

Facility Name & ID Number Wheaton Care Center# 0039115 Report Period Beginning: 01/01/07 Ending: 12/31/07

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed 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>82</u>	Skilled (SNF)	<u>82</u>	<u>29,930</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>41</u>	Intermediate (ICF)	<u>41</u>	<u>14,965</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>123</u>	TOTALS	<u>123</u>	<u>44,895</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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	<u>3,933</u>	<u>165</u>	<u>1,537</u>	<u>5,635</u>	8
9	SNF/PED					9
10	ICF	<u>35,399</u>	<u>1,486</u>		<u>36,885</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>39,332</u>	<u>1,651</u>	<u>1,537</u>	<u>42,520</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 94.71%

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

1,301 (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 09/01/1993

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

YES Date 09/01/1993 NO

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

YES NO If YES, enter numberof beds certified 81 and days of care provided 1,484Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH* Is your fiscal year identical to your tax year? YES NO Tax Year: 12/31/07 Fiscal Year: 12/31/07

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center # 0039115 Report Period Beginning: 01/01/07 Ending: 12/31/07

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	237,458	28,776	9,612	275,846		275,846	2,981	278,827		1
2	Food Purchase		181,851		181,851		181,851	147	181,998		2
3	Housekeeping	143,512	24,296	1,312	169,120		169,120	(1,664)	167,456		3
4	Laundry	48,870	16,963		65,833		65,833	(28)	65,805		4
5	Heat and Other Utilities			146,678	146,678		146,678	1,851	148,529		5
6	Maintenance	54,790		146,334	201,124		201,124	8,211	209,335		6
7	Other (specify):*							824	824		7
8	TOTAL General Services	484,630	251,886	303,936	1,040,452		1,040,452	12,323	1,052,775		8
	B. Health Care and Programs										
9	Medical Director			1,100	1,100		1,100		1,100		9
10	Nursing and Medical Records	1,612,203	63,171	6,055	1,681,429		1,681,429	13,552	1,694,981		10
10a	Therapy	35,795		348	36,143		36,143	1,892	38,035		10a
11	Activities	78,066	9,827	2,005	89,898		89,898	241	90,139		11
12	Social Services	203,098	2,847	288	206,233		206,233	5,459	211,692		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							3,496	3,496		15
16	TOTAL Health Care and Programs	1,929,162	75,845	9,796	2,014,803		2,014,803	24,640	2,039,443		16
	C. General Administration										
17	Administrative	74,753			74,753		74,753	44,612	119,365		17
18	Directors Fees										18
19	Professional Services			259,144	259,144		259,144	(216,773)	42,371		19
20	Dues, Fees, Subscriptions & Promotions			33,594	33,594		33,594	(2,161)	31,433		20
21	Clerical & General Office Expenses	29,936	20,283	153,801	204,020		204,020	17,537	221,557		21
22	Employee Benefits & Payroll Taxes			339,034	339,034		339,034	(4,449)	334,585		22
23	Inservice Training & Education			54	54		54		54		23
24	Travel and Seminar			2,273	2,273		2,273	1,336	3,609		24
25	Other Admin. Staff Transportation			4,663	4,663		4,663	1,086	5,749		25
26	Insurance-Prop.Liab.Malpractice			126,402	126,402		126,402	1,334	127,736		26
27	Other (specify):*							28,645	28,645		27
28	TOTAL General Administration	104,689	20,283	918,965	1,043,937		1,043,937	(128,833)	915,104		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,518,481	348,014	1,232,697	4,099,192		4,099,192	(91,870)	4,007,322		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 Wheaton Care Center #0039115 Report Period Beginning: 01/01/07 Ending: 12/31/07

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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
	D. Ownership										
30	Depreciation			80,348	80,348	80,348	101,215	181,563			30
31	Amortization of Pre-Op. & Org.										31
32	Interest						106,857	106,857			32
33	Real Estate Taxes			60,951	60,951	60,951	2,049	63,000			33
34	Rent-Facility & Grounds			660,000	660,000	660,000	(657,788)	2,212			34
35	Rent-Equipment & Vehicles			2,642	2,642	2,642	485	3,127			35
36	Other (specify):*										36
37	TOTAL Ownership			803,941	803,941	803,941	(447,182)	356,759			37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		125,035	47,925	172,960	172,960	(26,096)	146,864			39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			67,343	67,343	67,343		67,343			42
43	Other (specify):*						5,193	5,193			43
44	TOTAL Special Cost Centers		125,035	115,268	240,303	240,303	(20,903)	219,400			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,518,481	473,049	2,151,906	5,143,436	5,143,436	(559,955)	4,583,481			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 Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(32,745)	30		9
10	Interest and Other Investment Income	(212,983)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(71)	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	(318)	21		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	(24,386)	21		24
25	Fund Raising, Advertising and Promotional	(5,396)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(4,500)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(112,636)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (393,035)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(166,921)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (166,921)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (559,955)		37

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Wheaton Care Center
 For 0039115
 Report Period Beginning: 01/01/07
 Ending: 12/31/07

NON-ALLOWABLE EXPENSES	Amount	Sch. V Line	Reference
1 Other Income	\$ (13,998)	21	1
2 Patient Clothing	9411	19	2
3 Non-Allowable Legal	(1,168)	19	3
4 Theft	(107)	21	4
5 Collection Expenses	(130)	21	5
6 Non-Allowable Expense	(60,000)	21	6
7 C/WE	(1,411)	20	7
8 Related Party Interest	(50,000)	21	8
9 Building Company-Filing Fee	(250)	21	9
10 Building Company-Admin Other	(6)	21	10
11 Building Company-Amortization	(4,503)	31	11
12 Annual Report	(125)	20	12
13			13
14			14
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98			98
99			99
100			100
101 Total	(112,636)		101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary			178	2,519	284							2,981	1
2	Food Purchase	(71)		219		(1)							147	2
3	Housekeeping			334	34	6			(2,038)				(1,664)	3
4	Laundry								(28)				(28)	4
5	Heat and Other Utilities			1,590	86	175							1,851	5
6	Maintenance			7,495	11	71		639	(5)				8,211	6
7	Other (specify):*			585	239								824	7
8	TOTAL General Services	(71)		10,401	2,889	535		639	(2,071)				12,323	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(941)			19,570	(1,080)			(3,997)				13,552	10
10a	Therapy				1,892								1,892	10a
11	Activities			241									241	11
12	Social Services				5,459								5,459	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*				3,496								3,496	15
16	TOTAL Health Care and Programs	(941)		241	30,417	(1,080)			(3,997)				24,640	16
	C. General Administration													
17	Administrative			7,591	34,377	1,438	1,206						44,612	17
18	Directors Fees													18
19	Professional Services	(1,168)		(150,429)	(65,263)	19	68						(216,773)	19
20	Fees, Subscriptions & Promotions	(6,932)		4,584	21	109	57						(2,161)	20
21	Clerical & General Office Expenses	(103,692)	256	111,291	8,899	2,410	414	(2,041)					17,537	21
22	Employee Benefits & Payroll Taxes			(4,257)	(43)				(149)				(4,449)	22
23	Inservice Training & Education													23
24	Travel and Seminar			776	413		147						1,336	24
25	Other Admin. Staff Transportation			1,004		82							1,086	25
26	Insurance-Prop.Liab.Malpractice			1,017	11	158	148						1,334	26
27	Other (specify):*			22,080	5,844	574	147						28,645	27
28	TOTAL General Administration	(111,792)	256	(6,343)	(15,741)	4,790	2,187	(2,041)	(149)				(128,833)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(112,804)	256	4,299	17,565	4,245	2,187	(1,402)	(6,217)				(91,870)	29

