

		FOR BHF USE					

LL1

**2007**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**  
**FINANCIAL AND STATISTICAL REPORT FOR**  
**LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2007)**

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

**I. IDPH License ID Number:** 0041426

**Facility Name:** Wynscape

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

**County:** DuPage

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

**HFS ID Number:** 363436685002

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

**Type of Ownership:**

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

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

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from July 1, 2006 to June 30, 2007 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider	(Signed) _____	<u>10/29/2007</u>
	(Type or Print Name) <u>Marya Jordan</u>	(Date)
	(Title) <u>Administrator</u>	
Paid Preparer	(Signed) _____	<u>10/26/2007</u>
	(Print Name and Title) <u>Patrick Szajkovic</u> <u>Senior Consultant</u>	(Date)
	(Firm Name & Address) <u>Strategic Reimbursement, Inc.</u> <u>3315 W. Algonquin Rd. S-110, Rolling Meadows, IL 60008</u>	
	(Telephone) <u>(847) 259-7373</u> Fax # <u>(847) 259-9869</u>	
	MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630	

Facility Name & ID Number Wynscape# 0041426 Report Period Beginning: July 1, 2006 Ending: June 30, 2007

## III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>108</u>	Skilled (SNF)	<u>108</u>	<u>39,420</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>101</u>	Intermediate (ICF)	<u>101</u>	<u>36,865</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>209</u>	TOTALS	<u>209</u>	<u>76,285</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>511</u>	<u>123</u>	<u>20,116</u>	<u>20,750</u>	8
9	SNF/PED					9
10	ICF	<u>17,240</u>	<u>19,901</u>	<u>0</u>	<u>37,141</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>17,751</u>	<u>20,024</u>	<u>20,116</u>	<u>57,891</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 75.89%

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

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

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

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

NoneF. Does the facility maintain a daily midnight census? YesG. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?YES  NO 

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

YES  NO 

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

Date started 3/1/1996

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

YES  Date 3/1/1996 NO 

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

YES  NO  If YES, enter number  
of beds certified 108 and days of care provided 17,083Medicare Intermediary National Government Services

## IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED  
CASH\*  CASH\* Is your fiscal year identical to your tax year? YES  NO Tax Year: 6/30/2007 Fiscal Year: 6/30/2007

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

Facility Name &amp; ID Number Wynscape

# 0041426

Report Period Beginning:

July 1, 2006

Ending:

June 30, 2007

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	483,160	31,897	78,492	593,549		593,549	(853)	592,696			1
2	Food Purchase		378,897		378,897		378,897		378,897			2
3	Housekeeping	319,335	13,301	149,673	482,309		482,309		482,309			3
4	Laundry	128,295	18,233		146,528		146,528		146,528			4
5	Heat and Other Utilities			263,415	263,415		263,415	2,814	266,229			5
6	Maintenance	59,525	25,881	157,112	242,518		242,518	163,732	406,250			6
7	Other (specify):*											7
8	<b>TOTAL General Services</b>	<b>990,315</b>	<b>468,209</b>	<b>648,692</b>	<b>2,107,216</b>		<b>2,107,216</b>	<b>165,693</b>	<b>2,272,909</b>			<b>8</b>
	<b>B. Health Care and Programs</b>											
9	Medical Director			22,680	22,680		22,680		22,680			9
10	Nursing and Medical Records	5,088,996	339,592	211,267	5,639,855		5,639,855		5,639,855			10
10a	Therapy	831,437	26,000	138,632	996,069		996,069		996,069			10a
11	Activities	234,693		6,539	241,232		241,232		241,232			11
12	Social Services	177,799		2,094	179,893		179,893		179,893			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	<b>TOTAL Health Care and Programs</b>	<b>6,332,925</b>	<b>365,592</b>	<b>381,212</b>	<b>7,079,729</b>		<b>7,079,729</b>		<b>7,079,729</b>			<b>16</b>
	<b>C. General Administration</b>											
17	Administrative	170,994		723,838	894,832		894,832	(213,767)	681,065			17
18	Directors Fees											18
19	Professional Services			10,569	10,569		10,569	28,307	38,876			19
20	Dues, Fees, Subscriptions & Promotions			39,728	39,728		39,728	3,211	42,939			20
21	Clerical & General Office Expenses	287,952	26,703	90,651	405,306		405,306	178,651	583,957			21
22	Employee Benefits & Payroll Taxes			1,802,951	1,802,951		1,802,951	93,811	1,896,762			22
23	Inservice Training & Education											23
24	Travel and Seminar			9,083	9,083		9,083		9,083			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			623,794	623,794		623,794		623,794			26
27	Other (specify):*											27
28	<b>TOTAL General Administration</b>	<b>458,946</b>	<b>26,703</b>	<b>3,300,614</b>	<b>3,786,263</b>		<b>3,786,263</b>	<b>90,213</b>	<b>3,876,476</b>			<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>7,782,186</b>	<b>860,504</b>	<b>4,330,518</b>	<b>12,973,208</b>		<b>12,973,208</b>	<b>255,906</b>	<b>13,229,114</b>			<b>29</b>

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

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

Facility Name & ID Number Wynscape

#0041426

Report Period Beginning: July 1, 2006 Ending:

June 30, 2007

## 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	
	<b>D. Ownership</b>											
30	Depreciation			3,260,031	3,260,031	3,260,031	(2,719,096)	540,935				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			200,891	200,891	200,891	(51,253)	149,638				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			49,949	49,949	49,949		49,949				35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			3,510,871	3,510,871	3,510,871	(2,770,349)	740,522				37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		729,021		729,021	729,021		729,021				39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			114,428	114,428	114,428		114,428				42
43	Other (specify):*			313,640	313,640	313,640	(195,847)	117,793				43
44	<b>TOTAL Special Cost Centers</b>		729,021	428,068	1,157,089	1,157,089	(195,847)	961,242				44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	7,782,186	1,589,525	8,269,457	17,641,168	17,641,168	(2,710,290)	14,930,878				45

