,394)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	21,917	0	0	0	0	0	0	0	0	0	21,917	19
20	Fees, Subscriptions & Promotions	0	3,296	0	0	0	0	0	0	0	0	0	3,296	20
21	Clerical & General Office Expenses	(1,730)	304,202	0	0	0	0	0	0	0	0	0	302,472	21
22	Employee Benefits & Payroll Taxes	0	128,012	0	0	0	0	0	0	0	0	0	128,012	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(1,730)	304,033	0	302,303	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(2,226)	501,741	0	499,515	29								

STATE OF ILLINOIS

Facility Name & ID Number Wynscape

0041426 Report Period Beginning:

July 1, 2005 Ending:

Summary B
June 30, 2006

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	(4,428,085)	134,903	0	0	0	0	0	0	0	0	0	(4,293,182)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(32,822)	0	0	0	0	0	0	0	0	0	0	(32,822)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(4,460,907)	134,903	0	(4,326,004)	37								
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(126,502)	0	0	0	0	0	0	0	0	0	0	(126,502)	43
44	TOTAL Special Cost Centers	(126,502)	0	0	0	0	0	0	0	0	0	0	(126,502)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(4,589,635)	636,644	0	(3,952,991)	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
Central DuPage Health System (A Non-Profit Corp)	100			Central DuPage Hospital	Winfield, IL	Hospital
				CNS Home Care	Carol Stream, IL	Home Health
				Wyndmere Rtrmnt	Wheaton, IL	Ret. Community
				PAHCS II	Winfield, IL	Occup Med
				DuPage Health Svc	Winfield, IL	Lab
				CD Health	Winfield, IL	Pharmacy

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	5 Utilities	\$	Central DuPage Health System	100.00%	\$ 3,253	\$ 3,253 1
2	V	6 Maintenance		Central DuPage Health System	100.00%	194,455	194,455 2
3	V	17 Administrative Services		Central DuPage Health System	100.00%	585,957	585,957 3
4	V	19 Legal and Professional Fees		Central DuPage Health System	100.00%	21,917	21,917 4
5	V	20 Licenses, Dues, Fees, etc		Central DuPage Health System	100.00%	3,296	3,296 5
6	V	21 Clerical and General Office		Central DuPage Health System	100.00%	304,202	304,202 6
7	V	22 Employee Benefits		Central DuPage Health System	100.00%	128,012	128,012 7
8	V	30 Depreciation		Central DuPage Health System	100.00%	134,903	134,903 8
9	V						9
10	V						10
11	V	17 Management fees	739,351	Central DuPage Health System	100.00%		(739,351) 11
12	V						12
13	V						13
14	Total		\$ 739,351			\$ 1,375,995	\$ * 636,644 14

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

Facility Name & ID Number

Wynscape

#

0041426

Report Period Beginning:

July 1, 2005

Ending:

June 30, 2006

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									\$		1
2	N/A - Nonprofit Corp.										2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		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.

Facility Name & ID Number Wynscape

0041426

Report Period Beginning: July 1, 2005

Ending: ne 30, 2006

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 Central DuPage Health System
 Street Address 27W353 Jewell Road
 City / State / Zip Code Winfield, IL 60190
 Phone Number (630) 933-5023
 Fax Number (630) 933-1800

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2	5	Utilities	Accumulated costs	408,711	8	73,631	18,054	3,253	2
3	6	Maintenance	Accumulated costs	408,711	8	4,402,118	18,054	194,455	3
4	17	Administrative services	Accumulated costs	408,711	8	13,265,041	13,265,041	585,957	4
5	19	Legal and professional fees	Accumulated costs	408,711	8	496,172	18,054	21,917	5
6	20	Dues, licenses & subscriptions	Accumulated costs	408,711	8	74,620	18,054	3,296	6
7	21	Clerical and general office	Accumulated costs	408,711	8	6,886,612	18,054	304,202	7
8	22	Employee benefits	Accumulated costs	408,711	8	2,897,977	18,054	128,012	8
9	30	Depreciation	Accumulated costs	408,711	8	3,053,973	18,054	134,903	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					\$ 31,150,144	\$ 13,265,041	\$ 1,375,995	25

Facility Name & ID Number Wynscape

0041426

Report Period Beginning:

July 1, 2005 Ending:

June 30, 2006

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	First Health Care Associates		X	Mortgage Note	\$60,195.00	1/1/2000	\$ 7,029,000	\$ 6,400,030	12/31/24	0.0925	\$ 204,915	1					
2												2					
3												3					
4												4					
5												5					
	Working Capital																
6												6					
7												7					
8												8					
9	TOTAL Facility Related				\$60,195.00		\$ 7,029,000	\$ 6,400,030			\$ 204,915	9					
	B. Non-Facility Related*																
10	Interest Income Offset										(32,822)	10					
11												11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$ 0	\$ 0			(32,822)	14					
15	TOTALS (line 9+line14)						\$ 7,029,000	\$ 6,400,030			\$ 172,093	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

* 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

1. Real Estate Tax accrual used on 2005 report.		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	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.)			\$	2
3. Under or (over) accrual (line 2 minus line 1).			\$ 0	3
4. Real Estate Tax accrual used for 2006 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	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.)			\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$ 0	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:				
2001	_____	8		
2002	_____	9		
2003	_____	10		
2004	_____	11		
2005	_____	12		
			FOR BHF USE ONLY	
13	FROM R. E. TAX STATEMENT FOR 2005	\$		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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2005 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2005 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2005.