STATE OF ILLINOIS

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

Summary B

12/31/07

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(32,745)	114,698	12,967	545	124	79	5,547					101,215	30
31	Amortization of Pre-Op. & Org.	(4,503)	4,503											31
32	Interest	(242,983)	320,960	24,468	2,345	206	735	1,126					106,857	32
33	Real Estate Taxes			1,898	128	23							2,049	33
34	Rent-Facility & Grounds		(660,000)	2,050		162							(657,788)	34
35	Rent-Equipment & Vehicles			270	4	40	171						485	35
36	Other (specify):*													36
37	TOTAL Ownership	(280,231)	(219,839)	41,653	3,022	555	985	6,673					(447,182)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers					(1,419)	(8,370)	(16,040)	(267)				(26,096)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*						5,193						5,193	43
44	TOTAL Special Cost Centers					(1,419)	(3,177)	(16,040)	(267)				(20,903)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(393,035)	(219,583)	45,952	20,587	3,381	(5)	(10,769)	(6,484)				(559,955)	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		See Attached		
				Wheaton HC Properties		Building Co.

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	\$ 660,000	Wheaton HC Properties		\$	\$ (660,000)	1
2	V	21 Filing Fee		Wheaton HC Properties		250	250	2
3	V	21 Admin Expenses-Other		Wheaton HC Properties		6	6	3
4	V	30 Depreciation		Wheaton HC Properties		114,698	114,698	4
5	V	31 Amortization		Wheaton HC Properties		4,503	4,503	5
6	V	32 Interest		Wheaton HC Properties		320,960	320,960	6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 660,000			\$ 440,417	\$ * (219,583)	14

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

Facility Name & ID Number Wheaton Care Center # 0039115 Report Period Beginning: 01/01/07 Ending: 12/31/07

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization					
15	V	01	Dietary	\$	Care Centers, Inc.	100.00%	\$ 178	\$ 178	15	
16	V	02	Food		Care Centers, Inc.	100.00%	219	219	16	
17	V	03	Housekeeping		Care Centers, Inc.	100.00%	334	334	17	
18	V	05	Utilities		Care Centers, Inc.	100.00%	1,590	1,590	18	
19	V	06	Maintenance		Care Centers, Inc.	100.00%	2,623	2,623	19	
20	V	17	Administrative		Care Centers, Inc.	100.00%	1,589	1,589	20	
21	V	19	Professional Fees	158,815	Care Centers, Inc.	100.00%	8,386	(150,429)	21	
22	V	20	Dues and Subscriptions		Care Centers, Inc.	100.00%	4,584	4,584	22	
23	V	21	Office and Clerical		Care Centers, Inc.	100.00%	13,284	13,284	23	
24	V	24	Seminar and Travel		Care Centers, Inc.	100.00%	776	776	24	
25	V	25	Other Staff Admin. Trans.		Care Centers, Inc.	100.00%	1,004	1,004	25	
26	V	26	Insurance		Care Centers, Inc.	100.00%	1,017	1,017	26	
27	V	30	Depreciation		Care Centers, Inc.	100.00%	12,967	12,967	27	
28	V	32	Interest		Care Centers, Inc.	100.00%	24,468	24,468	28	
29	V	33	Real Estate Taxes		Care Centers, Inc.	100.00%	1,898	1,898	29	
30	V	34	Rent - Building		Care Centers, Inc.	100.00%	2,050	2,050	30	
31	V	35	Rent - Equipment & Auto		Care Centers, Inc.	100.00%	270	270	31	
32	V	06	Maintenance		Care Centers, Inc.	100.00%	4,872	4,872	32	
33	V	07	Emp. Ben. - Gen. Serv.		Care Centers, Inc.	100.00%	585	585	33	
34	V	17	Administrative		Care Centers, Inc.	100.00%	6,002	6,002	34	
35	V	21	Office and Clerical	28,378	Care Centers, Inc.	100.00%	126,385	98,007	35	
36	V	27	Emp. Ben. - Gen. Admin.		Care Centers, Inc.	100.00%	22,080	22,080	36	
37	V	22	Employee Benefits	4,257	Care Centers, Inc.	100.00%		(4,257)	37	
38	V	11	Activity Director Salary	(241)	Care Centers, Inc.	100.00%		241	38	
39	Total			\$ 191,209			\$ 237,161	\$ * 45,952	39	

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center # 0039115 Report Period Beginning: 01/01/07 Ending: 12/31/07