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

Facility Name & ID Number Wynscape

# 0041426

Report Period Beginning:

July 1, 2006

Ending:

June 30, 2007

**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	(2,799,303)	30		9
10	Interest and Other Investment Income	(51,253)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(96,000)	43		24
25	Fund Raising, Advertising and Promotional	(99,847)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Page 5a	(1,864)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (3,048,267)</b>		<b>\$</b>	<b>30</b>

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)	337,977	Various	34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ 337,977</b>		<b>36</b>
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	<b>\$ (2,710,290)</b>		<b>37</b>

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

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

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

BHF USE ONLY					
48		49		50	51
					52

Wynscape

ID# 0041426

Report Period Beginning: July 1, 2006

Ending: June 30, 2007

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Vending Income	\$ (853)	1	1
2	Other Miscellaneous income	(784)	21	2
3	Finance charges	(227)	21	3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(1,864)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Wynscape

# 0041426

Report Period Beginning:

July 1, 2006

Ending:

June 30, 2007

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	(853)	0	0	0	0	0	0	0	0	0	0	(853)	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	2,814	0	0	0	0	0	0	0	0	0	2,814	5
6	Maintenance	0	163,732	0	0	0	0	0	0	0	0	0	163,732	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(853)</b>	<b>166,546</b>	<b>0</b>	<b>165,693</b>	<b>8</b>								
	<b>B. Health Care and Programs</b>													
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	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	(213,767)	0	0	0	0	0	0	0	0	0	(213,767)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	28,307	0	0	0	0	0	0	0	0	0	28,307	19
20	Fees, Subscriptions & Promotions	0	3,211	0	0	0	0	0	0	0	0	0	3,211	20
21	Clerical & General Office Expenses	(1,011)	179,662	0	0	0	0	0	0	0	0	0	178,651	21
22	Employee Benefits & Payroll Taxes	0	93,811	0	0	0	0	0	0	0	0	0	93,811	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(1,011)</b>	<b>91,224</b>	<b>0</b>	<b>90,213</b>	<b>28</b>								
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(1,864)</b>	<b>257,770</b>	<b>0</b>	<b>255,906</b>	<b>29</b>								

STATE OF ILLINOIS

Facility Name & ID Number Wynscape

# 0041426 Report Period Beginning:

July 1, 2006 Ending:

Summary B  
June 30, 2007

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	(2,799,303)	80,207	0	0	0	0	0	0	0	0	0	(2,719,096)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(51,253)	0	0	0	0	0	0	0	0	0	0	(51,253)	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	<b>TOTAL Ownership</b>	<b>(2,850,556)</b>	<b>80,207</b>	<b>0</b>	<b>(2,770,349)</b>	<b>37</b>								
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(195,847)	0	0	0	0	0	0	0	0	0	0	(195,847)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(195,847)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(195,847)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(3,048,267)</b>	<b>337,977</b>	<b>0</b>	<b>(2,710,290)</b>	<b>45</b>								

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Central DuPage Health System (A Non-Profit Corp)	100%	N/A		Central DuPage Hospital	Winfield, IL	Hospital
				CNS Home Care	Carol Stream, IL	Home Health
				Wyndmere Rtrmnt	Wheaton, IL	Ret. Community
				PAHCS II	Winfield, IL	Occup Med
				DuPage Health Svc	Winfield, IL	Lab
				CD Health	Winfield, IL	Pharmacy

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
1	V	5 Utilities	\$	Central DuPage Health System	100.00%	\$ 2,814	\$ 2,814
2	V	6 Maintenance		Central DuPage Health System	100.00%	163,732	163,732
3	V	17 Administrative Services		Central DuPage Health System	100.00%	510,071	510,071
4	V	19 Legal and Professional Fees		Central DuPage Health System	100.00%	28,307	28,307
5	V	20 Licenses, Dues, Fees, etc		Central DuPage Health System	100.00%	3,211	3,211
6	V	21 Clerical and General Office		Central DuPage Health System	100.00%	179,662	179,662
7	V	22 Employee Benefits		Central DuPage Health System	100.00%	93,811	93,811
8	V	30 Depreciation		Central DuPage Health System	100.00%	80,207	80,207
9	V						
10	V						
11	V	17 Management Fees	723,838	Central DuPage Health System	100.00%		(723,838)
12	V						
13	V						
14	Total		\$ 723,838			\$ 1,061,815	\$ * 337,977

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

Facility Name &amp; ID Number

Wynscape

#

0041426

Report Period Beginning:

July 1, 2006

Ending:

June 30, 2007

## 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	N/A - Nonprofit Corp.								\$	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 Wynscape

# 0041426 Report Period Beginning: July 1, 2006 Ending: ne 30, 2007

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Accumulated costs 477,320	8	\$ 76,569	\$	17,545	\$ 2,814	1
2	6	Maintenance	Accumulated costs 477,320	8	4,454,403		17,545	163,732	2
3	17	Administrative services	Accumulated costs 477,320	8	13,876,772	13,876,772	17,545	510,073	3
4	19	Legal and professional fees	Accumulated costs 477,320	8	770,109		17,545	28,307	4
5	20	Dues, licenses & subscriptions	Accumulated costs 477,320	8	87,367		17,545	3,211	5
6	21	Clerical and general office	Accumulated costs 477,320	8	4,887,787		17,545	179,662	6
7	22	Employee benefits	Accumulated costs 477,320	8	2,552,179		17,545	93,811	7
8	30	Depreciation	Accumulated costs 477,320	8	2,182,097		17,545	80,208	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				\$ 28,887,283	\$ 13,876,772		\$ 1,061,818	25

Facility Name & ID Number

Wynscape

# 0041426

Report Period Beginning:

July 1, 2006 Ending:

June 30, 2007

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

	1 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	<b>A. Directly Facility Related</b>											
	<b>Long-Term</b>											
1	First Health Care Associates		X	Mortgage Note	\$60,195.00	1/1/2000	\$ 7,029,000	\$ 6,114,000	12/31/24	0.0925	\$ 200,891	1
2												2
3												3
4												4
5												5
	<b>Working Capital</b>											
6												6
7												7
8												8
9	<b>TOTAL Facility Related</b>				\$60,195.00		\$ 7,029,000	\$ 6,114,000			\$ 200,891	9
	<b>B. Non-Facility Related*</b>											
10	Interest Income Offset										(51,253)	10
11												11
12												12
13												13
14	<b>TOTAL Non-Facility Related</b>						\$	\$			(51,253)	14
15	<b>TOTALS (line 9+line14)</b>						\$ 7,029,000	\$ 6,114,000			\$ 149,638	15

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



**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 Wynscape COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0041426

CONTACT PERSON REGARDING THIS REPORT Patrick Szajkovic

TELEPHONE (847) 259-7373, x-111 FAX #: (847) 259-9869

**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)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
2.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
3.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
4.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
5.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
6.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
7.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
8.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
9.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
10.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
		<b>TOTALS</b>	\$ <u>                    </u>	\$ <u>                    </u>

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

Attach a copy of the 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 Wynscape

# 0041426 Report Period Beginning:

July 1, 2006 Ending:

June 30, 2007

**X. BUILDING AND GENERAL INFORMATION:**

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

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs: N/A  
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>		<u>2000</u>	<u>\$ 1,800,000</u>	1
2					2
3	<b>TOTALS</b>			<b>\$ 1,800,000</b>	3

Facility Name &amp; ID Number Wynscape

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	209		2000		\$ 5,726,808	\$ 1,105,405	40	\$ 143,170	\$ (962,235)	\$ 1,073,776	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	Elevator			7/1/1996	2,468		20	128	128	1,318	9
10	Facility project number 96071, See 12C for breakout			6/30/1997							10
11	General construction project number 96007			6/30/1997	154,315		40	3,858	3,858	38,658	11
12	Demolition			6/30/1997	14,620		40	366	366	3,843	12
13	Construction debris removal			6/30/1997	18,783		40	470	470	4,935	13
14	Excavation			6/30/1997	4,356		40	109	109	1,145	14
15	Concrete			6/30/1997	28,710		40	718	718	7,539	15
16	Unit masonry			6/30/1997	39,480		40	987	987	10,364	16
17	Rough carpentry			6/30/1997	1,488		40	37	37	389	17
18	Temporary protection cleanup			6/30/1997	10,767		40	269	269	2,825	18
19	Wood doors			6/30/1997	7,043		40	176	176	1,848	19
20	Spray on fire proofing			6/30/1997	11,800		40	295	295	3,098	20
21	Membrane roofing			6/30/1997	95,011		40	2,375	2,375	24,938	21
22	Metal door and frames			6/30/1997	14,369		40	359	359	3,770	22
23	Wood replacement doors			6/30/1997	4,381		40	110	110	1,155	23
24	Entrances and storefront			6/30/1997	28,398		40	710	710	7,455	24
25	Aluminum windows			6/30/1997	127,610		40	3,190	3,190	33,495	25
26	Hardware			6/30/1997	38,367		40	959	959	10,133	26
27	Interior glazing			6/30/1997	8,750		40	219	219	2,300	27
28	Drywall			6/30/1997	471,593		40	11,790	11,790	123,795	28
29	Ceramic tile			6/30/1997	34,909		40	873	873	9,167	29
30	Resilient flooring			6/30/1997	35,834		40	896	896	9,408	30
31	Floor prep			6/30/1997	1,809		40	45	45	473	31
32	Painting			6/30/1997	38,007		40	950	950	9,975	32
33	Toilet and bath accessories			6/30/1997	20,015		40	500	500	5,250	33
34	Kitchen and building allowance			6/30/1997	118,968		40	2,974	2,974	31,227	34
35	Window treatment allowance			6/30/1997	19,238		40	481	481	5,051	35
36	Storage / Moving			6/30/1997	1,748		40	44	44	462	36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Wynscape

**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	Final cleaning allowance	6/30/1997	\$ 11,225	\$	40	\$ 281	\$ 281	\$ 2,951	37
38	Field investigation	6/30/1997	900		40	23	23	242	38
39	Fire protection	6/30/1997	17,701		40	443	443	4,652	39
40	Plumbing	6/30/1997	155,685		40	3,892	3,892	40,866	40
41	HVAC	6/30/1997	24,900		40	623	623	6,542	41
42	Electrical	6/30/1997	322,774		40	8,069	8,069	84,725	42
43	Fire alarm system	6/30/1997	13,741		40	344	344	3,612	43
44	Premium time drywall	6/30/1997	2,366		40	59	59	620	44
45	Reconstruction fee	6/30/1997	28,000		40	700	700	7,350	45
46	Fees to Schall Brothers	6/30/1997	72,379		40	1,809	1,809	18,995	46
47	Insurance	6/30/1997	17,277		40	432	432	4,536	47
48	Millwork	6/30/1997	61,115		40	1,528	1,528	16,045	48
49	Architect fees	7/31/1997	150,000		5			150,000	49
50	Architectural reimbursement	7/31/1997	10,952		5			10,952	50
51	Survey	7/31/1997	7,956		5			7,956	51
52	City permit fees	7/31/1997	4,886		5			4,886	52
53	Legal ( contract only)	7/31/1997	6,927		5			6,927	53
54	Contingency fees	7/31/1997	36,385	2,241	10	3,639	1,398	32,330	54
55	Testing services	7/31/1997	10,864		5			10,864	55
56	Title insurance	7/31/1997	346		1			346	56
57	Landscaping	7/31/1997	45,000		5			45,000	57
58	Fence	7/31/1997	4,287		7			4,287	58
59	Balance of landscaping	10/23/1997	15,000	1,623	10	1,500	(123)	14,250	59
60	Seal stripe parking lot	10/28/1997	2,959		3			2,959	60
61	Elevator repairs	1/13/1998	11,000		20	550	550	5,285	61
62	Security system	2/3/1998	2,318		10	232	232	2,279	62
63	Elevator repairs	7/1/1998	1,500		3			1,500	63
64	Elevator repairs	11/18/1998	7,942		3			7,942	64
65	Gas water heater	11/10/1998	2,657		3			2,657	65
66	Smoke detectors	1/11/1999	2,225		3			2,225	66
67	Elevator repairs	1/13/1999	27,293		3			27,293	67
68	Elevator repairs	2/8/1999	6,349		3			6,349	68
69	Plumbing repairs	4/28/1999	700		3			700	69
70	TOTAL (lines 4 thru 69)		\$ 8,165,254	\$ 1,109,269		\$ 201,182	\$ (908,087)	\$ 1,965,915	70