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

Please send these items in with your completed 2006 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2005 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Wynscape COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0041426

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2005 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2005.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ <u>0.00</u>	\$ <u>0.00</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2005 tax bills which were listed in Section A to this statement. Be sure to use the 2005 tax bill which is normally paid during 2006.

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

Facility Name & ID Number Wynscape

0041426 Report Period Beginning:

July 1, 2005 Ending:

June 30, 2006

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 58,390 B. General Construction Type: Exterior Brick Frame Steel Number of Stories Two

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: N/A 2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs: N/A
(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>Patient Care</u>		<u>2000</u>	<u>\$ 1,800,000</u>	1
2					2
3	TOTALS			\$ 1,800,000	3

Facility Name & ID Number Wynscape

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	209		2000		\$ 5,726,808	\$ 144,779	40	\$ 143,170	\$ (1,609)	\$ 930,606	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Elevator			7/1/1996	2,468		20	128	128	1,190	9
10	Facility project number 96071, See 12C for breakout			6/30/1997	0						10
11	General construction project number 96007			6/30/1997	154,315	1,851	40	3,858	2,007	32,949	11
12	Demolition			6/30/1997	14,620		40	366	366	3,477	12
13	Construction debris removal			6/30/1997	18,783		40	470	470	4,465	13
14	Excavation			6/30/1997	4,356		40	109	109	1,036	14
15	Concrete			6/30/1997	28,710		40	718	718	6,821	15
16	Unit masonry			6/30/1997	39,480		40	987	987	9,377	16
17	Rough carpentry			6/30/1997	1,488		40	37	37	352	17
18	Temporary protection cleanup			6/30/1997	10,767		40	269	269	2,556	18
19	Wood doors			6/30/1997	7,043		40	176	176	1,672	19
20	Spray on fire proofing			6/30/1997	11,800		40	295	295	2,803	20
21	Membrane roofing			6/30/1997	95,011		40	2,375	2,375	22,563	21
22	Metal door and frames			6/30/1997	14,369		40	359	359	3,411	22
23	Wood replacement doors			6/30/1997	4,381		40	110	110	1,045	23
24	Entrances and storefront			6/30/1997	28,398		40	710	710	6,745	24
25	Aluminum windows			6/30/1997	127,610		40	3,190	3,190	30,305	25
26	Hardware			6/30/1997	38,367		40	959	959	9,174	26
27	Interior glazing			6/30/1997	8,750		40	219	219	2,081	27
28	Drywall			6/30/1997	471,593		40	11,790	11,790	112,005	28
29	Ceramic tile			6/30/1997	34,909		40	873	873	8,294	29
30	Resilient flooring			6/30/1997	35,834		40	896	896	8,512	30
31	Floor prep			6/30/1997	1,809		40	45	45	428	31
32	Painting			6/30/1997	38,007		40	950	950	9,025	32
33	Toilet and bath accessories			6/30/1997	20,015		40	500	500	4,750	33
34	Kitchen and building allowance			6/30/1997	118,968		40	2,974	2,974	28,253	34
35	Window treatment allowance			6/30/1997	19,238		40	481	481	4,570	35
36	Storage / Moving			6/30/1997	1,748		40	44	44	418	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