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	03 Housekeeping		Care Centers Clinical, Inc.	100.00%	\$ 34	\$ 34	15
16	V	05 Utilities		Care Centers Clinical, Inc.	100.00%	86	86	16
17	V	06 Maintenance		Care Centers Clinical, Inc.	100.00%	11	11	17
18	V	19 Professional Fees	66,697	Care Centers Clinical, Inc.	100.00%	1,434	(65,263)	18
19	V	20 Dues and Subscriptions		Care Centers Clinical, Inc.	100.00%	21	21	19
20	V	21 Office & Clerical		Care Centers Clinical, Inc.	100.00%	84	84	20
21	V	24 Travel and Seminar		Care Centers Clinical, Inc.	100.00%	413	413	21
22	V	26 Insurance		Care Centers Clinical, Inc.	100.00%	11	11	22
23	V	30 Depreciation		Care Centers Clinical, Inc.	100.00%	545	545	23
24	V	32 Interest		Care Centers Clinical, Inc.	100.00%	2,345	2,345	24
25	V	33 Real Estate Taxes		Care Centers Clinical, Inc.	100.00%	128	128	25
26	V	35 Rent - Equipment & Auto		Care Centers Clinical, Inc.	100.00%	4	4	26
27	V	01 Dietary Salary		Care Centers Clinical, Inc.	100.00%	2,519	2,519	27
28	V	07 Emp. Ben. - Gen. Serv.		Care Centers Clinical, Inc.	100.00%	239	239	28
29	V	10 Nursing Salary		Care Centers Clinical, Inc.	100.00%	19,570	19,570	29
30	V	10a Rehab Salary		Care Centers Clinical, Inc.	100.00%	1,892	1,892	30
31	V	12 Social Service Salary	289	Care Centers Clinical, Inc.	100.00%	5,748	5,459	31
32	V	15 Emp. Ben. - Healthcare		Care Centers Clinical, Inc.	100.00%	3,496	3,496	32
33	V	17 Administration Salary		Care Centers Clinical, Inc.	100.00%	34,377	34,377	33
34	V	21 Office Salary		Care Centers Clinical, Inc.	100.00%	8,815	8,815	34
35	V	27 Emp. Ben. - Gen. Admin.		Care Centers Clinical, Inc.	100.00%	5,844	5,844	35
36	V	22 Employee Benefits	43	Care Centers Clinical, Inc.	100.00%		(43)	36
37	V							37
38	V							38
39	Total		\$ 67,029			\$ 87,616	\$ * 20,587	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center # 0039115 Report Period Beginning: 01/01/07 Ending: 12/31/07

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	01 Dietary	\$	Care Centers Health Systems, Inc.	100.00%	\$ 875	\$ 875	15
16	V	03 Housekeeping		Care Centers Health Systems, Inc.	100.00%	6	6	16
17	V	05 Heat and Other Utilities		Care Centers Health Systems, Inc.	100.00%	175	175	17
18	V	06 Maintenance		Care Centers Health Systems, Inc.	100.00%	71	71	18
19	V	19 Professional Fees		Care Centers Health Systems, Inc.	100.00%	19	19	19
20	V	20 Dues, Fees, Subscriptions		Care Centers Health Systems, Inc.	100.00%	109	109	20
21	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	376	376	21
22	V	25 Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%	82	82	22
23	V	26 Insurance		Care Centers Health Systems, Inc.	100.00%	158	158	23
24	V	30 Depreciation		Care Centers Health Systems, Inc.	100.00%	124	124	24
25	V	32 Interest		Care Centers Health Systems, Inc.	100.00%	206	206	25
26	V	33 Real Estate Taxes		Care Centers Health Systems, Inc.	100.00%	23	23	26
27	V	34 Rent - Building		Care Centers Health Systems, Inc.	100.00%	162	162	27
28	V	35 Rent - Equipment		Care Centers Health Systems, Inc.	100.00%	40	40	28
29	V	01 Dietary	880	Care Centers Health Systems, Inc.	100.00%	289	(591)	29
30	V	02 Food	1	Care Centers Health Systems, Inc.	100.00%		(1)	30
31	V	03 Housekeeping		Care Centers Health Systems, Inc.	100.00%			31
32	V	10 Nursing	1,608	Care Centers Health Systems, Inc.	100.00%	528	(1,080)	32
33	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%			33
34	V	25 Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%			34
35	V	39 Ancillary	2,112	Care Centers Health Systems, Inc.	100.00%	693	(1,419)	35
36	V	17 Administrative		Care Centers Health Systems, Inc.	100.00%	1,438	1,438	36
37	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	2,034	2,034	37
38	V	27 Employee Benefits		Care Centers Health Systems, Inc.	100.00%	574	574	38
39	Total		\$ 4,601			\$ 7,982	\$ * 3,381	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 Schedule V	2 Line	3 Cost Per General Ledger		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization					
15	V	17	Administration	\$	Therapy Works Rehabilitation Services, LLC	100.00%	\$ 84	\$ 84	15	
16	V	19	Professional Fees		Therapy Works Rehabilitation Services, LLC	100.00%	68	68	16	
17	V	20	Dues and Subscriptions		Therapy Works Rehabilitation Services, LLC	100.00%	57	57	17	
18	V	21	Office & Clerical		Therapy Works Rehabilitation Services, LLC	100.00%	414	414	18	
19	V	24	Travel and Seminar		Therapy Works Rehabilitation Services, LLC	100.00%	147	147	19	
20	V	26	Insurance		Therapy Works Rehabilitation Services, LLC	100.00%	148	148	20	
21	V	30	Depreciation		Therapy Works Rehabilitation Services, LLC	100.00%	79	79	21	
22	V	32	Interest		Therapy Works Rehabilitation Services, LLC	100.00%	735	735	22	
23	V	35	Rent - Equipment		Therapy Works Rehabilitation Services, LLC	100.00%	171	171	23	
24	V	39	Ancillary		Therapy Works Rehabilitation Services, LLC	100.00%	1,982	1,982	24	
25	V	17	Administrative		Therapy Works Rehabilitation Services, LLC	100.00%	1,122	1,122	25	
26	V	27	Emp. Ben. - Gen. Admin.		Therapy Works Rehabilitation Services, LLC	100.00%	147	147	26	
27	V	39	Ancillary	46,400	Therapy Works Rehabilitation Services, LLC	100.00%	36,048	(10,352)	27	
28	V	43	Emp. Ben. - Other		Therapy Works Rehabilitation Services, LLC	100.00%	5,193	5,193	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			\$ 46,400			\$ 46,395	\$ *	(5)	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	06	Repairs	\$	Vent Lease, LLC.	100.00%	\$ 639	\$ 639	15
16	V	21	Office and Clerical		Vent Lease, LLC.	100.00%	1	1	16
17	V	30	Depreciation		Vent Lease, LLC.	100.00%	5,034	5,034	17
18	V	32	Interest		Vent Lease, LLC.	100.00%	421	421	18
19	V	30	Depreciation		Vent Lease, LLC.	100.00%	513	513	19
20	V	32	Interest		Vent Lease, LLC.	100.00%	705	705	20
21	V	21	Office and Clerical	2,042	Vent Lease, LLC.	100.00%		(2,042)	21
22	V	39	Ancillary	16,040	Vent Lease, LLC.	100.00%		(16,040)	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		\$ 18,082				\$ 7,313	\$ * (10,769)	39