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

Facility Name &amp; ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 8,165,254	\$ 1,109,269		\$ 201,182	\$ (908,087)	\$ 1,965,915	1
2	Rear door repairs	5/15/1966	2,799		3			2,799	2
3	Prior year improvement to facility project number 96071:								3
4	General contractor cost	6/30/1997	145,836	17,349	40	3,646	(13,703)	38,283	4
5	Construction insurance	6/30/1997	10,702	1,273	40	268	(1,005)	2,814	5
6	Fire alarm system	6/30/1997	8,717	1,037	40	218	(819)	2,289	6
7	Electrical work	6/30/1997	69,239	8,236	40	1,731	(6,505)	18,176	7
8	HVAC improvement work	6/30/1997	394,855	46,969	40	9,871	(37,098)	103,646	8
9	Plumbing improvement	6/30/1997	86,233	10,258	40	2,156	(8,102)	22,638	9
10	Fire protection work	6/30/1997	2,096	249	40	52	(197)	546	10
11	Elevators work	6/30/1997	1,595	190	40	40	(150)	420	11
12	Storage and moving cost	6/30/1997	19,125	2,275	40	478	(1,797)	5,019	12
13	Window treatment improvements	6/30/1997	14,142	1,682	40	354	(1,328)	3,717	13
14	Painting work	6/30/1997	212,678	25,299	40	5,317	(19,982)	55,829	14
15	Resilient flooring	6/30/1997	161,133	19,167	40	4,028	(15,139)	42,294	15
16	Acoustical treatment	6/30/1997	102,956	12,247	40	2,574	(9,673)	27,027	16
17	Ceramic tile	6/30/1997	8,396	999	40	210	(789)	2,205	17
18	Drywall	6/30/1997	11,049	1,314	40	276	(1,038)	2,898	18
19	Hardware	6/30/1997	54,460	6,478	40	1,362	(5,116)	14,301	19
20	Aluminum windows	6/30/1997	2,616	311	40	65	(246)	683	20
21	Roofing	6/30/1997	13,942	1,658	40	349	(1,309)	3,665	21
22	Wood door	6/30/1997	1,802	214	40	45	(169)	473	22
23	Unit masonry	6/30/1997	7,316	870	40	183	(687)	1,922	23
24	Cast in place concrete	6/30/1997	13,275	1,579	40	332	(1,247)	3,486	24
25	Unlocated Difference for Depr on 1997 assets	6/30/1997		(46,742)			46,742		25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,510,216	\$ 1,222,181		\$ 234,737	\$ (987,444)	\$ 2,321,045	34

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

Facility Name &amp; ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 9,510,216	\$ 1,222,181		\$ 234,737	\$ (987,444)	\$ 2,321,045	1
2	Disposer and wall heating and cooling units	7/1/1998	8,549		3			8,549	2
3	Roof covering and gutters	1/13/1998	4,345		3			4,345	3
4	Elevator repairs	6/30/1999	1,600		3			1,600	4
5	Elevator repairs	6/30/1999	15,078		3			15,078	5
6	Assets After 6/30/99:								6
7	Toilet replacement	7/1/1999	12,397		3			12,397	7
8	Toilet replacement	8/1/1999	1,194		3			1,194	8
9	Plumbing and electrical work	7/1/1999	4,100		3			4,100	9
10	Elevator repairs and electric	7/1/1999	31,402		3			31,402	10
11	Sidewalk repair	7/1/1999	1,892		3			1,892	11
12	Door holders	12/31/1999	4,784		3			4,784	12
13	Electrical panel repair	12/31/1999	4,900		3			4,900	13
14	Nurse call system	2/29/2000	9,083		3			9,083	14
15	Nurse call system	2/29/2000	54,480		3			54,480	15
16	Detail of building improvements 06/30/2000								16
17	General contractor cost	6/30/2000	22,010	550	40	550		4,125	17
18	Demolition cost	6/30/2000	622	16	40	16		116	18
19	Concrete cost	6/30/2000	2,119	53	40	53		401	19
20	Masonry cost	6/30/2000	2,223	55	40	55		416	20
21	Carpentry and fireproofing cost	6/30/2000	2,140	53	40	53		401	21
22	Roofing cost	6/30/2000	4,093	103	40	103		769	22
23	Entrance improvements	6/30/2000	1,583	39	40	39		296	23
24	Windows cost	6/30/2000	6,191	155	40	155		1,159	24
25	Hardware cost	6/30/2000	3,761	94	40	94		705	25
26	Drywall cost	6/30/2000	18,998	475	40	475		3,566	26
27	Ceramic tile and flooring	6/30/2000	12,892	323	40	323		2,419	27
28	Painting and decorating	6/30/2000	10,437	261	40	261		1,954	28
29	Kitchen and millwork improvements	6/30/2000	6,860	171	40	171		1,286	29
30	Plumbing and electrical work	6/30/2000	24,433	611	40	611		4,579	30
31	HVAC work	6/30/2000	16,892	423	40	423		3,169	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,799,274	\$ 1,225,563		\$ 238,119	\$ (987,444)	\$ 2,500,210	34