Facility Name & ID Number Wynscape

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	Final cleaning allowance	6/30/1997	\$ 11,225	\$	40	\$ 281	\$ 281	\$ 2,670	37
38	Field investigation	6/30/1997	900		40	23	23	219	38
39	Fire protection	6/30/1997	17,701		40	443	443	4,209	39
40	Plumbing	6/30/1997	155,685		40	3,892	3,892	36,974	40
41	HVAC	6/30/1997	24,900		40	623	623	5,919	41
42	Electrical	6/30/1997	322,774		40	8,069	8,069	76,656	42
43	Fire alarm system	6/30/1997	13,741		40	344	344	3,268	43
44	Premium time drywall	6/30/1997	2,366		40	59	59	561	44
45	Reconstruction fee	6/30/1997	28,000		40	700	700	6,650	45
46	Fees to Schall Brothers	6/30/1997	72,379		40	1,809	1,809	17,186	46
47	Insurance	6/30/1997	17,277		40	432	432	4,104	47
48	Millwork	6/30/1997	61,115		40	1,528	1,528	14,517	48
49	Architect fees	7/31/1997	150,000		5			150,000	49
50	Architectural reimbursement	7/31/1997	10,952		5			10,952	50
51	Survey	7/31/1997	7,956		5			7,956	51
52	City permit fees	7/31/1997	4,886		5			4,886	52
53	Legal (contract only)	7/31/1997	6,927		5			6,927	53
54	Contingency fees	7/31/1997	36,385	2,241	10	3,639	1,398	26,450	54
55	Testing services	7/31/1997	10,864		5			10,864	55
56	Title insurance	7/31/1997	346		1			346	56
57	Landscaping	7/31/1997	45,000		5			45,000	57
58	Fence	7/31/1997	4,287		7	0		4,287	58
59	Balance of landscaping	10/23/1997	15,000	1,623	10	1,500	(123)	12,750	59
60	Seal stripe parking lot	10/28/1997	2,959		3	0		2,959	60
61	Elevator repairs	1/13/1998	11,000		20	565	565	4,735	61
62	Security system	2/3/1998	2,318		10	251	251	2,047	62
63	Elevator repairs	7/1/1998	1,500		3			1,500	63
64	Elevator repairs	11/18/1998	7,942		3			7,942	64
65	Gas water heater	11/10/1998	2,657		3			2,657	65
66	Smoke detectors	1/11/1999	2,225		3			2,225	66
67	Elevator repairs	1/13/1999	27,293		3			27,293	67
68	Elevator repairs	2/8/1999	6,349		3			6,349	68
69	Plumbing repairs	4/28/1999	700		3			700	69
70	TOTAL (lines 4 thru 69)		\$ 8,165,254	\$ 150,494		\$ 201,216	\$ 50,722	\$ 1,760,641	70

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

Facility Name & ID Number Wynscape

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		\$ 8,165,254	\$ 150,494		\$ 201,216	\$ 50,722	\$ 1,760,641	1
2	Rear door repairs	5/15/1966	2,799		3			2,799	2
3	Prior year improvement to facility project number 96071:								3
4	General contractor cost	6/30/1997	145,836	17,349	40	3,646	(13,703)	34,637	4
5	Construction insurance	6/30/1997	10,702	1,273	40	268	(1,005)	2,546	5
6	Fire alarm system	6/30/1997	8,717	1,037	40	218	(819)	2,071	6
7	Electrical work	6/30/1997	69,239	8,236	40	1,731	(6,505)	16,445	7
8	HVAC improvement work	6/30/1997	394,855	46,969	40	9,871	(37,098)	93,775	8
9	Plumbing improvement	6/30/1997	86,233	10,258	40	2,156	(8,102)	20,482	9
10	Fire protection work	6/30/1997	2,096	249	40	52	(197)	494	10
11	Elevators work	6/30/1997	1,595	190	40	40	(150)	380	11
12	Storage and moving cost	6/30/1997	19,125	2,275	40	478	(1,797)	4,541	12
13	Window treatment improvements	6/30/1997	14,142	1,682	40	354	(1,328)	3,363	13
14	Painting work	6/30/1997	212,678	25,299	40	5,317	(19,982)	50,512	14
15	Resilient flooring	6/30/1997	161,133	19,167	40	4,028	(15,139)	38,266	15
16	Acoustical treatment	6/30/1997	102,956	12,247	40	2,574	(9,673)	24,453	16
17	Ceramic tile	6/30/1997	8,396	999	40	210	(789)	1,995	17
18	Drywall	6/30/1997	11,049	1,314	40	276	(1,038)	2,622	18
19	Hardware	6/30/1997	54,460	6,478	40	1,362	(5,116)	12,939	19
20	Aluminum windows	6/30/1997	2,616	311	40	65	(246)	618	20
21	Roofing	6/30/1997	13,942	1,658	40	349	(1,309)	3,316	21
22	Wood door	6/30/1997	1,802	214	40	45	(169)	428	22
23	Unit masonry	6/30/1997	7,316	870	40	183	(687)	1,739	23
24	Cast in place concrete	6/30/1997	13,275	1,579	40	332	(1,247)	3,154	24
25	Unlocated Difference on Depr on 1997 assets	6/30/1997		(46,742)			46,742		25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,510,216	\$ 263,406		\$ 234,771	\$ (28,635)	\$ 2,082,216	34