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

Facility Name & ID Number Wheaton Care Center # 0039115 Report Period Beginning: 01/01/07 Ending: 12/31/07

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary	\$	Xcel Supply, LLC	100.00%	\$		15
16	V	3 Housekeeping	25,267	Xcel Supply, LLC	100.00%	23,230	(2,038)	16
17	V	4 Laundry	345	Xcel Supply, LLC	100.00%	317	(28)	17
18	V	6 Repairs & Maintenance	65	Xcel Supply, LLC	100.00%	60	(5)	18
19	V	10 Nursing	49,561	Xcel Supply, LLC	100.00%	45,564	(3,997)	19
20	V	11 Activities		Xcel Supply, LLC	100.00%			20
21	V	12 Social Service		Xcel Supply, LLC	100.00%			21
22	V	20 Dues, Fees And Subscriptions		Xcel Supply, LLC	100.00%			22
23	V	21 Office And Clerical		Xcel Supply, LLC	100.00%			23
24	V	22 Employee Benefits	1,848	Xcel Supply, LLC	100.00%	1,699	(149)	24
25	V	24 Seminars & Education		Xcel Supply, LLC	100.00%			25
26	V	39 Ancillary	3,314	Xcel Supply, LLC	100.00%	3,046	(267)	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		\$ 80,400			\$ 73,916	\$ * (6,484)	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	22	Employee Health Insurance	\$	CCS Employee Benefits Group	100.00%	\$ 93,117	\$ 93,117	15
16	V								16
17	V								17
18	V								18
19	V	22	Employee Health Insurance	93,117	CCS Employee Benefits Group	100.00%		(93,117)	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			\$ 93,117			\$ 93,117	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center # 0039115 Report Period Beginning: 01/01/07 Ending: 12/31/07

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Eric Rothner	Shareholder	Administrative	38.21	See Attached	0.87	1.89%		\$		1
2	Mark Steinberg	Relative	Administrative	N/A	See Attached	1.43	2.60%	Alloc Salary	3,520	17-7	2
3	Adam Vales	Shareholder	Clerical	4.10	See Attached	0.57	1.43%	Alloc Salary	801	22-7	3
4	Kim Rudolph	Relative	Clerical	N/A	See Attached	0.50	1.43%	Alloc Salary	441	22-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 4,762		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 Wheaton Care Center

0039115

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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 Wheaton Care Center# 0039115

Report Period Beginning:

01/01/07Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization

Care Centers, Inc.

Street Address

2201 West Main Street

City / State / Zip Code

Evanston, Illinois 60202

Phone Number

(847) 905-3000

Fax Number

(847) 905-3030

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	01	Dietary	Patient Days	1,625,640	33	\$ 6,823	\$ 42,345	\$ 178	1
2	02	Food	Patient Days	1,625,640	33	8,403	42,345	219	2
3	03	Housekeeping	Patient Days	1,625,640	33	12,807	42,345	334	3
4	05	Utilities	Patient Days	1,625,640	33	61,054	42,345	1,590	4
5	06	Maintenance	Patient Days	1,625,640	33	100,693	42,345	2,623	5
6	17	Administrative	Patient Days	1,625,640	33	61,000	42,345	1,589	6
7	19	Professional Fees	Patient Days	1,625,640	33	321,947	42,345	8,386	7
8	20	Dues and Subscriptions	Patient Days	1,625,640	33	175,974	42,345	4,584	8
9	21	Office and Clerical	Patient Days	1,625,640	33	509,990	42,345	13,284	9
10	24	Seminar and Travel	Patient Days	1,625,640	33	29,773	42,345	776	10
11	25	Other Staff Admin. Trans.	Patient Days	1,625,640	33	38,529	42,345	1,004	11
12	26	Insurance	Patient Days	1,625,640	33	39,041	42,345	1,017	12
13	30	Depreciation	Patient Days	1,625,640	33	497,823	42,345	12,967	13
14	32	Interest	Patient Days	1,625,640	33	939,326	42,345	24,468	14
15	33	Real Estate Taxes	Patient Days	1,625,640	33	72,865	42,345	1,898	15
16	34	Rent - Building	Patient Days	1,625,640	33	78,695	42,345	2,050	16
17	35	Rent - Equipment & Auto	Patient Days	1,625,640	33	10,366	42,345	270	17
18	06	Maintenance	Patient Days	1,625,640	33	187,019	187,019	4,872	18
19	06	Maintenance	Direct Allocation			456,812	456,812		19
20	07	Emp. Ben. - Gen. Serv.	Patient Days	1,625,640	33	91,856	42,345	585	20
21	17	Administrative	Patient Days	1,625,640	33	230,402	230,402	6,002	21
22	21	Office and Clerical	Patient Days	1,625,640	33	3,779,534	3,779,534	98,450	22
23	21	Office and Clerical	Direct Allocation			489,346	489,346	27,935	23
24	27	Emp. Ben. - Gen. Admin.	Patient Days	1,625,640	33	691,109	42,345	22,080	24
25	TOTALS					\$ 8,891,187	\$ 5,143,115	\$ 237,161	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Care Center Clinical, Inc.
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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	03	Housekeeping	Patient Days	1,625,640	32	\$ 1,294	\$ 42,345	\$ 34	1	
2	05	Utilities	Patient Days	1,625,640	32	3,307	42,345	86	2	
3	06	Maintenance	Patient Days	1,625,640	32	410	42,345	11	3	
4	19	Professional Fees	Patient Days	1,625,640	32	55,053	42,345	1,434	4	
5	20	Dues and Subscriptions	Patient Days	1,625,640	32	809	42,345	21	5	
6	21	Office & Clerical	Patient Days	1,625,640	32	3,220	42,345	84	6	
7	24	Travel and Seminar	Patient Days	1,625,640	32	15,843	42,345	413	7	
8	26	Insurance	Patient Days	1,625,640	32	409	42,345	11	8	
9	30	Depreciation	Patient Days	1,625,640	32	20,909	42,345	545	9	
10	32	Interest	Patient Days	1,625,640	32	90,038	42,345	2,345	10	
11	33	Real Estate Taxes	Patient Days	1,625,640	32	4,921	42,345	128	11	
12	35	Rent - Equipment & Auto	Patient Days	1,625,640	32	155	42,345	4	12	
13	01	Dietary Salary	Patient Days	1,625,640	32	96,717	96,717	42,345	2,519	13
14	07	Emp. Ben. - Gen. Serv.	Patient Days	1,625,640	32	9,180	42,345	239	14	
15	10	Nursing Salary	Patient Days	1,625,640	32	751,308	751,308	42,345	19,570	15
16	10a	Rehab Salary	Patient Days	1,625,640	32	72,628	72,628	42,345	1,892	16
17	12	Social Service Salary	Patient Days	1,625,640	32	208,543	208,543	42,345	5,432	17
18	15	Emp. Ben. - Healthcare	Patient Days	1,625,640	32	133,126	42,345	3,468	18	
19	17	Administration Salary	Patient Days	1,625,640	32	1,319,729	1,319,729	42,345	34,377	19
20	21	Office Salary	Patient Days	1,625,640	32	338,399	338,399	42,345	8,815	20
21	27	Emp. Ben. - Gen. Admin.	Patient Days	1,625,640	32	224,344	42,345	5,844	21	
22	10	Nursing Salary	Direct Allocation			13,379	13,379		22	
23	12	Social Service Salary	Direct Allocation			8,845	8,845		316	23
24	15	Emp. Ben. - Healthcare	Direct Allocation			1,994			28	24
25	TOTALS					\$ 3,374,561	\$ 2,809,547	\$ 87,616	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Care Centers Health Systems, Inc.
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 905-3000
 Fax Number (847) 905-3030

