
Facility Name & ID Number Winchester House

0010678 Report Period Beginning: 12/01/06 Ending: 11/30/07

III. STATISTICAL DATA

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

	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	360	Skilled (SNF)	360	131,400	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	360	TOTALS	360	131,400	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	9,693	1,227	9,069	19,989	8
9	SNF/PED					9
10	ICF	57,135	12,434		69,569	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13

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

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

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

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

Employee Meals, Non-Resident Laundry

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

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

YES NO

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

YES NO

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

Date started 1941

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

YES Date _____ NO

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

YES NO If YES, enter number of beds certified 360 and days of care provided 9,069

Medicare Intermediary Mutual of Omaha/Wisconsin Physicians Service

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

14	TOTALS	66,828	13,661	9,069	89,558	14
----	--------	--------	--------	-------	--------	----

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

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.16%

Tax Year: 11/30/06 Fiscal Year: 11/30/06
 * All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number

Winchester House

0010678

Report Period Beginning:

12/01/06

Ending:

11/30/07

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	1,137,625	65,300	311	1,203,236		1,203,236		1,203,236		1
2	Food Purchase		512,098		512,098		512,098	(13,859)	498,239		2
3	Housekeeping	547,979	72,809	7,757	628,545		628,545		628,545		3
4	Laundry	233,668	14,300	955	248,923		248,923	(14,688)	234,235		4
5	Heat and Other Utilities			732,011	732,011		732,011		732,011		5
6	Maintenance	508,304	127,572	89,369	725,245		725,245	(54,154)	671,091		6
7	Other (specify):*										7
8	TOTAL General Services	2,427,576	792,079	830,403	4,050,058		4,050,058	(82,701)	3,967,357		8
	B. Health Care and Programs										
9	Medical Director			19,677	19,677		19,677		19,677		9
10	Nursing and Medical Records	7,476,102	620,788	250,405	8,347,295		8,347,295		8,347,295		10
10a	Therapy	367,695	291		367,986		367,986		367,986		10a
11	Activities	583,757	10,296	2,340	596,393		596,393		596,393		11
12	Social Services	139,656		2,282	141,938		141,938		141,938		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	8,567,210	631,375	274,704	9,473,289		9,473,289		9,473,289		16
	C. General Administration										
17	Administrative	124,033			124,033		124,033		124,033		17
18	Directors Fees										18
19	Professional Services			60,400	60,400		60,400	96,309	156,709		19
20	Dues, Fees, Subscriptions & Promotions			20,515	20,515		20,515	(17,383)	3,132		20
21	Clerical & General Office Expenses	428,521	19,042	5,552,254	5,999,817		5,999,817	(39,001)	5,960,816		21
22	Employee Benefits & Payroll Taxes			4,130,716	4,130,716		4,130,716	454,935	4,585,651		22
23	Inservice Training & Education			1,753	1,753		1,753		1,753		23
24	Travel and Seminar			6,667	6,667		6,667	(85)	6,582		24
25	Other Admin. Staff Transportation			3,297	3,297		3,297		3,297		25
26	Insurance-Prop.Liab.Malpractice							359,239	359,239		26
27	Other (specify):*										27
28	TOTAL General Administration	552,554	19,042	9,775,602	10,347,198		10,347,198	854,014	11,201,212		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	11,547,340	1,442,496	10,880,709	23,870,545		23,870,545	771,313	24,641,858		29

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

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

Schedule of Other Admin. Staff Transportation

Auto Expense: Winchester House	\$3,297
Auto Expense: Related Parties - See Page 6	0
Auto Expense: Page 5 and 5A Adjustments	0
Auto Expense: Total	<u><u>\$3,297</u></u>

Facility Name & ID Number

Winchester House

#0010678

Report Period Beginning:

12/01/06

Ending:

11/30/07

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							714,457	714,457			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			9,915	9,915		9,915		9,915			35
36	Other (specify):*											36
37	TOTAL Ownership			9,915	9,915		9,915	714,457	724,372			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			644,336	644,336		644,336		644,336			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			157,680	157,680		157,680	39,420	197,100			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			802,016	802,016		802,016	39,420	841,436			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	11,547,340	1,442,496	11,692,640	24,682,476		24,682,476	1,525,190	26,207,666			45

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

Facility Name & ID Number Winchester House# 0010678

Report Period Beginning:

12/01/06

Ending:

11/30/07**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	(13,859)	02		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	(14,688)	04		8
9	Non-Straightline Depreciation	714,457	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(4,550)	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
25	Fund Raising, Advertising and Promotional	(9,202)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(8,181)	20		28
29	Other-Attach Schedule	(17,297)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ 646,680		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	581,956	22	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 581,956		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ 1,228,636		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

BHF USE ONLY									
48		49		50		51		52	

Winchester House

ID# 0010678
Report Period Beginning: 12/01/06
Ending: 11/30/07

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Misc. Income	\$ (2,478)	21	1
2	Bed Tax (Not in GL)	39,420	42	2
3	Capitalized Repairs and Maintenance	(99,282)	06	3
4	To Capitalize Current Year Asset Additions	(15,759)	06	4
5	Non-Allowable Seminar	(85)	24	5
6	Marketing Wage	(31,973)	21	6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23

24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(110,157)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Winchester House

0010678

Report Period Beginning:

12/01/06

Ending:

11/30/07

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(13,859)	0	0	0	0	0	0	0	0	0	0	(13,859)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	(14,688)	0	0	0	0	0	0	0	0	0	0	(14,688)	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(115,041)	60,887	0	0	0	0	0	0	0	0	0	(54,154)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(143,588)	60,887	0	(82,701)	8								
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	96,309	0	0	0	0	0	0	0	0	0	96,309	19
20	Fees, Subscriptions & Promotions	(17,383)	0	0	0	0	0	0	0	0	0	0	(17,383)	20
21	Clerical & General Office Expenses	(39,001)	0	0	0	0	0	0	0	0	0	0	(39,001)	21
22	Employee Benefits & Payroll Taxes		454,935	0	0	0	0	0	0	0	0	0	454,935	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(85)	0	0	0	0	0	0	0	0	0	0	(85)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	359,239	0	0	0	0	0	0	0	0	0	359,239	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(56,469)	910,483	0	854,014	28								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Winchester House

0010678

Report Period Beginning:

12/01/06

Ending:

11/30/07

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	714,457	0	0	0	0	0	0	0	0	0	0	714,457	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	714,457	0	0	0	0	0	0	0	0	0	0	714,457	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	39,420	0	0	0	0	0	0	0	0	0	0	39,420	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	39,420	0	0	0	0	0	0	0	0	0	0	39,420	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	553,820	971,370	0	1,525,190	45								

Facility Name & ID Number Winchester House

0010678

Report Period Beginning:

12/01/06

Ending:

11/30/07

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
County of Lake	100					
See Attached List of Board Members						

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	22 Unemployment Compensation	\$	County of Lake	100.00%	\$ 36,450	\$ 36,450	1
2	V	22 Worker's Compensation		County of Lake	100.00%	413,395	413,395	2
3	V	26 Liability, Prop & Malpractice Insurance		County of Lake	100.00%	359,239	359,239	3
4	V	22 Employee Physicals		County of Lake	100.00%	3,752	3,752	4
5	V	22 Employee Relations		County of Lake	100.00%	1,338	1,338	5
6	V	22 FICA	900,160	County of Lake	100.00%	900,160		6
7	V	22 IMRF	1,099,844	County of Lake	100.00%	1,099,844		7
8	V	21 Indirect A&G Cost Allocation	1,300,000	County of Lake	100.00%	1,300,000		8
9	V	22 Health-Life-Dental Insurance	2,130,712	County of Lake	100.00%	2,130,712		9
10	V	19 Legal Fees		County of Lake	100.00%	96,309	96,309	10
11	V	6 Water Repair Damage		County of Lake	100.00%	60,887	60,887	11
12	V							12
13	V							13
14	Total		\$ 5,430,716			\$ 6,402,086	\$ * 971,370	14

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

- District 1 Judy Martini
- District 2 Randall E. Whitmore
- District 3 Suzi Schmidt
- District 4 Brent Paxton
- District 5 Bonnie Thomson Carter
- District 6 Larry Leafblad
- District 7 Steve Carlson
- District 8 Robert Sabonjian
- District 9 Mary Ross Cunningham
- District 10 Diana O'Kelly
- District 11 Terese Douglass
- District 12 Angelo D. Kyle
- District 13 Susan Loving Gravenhorst
- District 14 Audrey Nixon
- District 15 Carol Calabresa
- District 16 Robert E. "Bob" Powers
- District 17 Stevenson Mountsier
- District 18 Pamela O. Newton
- District 19 Michael Talbett
- District 20 David B. Stolman
- District 21 Ann B. Maine
- District 22 Carol Spielman
- District 23 Ann Flanigan Bassi

Facility Name & ID Number Winchester House # 0010678 Report Period Beginning: 12/01/06 Ending: 11/30/07

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									\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Winchester House

0010678 Report Period Beginning: 12/01/06

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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

Facility Name & ID Number Winchester House

0010678

Report Period Beginning:

12/01/06

Ending:

11/30/07

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
		A. Directly Facility Related										
Long-Term												
1							\$	\$			\$	1
2												2
3												3
4												4
5												5
Working Capital												
6												6
7												7
8												8
9	TOTAL Facility Related						\$	\$			\$	9
B. Non-Facility Related*												
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$	14
15	TOTALS (line 9+line14)						\$	\$			\$	15

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

* 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.)

Facility Name & ID Number Winchester House# 0010678

Report Period Beginning:

12/01/06

Ending:

11/30/07

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

B. Real Estate Taxes

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1.	Real Estate Tax accrual used on 2006 report.			\$	1
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	2
3.	Under or (over) accrual (line 2 minus line 1).			\$	3
4.	Real Estate Tax accrual used for 2007 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2002	_____	8	
		2003	_____	9	
		2004	_____	10	
		2005	_____	11	
		2006	_____	12	
				FOR BHF USE ONLY	
		13	FROM R. E. TAX STATEMENT FOR 2006	\$	13
		14	PLUS APPEAL COST FROM LINE 5	\$	14
		15	LESS REFUND FROM LINE 6	\$	15
		16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an

application for real estate tax exemption unless the building is rented from a for-profit entity.

This denial must be no more than four years old at the time the cost report is filed.

	(A) <u>Tax Index Number</u>	(B) <u>Property Description</u>	(C) <u>Total Tax</u>	(D) <u>Tax</u> <u>Applicable to</u> <u>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 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.

Facility Name & ID Number Winchester House

0010678 Report Period Beginning:

12/01/06 Ending:

11/30/07

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 189,077 B. General Construction Type: Exterior Brick Frame _____ Number of Stories Five

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).