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

Facility Name & ID Number Wynscape

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		\$ 9,510,216	\$ 263,406		\$ 234,771	\$ (28,635)	\$ 2,082,216	1
2	Disposer and wall heating and cooling units	7/1/1998	8,549		3			8,549	2
3	Roof covering and gutters	1/13/1998	4,345		3			4,345	3
4	Elevator repairs	6/30/1999	1,600		3			1,600	4
5	Elevator repairs	6/30/1999	15,078		3			15,078	5
6	Assets After 6/30/99:								6
7	Toilet replacement	7/1/1999	12,397		3			12,397	7
8	Toilet replacement	8/1/1999	1,194		3			1,194	8
9	Plumbing and electrical work	7/1/1999	4,100		3			4,100	9
10	Elevator repairs and electric	7/1/1999	31,402		3			31,402	10
11	Sidewalk repair	7/1/1999	1,892		3			1,892	11
12	Door holders	12/31/1999	4,784		3			4,784	12
13	Electrical panel repair	12/31/1999	4,900		3			4,900	13
14	Nurse call system	2/29/2000	9,083		3			9,083	14
15	Nurse call system	2/29/2000	54,480		3			54,480	15
16	Detail of building improvements 06/30/2000								16
17	General contractor cost	6/30/2000	22,010		40	550	550	3,575	17
18	Demolition cost	6/30/2000	622	16	40	16		100	18
19	Concrete cost	6/30/2000	2,119	53	40	53		348	19
20	Masonry cost	6/30/2000	2,223	55	40	55		361	20
21	Carpentry and fireproofing cost	6/30/2000	2,140	53	40	53		348	21
22	Roofing cost	6/30/2000	4,093	103	40	103		666	22
23	Entrance improvements	6/30/2000	1,583	39	40	39		257	23
24	Windows cost	6/30/2000	6,191	155	40	155		1,004	24
25	Hardware cost	6/30/2000	3,761	94	40	94		611	25
26	Drywall cost	6/30/2000	18,998	475	40	475		3,091	26
27	Ceramic tile and flooring	6/30/2000	12,892	323	40	323		2,096	27
28	Painting and decorating	6/30/2000	10,437	261	40	261		1,693	28
29	Kitchen and millwork improvements	6/30/2000	6,860	171	40	171		1,115	29
30	Plumbing and electrical work	6/30/2000	24,433	611	40	611		3,968	30
31	HVAC work	6/30/2000	16,892	423	40	423		2,746	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,799,274	\$ 266,238		\$ 238,153	\$ (28,085)	\$ 2,257,999	34

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

Facility Name & ID Number Wynscape

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 12C, Carried Forward		\$ 9,799,274	\$ 266,238		\$ 238,153	\$ (28,085)	\$ 2,257,999	1
2	Carpet	2002	2,035	293	7	293		1,315	2
3	Electrical	2002	5,722	284	20	284		1,281	3
4	Emergency generator system and facility rewiring	2002	919,934	45,996	20	45,996		206,983	4
5	First floor renovation	2002	367,252	18,363	20	18,363		82,633	5
6	Hot water heaters	2002	67,944	3,397	20	3,397		15,287	6
7	Nurse call system	2002	31,433	1,571	20	1,571		7,070	7
8	Mechanical (oxygen distribution system)	2002	38,241	1,912	20	1,912		8,604	8
9	Plumbing	2002	2,961	148	20	148		666	9
10	HVAC	2002	47,353	2,368	20	2,368		10,656	10
11	Painting and decorating	2002	21,585	1,079	20	1,079		4,856	11
12	Roof replacement	2002	99,498	4,921	20	4,921		22,171	12
13	Service elevator modernization	2002	44,119	2,206	20	2,206		9,927	13
14	Soft costs	2002	65,031	3,252	20	3,252		14,634	14
15	Mechanical	2002	54,389	2,720	20	2,720		12,239	15
16	Monument sign	2002	16,917	1,692	10	1,692		7,614	16
17	Site drainage	2002	59,341	2,967	20	2,967		13,352	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)		\$ 11,643,029	\$ 359,407		\$ 331,322	\$ (28,085)	\$ 2,677,287	34

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

Facility Name & ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 11,643,029	\$ 359,407		\$ 331,322	\$ (28,085)	\$ 2,677,287	1
2	Security cameras	6/30/2003	14,922	746	20	746		2,611	2
3	Electrical updates	6/30/2003	626	31	20	31		109	3
4	Electrical updates	6/30/2003	19	1	20	1		3	4
5	Electrical updates	6/30/2003	861	43	20	43		151	5
6	Electrical updates	6/30/2003	45	2	20	2		7	6
7	CDH PO# 174903 - project # 21165	6/30/2003	8,486	424	20	424		1,484	7
8	Miner & East	6/30/2003	14,740	737	20	737		2,580	8
9	Extractor	6/30/2003	556	28	20	28		98	9
10	Engineering	6/30/2003	4,470	224	20	224		784	10
11	Office renovation	6/30/2003	448	22	20	22		77	11
12	Labor	6/30/2003	56	3	20	3		10	12
13	Labor	6/30/2003	1,344	67	20	67		235	13
14	Emergency shower repair	6/30/2003	4,780	239	20	239		837	14
15	Electrical updates	6/30/2003	2,340	117	20	117		410	15
16	Cindy Smith	6/30/2003	663	33	20	33		116	16
17	Miner & East	6/30/2003	154,919	7,746	20	7,746		27,111	17
18	Miner & East	6/30/2003	8,563	428	20	428		1,498	18
19	Ice cream parlor	6/30/2003	679	34	20	34		119	19
20	Office renovation	6/30/2003	6,600	330	20	330		1,155	20
21	Office renovation	6/30/2003	448	22	20	22		77	21
22	Code regulation for storage	6/30/2003	15,195	760	20	760		2,660	22
23	Plumbing	6/30/2003	11,583	579	20	579		2,027	23
24	Dust control assembly	6/30/2003	1,220	61	20	61		305	24
25	Shower room repair	6/30/2003	1,877	94	20	94		470	25
26	Smoke / fire dampers	6/30/2003	1,954	98	20	98		489	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,900,423	\$ 372,276		\$ 344,191	\$ (28,085)	\$ 2,722,710	34