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

Facility Name & ID Number Wynscape

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,799,274	\$ 1,225,563		\$ 238,119	\$ (987,444)	\$ 2,500,210	1
2	Carpet	2002	2,035	293	7	293		1,608	2
3	Electrical	2002	5,722	284	20	284		1,565	3
4	Emergency generator system and facility rewiring	2002	919,934	45,996	20	45,996		252,979	4
5	First floor renovation	2002	367,252	18,363	20	18,363		100,996	5
6	Hot water heaters	2002	67,944	3,397	20	3,397		18,684	6
7	Nurse call system	2002	31,433	1,571	20	1,571		8,641	7
8	Mechanical (oxygen distribution system)	2002	38,241	1,912	20	1,912		10,516	8
9	Plumbing	2002	2,961	148	20	148		814	9
10	HVAC	2002	47,353	2,368	20	2,368		13,024	10
11	Painting and decorating	2002	21,585	1,079	20	1,079		5,935	11
12	Roof replacement	2002	99,498	4,921	20	4,921		27,092	12
13	Service elevator modernization	2002	44,119	2,206	20	2,206		12,133	13
14	Soft costs	2002	65,031	3,252	20	3,252		17,886	14
15	Mechanical	2002	54,389	2,720	20	2,720		14,959	15
16	Monument sign	2002	16,917	1,692	10	1,692		9,306	16
17	Site drainage	2002	59,341	2,967	20	2,967		16,319	17
18	Added depr booked on 2002 assets			641,706			(641,706)		18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,643,029	\$ 1,960,438		\$ 331,288	\$ (1,629,150)	\$ 3,012,667	34

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

Facility Name &amp; ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 11,643,029	\$ 1,960,438		\$ 331,288	\$ (1,629,150)	\$ 3,012,667	1
2	Security cameras	6/30/2003	14,922	6,715	20	746	(5,969)	3,357	2
3	Electrical updates	6/30/2003	626	282	20	31	(251)	140	3
4	Electrical updates	6/30/2003	19	9	20	1	(8)	4	4
5	Electrical updates	6/30/2003	861	387	20	43	(344)	194	5
6	Electrical updates	6/30/2003	45	20	20	2	(18)	9	6
7	CDH PO# 174903 - project # 21165	6/30/2003	8,486	3,819	20	424	(3,395)	1,908	7
8	Miner & East	6/30/2003	14,740	6,633	20	737	(5,896)	3,317	8
9	Extractor	6/30/2003	556	250	20	28	(222)	126	9
10	Engineering	6/30/2003	4,470	2,011	20	224	(1,787)	1,008	10
11	Office renovation	6/30/2003	448	202	20	22	(180)	99	11
12	Labor	6/30/2003	56	25	20	3	(22)	13	12
13	Labor	6/30/2003	1,344	605	20	67	(538)	302	13
14	Emergency shower repair	6/30/2003	4,780	2,151	20	239	(1,912)	1,076	14
15	Electrical updates	6/30/2003	2,340	1,053	20	117	(936)	527	15
16	Cindy Smith	6/30/2003	663	298	20	33	(265)	149	16
17	Miner & East	6/30/2003	154,919	69,714	20	7,746	(61,968)	34,857	17
18	Miner & East	6/30/2003	8,563	3,853	20	428	(3,425)	1,926	18
19	Ice cream parlor	6/30/2003	679	305	20	34	(271)	153	19
20	Office renovation	6/30/2003	6,600	2,970	20	330	(2,640)	1,485	20
21	Office renovation	6/30/2003	448	202	20	22	(180)	99	21
22	Code regulation for storage	6/30/2003	15,195	6,838	20	760	(6,078)	3,420	22
23	Plumbing	6/30/2003	11,583	5,212	20	579	(4,633)	2,606	23
24	Dust control assembly	6/30/2003	1,220		20	61	61	366	24
25	Shower room repair	6/30/2003	1,877		20	94	94	564	25
26	Smoke / fire dampers	6/30/2003	1,954		20	98	98	587	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,900,423	\$ 2,073,992		\$ 344,157	\$ (1,729,835)	\$ 3,070,959	34