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	01	Dietary	Gross Billable Income	4,431,674	33	94,358	41,117	875	1	
2	03	Housekeeping	Gross Billable Income	4,431,674	33	663	41,117	6	2	
3	05	Heat and Other Utilities	Gross Billable Income	4,431,674	33	18,909	41,117	175	3	
4	06	Maintenance	Gross Billable Income	4,431,674	33	7,696	41,117	71	4	
5	19	Professional Fees	Gross Billable Income	4,431,674	33	2,050	41,117	19	5	
6	20	Dues, Fees, Subscriptions	Gross Billable Income	4,431,674	33	11,727	41,117	109	6	
7	21	Clerical and General Office	Gross Billable Income	4,431,674	33	40,502	41,117	376	7	
8	25	Other Admin. Staff Transport.	Gross Billable Income	4,431,674	33	8,860	41,117	82	8	
9	26	Insurance	Gross Billable Income	4,431,674	33	17,050	41,117	158	9	
10	30	Depreciation	Gross Billable Income	4,431,674	33	13,332	41,117	124	10	
11	32	Interest	Gross Billable Income	4,431,674	33	22,225	41,117	206	11	
12	33	Real Estate Taxes	Gross Billable Income	4,431,674	33	2,521	41,117	23	12	
13	34	Rent - Building	Gross Billable Income	4,431,674	33	17,500	41,117	162	13	
14	35	Rent - Equipment	Gross Billable Income	4,431,674	33	4,277	41,117	40	14	
15	01	Dietary	Direct Billable Income	341,879	33	112,243	880	289	15	
16	02	Food	Direct Billable Income	25	33	8	1		16	
17	03	Housekeeping	Direct Billable Income	29	33	10			17	
18	10	Nursing	Direct Billable Income	69,616	33	22,856	1,608	528	18	
19	21	Clerical and General Office	Direct Billable Income	487	33	160			19	
20	25	Other Admin. Staff Transport.	Direct Billable Income	1,200	33	394			20	
21	39	Ancillary	Direct Billable Income	4,018,438	33	1,319,298	2,112	693	21	
22	17	Administrative	Gross Billable Income	4,431,674	33	155,031	155,031	41,117	1,438	22
23	21	Clerical and General Office	Gross Billable Income	4,431,674	33	219,270	219,270	41,117	2,034	23
24	27	Employee Benefits	Gross Billable Income	4,431,674	33	61,873	41,117	574	24	
25	TOTALS					\$ 2,152,809	\$ 374,301	\$ 7,982	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Therapy Works Rehabilitation Services, LLC
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 922-0702
 Fax Number (847) 905-4040

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	Administration	Billable Income	4,671,432	16	\$ 9,000	\$ 43,839	\$ 84	1	
2	19	Professional Fees	Billable Income	4,671,432	16	7,245	43,839	68	2	
3	20	Dues and Subscriptions	Billable Income	4,671,432	16	6,024	43,839	57	3	
4	21	Office & Clerical	Billable Income	4,671,432	16	44,084	43,839	414	4	
5	24	Travel and Seminar	Billable Income	4,671,432	16	15,640	43,839	147	5	
6	26	Insurance	Billable Income	4,671,432	16	15,816	43,839	148	6	
7	30	Depreciation	Billable Income	4,671,432	16	8,410	43,839	79	7	
8	32	Interest	Billable Income	4,671,432	16	78,317	43,839	735	8	
9	35	Rent - Equipment	Billable Income	4,671,432	16	18,231	43,839	171	9	
10	39	Ancillary	Billable Income	4,671,432	16	211,187	43,839	1,982	10	
11	17	Administrative	Billable Income	4,671,432	16	119,603	119,603	43,839	1,122	11
12	27	Emp. Ben. - Gen. Admin.	Billable Income	4,671,432	16	15,625	43,839	147	12	
13	39	Ancillary	Billable Income	4,671,432	16	3,841,227	3,841,227	43,839	36,048	13
14	43	Emp. Ben. - Other	Billable Income	4,671,432	16	553,364	43,839	5,193	14	
15									15	
16									16	
17									17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 4,943,774	\$ 3,960,830	\$ 46,395	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Vent Lease, LLC
 Street Address 2201 W. Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847) 674-1180
 Fax Number (847) 673-7741

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	
Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1									1
2	06	Repairs	892,186	27	\$ 35,557	\$	16,040	\$ 639	2
3	21	Office and Clerical	892,186	27	44		16,040	1	3
4	30	Depreciation	892,186	27	280,000		16,040	5,034	4
5	32	Interest	892,186	27	23,404		16,040	421	5
6	30	Depreciation	1,625,640	33	19,677		42,345	513	6
7	32	Interest	1,625,640	33	27,081		42,345	705	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				\$ 385,762	\$		\$ 7,313	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Xcel Supply, LLC
 Street Address 2201 Main Street
 City / State / Zip Code Evanston, IL 60202
 Phone Number (847)328-7600
 Fax Number (847)328-7615