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

Facility Name & ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 11,900,423	\$ 372,276		\$ 344,191	\$ (28,085)	\$ 2,722,710	1
2									2
3	Labor on remodeling	6/30/2004	858	43	20	43		107	3
4	Engineering work for remodeling	6/30/2004	4,470	223	20	223		558	4
5	Skilled Nrsg Rev	6/30/2004	663	33	20	33		82	5
6	Skilled Nrsg Rev	6/30/2004	846	42	20	42		105	6
7	Supply desk	6/30/2004	556	56	10	56		140	7
8	C.S. Artwork	6/30/2004	122	12	10	12		30	8
9	CS Artwork	6/30/2004	33	3	10	3		7	9
10	Concrete Sealcoat	6/30/2004	1,796	180	10	180		450	10
11	Anderson Mikos Architect plans on remodeling	6/30/2004	3,735	187	20	187		467	11
12	Troyer Group Srvc - Architect plan fees	6/30/2004	8,419	421	20	421		1,052	12
13	Anderson Mikos Architect fee - remodeling plans	6/30/2004	2,343	117	20	117		293	13
14	Anderson Mikos Prof Architect plans	6/30/2004	6,175	309	20	309		772	14
15	IDPA Safety remodeling work	6/30/2004	3,180	159	20	159		397	15
16	Troyer Group Architect Redecorating Plans	6/30/2004	10,157	508	20	508		1,270	16
17	Hot Water Heater	6/30/2004	12,985	649	20	649		1,623	17
18	Troyer Group Architect Redecorating plans - Phase I	6/30/2004	11,633	582	20	582		1,455	18
19	Troyer Group Architect Redecorating plans - Phase I	6/30/2004	6,810	340	20	340		850	19
20	Troyer Group invoice - Architect Plans	6/30/2004	8,610	430	20	430		1,075	20
21	2005 Additions:								21
22	Troyer Group Remodeling Architect fees	6/30/2005	287	14	20	14		21	22
23	Coppolino Design - Phase I Contractor fee	6/30/2005	203	10	20	10		15	23
24	Troyer Group Remodeling Phase I Architect Fees	6/30/2005	9,066	453	20	453		679	24
25	Security Svstem	6/30/2005	17,260	1,726	10	1,726		2,589	25
26	Remodeling - First Floor furniture	6/30/2005	390	20	20	20		30	26
27	Summary Billing - Furniture for redesigned area	6/30/2005	38,223	1,911	20	1,911		2,867	27
28	Art work Prints and Installation	6/30/2005	3,065	306	10	306		459	28
29	First Floor Remodeling:								29
30	Labor for Demolition	6/30/2005	5,750	288	20	288		432	30
31	Labor for Carpentry	6/30/2005	4,370	218	20	218		327	31
32	Labor for Millwork	6/30/2005	51,287	2,564	20	2,564		3,846	32
33	Doors, frames and hardware	6/30/2005	12,139	607	20	607		910	33
34	TOTAL (lines 1 thru 33)		\$ 12,125,854	\$ 384,687		\$ 356,602	\$ (28,085)	\$ 2,745,618	34