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

Facility Name &amp; ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 11,900,423	\$ 2,073,992		\$ 344,157	\$ (1,729,835)	\$ 3,070,959	1
2									2
3	Labor on remodeling	6/30/2004	858	429	20	43	(386)	150	3
4	Engineering work for remodeling	6/30/2004	4,470	2,235	20	223	(2,012)	781	4
5	Skilled Nrsg Rev	6/30/2004	663	331	20	33	(298)	115	5
6	Skilled Nrsg Rev	6/30/2004	846	423	20	42	(381)	147	6
7	Supply desk	6/30/2004	556	56	10	56		196	7
8	C.S. Artwork	6/30/2004	122	12	10	12		42	8
9	CS Artwork	6/30/2004	33	3	10	3		10	9
10	Concrete Sealcoat	6/30/2004	1,796	180	10	180		630	10
11	Anderson Mikos Architect plans on remodeling	6/30/2004	3,735	2,078	20	187	(1,891)	654	11
12	Troyer Group Srvc - Architect plan fees	6/30/2004	8,419	4,210	20	421	(3,789)	1,473	12
13	Anderson Mikos Architect fee - remodeling plans	6/30/2004	2,343	1,172	20	117	(1,055)	410	13
14	Anderson Mikos Prof Architect plans	6/30/2004	6,175	3,087	20	309	(2,778)	1,081	14
15	IDPA Safety remodeling work	6/30/2004	3,180	1,590	20	159	(1,431)	556	15
16	Troyer Group Architect Redecorating Plans	6/30/2004	10,157	5,078	20	508	(4,570)	1,778	16
17	Hot Water Heater	6/30/2004	12,985	6,492	20	649	(5,843)	2,272	17
18	Troyer Group Architect Redecorating plans - Phase I	6/30/2004	11,633	5,816	20	582	(5,234)	2,037	18
19	Troyer Group Architect Redecorating plans - Phase I	6/30/2004	6,810	3,405	20	340	(3,065)	1,190	19
20	Troyer Group invoice - Architect Plans	6/30/2004	8,610	4,305	20	430	(3,875)	1,505	20
21	2005 Additions:								21
22	Troyer Group Remodeling Architect fees	6/30/2005	287	158	20	14	(144)	35	22
23	Coppolino Design - Phase I Contractor fee	6/30/2005	203	112	20	10	(102)	25	23
24	Troyer Group Remodeling Phase I Architect Fees	6/30/2005	9,066	4,986	20	453	(4,533)	1,132	24
25	Security System	6/30/2005	17,260	1,726	10	1,726		4,315	25
26	Remodeling - First Floor furniture	6/30/2005	390	214	20	20	(194)	50	26
27	Summary Billing - Furniture for redesigned area	6/30/2005	38,223	21,022	20	1,911	(19,111)	4,778	27
28	Art work Prints and Installation	6/30/2005	3,065	306	10	306		765	28
29	First Floor Remodeling:								29
30	Labor for Demolition	6/30/2005	5,750	288	20	288		720	30
31	Labor for Carpentry	6/30/2005	4,370	218	20	218		545	31
32	Labor for Millwork	6/30/2005	51,287	2,564	20	2,564		6,410	32
33	Doors, frames and hardware	6/30/2005	12,139	607	20	607		1,517	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,125,854	\$ 2,147,095		\$ 356,568	\$ (1,790,527)	\$ 3,106,278	34

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

Facility Name &amp; ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 12,125,854	\$ 2,147,095		\$ 356,568	\$ (1,790,527)	\$ 3,106,278	1
2	Temporary 1 hr. partions	6/30/2005	1,680	84	20	84		210	2
3	Glass and Glazing	6/30/2005	360	18	20	18		45	3
4	Drywall and Acoustical ceiling	6/30/2005	28,678	1,434	20	1,434		3,585	4
5	Flooring	6/30/2005	18,200	910	20	910		2,275	5
6	Wall Finishes	6/30/2005	25,508	1,275	20	1,275		3,188	6
7	Special Ceiling Fixtures & finishes	6/30/2005	4,559	228	20	228		570	7
8	Plumbing	6/30/2005	10,180	509	20	509		1,273	8
9	Fire Protection System	6/30/2005	5,278	264	20	264		660	9
10	HVAC System	6/30/2005	5,928	296	20	296		740	10
11	Electric including Fire System and Telephone & Data wiring	6/30/2005	42,448	2,122	20	2,122		5,305	11
12	Floor Preparations	6/30/2005	5,000	250	20	250		625	12
13	Contractor - Construction Fee	6/30/2005	32,037	1,602	20	1,602		4,005	13
14	<b>Second Floor Remodeling:</b>								14
15	Labor for Demolition	6/30/2005	3,750	188	20	188		470	15
16	Labor for Carpentry	6/30/2005	760	38	20	38		95	16
17	Labor for Millwork	6/30/2005	5,930	296	20	296		740	17
18	Doors, frames and hardware	6/30/2005	5,948	297	20	297		743	18
19	Temporary 1 hr. partions	6/30/2005	650	33	20	33		82	19
20	Drywall and Acoustical ceiling	6/30/2005	20,170	1,008	20	1,008		2,520	20
21	Flooring	6/30/2005	3,300	165	20	165		413	21
22	Wall Finishes	6/30/2005	6,706	335	20	335		838	22
23	Special Ceiling Fixtures & finishes	6/30/2005	2,481	124	20	124		310	23
24	Fire Protection System	6/30/2005	2,942	147	20	147		368	24
25	HVAC System	6/30/2005	747	37	20	37		93	25
26	Electric including Fire System and Telephone & Data wiring	6/30/2005	8,717	436	20	436		1,090	26
27	Floor Preparations	6/30/2005	600	30	20	30		75	27
28	Contractor - Construction Fee	6/30/2005	10,192	510	20	510		1,275	28
29	<b>Remodeling Project Changes:</b>								29
30	Flex Ductwork for HEPA Filters	6/30/2005	177	9	20	9		22	30
31	Physical Therapy Countertop change	6/30/2005	210	10	20	10		25	31
32	Relocate Ductwork for rm 102	6/30/2005	363	18	20	18		45	32
33	Remove Windows/ wall installation for Nurse Office wall	6/30/2005	1,176	59	20	59		147	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,380,529	\$ 2,159,827		\$ 369,300	\$ (1,790,527)	\$ 3,138,110	34