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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>522,720</u>	<u>Prior to 1941</u>	<u>\$ 5,466</u>	1
2					2
3	TOTALS	<u>522,720</u>		<u>\$ 5,466</u>	3

Facility Name & ID Number Winchester House

0010678

Report Period Beginning:

12/01/06

Ending:

11/30/07

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	360		1972	1971	\$ 5,306,095	\$		\$ 132,652	\$ 132,652	\$ 4,514,022	4
5			1960	1959	503,487					503,487	5
6				1971	(100,596)						6
7				1959	(9,545)						7
8											8
Improvement Type**											
9	Various			1972	31,454		20	786	786	27,522	9
10	Various			1978	44,855		20	1,121	1,121	32,519	10
11	Various			1982	8,135		20	325	325	8,135	11
12	Various			1984	83,196		20	2,708	2,708	62,285	12
13	Various			1986	1,764,063		20	88,203	88,203	1,764,063	13
14	Various			1987	327,427		20	13,272	13,272	267,388	14
15	Various			1988	61,984		20	464	464	59,200	15
16	Various			1989	73,376		20			73,376	16
17	Various			1990	148,792		20	9,918	9,918	148,792	17
18	Various			1991	88,501		20	4,426	4,426	70,802	18
19	Various			1992	73,149		20	2,717	2,717	62,327	19
20	Various			1993	290,100		20	15,342	15,342	214,788	20
21	Various			1994	106,546		20	7,103	7,103	92,340	21
22	Various			1995	246,714		20	15,240	15,240	182,883	22
23	Various			1996	185,343		20	10,740	10,740	118,151	23
24	Various			1997	102,384		20	6,556	6,556	65,567	24
25	Various			1998	184,007		20	11,353	11,353	102,178	25
26	Various			1999	214,009		20	14,214	14,214	113,718	26
27	Various			2000	108,195		20	9,655	9,655	67,589	27
28	Various			2001	237,702		20	8,660	8,660	51,958	28
29	Various			2002	42,369		20	1,733	1,733	8,666	29
30	Various			2003	295,970		20	14,799	14,799	63,587	30
31											31
32											32
33											33
34											34
35											35
36											36

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

See Page 12A, Line 70 for total

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

Facility Name & ID Number Winchester House

0010678

Report Period Beginning:

12/01/06

Ending:

11/30/07

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	
37	Shelves	2004	\$ 9,773	\$	20	\$ 489	\$ 489	\$ 1,589	37
38	Sidewalk Replacement	2004	37,295		20	1,865	1,865	6,216	38
39	Sidewalk Replacement	2004	12,475		20	624	624	2,028	39
40	Sidewalk Replacement	2004	12,350		20	618	618	1,956	40
41	Engineer - Rooftop Air Unit	2004	1,280		20	64	64	240	41
42	Staircase Railings	2004	5,770		20	289	289	1,035	42
43	Architect - Sidewalk Replacement	2004	9,630		20	482	482	1,566	43
44	Infared Door Curtain Unit	2004	1,880		20	94	94	353	44
45	Elevator Repair	2004	517		10	52	52	203	45
46	Elevator Repair	2004	1,392		10	139	139	545	46
47	Elevator Repair	2004	522		10	52	52	204	47
48	Wall Bumpers	2005	406		20	20	20	60	48
49	Elevator Repair	2005	1,980		20	99	99	297	49
50	Door Latches	2005	11,256		20	563	563	1,689	50
51	Door Latches	2005	2,989		20	149	149	447	51
52	Doors	2005	3,935		20	197	197	591	52
53	Doors	2005	2,485		20	124	124	372	53
54	Door Latches	2005	2,989		20	149	149	447	54
55	Replace Fire Hydrant	2006	4,385		20	219	219	329	55
56	Cooling Tower Gear Box and Motor	2006	8,600		20	430	430	645	56
57	Cart Wash Room Epoxy	2006	6,228		20	311	311	467	57
58	Replace Cubicle Curtains	2006	51,326		20	2,566	2,566	3,849	58
59	Rehabilitation Room Renovation	2006	34,292		20	1,715	1,715	2,573	59
60	Garbage Disposal	2007	3,375		20	169	169	70	60
61	Hydrant Repair	2007	5,983		20	299	299	199	61
62	Chiller Repairs	2007	2,845		20	142	142	59	62
63	Boiler Repair	2007	6,651		20	333	333	5,543	63
64	Ice-Water Dispenser	2007	2,762		20	138	138	12	64
65	Wardrobe Curtains	2007	2,642		20	132	132	77	65
66	Floor Scrubber	2007	6,980		20	349	349	47	66
67	Elevator Repairs	2007	7,157		20	358	358	291	67
68	Water Damage Repair	2007	60,887		20	3,044	3,044	2,530	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 10,740,749	\$		\$ 388,261	\$ 388,261	\$ 8,711,872	70

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

Facility Name & ID Number Winchester House

0010678

Report Period Beginning:

12/01/06

Ending:

11/30/07

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	\$ 3,054,295	\$	\$ 307,027	\$ 307,027	10	\$ 2,787,021	71
72	Current Year Purchases	15,759		1,576	1,576	10	1,576	72
73	Fully Depreciated Assets	38,844				10	38,844	73
74								74
75	TOTALS	\$ 3,108,898	\$	\$ 308,603	\$ 308,603		\$ 2,827,441	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident Outings	1997 Chevy Van	1997	\$ 32,900	\$	\$ 1,775	\$ 1,775	5	\$ 23,635	76
77	Resident Outings	2002 Ford Bus	2002	96,757		9,676	9,676	5	48,449	77
78	Maintenance	2002 Chevy Truck	2002	30,709		6,142	6,142	5	30,709	78
79										79
80	TOTALS			\$ 160,366	\$	\$ 17,593	\$ 17,593		\$ 102,793	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)	\$ 14,015,479	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 714,457	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 714,457	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,642,106	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	Building - 1960	\$ 180,634	\$	\$ 180,364	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 180,634	\$	\$ 180,364	91

G. Construction-in-Progress

	Description	Cost	
92	Fire Suppression System	\$ 2,267,750	92
93			93
94			94
95		\$ 2,267,750	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.**

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

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

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

**

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: \$ 9,915

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. 2008 \$ _____

13. 2009 \$ _____

14. 2010 \$ _____

* 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.