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

Facility Name & ID Number Wynscape

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		\$ 12,125,854	\$ 384,687		\$ 356,602	\$ (28,085)	\$ 2,745,618	1
2	Temporary 1 hr. partions	6/30/2005	1,680	84	20	84		126	2
3	Glass and Glazing	6/30/2005	360	18	20	18		27	3
4	Drywall and Acoustical ceiling	6/30/2005	28,678	1,434	20	1,434		2,151	4
5	Flooring	6/30/2005	18,200	910	20	910		1,365	5
6	Wall Finishes	6/30/2005	25,508	1,275	20	1,275		1,913	6
7	Special Ceiling Fixtures & finishes	6/30/2005	4,559	228	20	228		342	7
8	Plumbing	6/30/2005	10,180	509	20	509		764	8
9	Fire Protection System	6/30/2005	5,278	264	20	264		396	9
10	HVAC System	6/30/2005	5,928	296	20	296		444	10
11	Electric including Fire System and Telephone & Data wiring	6/30/2005	42,448	2,122	20	2,122		3,183	11
12	Floor Preparations	6/30/2005	5,000	250	20	250		375	12
13	Contractor - Construction Fee	6/30/2005	32,037	1,602	20	1,602		2,403	13
14	Second Floor Remodeling:								14
15	Labor for Demolition	6/30/2005	3,750	188	20	188		282	15
16	Labor for Carpentry	6/30/2005	760	38	20	38		57	16
17	Labor for Millwork	6/30/2005	5,930	296	20	296		444	17
18	Doors, frames and hardware	6/30/2005	5,948	297	20	297		446	18
19	Temporary 1 hr. partions	6/30/2005	650	33	20	33		49	19
20	Drywall and Acoustical ceiling	6/30/2005	20,170	1,008	20	1,008		1,512	20
21	Flooring	6/30/2005	3,300	165	20	165		248	21
22	Wall Finishes	6/30/2005	6,706	335	20	335		503	22
23	Special Ceiling Fixtures & finishes	6/30/2005	2,481	124	20	124		186	23
24	Fire Protection System	6/30/2005	2,942	147	20	147		221	24
25	HVAC System	6/30/2005	747	37	20	37		56	25
26	Electric including Fire System and Telephone & Data wiring	6/30/2005	8,717	436	20	436		654	26
27	Floor Preparations	6/30/2005	600	30	20	30		45	27
28	Contractor - Construction Fee	6/30/2005	10,192	510	20	510		765	28
29	Remodeling Project Changes:								29
30	Flex Ductwork for HEPA Filters	6/30/2005	177	9	20	9		13	30
31	Physical Therapy Countertop change	6/30/2005	210	10	20	10		15	31
32	Relocate Ductwork for rm 102	6/30/2005	363	18	20	18		27	32
33	Remove Windows/ wall installation for Nurse Office wall	6/30/2005	1,176	59	20	59		88	33
34	TOTAL (lines 1 thru 33)		\$ 12,380,529	\$ 397,419		\$ 369,334	\$ (28,085)	\$ 2,764,718	34

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

Facility Name & ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 12,380,529	\$ 397,419		\$ 369,334	\$ (28,085)	\$ 2,764,718	1
2	Fire Extinguisher Cabinet by Rm # 103	6/30/2005	493	25	20	25		37	2
3	Interior entry door # 101A, push/pull lever	6/30/2005	75	4	20	4		6	3
4	Drywall Firestop by rm. #203	6/30/2005	1,266	63	20	63		95	4
5	Skimcoat 2F for existing Drywall (wall prep)	6/30/2005	542	27	20	27		41	5
6	Skimcoat Rms 101, 102, & 104 for existing Drywall	6/30/2005	2,672	134	20	134		201	6
7	Trash Dumpsters	6/30/2005	357	18	20	18		27	7
8	Electric Outlets, Wiring & Switches - New & Changes	6/30/2005	8,252	413	20	413		619	8
9	Light Fixtures - rm 202	6/30/2005	272	14	20	14		21	9
10	Light Fixtures - 4 Fire Strobes in Hallway	6/30/2005	1,072	54	20	54		81	10
11	Sound System - Lobby & Nursing Area	6/30/2005	2,877	144	20	144		216	11
12	Sprinkler System Heads	6/30/2005	7,758	388	20	388		582	12
13	Planning, Design/Engineering fees, Badges & Video	6/30/2005	10,386	519	20	519		779	13
14	Handsinks in 2F, Food Tray Area - Net	6/30/2005	2,336	117	20	117		175	14
15	2 Doors, Frames & Hardware, Rm 202	6/30/2005	1,646	82	20	82		123	15
16	2 Doors, Frames & Hardware, Rm 203	6/30/2005	2,497	125	20	125		187	16
17	1 Door, Frame & Hardware, Rm 206	6/30/2005	1,137	57	20	57		85	17
18	Floor Prep & Finishes for Rms 203 and 206	6/30/2005	3,680	184	20	184		276	18
19	Drywall Del. & Wall Surface Prep. & Ceiling Tiles rm. #202	6/30/2005	2,556	128	20	128		192	19
20	Ceiling Prints and Floor Patterns & Temp Ceiling Tiles	6/30/2005	818	41	20	41		61	20
21	Oval Ceiling Trim for Rm 104	6/30/2005	2,901	145	20	145		218	21
22	Flooring Surface changes for rms 104 and 204	6/30/2005	1,766	88	20	88		132	22
23	Kickplates for Exterior Fover & Interior Entry Door	6/30/2005	171	9	20	9		13	23
24	Trover Group Architect Fees	6/30/2005	2,417	121	20	121		181	24
25	Wiring / Hookups for Computer System	6/30/2005	2,882	144	20	144		216	25
26	Wiring / Hookups for AO Communication System	6/30/2005	216	11	20	11		16	26
27	Wiring / Hookups for Sound System	6/30/2005	3,728	186	20	186		279	27
28	Furniture for new areas	6/30/2005	5,830	292	20	292		438	28
29	Security System hookups	6/30/2005	140	7	20	7		11	29
30	2006 Additions:								30
31	Re-install Existing Handsink	6/30/2006	4,981	249	10	249		249	31
32	Set of Six lined Roman shades	6/30/2006	3,165	316	5	316		316	32
33	Whirlpool Bath System	6/30/2006	1,455	73	10	73		73	33
34	TOTAL (lines 1 thru 33)		\$ 12,460,873	\$ 401,597		\$ 373,512	\$ (28,085)	\$ 2,770,664	34