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	Dietary	Direct Allocation			\$		\$	1
2	3	Housekeeping	Direct Allocation					23,230	2
3	4	Laundry	Direct Allocation					317	3
4	6	Repairs & Maintenance	Direct Allocation					60	4
5	10	Nursing	Direct Allocation					45,564	5
6	11	Activities	Direct Allocation						6
7	12	Social Service	Direct Allocation						7
8	20	Dues, Fees And Subscriptions	Direct Allocation						8
9	21	Office And Clerical	Direct Allocation						9
10	22	Employee Benefits	Direct Allocation					1,699	10
11	24	Seminars & Education	Direct Allocation						11
12	39	Ancillary	Direct Allocation					3,046	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$		\$	73,916

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization CCS Employee Benefits Group, INC.
 Street Address 2201 West Main Street
 City / State / Zip Code Evanston, IL 60202
 Phone Number (847)905-4000
 Fax Number (847)905-4040

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	Employee Health Insurance	Direct Allocation		\$	\$		\$ 93,117	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				\$	\$		\$ 93,117	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	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	CIP		X	Mortgage			\$	\$ 1,423,919		\$ 107,448	1									
2											2									
3											3									
4											4									
5	See Supplemental Schedule										5									
Working Capital																				
6	Manchester Manor		X	Loan				1,367,744		183,511	6									
7	Wheaton Convalescent	X		Loan						30,000	7									
8	See Supplemental Schedule									(1,120)	8									
9	TOTAL Facility Related						\$	\$ 2,791,663		\$ 319,839	9									
B. Non-Facility Related*																				
10	Interest Income		X							(212,983)	10									
11											11									
12											12									
13	See Supplemental Schedule										13									
14	TOTAL Non-Facility Related						\$	\$		(212,983)	14									
15	TOTALS (line 9+line14)						\$	\$ 2,791,663		\$ 106,856	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A 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.) 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

Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

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

	1	2	3	4	5	6		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											7								
Working Capital																				
8	Less: Related Party Interest						\$	\$			\$ (30,000)	8								
9	Alloc from Care Centers, Inc		X								24,468	9								
10	Alloc from Care Centers Clinical		X								2,345	10								
11	Alloc from Care Centers Health System		X								206	11								
12	Alloc from Therapy Works		X								735	12								
13	Alloc from Vent Lease		X								1,126	13								
14	TOTAL Working Capital										(1,120)	14								
B. Non-Facility Related*																				
15							\$	\$			\$	15								
16												16								
17												17								
18												18								
19												19								
20	TOTAL Non-Facility Related											20								

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2006 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2007 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2006 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Wheaton Care Center COUNTY Dupage

FACILITY IDPH LICENSE NUMBER 0039115

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2006 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2006.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>05-17-114-010</u>	<u>Long Term Care Property</u>	<u>\$ 58,512.72</u>	<u>\$ 58,512.72</u>
2. <u>See Attached</u>	<u>Home Office Allocation</u>	<u>\$ 118,409.42</u>	<u>\$ 1,993.51</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		<u>\$ 176,922.14</u>	<u>\$ 60,506.23</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Wheaton Care Center COUNTY Dupage

FACILITY IDPH LICENSE NUMBER 0039115

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		\$ _____	\$ _____

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 Wheaton Care Center

0039115 Report Period Beginning:

01/01/07 Ending:

12/31/07

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 30,000 B. General Construction Type: Exterior brick Frame _____ Number of Stories 2

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: _____ 2. Number of Years Over Which it is Being Amortized: _____
3. Current Period Amortization: _____ 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>2005</u>	<u>\$ 828,181</u>	<u>1</u>
2	<u>Alloc from Care Centers</u>		<u>2002</u>	<u>10,400</u>	<u>2</u>
3	TOTALS			\$ 838,581	3

SEE ACCOUNTANTS' COMPILATION REPORT

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			1993	41,331		20	2,067	2,067	29,661	9
10	Various			1994	104,965		20	5,250	5,250	71,793	10
11	Various			1995	16,968		20	849	849	10,834	11
12	Various			1996	158,287		20	7,915	7,915	91,186	12
13	Various			1997	103,690		20	5,187	5,187	54,892	13
14	Various			1998	56,873		20	2,846	2,846	26,662	14
15	Various			1999	21,286		20	1,066	1,066	9,089	15
16	Various			2000	57,068		20	2,619	2,619	24,534	16
17	Various			2001	48,282		20	2,534	2,534	17,338	17
18	Various			2002	15,743		20	1,529	1,529	8,851	18
19	Various			2003	18,300		20	2,046	2,046	8,995	19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		1,548,078	41,818		40,955	(863)	122,865	67
68		59,091	3,117		3,117		19,464	68
69			80,348			(80,348)		69
70		\$ 2,249,962	\$ 125,283		\$ 77,980	\$ (47,303)	\$ 496,164	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,249,962	\$ 125,283		\$ 77,980	\$ (47,303)	\$ 496,164	1
2	3 New Doors	2004	2,880		20	288	288	1,152	2
3	Pyro-Chem Kitchen System	2004	1,985		20	199	199	794	3
4	Smoke Detectors	2004	1,059		20	212	212	847	4
5	Repair Boiler	2004	895		20	179	179	716	5
6	Generator Repair	2004	540		20	108	108	432	6
7	Ceiling Radiation Fire Dampers	2004	845		20	169	169	676	7
8	Three Fire Dampers	2004	500		20	50	50	192	8
9	Gutters	2004	4,100		20	410	410	1,572	9
10	Exhaust System	2004	3,290		20	329	329	1,261	10
11	Landscaping	2004	14,000		20	933	933	3,267	11
12	Repair Limestone	2004	2,055		20	206	206	754	12
13	Interior Hand Rail	2004	1,636		20	164	164	600	13
14	Exterior Hand Rail	2004	9,600		20	960	960	3,520	14
15	Keypad	2004	587		20	59	59	215	15
16	Fire Alarm System	2004	43,000		20	4,300	4,300	15,767	16
17	Solenoid Valve	2004	1,180		20	79	79	282	17
18	Diesel Generator	2004	5,667		20	1,133	1,133	3,967	18
19	Cubicle Curtains	2004	589		20	118	118	412	19
20	Wire Mesh	2004	1,750		20	175	175	598	20
21	Sidewalk	2004	1,400		20	93	93	319	21
22	Diesel Generator	2004	5,667		20	1,133	1,133	3,872	22
23	Kitchen Grease Trap	2004	2,200		20	220	220	733	23
24	Generator Project	2004	5,667		20	1,133	1,133	3,778	24
25	Sales Tax On Generator	2004	810		20	162	162	540	25
26	Sign	2004	775		20	155	155	517	26
27	Electric Generator	2004	5,921		20	592	592	1,974	27
28	Plumbing Repair	2004	2,201		20	220	220	715	28
29	Repair Cooler In Kitchen	2004	1,025		20	205	205	666	29
30	Installation Of Generator	2004	5,146		20	515	515	1,587	30
31	Sprinkler System Service	2004	615		20	62	62	190	31
32	Sprinkler Repair	2004	2,100		20	210	210	648	32
33	Sprinkler Repair	2004	2,500		20	250	250	771	33
34	TOTAL (lines 1 thru 33)		\$ 2,382,147	\$ 125,283		\$ 93,001	\$ (32,282)	\$ 549,498	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