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

Facility Name &amp; ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12G, Carried Forward</b>		\$ 12,380,529	\$ 2,159,827		\$ 369,300	\$ (1,790,527)	\$ 3,138,110	1
2	Fire Extinguisher Cabinet by Rm # 103	6/30/2005	493	25	20	25		62	2
3	Interior entry door # 101A, push/pull lever	6/30/2005	75	4	20	4		10	3
4	Drywall Firestop by rm. #203	6/30/2005	1,266	63	20	63		158	4
5	Skimcoat 2F for existing Drywall (wall prep)	6/30/2005	542	27	20	27		68	5
6	Skimcoat Rms 101, 102, & 104 for existing Drywall	6/30/2005	2,672	134	20	134		335	6
7	Trash Dumpsters	6/30/2005	357	18	20	18		45	7
8	Electric Outlets, Wiring & Switches - New & Changes	6/30/2005	8,252	413	20	413		1,032	8
9	Light Fixtures - rm 202	6/30/2005	272	14	20	14		35	9
10	Light Fixtures - 4 Fire Strobes in Hallway	6/30/2005	1,072	54	20	54		135	10
11	Sound System - Lobby & Nursing Area	6/30/2005	2,877	144	20	144		360	11
12	Sprinkler System Heads	6/30/2005	7,758	388	20	388		970	12
13	Planning, Design/Engineering fees, Badges & Video	6/30/2005	10,386	519	20	519		1,298	13
14	Handsinks in 2F, Food Tray Area - Net	6/30/2005	2,336	117	20	117		292	14
15	2 Doors, Frames & Hardware, Rm 202	6/30/2005	1,646	82	20	82		205	15
16	2 Doors, Frames & Hardware, Rm 203	6/30/2005	2,497	125	20	125		312	16
17	1 Door, Frame & Hardware, Rm 206	6/30/2005	1,137	57	20	57		142	17
18	Floor Prep & Finishes for Rms 203 and 206	6/30/2005	3,680	184	20	184		460	18
19	Drywall Del. & Wall Surface Prep. & Ceiling Tiles rm. #202	6/30/2005	2,556	128	20	128		320	19
20	Ceiling Prints and Floor Patterns & Temp Ceiling Tiles	6/30/2005	818	41	20	41		102	20
21	Oval Ceiling Trim for Rm 104	6/30/2005	2,901	145	20	145		363	21
22	Flooring Surface changes for rms 104 and 204	6/30/2005	1,766	88	20	88		220	22
23	Kickplates for Exterior Fover & Interior Entry Door	6/30/2005	171	9	20	9		22	23
24	Trover Group Architect Fees	6/30/2005	2,417	121	20	121		302	24
25	Wiring / Hookups for Computer System	6/30/2005	2,882	144	20	144		360	25
26	Wiring / Hookups for AO Communication System	6/30/2005	216	11	20	11		27	26
27	Wiring / Hookups for Sound System	6/30/2005	3,728	186	20	186		465	27
28	Furniture for new areas	6/30/2005	5,830	292	20	292		730	28
29	Security System hookups	6/30/2005	140	7	20	7		18	29
30	2006 Additions:								30
31	Re-install Existing Handsink	6/30/2006	4,981	557	10	498	(59)	747	31
32	Set of Six lined Roman shades	6/30/2006	3,165	633	5	633		949	32
33	Whirlpool Bath System	6/30/2006	1,455	291	10	146	(145)	219	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,460,873	\$ 2,164,848		\$ 374,117	\$ (1,790,731)	\$ 3,148,873	34

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

Facility Name &amp; ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12H, Carried Forward</b>		\$ 12,460,873	\$ 2,164,848		\$ 374,117	\$ (1,790,731)	\$ 3,148,873	1
2	Wash Room Renovation	6/30/2006	22,080	4,416	10	2,208	(2,208)	3,312	2
3	Whirlpool Bathing System	6/30/2006	13,095	2,619	10	1,310	(1,309)	1,965	3
4	Sub Acute Room - pull inventory system	6/30/2006	985	197	10	98	(99)	147	4
5	Plumbing & Labor - Whirlpool System	6/30/2006	4,000	800	10	400	(400)	600	5
6	Install Split System AC Unit	6/30/2006	3,280	656	10	328	(328)	492	6
7									7
8	Notebook asset # 31696	6/30/2007	2,080	293	10	104	(189)	104	8
9	Pantry asset #31889	6/30/2007	4,258	585	10	213	(372)	213	9
10	Pantry Construction #32025	6/30/2007	7,652	976	10	383	(593)	383	10
11	Dining POS Pantry #32014	6/30/2007	500	64	10	25	(39)	25	11
12	Pantry Construction #32106	6/30/2007	724	87	10	36	(51)	36	12
13	Pantry Construction #32134	6/30/2007	319	35	10	16	(19)	16	13
14	Wynscape Pantry # 32192	6/30/2007	445	41	10	22	(19)	22	14
15	AC Units w electric heat #32446	6/30/2007	4,239	141	15	141		141	15
16	Asphalt Repairs and seal coat #31943	6/30/2007	17,900	1,119	8	1,119			16
17									17
18	Depreciation Allocated from Central DuPage Health System					80,208	80,208		18
19	(Home Office on Schedule VIII)								19
20									20
21	Remove Book Step-down Adjustment for 2007	6/30/2007	(4,400,000)	1,077,719			(1,077,719)		21
22	Remaining depr Adj (unlocated) not posted above					(5,435)	(5,435)		22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,142,430	\$ 3,254,596		\$ 455,293	\$ (2,799,303)	\$ 3,156,329	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,088,793	\$ 84,356	\$ 84,356	\$	3-10 yrs	\$ 791,133	71
72	Current Year Purchases	19,082	1,286	1,286		5-20 yrs	1,286	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,107,875	\$ 85,642	\$ 85,642	\$		\$ 792,419	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	(included in above)			\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1	Reference	2	Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$	11,050,305	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$	3,340,238	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$	540,935	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	(2,799,303)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$	3,948,748	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	None	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	None	\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Wynscape

# 0041426

Report Period Beginning: July 1, 2006

Ending: June 30, 2007

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.

YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	<u>N/A</u>			\$			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$			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 \_\_\_\_\_.