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

Facility Name & ID Number Wynscape

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 12,460,873	\$ 401,597		\$ 373,512	\$ (28,085)	\$ 2,770,664	1
2	Wash Room Renovation	6/30/2006	22,080	1,104	10	1,104		1,104	2
3	Whirlpool Bathing System	6/30/2006	13,095	655	10	655		655	3
4	Sub Acute Room - pull inventory system	6/30/2006	985	49	10	49		49	4
5	Plumbing & Labor - Whirlpool System	6/30/2006	4,000	200	10	200		200	5
6	Install Split System AC Unit	6/30/2006	3,280	164	10	164		164	6
7									7
8	Depreciation Allocated from Central DuPage Health System (Home Office)					134,903	134,903		8
9									9
10									10
11	Remove Book Step-down Adjustment for 2006	6/30/2006	(4,400,000)	4,400,000		0	(4,400,000)		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)		\$ 8,104,313	\$ 4,803,769		\$ 510,587	\$ (4,293,182)	\$ 2,772,836	34

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

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	\$ 893,180	\$ 73,084	\$ 73,084	\$ 0	3-10 yrs	\$ 707,013	71
72	Current Year Purchases	254,485	5,018	5,018	0	5-7 yrs	5,018	72
73	Fully Depreciated Assets				0			73
74					0			74
75	TOTALS	\$ 1,147,665	\$ 78,102	\$ 78,102	\$ 0		\$ 712,031	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	Resident Transport	1997 Ford Van	1998	\$ 45,524	\$	\$	\$ 0		\$ 45,524	76
77							0			77
78							0			78
79							0			79
80	TOTALS			\$ 45,524	\$ 0	\$ 0	\$ 0		\$ 45,524	80

E. Summary of Care-Related Assets

	1	Reference	2	
			Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,097,502	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 4,881,871	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 588,689	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (4,293,182)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,530,391	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	None	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	None	\$	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.

Facility Name & ID Number Wynscape

0041426

Report Period Beginning: July 1, 2005

Ending: June 30, 2006

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:	<u>N/A</u>			\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			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.	<u>/2007</u>	\$ _____
13.	<u>/2008</u>	\$ _____
14.	<u>/2009</u>	\$ _____

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 _____.

N/A

N/A

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: \$ 42,159 Description: Misc. - See 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	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	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? <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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
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B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$ 0
2	Books and Supplies				0
3	Classroom Wages (a)				0
4	Clinical Wages (b)				0
5	In-House Trainer Wages (c)				0
6	Transportation				0
7	Contractual Payments				0
8	CNA Competency Tests				0
9	TOTALS	\$ 0	\$ 0	\$ 0	\$ 0
10	SUM OF line 9, col. 1 and 2 (e)	\$ 0			

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.

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

	Service	Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	Ln10a, Col 1	2627	hrs	\$ 83,249		\$	\$		2,627	\$ 83,249	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 1	2168	hrs	92,567					2,168	92,567	2
3	Licensed Recreational Therapist			hrs								3
4	Licensed Physical Therapist	Ln10a, Col 1&2	7980	hrs	280,435			17,673		7,980	298,108	4
5	Physician Care			visits								5
6	Dental Care			visits								6
7	Work Related Program			hrs								7
8	Habilitation			hrs								8
9	Pharmacy	Ln 39, Col 2		# of prescrpts				531,441			531,441	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs								10
11	Academic Education			hrs								11
12	Exceptional Care Program											12
13	Other (specify): IV Therapy	Ln10a, Col 3						39,085			39,085	13
14	TOTAL				\$ 456,251		\$ 39,085	\$ 549,114		12,775	\$ 1,044,450	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.