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12/31/07

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,382,147	\$ 125,283		\$ 93,001	\$ (32,282)	\$ 549,498	1
2	Generator Service	2004	762		20	152	152	470	2
3	Paint	2004	553		20	28	28	106	3
4	Paint	2004	564		20	28	28	94	4
5	Payment On Generator	2005	5,146		20	515	515	1,544	5
6	New Fire Alarm System	2005	3,000		20	300	300	900	6
7	New Fire Alarm System	2005	3,000		20	300	300	900	7
8	New Fire Alarm System	2005	3,000		20	300	300	900	8
9	New Fire Alarm System	2005	3,000		20	300	300	900	9
10	Hvac Modification	2005	7,400		20	740	740	2,158	10
11	Abatement	2005	2,950		20	295	295	615	11
12	A/C Repair	2005	2,090		20	105	105	270	12
13	Hot Water Tank Repair	2005	1,855		20	93	93	232	13
14	Walk-In Freezer Compressor Repair	2005	2,855		20	143	143	357	14
15	Laundry Tub	2005	2,100		20	105	105	254	15
16	Emergency Panels	2005	1,757		20	88	88	190	16
17	Home Office Payroll	2006	1,781		20	178	178	193	17
18	Hi Grade-Sappanos Paint	2006	1,399		20	140	140	280	18
19	Hi Grade-Sappanos Paint	2006	1,255		20	126	126	251	19
20	Home Office Payroll Painting	2006	21,066		20	2,107	2,107	4,038	20
21	Sappano'S-Hi Grade Painting Supplies	2006	4,176		20	418	418	800	21
22	Home Office Payroll	2006	3,518		20	352	352	645	22
23	Home Office Payroll Painting	2006	2,739		20	274	274	479	23
24	Home Office Payroll Painting	2006	1,136		20	114	114	189	24
25	U.S. Paving	2006	8,900		20	890	890	1,409	25
26	Home Office Payroll Painting	2006	477		20	48	48	76	26
27	Greenview Const	2006	12,428		20	1,243	1,243	1,864	27
28	Repair 3 Duct Systems	2006	3,500		20	350	350	467	28
29	Replace 8 Interior Doors	2006	2,840		20	284	284	379	29
30	Gutter Replacement	2006	3,023		20	302	302	353	30
31	Painting	2006	2,695		20	270	270	314	31
32	Repair 3 Duct Systems	2006	3,500		20	350	350	379	32
33	Heavy Duty Aluminum Rails	2006	2,770		20	277	277	300	33
34	TOTAL (lines 1 thru 33)		\$ 2,499,382	\$ 125,283		\$ 104,216	\$ (21,067)	\$ 571,804	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 12C, Carried Forward		\$ 2,499,382	\$ 125,283		\$ 104,216	\$ (21,067)	\$ 571,804	1
2	Gutter Replacement	2006	4,800		20	280	280	280	2
3	Front Balcony Renovation	2006	13,520		20	849	849	849	3
4	Major Plumbing Renovation	2007	8,924		20	892	892	892	4
5	Plumbing Renovation	2007	2,590		20	194	194	194	5
6	Mini Split Heating Units	2007	23,500		20	1,371	1,371	1,371	6
7	New Camera System W Bracket	2007	15,566		20	1,297	1,297	1,297	7
8	Painting Front Of Building	2007	12,600		20	3,150	3,150	3,150	8
9	Install New Doors	2007	6,500		20	108	108	108	9
10	Supply & Install New Flood Lighting	2007	6,500		20	108	108	108	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)		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	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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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)		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	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
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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)		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	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
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19									19
20									20
21									21
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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)		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	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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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)		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	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
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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)		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	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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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)		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	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
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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)		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12K, Carried Forward		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	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)		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12L, Carried Forward		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	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
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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)		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12M, Carried Forward		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	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)		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12N, Carried Forward		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	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)		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12O, Carried Forward		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	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)		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12P, Carried Forward		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	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)		\$ 2,593,882	\$ 125,283		\$ 112,465	\$ (12,818)	\$ 580,053	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	123		2005	1972	\$ 1,496,317	\$ 38,367	39	\$ 38,367	\$	\$ 115,101	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Wheaton Healthcare Properties Site Improvements		2005		51,761	3,451	20	2,588	(863)	7,764	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)	\$ 1,548,078	\$ 41,818		\$ 40,955	\$ (863)	\$ 122,865	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4		Allocation from Care Centers Health Systems	2002	2002	\$ 219	\$ 6	39	\$ 6		\$ 30	4
5		Allocation from Care Centers, Inc	2002	2002	11,599	297	39	297		1,574	5
6		Allocation from Care Centers, Inc-Hillside	1996	1996	19,669	504	39	504		5,569	6
7		Allocation from Care Centers Clinical	2002	2002	1,202	31	39	31		163	7
8											8
		Improvement Type**									
9		Allocation from Care Centers Health Systems		2002	181	17	20	17		83	9
10		Allocation from Care Centers Health Systems		2003	213	20	20	20		98	10
11		Allocation from Care Centers Health Systems		2005	11	1	20	1		3	11
12											12
13		Allocation from Care Centers, Inc		2002	9,582	876	20	876		4,387	13
14		Allocation from Care Centers, Inc		2003	11,292	1,032	20	1,032		5,170	14
15		Allocation from Care Centers, Inc		2005	561	60	20	60		143	15
16		Allocation from Care Centers, Inc		2007	120	8	20	8		8	16
17											17
18		Allocation from Care Centers, Inc-Hillside		1996	332		20			332	18
19		Allocation from Care Centers, Inc-Hillside		1997	1,889	61	20	61		899	19
20											20
21		Allocation from Care Centers Clinical		2002	993	91	20	91		454	21
22		Allocation from Care Centers Clinical		2003	1,170	107	20	107		536	22
23		Allocation from Care Centers Clinical		2005	58	6	20	6		15	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 Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)	\$	\$ 59,091		\$ 3,117	\$ 3,117	\$ 19,464	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center # 0039115 Report Period Beginning: 01/01/07 Ending: 12/31/07