Supplemental Schedule of Movable Equipment Rental

	<u>Description</u>	<u>Amount</u>
16A	Copy Machines	8,792
16B	Fax Machines	656
16C	Postage Machine	467
		<u>9,915</u>

Facility Name & ID Number Winchester House # 0010678 Report Period Beginning: 12/01/06 Ending: 11/30/07

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-03	hrs	\$		\$ 258,572	\$		\$ 258,572	1
2	Licensed Speech and Language Development Therapist	39-03	hrs			121,505			121,505	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-03	hrs			264,259			264,259	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			\$		\$ 644,336	\$		\$ 644,336	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.

STATE OF ILLINOIS

Facility Name & ID Number Winchester House

0010678

Report Period Beginning: 12/01/06

Ending: 11/30/07

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 11/30/07 (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	\$ 1,736,757	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	3,667,031		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,061,930		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,465,718	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$	24

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 387,357	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	358,279		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Deposits Payable</u>	242,863		36
37	<u>Public Aid IGT</u>	241,167		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,229,666	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,229,666	\$	46

25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,465,718	\$	25
----	---	--------------	----	----

47	TOTAL EQUITY (page 18, line 24)	\$ 5,236,052	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,465,718	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 929,501	1
2	Restatements (describe):		2
3	Public Aid Receivable Adjustment	497,245	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,426,746	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	3,809,306	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)	\$ 3,809,306	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)	\$ 5,236,052	24 *

* This must agree with page 17, line 47.

STATE OF ILLINOIS

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Facility Name & ID Number Winchester House

0010678

Report Period Beginning: 12/01/06

Ending: 11/30/07

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	\$ 20,412,319	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 20,412,319	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	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	13,859	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry	14,688	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 28,547	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	41,321	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 41,321	26
	E. Other Revenue (specify):****		

2

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	4,050,058	31
32	Health Care	9,473,289	32
33	General Administration	10,347,198	33
	B. Capital Expense		
34	Ownership	9,915	34
	C. Ancillary Expense		
35	Special Cost Centers	644,336	35
36	Provider Participation Fee	157,680	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 24,682,476	40
41	Income before Income Taxes (line 30 minus line 40)**	3,809,306	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 3,809,306	43

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

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

27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	8,009,595	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,009,595	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 28,491,782	30

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

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

Facility Name & ID Num Winchester House

Supplemental Schedule of Revenues

Description	Amount
28A Property Taxes	6,001,316
28B Transfers form Other Funds	2,000,070
28C TIF District Property Taxes	41
28D All Other Miscellaneous (Adjusted Off Page 5)	1,582
28E Vending Machine Commissions	6,586
Total	<u>8,009,595</u>

Facility Name & ID Number Winchester House# 0010678

Report Period Beginning:

12/01/06

Ending:

11/30/07

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	1,768	1,840	\$ 87,147	\$ 47.36	1
2	Assistant Director of Nursing	1,728	2,128	91,763	43.12	2
3	Registered Nurses	64,237	73,544	2,351,678	31.98	3
4	Licensed Practical Nurses	19,001	22,178	610,574	27.53	4
5	CNAs & Orderlies	237,004	275,297	3,901,217	14.17	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	14,763	17,859	367,695	20.59	8
9	Activity Director	1,900	2,096	61,653	29.41	9
10	Activity Assistants	27,862	33,343	522,104	15.66	10
11	Social Service Workers	5,456	6,316	139,656	22.11	11
12	Dietician	3,756	4,401	101,843	23.14	12
13	Food Service Supervisor	1,742	2,104	85,320	40.55	13
14	Head Cook					14
15	Cook Helpers/Assistants	58,641	68,115	950,462	13.95	15
16	Dishwashers					16
17	Maintenance Workers	17,414	20,073	508,304	25.32	17
18	Housekeepers	34,937	40,733	547,979	13.45	18
19	Laundry	13,240	16,516	233,668	14.15	19
20	Administrator	1,760	2,086	124,003	59.45	20
21	Assistant Administrator					21
22	Other Administrative	12,974	14,569	279,871	19.21	22
23	Office Manager					23
24	Clerical	7,117	8,653	162,898	18.83	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	3,671	4,467	83,143	18.61	31
32	Other Health Care(specify)					32
33	Other(specify)	19,010	22,963	336,362	14.65	33

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		\$		35
36	Medical Director	Monthly	19,677	09-03	36
37	Medical Records Consultant	84	4,968	10-03	37
38	Nurse Consultant	87	13,035	10-03	38
39	Pharmacist Consultant	Monthly	7,434	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	37	2,340	11-03	44
45	Social Service Consultant	36	2,282	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	244	\$ 49,736		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	3,323	\$ 162,832	10-03	50
51	Licensed Practical Nurses	651	28,969	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	3,974	\$ 191,801		53

34	TOTAL (lines 1 - 33)	547,981	639,281	\$ 11,547,340 *	\$ 18.06	34
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* This total must agree with page 4, column 1, line 45.