Facility Name & ID Number Wynscape# 0041426Report Period Beginning: July 1, 2005

Ending:

June 30, 2006**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of June 30, 2006 (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	\$ 306,907	\$ 306,907	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>2,657</u>)	2,167,138	2,167,138	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	450	450	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Other Receivables</u>	165,280	165,280	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,639,775	\$ 2,639,775	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,800,000	1,800,000	13
14	Buildings, at Historical Cost	13,991,486	13,991,486	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	992,488	992,488	16
17	Accumulated Depreciation (book methods)	(8,483,944)	(8,483,944)	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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,300,030	\$ 8,300,030	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,939,805	\$ 10,939,805	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 194,900	\$ 194,900	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	33,138	33,138	28
29	Short-Term Notes Payable	137,056	137,056	29
30	Accrued Salaries Payable	345,678	345,678	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Health Ins and Other Payable</u>	76,242	76,242	36
37	<u>Accounts due to Rel Party</u>	2,295,009	2,295,009	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,082,023	\$ 3,082,023	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	6,262,974	6,262,974	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 6,262,974	\$ 6,262,974	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,344,997	\$ 9,344,997	46
47	TOTAL EQUITY (page 18, line 24)	\$ 1,594,808	\$ 1,594,808	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 10,939,805	\$ 10,939,805	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 6,145,083	1
2	Restatements (describe):		2
3		0	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 6,145,083	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(4,850,274)	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)	\$ (4,850,274)	17
	B. Transfers (Itemize):		
18	Fund Balance Transfers in	300,000	18
19	Rounding variance	(1)	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 299,999	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,594,808	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Wynscape

0041426

Report Period Beginning: July 1, 2005

Ending: June 30, 2006

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	\$ 17,678,784	1
2	Discounts and Allowances for all Levels	(4,487,634)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,191,150	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,378	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,378	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		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 0	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	32,822	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 32,822	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 0	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,227,350	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,079,250	31
32	Health Care	6,413,303	32
33	General Administration	3,568,035	33
B. Capital Expense			
34	Ownership	5,121,733	34
C. Ancillary Expense			
35	Special Cost Centers	780,875	35
36	Provider Participation Fee	114,428	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,077,624	40
41	Income before Income Taxes (line 30 minus line 40)**	(4,850,274)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (4,850,274)	43

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

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

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

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

Facility Name & ID Number Wynscape

0041426

Report Period Beginning: July 1, 2005

Ending:

June 30, 2006

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	3,186	3,266	\$ 108,253	\$ 33.15	1
2	Assistant Director of Nursing	2,095	2,176	72,160	33.16	2
3	Registered Nurses	62,884	63,900	2,205,458	34.51	3
4	Licensed Practical Nurses	11,627	11,748	287,913	24.51	4
5	CNAs & Orderlies	132,906	135,086	2,037,612	15.08	5
6	CNA Trainees					6
7	Licensed Therapist	12,694	12,775	456,251	35.71	7
8	Rehab/Therapy Aides	11,235	11,457	223,349	19.49	8
9	Activity Director	2,095	2,115	49,441	23.38	9
10	Activity Assistants	13,761	13,963	143,549	10.28	10
11	Social Service Workers	10,651	10,933	186,579	17.07	11
12	Dietician	1,853	1,954	43,118	22.07	12
13	Food Service Supervisor	4,420	4,581	75,311	16.44	13
14	Head Cook	6,511	6,672	87,406	13.10	14
15	Cook Helpers/Assistants	24,988	25,245	260,800	10.33	15
16	Dishwashers					16
17	Maintenance Workers	2,385	2,395	44,644	18.64	17
18	Housekeepers	24,424	24,911	257,752	10.35	18
19	Laundry	9,523	9,765	106,121	10.87	19
20	Administrator	2,095	2,176	105,109	48.30	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	18,271	18,726	299,388	15.99	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,793	1,793	20,072	11.19	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,097	2,097	32,774	15.63	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	361,494	367,734	\$ 7,103,060 *	\$ 19.32	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	167	\$ 3,855	Ln. 1, C.3	35
36	Medical Director	110	20,818	Ln. 9, C.3	36
37	Medical Records Consultant	51	3,321	Ln. 10, C.3	37
38	Nurse Consultant	48	2,248	Ln. 10, C.3	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	78	3,912	L.11,C.3	44
45	Social Service Consultant	39	2,250	L.12,C.3	45
46	Other(specify) <u>Adm/Med Receptn</u>	27	714	L. 21, C.3	46
47	<u>Housekeeping Consultant</u>	2,137	29,826	L.3, C.3	47
48	<u>Maint Consultant</u>	998	14,634	L.6, C.3	48
49	TOTAL (lines 35 - 48)	3,655	\$ 81,578		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	768	\$ 46,700	Ln.10,C.3	50
51	Licensed Practical Nurses	231	10,134	Ln.10,C.3	51
52	Certified Nurse Assistants/Aides	4,444	94,458	Ln.10,C.3	52
53	TOTAL (lines 50 - 52)	5,443	\$ 151,292		53

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Life Services Network of Illinois, \$7730
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (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? 7 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 63,067 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. \$ 114,428
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. \$ 0 Has any meal income been offset against related costs? N/A Indicate the amount. \$ 0
- (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? N/A
- d. Have vehicle usage logs been maintained? Yes
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- 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? Yes
Firm Name: KPMG LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? Yes 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 \$2500, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.