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 654,488	\$ 87,373	\$ 64,019	\$ (23,354)	10	\$ 359,890	71
72	Current Year Purchases	844	102	102		10	102	72
73	Fully Depreciated Assets	110,344				10	110,344	73
74								74
75	TOTALS	\$ 765,676	\$ 87,475	\$ 64,121	\$ (23,354)		\$ 470,336	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		VAN	2003	\$ 19,994	\$	\$ 3,331	\$ 3,331	5	\$ 18,329	76
77		Alloc from Care Centers Health Systems		2,993	4	100	96	5	100	77
78		Alloc from Care Centers, Inc		21,883	1,270	1,270		5	17,976	78
79		Alloc from Care Centers Clinical		1,872	277	277		5	354	79
80	TOTALS			\$ 46,742	\$ 1,551	\$ 4,978	\$ 3,427		\$ 36,759	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)		\$ 4,244,881	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 214,309	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 181,564	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ (32,745)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 1,087,148	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		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/07

Ending: 12/31/07

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	<u>Alloc from care Centers, Inc</u>				<u>2,050</u>			5
6	<u>Alloc from Care Centers Health Systems</u>				<u>162</u>			6
7	TOTAL				\$ <u>2,212</u>			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>/2008</u>	\$ _____
13.	<u>/2009</u>	\$ _____
14.	<u>/2010</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 _____.

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: \$ 3,128

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.

SEE ACCOUNTANTS' COMPILATION REPORT

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 9,015	\$		\$ 9,015	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			2,393			2,393	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			34,992			34,992	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				83,028		83,028	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): <u>See Supplemental</u>					1,525	42,007		43,532	13
14	TOTAL			\$		\$ 47,925	\$ 125,035		\$ 172,960	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 Wheaton Care Center# 0039115Report Period Beginning: 01/01/07

Ending:

12/31/07**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/07

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,100	\$ 93,475	1
2	Cash-Patient Deposits	31,240	31,240	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,112,859	1,112,859	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	160,542	160,542	6
7	Other Prepaid Expenses	1,419	1,419	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	2,294,283	1,796,883	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,601,443	\$ 3,196,418	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		828,181	13
14	Buildings, at Historical Cost		1,496,317	14
15	Leasehold Improvements, at Historical Cost	910,380	962,141	15
16	Equipment, at Historical Cost	440,946	772,218	16
17	Accumulated Depreciation (book methods)	(999,321)	(1,320,016)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		33,676	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(9,109)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	1,234,469	1,234,469	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,586,474	\$ 3,997,877	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,187,917	\$ 7,194,295	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 471,727	\$ 471,728	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	28,650	28,650	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	116,637	116,637	30
31	Accrued Taxes Payable (excluding real estate taxes)	3,917	3,917	31
32	Accrued Real Estate Taxes(Sch.IX-B)	61,438	61,438	32
33	Accrued Interest Payable		23,336	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	1,228,469		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,910,838	\$ 705,706	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		1,367,744	39
40	Mortgage Payable		1,423,919	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)	\$	\$ 2,791,663	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,910,838	\$ 3,497,369	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,277,079	\$ 3,696,926	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,187,917	\$ 7,194,295	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,750,807	1
2	Restatements (describe):		2
3	Pension Accrual	(2,497)	3
4	Rounding	(1)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,748,309	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	528,770	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)	\$ 528,770	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)	\$ 3,277,079	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center# 0039115Report Period Beginning: 01/01/07Ending: 12/31/07**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 5,431,567	1
2	Discounts and Allowances for all Levels	(202,503)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,229,064	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	136,952	6
7	Oxygen	591	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 137,543	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	59,531	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	12,923	19
20	Radiology and X-Ray	3,030	20
21	Other Medical Services	3,137	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 78,621	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	212,983	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 212,983	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	13,995	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 13,995	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,672,206	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,040,452	31
32	Health Care	2,014,803	32
33	General Administration	1,043,937	33
B. Capital Expense			
34	Ownership	803,941	34
C. Ancillary Expense			
35	Special Cost Centers	172,960	35
36	Provider Participation Fee	67,343	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,143,436	40
41	Income before Income Taxes (line 30 minus line 40)**	528,770	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 528,770	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 Wheaton Care Center

0039115

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,590	1,704	\$ 60,204	\$ 35.33	1
2	Assistant Director of Nursing	2,019	2,206	65,308	29.60	2
3	Registered Nurses	13,362	14,716	431,592	29.33	3
4	Licensed Practical Nurses	13,051	14,604	378,797	25.94	4
5	CNAs & Orderlies	47,793	53,021	656,286	12.38	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	200	2,472	35,795	14.48	8
9	Activity Director	1,926	2,109	26,934	12.77	9
10	Activity Assistants	4,848	5,251	51,132	9.74	10
11	Social Service Workers	11,268	12,328	203,098	16.47	11
12	Dietician					12
13	Food Service Supervisor	1,974	2,174	41,645	19.16	13
14	Head Cook					14
15	Cook Helpers/Assistants	4,761	5,179	48,482	9.36	15
16	Dishwashers	13,729	15,831	147,331	9.31	16
17	Maintenance Workers	3,672	3,927	54,790	13.95	17
18	Housekeepers	14,902	16,074	143,512	8.93	18
19	Laundry	5,299	5,697	48,870	8.58	19
20	Administrator	2,058	2,235	74,753	33.45	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	3,180	3,387	29,936	8.84	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	1,394	1,559	20,016	12.84	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>					33
34	TOTAL (lines 1 - 33)	147,026	164,474	\$ 2,518,481 *	\$ 15.31	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	217	\$ 9,612	01-03	35
36	Medical Director	Monthly	1,100	09-03	36
37	Medical Records Consultant	Monthly	4,034	10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,661	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	45	2,246	11-03	44
45	Social Service Consultant	8	288	12-03	45
46	Other(specify) <u>Activity Director</u>	See Attached	(241)	11-03	46
47	<u>Therapy Consultatant</u>	15	348	10a-03	47
48					48
49	TOTAL (lines 35 - 48)	285	\$ 19,048		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	8	\$ 360	10-03	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	8	\$ 360		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

Report Period Beginning: 01/01/07 Ending:

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

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2004	6 FY2005	7 FY2006	8 FY2007	9 FY2008	10 FY2009	11 FY2010	12 FY2011	13 FY2012
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