N/A

N/A

9. Option to Buy:  YES  NO      Terms: \_\_\_\_\_ \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 49,949

Description: Misc. - See schedule

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$	\$	21

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

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

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

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

**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)	
<b>TOTAL TRAINED</b>	

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

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

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

	Service	Schedule V Line & Column Reference	2 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	5					
					Units	Cost				
1	Licensed Occupational Therapist	<a href="#">Ln10a, Col 1</a>	3598 hrs	\$ 142,021		\$		3,598	\$ 142,021	1
2	Licensed Speech and Language Development Therapist	<a href="#">Ln10a, Col 1</a>	2736 hrs	118,060				2,736	118,060	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	<a href="#">Ln10a, Col 1</a>	7785 hrs	334,531				7,785	334,531	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	<a href="#">Ln 39, Col 2</a>	# of prescrpts				729,021		729,021	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): <b>IV Therapy</b>	<a href="#">Ln10a, Col 3</a>				51,137			51,137	13
14	<b>TOTAL</b>			\$ 594,612		\$ 51,137	\$ 729,021	14,119	\$ 1,374,770	14

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

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

Ending:

June 30, 2007

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of June 30, 2007 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 533,197	\$ 533,197	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>87,734</u> )	1,856,794	1,856,794	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	100	100	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Other Receivables</u>	214,779	214,779	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,604,870	\$ 2,604,870	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,800,000	1,800,000	13
14	Buildings, at Historical Cost	14,031,351	14,031,351	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,107,874	1,107,874	16
17	Accumulated Depreciation (book methods)	(11,743,354)	(11,743,354)	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	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 5,195,871	\$ 5,195,871	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 7,800,741	\$ 7,800,741	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 172,207	\$ 172,207	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	23,060	23,060	28
29	Short-Term Notes Payable	150,285	150,285	29
30	Accrued Salaries Payable			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
	<b>Other Current Liabilities(specify):</b>			
36	<u>Hlth Ins and Other Payables</u>	235,958	235,958	36
37	<u>Related Party Payable</u>	2,573,868	2,573,868	37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 3,155,378	\$ 3,155,378	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	6,113,738	6,113,738	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 6,113,738	\$ 6,113,738	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 9,269,116	\$ 9,269,116	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ (1,468,375)	\$ (1,468,375)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 7,800,741	\$ 7,800,741	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,594,808	1
2	Restatements (describe):		2
3	rounding diff	3	3
4	Fund Balance tranfers	(300,000)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,294,811	6
	<b>A. Additions (deductions):</b>		
7	NET Income (Loss) (from page 19, line 43)	(3,063,186)	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)	\$ (3,063,186)	17
	<b>B. Transfers (Itemize):</b>		
18	Fund Balance Transfer in	300,000	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 300,000	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,468,375)	24 *

\* This must agree with page 17, line 47.

Facility Name &amp; ID Number Wynscape

# 0041426

Report Period Beginning: July 1, 2006

Ending: June 30, 2007

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

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

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 18,458,716	1
2	Discounts and Allowances for all Levels	(3,937,019)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 14,521,697	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,032	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 5,032	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	51,253	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 51,253	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28			28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 14,577,982	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,107,216	31
32	Health Care	7,079,729	32
33	General Administration	3,786,263	33
<b>B. Capital Expense</b>			
34	Ownership	3,510,871	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,042,661	35
36	Provider Participation Fee	114,428	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 17,641,168	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(3,063,186)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (3,063,186)	43

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

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

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

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

Facility Name & ID Number Wynscape

# 0041426

Report Period Beginning: July 1, 2006

Ending:

June 30, 2007

**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	1,447	1,551	\$ 61,752	\$ 39.81	1
2	Assistant Director of Nursing	1,839	2,284	91,059	39.87	2
3	Registered Nurses	58,867	62,477	2,288,026	36.62	3
4	Licensed Practical Nurses	11,021	12,307	309,558	25.15	4
5	CNAs & Orderlies	129,694	140,527	2,299,136	16.36	5
6	CNA Trainees					6
7	Licensed Therapist	13,461	14,119	594,612	42.11	7
8	Rehab/Therapy Aides	9,749	11,127	236,825	21.28	8
9	Activity Director	2,613	2,847	49,904	17.53	9
10	Activity Assistants	15,239	16,405	184,789	11.26	10
11	Social Service Workers	8,303	9,627	177,799	18.47	11
12	Dietician	949	1,046	26,835	25.65	12
13	Food Service Supervisor	4,088	4,463	77,985	17.47	13
14	Head Cook	5,937	6,567	91,299	13.90	14
15	Cook Helpers/Assistants	22,603	24,270	287,040	11.83	15
16	Dishwashers					16
17	Maintenance Workers	2,958	3,099	59,525	19.21	17
18	Housekeepers	24,859	27,259	319,335	11.71	18
19	Laundry	10,436	11,149	128,295	11.51	19
20	Administrator	3,073	3,459	170,994	49.43	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,834	15,406	287,952	18.69	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	364	478	5,659	11.84	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,900	2,078	33,807	16.27	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	343,234	372,545	\$ 7,782,186 *	\$ 20.89	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	175	\$ 2,333	Ln. 1, C.3	35
36	Medical Director	120	22,680	Ln. 9, C.3	36
37	Medical Records Consultant	40	1,869	Ln. 10, C.3	37
38	Nurse Consultant	72	4,095	Ln. 10, C.3	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	1,687	101,102	Ln. 10a, C.3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	96	4,808	L.11,C.3	44
45	Social Service Consultant	36	2,094	L.12,C.3	45
46	Other(specify) <u>DON Contracted</u>	610	46,070	Ln.10,C.3	46
47	<u>Housekeeping Consultant</u>	2,267	35,524	L.3, C.3	47
48	<u>Admin Reception / Bus Ofc Cnslt</u>	691	13,348	L. 21, C.3	48
49	TOTAL (lines 35 - 48)	5,794	\$ 233,923		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	422	\$ 24,264	Ln.10,C.3	50
51	Licensed Practical Nurses	702	25,295	Ln.10,C.3	51
52	Certified Nurse Assistants/Aides	4,641	98,030	Ln.10,C.3	52
53	TOTAL (lines 50 - 52)	5,765	\$ 147,589		53





**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Life Srvcs Network of Illinois, \$7643
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 8 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 76,017 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 114,428  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? N/A Indicate the amount. \$ 0
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? N/A
- d. Have vehicle usage logs been maintained? Yes
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: KPMG, LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? Yes If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$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.