** See instructions.

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Education	1,623	2,255	73,405	\$ 32.55	1
2	Central Supply	2,707	3,113	59,782	19.20	2
3	Nursing Secretarial	13,480	16,315	171,202	10.49	3
4	Marketing (Adj P5)	1,200	1,280	31,973	24.98	5
		19,010	22,963	336,362		

*** Attach copy of IMRF notifications**

****See instructions.**

Facility Name & ID Number Winchester House# 0010678Report Period Beginning: 12/01/06Ending: 11/30/07**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. LSN - \$14,120 & County Nursing Home Assn - \$2,680
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 96,813 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 197,100
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V _____
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 13,859
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
- c. What percent of all travel expense relates to transportation of nurses and patients? None
- d. Have vehicle usage logs been maintained? Yes
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Virchow, Krause & Company, LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not Complete
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes

for an individual employee? No If YES, attach an explanation of the allocation.

(19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.

Name	Title	Date	Amount	Description	State
Non Nursing					
J Weibeler	Administrator	Dec-06	\$40.00	Seminar	California
J Weibeler	Administrator	Jan-07	\$45.00	AAHSA	California
J Weibeler	Administrator	Feb-07	\$385.00	Seminar	Wisconsin
J Miller	Food Service	Apr-07	\$220.00	Dietary Conference	Wisconsin
Anne Wagner	RN	Feb-07	\$385.00	Seminar	Wisconsin
	Out of State		\$1,075.00		
B King	Dietitian	Jan-07	\$45.00	Continuing Education	Illinois
J Miller	Dietitian	Jan-07	\$45.00	Continuing Education	Illinois
O Naverares	Dietitian	Jan-07	\$45.00	Continuing Education	Illinois
M Wicks	Secretary	Mar-07	\$102.43	LSN Conference	Illinois
R Paulson	Secretary	Mar-07	\$102.71	LSN Conference	Illinois
J Fields	Clerk	Mar-07	\$102.71	LSN Conference	Illinois
J Weibeler	Administrator	Mar-07	\$102.71	LSN Conference	Illinois
J Keyes	Human Resour	Mar-07	\$102.71	LSN Conference	Illinois
P McDonald	Social Services	Mar-07	\$102.71	LSN Conference	Illinois
J Miller	Dietitian	Mar-07	\$102.71	LSN Conference	Illinois
O Naverares	Dietitian	Mar-07	\$102.71	LSN Conference	Illinois
C Acosta	Dietitian	Mar-07	\$102.71	LSN Conference	Illinois
B King	Dietitian	Mar-07	\$102.71	LSN Conference	Illinois
B Massey	Maintenance	Mar-07	\$102.71	LSN Conference	Illinois
D Plonowski	Social Services	Mar-07	\$102.71	LSN Conference	Illinois
T Hodges	Social Services	Mar-07	\$102.71	LSN Conference	Illinois
J Denman	Ward Clerk	Mar-07	\$102.71	LSN Conference	Illinois
C Brown	RN	Mar-07	\$25.00	Long-Term Care	Illinois
E Urbanozo	RN	Mar-07	\$25.00	Long-Term Care	Illinois
L Butler	RN	Mar-07	\$25.00	Long-Term Care	Illinois
D Pecora	RN	Mar-07	\$25.00	Long-Term Care	Illinois
B Cochran	RN	Mar-08	\$102.71	LSN Conference	Illinois
S Parker	CNA	Mar-07	\$102.71	LSN Conference	Illinois
A Agahan	CNA	Mar-07	\$102.71	LSN Conference	Illinois
N Dottin	CNA	Mar-07	\$102.71	LSN Conference	Illinois
E Magpantay	CNA	Mar-07	\$102.71	LSN Conference	Illinois
S Young	CNA	Mar-07	\$102.71	LSN Conference	Illinois
T Clauser	RN	Mar-07	\$102.71	LSN Conference	Illinois
E Dobay	RN	Mar-07	\$102.71	LSN Conference	Illinois
D Ramos	RN	Mar-07	\$102.71	LSN Conference	Illinois
I Duclek	RN	Mar-07	\$102.71	LSN Conference	Illinois
E Escalante	RN	Mar-08	\$102.71	LSN Conference	Illinois
F Gargantos	CNA	Mar-08	\$102.71	LSN Conference	Illinois
J Guanzon	CNA	Mar-07	\$102.71	LSN Conference	Illinois
A Wagner	RN	Mar-07	\$102.71	LSN Conference	Illinois

C Laubinger	RN	Mar-07	\$102.71	LSN Conference	Illinois
D Pecora	RN	Mar-07	\$102.71	LSN Conference	Illinois
L Butler	RN	Mar-07	\$102.71	LSN Conference	Illinois
L Celis	CNA	Mar-08	\$102.71	LSN Conference	Illinois
L Garrett	CNA	Mar-07	\$102.71	LSN Conference	Illinois
M Gibbons	CNA	Mar-07	\$102.71	LSN Conference	Illinois
M Niendorf	CNA	Mar-07	\$102.71	LSN Conference	Illinois
M Vuong	CNA	Mar-07	\$102.71	LSN Conference	Illinois
V Geronimo	CNA	Mar-07	\$102.71	LSN Conference	Illinois
D Pecora	RN	Apr-07	\$169.00	Developing Restorative Pr	Illinois
V Sanchez	Rehab	Apr-07	\$169.00	Developing Restorative Pr	Illinois
A Wagner	RN	Jun-07	\$145.00	New Alzheimers Training	Illinois
E Escalente	RN	Jun-07	\$145.00	New Alzheimers Training	Illinois
M Cua	RN	Jun-07	\$145.00	New Alzheimers Training	Illinois
C Brown	RN	Jul-07	\$230.00	Certification	Illinois
M Cua	RN	Aug-07	\$110.00	Alzheimer's Conference	Illinois
A Wagner	RN	Aug-07	\$110.00	Alzheimer's Conference	Illinois
E Urbanozo	RN	Aug-07	\$110.00	Alzheimer's Conference	Illinois
M Purnell		Apr-07	\$223.54	Book for training	Illinois
	In State		\$5,591.53		
	Total Travel		\$6,666.53		

In Service

Name	Title	Date	Amount	Description	State
Nursing					
C Acosta	Dietitian	Jan-07	\$9.23	Resident Protection	Illinois
S Adkins	Secretary	Jan-07	\$9.23	Resident Protection	Illinois
J Alaniz	Activity Aid	Jan-07	\$9.23	Resident Protection	Illinois
R Alwardt	Env Services	Jan-07	\$9.23	Resident Protection	Illinois
P Ames	Rehab	Jan-07	\$9.23	Resident Protection	Illinois
P Baquiran	Env Services	Jan-07	\$9.23	Resident Protection	Illinois
B Barlett	Rehab	Jan-07	\$9.23	Resident Protection	Illinois
D Benetti	Resident servic	Jan-07	\$9.23	Resident Protection	Illinois
B Brenizer	Env Services	Jan-07	\$9.23	Resident Protection	Illinois
P Brown	Env Services	Jan-07	\$9.23	Resident Protection	Illinois
K Burnett	Env Services	Jan-07	\$9.23	Resident Protection	Illinois
C Calderon	Activity Aid	Jan-07	\$9.23	Resident Protection	Illinois
H Callison	Activity Aid	Jan-07	\$9.23	Resident Protection	Illinois
H Collins	Env Services	Jan-07	\$9.23	Resident Protection	Illinois
B DunCNA	Activity Aid	Jan-07	\$9.23	Resident Protection	Illinois
M Fields	Financial Coorc	Jan-07	\$9.23	Resident Protection	Illinois
J Fields	Clerk	Jan-07	\$9.23	Resident Protection	Illinois
W Francisco	Admin Asst	Jan-07	\$9.23	Resident Protection	Illinois
E Garcia	Env Services	Jan-07	\$9.23	Resident Protection	Illinois
O Garcia	Env Services	Jan-07	\$9.23	Resident Protection	Illinois
S Garcia	Human Resour	Jan-07	\$9.23	Resident Protection	Illinois

L Guinn	Accounting	Jan-07	\$9.23	Resident Protection	Illinois
N Glowacki	Food Service	Jan-07	\$9.23	Resident Protection	Illinois
M Gutierrez	Activity Aid	Jan-07	\$9.23	Resident Protection	Illinois
D Hamblin	Unit Clerk	Jan-07	\$9.23	Resident Protection	Illinois
G Hamilton	Env Services	Jan-07	\$9.23	Resident Protection	Illinois
K Hauser	Transporter	Jan-07	\$9.23	Resident Protection	Illinois
A Henningsen	Activity Aid	Jan-07	\$9.23	Resident Protection	Illinois
T Hodges	Social Services	Jan-07	\$9.23	Resident Protection	Illinois
L Hughes	Maintenance	Jan-07	\$9.23	Resident Protection	Illinois
A Irmen	Rehab	Jan-07	\$9.23	Resident Protection	Illinois
G Jeackson	Maintenance	Jan-07	\$9.23	Resident Protection	Illinois
D Jenkins	Maintenance	Jan-07	\$9.23	Resident Protection	Illinois
S Jenkins	Central Supply	Jan-07	\$9.23	Resident Protection	Illinois
L Justo	Rehab	Jan-07	\$9.23	Resident Protection	Illinois
J Keyes	Human Resour	Jan-07	\$9.23	Resident Protection	Illinois
B King	Dietitian	Jan-07	\$9.23	Resident Protection	Illinois
G Lopez	Env Services	Jan-07	\$9.23	Resident Protection	Illinois
D Malinski	Human Resour	Jan-07	\$9.23	Resident Protection	Illinois
S Manson	Maintenance	Jan-07	\$9.23	Resident Protection	Illinois
B Massey	Maintenance	Jan-07	\$9.23	Resident Protection	Illinois
D Mathews-Plonow	Social Services	Jan-07	\$9.23	Resident Protection	Illinois
P McDonald	Social Services	Jan-07	\$9.23	Resident Protection	Illinois
J McKinney	Env Services	Jan-07	\$9.23	Resident Protection	Illinois
J Miller	Food Service	Jan-07	\$9.23	Resident Protection	Illinois
L Montesdeoca	Env Services	Jan-07	\$9.23	Resident Protection	Illinois
P Montesdeoca	Env Services	Jan-07	\$9.23	Resident Protection	Illinois
J Morin	Activity Aid	Jan-07	\$9.23	Resident Protection	Illinois
O Naverares	Food Service	Jan-07	\$9.23	Resident Protection	Illinois
N Opulencia	Financial Coorc	Jan-07	\$9.23	Resident Protection	Illinois
N Parmak	Activity Aid	Jan-07	\$9.23	Resident Protection	Illinois
R Paulson	Unit Clerk	Jan-07	\$9.23	Resident Protection	Illinois
C Perry	Activity Aid	Jan-07	\$9.23	Resident Protection	Illinois
T Price	Env Services	Jan-07	\$9.23	Resident Protection	Illinois
M Purnell	Volunteer	Jan-07	\$9.23	Resident Protection	Illinois
P Rose	Financial Coorc	Jan-07	\$9.23	Resident Protection	Illinois
R Rusia	Activity Aid	Jan-07	\$9.23	Resident Protection	Illinois
V Sanchez	Rehab	Jan-07	\$9.23	Resident Protection	Illinois
G Sawyer	Central Supply	Jan-07	\$9.23	Resident Protection	Illinois
S Schlichtenmyer	Env Services	Jan-07	\$9.23	Resident Protection	Illinois
P Schultz	Admin Asst	Jan-07	\$9.23	Resident Protection	Illinois
G Smart	Activity Aid	Jan-07	\$9.23	Resident Protection	Illinois
L Solomon	Rehab	Jan-07	\$9.23	Resident Protection	Illinois
M Stevens	C Financial	Jan-07	\$9.23	Resident Protection	Illinois
J.W. Walls	Env Services	Jan-07	\$9.23	Resident Protection	Illinois
J Watts	Activity Aid	Jan-07	\$9.23	Resident Protection	Illinois
M Wicks	Unit Clerk	Jan-07	\$9.23	Resident Protection	Illinois
Q Wysokinski	Adm Coord	Jan-07	\$9.23	Resident Protection	Illinois
E Zapanta	Activity Aid	Jan-07	\$9.23	Resident Protection	Illinois

S Abraham	CNA	Jan-07	\$18.46 Resident Protection	Illinois
N Alimoren	LPN	Jan-07	\$26.96 Resident Protection	Illinois
V Anderson	CNA	Jan-07	\$9.23 Resident Protection	Illinois
M Andrews	CNA	Jan-07	\$9.23 Resident Protection	Illinois
R Bancks	LPN	Jan-07	\$9.23 Resident Protection	Illinois
M Barrile	CNA	Jan-07	\$9.23 Resident Protection	Illinois
R Belen	CNA	Jan-07	\$9.23 Resident Protection	Illinois
B Annamma	RN	Jan-07	\$9.23 Resident Protection	Illinois
M Black	CNA	Jan-07	\$9.23 Resident Protection	Illinois
A Bournonville	CNA	Jan-07	\$9.23 Resident Protection	Illinois
W Brenizer	CNA	Jan-07	\$9.23 Resident Protection	Illinois
C Brown	RN	Jan-07	\$9.23 Resident Protection	Illinois
J Bryant	CNA	Jan-07	\$9.23 Resident Protection	Illinois
L Bryant	CNA	Jan-07	\$9.23 Resident Protection	Illinois
L Buttler	RN	Jan-07	\$9.23 Resident Protection	Illinois
L Buzzard	CNA	Jan-07	\$9.23 Resident Protection	Illinois
E Cabahug	RN	Jan-07	\$9.23 Resident Protection	Illinois
P Cabe	CNA	Jan-07	\$9.23 Resident Protection	Illinois
C Castro	CNA	Jan-07	\$9.23 Resident Protection	Illinois
T Clauser	RN	Jan-07	\$9.23 Resident Protection	Illinois
B Cochran	RN	Jan-07	\$9.23 Resident Protection	Illinois
L Cole	CNA	Jan-07	\$9.23 Resident Protection	Illinois
R Campbell	CNA	Jan-07	\$9.23 Resident Protection	Illinois
I Corpuz	CNA	Jan-07	\$9.23 Resident Protection	Illinois
A Cortez	CNA	Jan-07	\$9.23 Resident Protection	Illinois
J Cotto	CNA	Jan-07	\$9.23 Resident Protection	Illinois
M Cua	RN	Jan-07	\$9.23 Resident Protection	Illinois
T Cybulska	CNA	Jan-07	\$9.23 Resident Protection	Illinois
M Daley	CNA	Jan-07	\$9.23 Resident Protection	Illinois
B Dangli	CNA	Jan-07	\$9.23 Resident Protection	Illinois
N Dean	CNA	Jan-07	\$9.23 Resident Protection	Illinois
S De Angelis	CNA	Jan-07	\$9.23 Resident Protection	Illinois
J Dela Rosa	CNA	Jan-07	\$9.23 Resident Protection	Illinois
P Delos Reyes	CNA	Jan-07	\$9.23 Resident Protection	Illinois
E Dobay	RN	Jan-07	\$9.23 Resident Protection	Illinois
N Dottin	CNA	Jan-07	\$9.23 Resident Protection	Illinois
I Dudek	RN	Jan-07	\$9.23 Resident Protection	Illinois
E Escalante	RN	Jan-07	\$9.23 Resident Protection	Illinois
E Estorque	RN	Jan-07	\$9.23 Resident Protection	Illinois
T Foster	LPN	Jan-07	\$9.23 Resident Protection	Illinois
F Gargantos	CNA	Jan-07	\$9.23 Resident Protection	Illinois
R Genovez	CNA	Jan-07	\$9.23 Resident Protection	Illinois
E George	CNA	Jan-07	\$9.23 Resident Protection	Illinois
M Gibbons	CNA	Jan-07	\$9.23 Resident Protection	Illinois
C Hansen	CNA	Jan-07	\$9.23 Resident Protection	Illinois
R Haviland	RN	Jan-07	\$9.23 Resident Protection	Illinois
R Hewkine	LPN	Jan-07	\$9.23 Resident Protection	Illinois

F Hill	CNA	Jan-07	\$9.23 Resident Protection	Illinois
T Holmes	CNA	Jan-07	\$9.23 Resident Protection	Illinois
A Jacob	CNA	Jan-07	\$9.23 Resident Protection	Illinois
V Jarencio	CNA	Jan-07	\$9.23 Resident Protection	Illinois
J Jenkins	CNA	Jan-07	\$9.23 Resident Protection	Illinois
T John	CNA	Jan-07	\$9.23 Resident Protection	Illinois
R Johnson	CNA	Jan-07	\$9.23 Resident Protection	Illinois
T Johnso	CNA	Jan-07	\$9.23 Resident Protection	Illinois
S Kinkaid	LPN	Jan-07	\$9.23 Resident Protection	Illinois
E Kichopokus	RN	Jan-07	\$9.23 Resident Protection	Illinois
L Kolomyjska	CNA	Jan-07	\$9.23 Resident Protection	Illinois
T Kuma	CNA	Jan-07	\$9.23 Resident Protection	Illinois
C Laubinger	RN	Jan-07	\$9.23 Resident Protection	Illinois
L Leonen	RN	Jan-07	\$9.23 Resident Protection	Illinois
F Lian	CNA	Jan-07	\$9.23 Resident Protection	Illinois
J Linsangan	CNA	Jan-07	\$9.23 Resident Protection	Illinois
A Loeschen	CNA	Jan-07	\$9.23 Resident Protection	Illinois
M Magdadaro	RN	Jan-07	\$9.23 Resident Protection	Illinois
E Magpantay	RN	Jan-07	\$9.23 Resident Protection	Illinois
E Majewski	CNA	Jan-07	\$9.23 Resident Protection	Illinois
R Mangalindan	CNA	Jan-07	\$9.23 Resident Protection	Illinois
J Manuel	CNA	Jan-07	\$9.23 Resident Protection	Illinois
A Mathew	RN	Jan-07	\$9.23 Resident Protection	Illinois
S Mathew	CNA	Jan-07	\$9.23 Resident Protection	Illinois
T Mejos	RN	Jan-07	\$9.23 Resident Protection	Illinois
M Mendoza	CNA	Jan-07	\$9.23 Resident Protection	Illinois
Y Monsalud	CNA	Jan-07	\$9.23 Resident Protection	Illinois
M Mycle	CNA	Jan-07	\$9.23 Resident Protection	Illinois
M Nash	CNA	Jan-07	\$9.23 Resident Protection	Illinois
L Nelson	CNA	Jan-07	\$9.23 Resident Protection	Illinois
M Novelo	CNA	Jan-07	\$9.23 Resident Protection	Illinois
M Ochoa	CNA	Jan-07	\$9.23 Resident Protection	Illinois
M O'Connor	CNA	Jan-07	\$9.23 Resident Protection	Illinois
S Parker	CNA	Jan-07	\$9.23 Resident Protection	Illinois
J Paulson	CNA	Jan-07	\$9.23 Resident Protection	Illinois
D Pecora	RN	Jan-07	\$9.23 Resident Protection	Illinois
S Pokorny	CNA	Jan-07	\$9.23 Resident Protection	Illinois
K Primus	CNA	Jan-07	\$9.23 Resident Protection	Illinois
M Ramirez	CNA	Jan-07	\$9.23 Resident Protection	Illinois
D Ramos	RN	Jan-07	\$9.23 Resident Protection	Illinois
Q Randle	CNA	Jan-07	\$9.23 Resident Protection	Illinois
M Rivera-Perez	CNA	Jan-07	\$9.23 Resident Protection	Illinois
C Rogers	CNA	Jan-07	\$9.23 Resident Protection	Illinois
T Rychlik	CNA	Jan-07	\$9.23 Resident Protection	Illinois
D Samec	CNA	Jan-07	\$9.23 Resident Protection	Illinois
R Sandique	CNA	Jan-07	\$9.23 Resident Protection	Illinois
W Schubring	CNA	Jan-07	\$9.23 Resident Protection	Illinois
L Scott	CNA	Jan-07	\$9.23 Resident Protection	Illinois

N Seger	CNA	Jan-07	\$9.23	Resident Protection	Illinois
M Sevilleja	CNA	Jan-07	\$9.23	Resident Protection	Illinois
U Sierputowska	CNA	Jan-07	\$9.23	Resident Protection	Illinois
C Stec	CNA	Jan-07	\$9.23	Resident Protection	Illinois
S Swiec	CNA	Jan-07	\$9.23	Resident Protection	Illinois
S Talaczynski	CNA	Jan-07	\$9.23	Resident Protection	Illinois
A Thomas	CNA	Jan-07	\$9.23	Resident Protection	Illinois
V Unida	CNA	Jan-07	\$9.23	Resident Protection	Illinois
E Urbanozo	RN	Jan-07	\$9.23	Resident Protection	Illinois
D Valiyakalayil	CNA	Jan-07	\$9.23	Resident Protection	Illinois
C Van Cleve	LPN	Jan-07	\$9.23	Resident Protection	Illinois
L Volkova	CNA	Jan-07	\$9.23	Resident Protection	Illinois
M Vuong	CNA	Jan-07	\$9.23	Resident Protection	Illinois
J Wagner	CNA	Jan-07	\$9.23	Resident Protection	Illinois
S Walas	CNA	Jan-07	\$9.23	Resident Protection	Illinois
J Washington	CNA	Jan-07	\$9.23	Resident Protection	Illinois
A Wojcik	CNA	Jan-07	\$9.23	Resident Protection	Illinois
E Wright	LPN	Jan-07	\$9.23	Resident Protection	Illinois
P Wright	RN	Jan-07	\$9.23	Resident Protection	Illinois
M Yohannan	CNA	Jan-07	\$9.23	Resident Protection	Illinois
S Young	RN	Jan-07	\$9.23	Resident Protection	Illinois
G Zieba	CNA	Jan-07	\$9.23	Resident Protection	Illinois
J Zuchiniarz	CNA	Jan-07	\$9.23	Resident Protection	Illinois

\$1,752.97