

Facility Name & ID Number Wheaton Care Center# 0039115 Report Period Beginning: 01/01/08 Ending: 12/31/08

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>82</u>	Skilled (SNF)	<u>82</u>	<u>30,012</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>41</u>	Intermediate (ICF)	<u>41</u>	<u>15,006</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>123</u>	TOTALS	<u>123</u>	<u>45,018</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>3,921</u>	<u>199</u>	<u>2,053</u>	<u>6,173</u>	8
9	SNF/PED					9
10	ICF	<u>35,294</u>	<u>1,789</u>		<u>37,083</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>39,215</u>	<u>1,988</u>	<u>2,053</u>	<u>43,256</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 96.09%

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

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

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

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

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

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

YES NO

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

Date started 09/01/1993

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

YES Date 09/01/1993 NO

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

YES NO If YES, enter number
of beds certified 81 and days of care provided 2,046Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED
CASH* CASH* Is your fiscal year identical to your tax year? YES NO Tax Year: 12/31/08 Fiscal Year: 12/31/08

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center # 0039115 Report Period Beginning: 01/01/08 Ending: 12/31/08

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	238,498	32,588	7,371	278,457		278,457	4,187	282,644		1
2	Food Purchase		196,733		196,733		196,733	276	197,009		2
3	Housekeeping	169,901	31,024		200,925		200,925	(2,226)	198,699		3
4	Laundry	37,478	19,229		56,707		56,707	(37)	56,670		4
5	Heat and Other Utilities			161,641	161,641		161,641	2,472	164,113		5
6	Maintenance	69,800		152,308	222,108		222,108	7,857	229,965		6
7	Other (specify):*							2,093	2,093		7
8	TOTAL General Services	515,677	279,574	321,320	1,116,571		1,116,571	14,621	1,131,192		8
	B. Health Care and Programs										
9	Medical Director			2,000	2,000		2,000		2,000		9
10	Nursing and Medical Records	1,684,415	73,049	26,465	1,783,929		1,783,929	17,479	1,801,408		10
10a	Therapy	66,080			66,080		66,080	1,959	68,039		10a
11	Activities	84,099	8,884	200	93,183		93,183		93,183		11
12	Social Services	184,195	1,852	1,830	187,877		187,877	11,426	199,303		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							7,606	7,606		15
16	TOTAL Health Care and Programs	2,018,789	83,785	30,495	2,133,069		2,133,069	38,470	2,171,539		16
	C. General Administration										
17	Administrative	80,024			80,024		80,024	45,719	125,743		17
18	Directors Fees										18
19	Professional Services			291,504	291,504		291,504	(232,276)	59,228		19
20	Dues, Fees, Subscriptions & Promotions			34,548	34,548		34,548	(4,228)	30,320		20
21	Clerical & General Office Expenses	41,394	15,638	312,625	369,657		369,657	(111,513)	258,144		21
22	Employee Benefits & Payroll Taxes			336,394	336,394		336,394	(12,471)	323,923		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,844	5,844		5,844	1,504	7,348		24
25	Other Admin. Staff Transportation			3,774	3,774		3,774	1,243	5,017		25
26	Insurance-Prop.Liab.Malpractice			169,408	169,408		169,408	1,206	170,614		26
27	Other (specify):*							27,406	27,406		27
28	TOTAL General Administration	121,418	15,638	1,154,097	1,291,153		1,291,153	(283,410)	1,007,743		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,655,884	378,997	1,505,912	4,540,793		4,540,793	(230,319)	4,310,474		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center #0039115 Report Period Beginning: 01/01/08 Ending: 12/31/08

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			89,247	89,247	89,247	104,330	193,577				30
31	Amortization of Pre-Op. & Org.											31
32	Interest						93,316	93,316				32
33	Real Estate Taxes			68,205	68,205	68,205	3,548	71,753				33
34	Rent-Facility & Grounds			660,000	660,000	660,000	(656,794)	3,206				34
35	Rent-Equipment & Vehicles			2,292	2,292	2,292	1,145	3,437				35
36	Other (specify):*											36
37	TOTAL Ownership			819,744	819,744	819,744	(454,455)	365,289				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		162,552	58,263	220,815	220,815	(33,462)	187,353				39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			67,527	67,527	67,527		67,527				42
43	Other (specify):*						5,962	5,962				43
44	TOTAL Special Cost Centers		162,552	125,790	288,342	288,342	(27,500)	260,842				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,655,884	541,549	2,451,446	5,648,879	5,648,879	(712,274)	4,936,605				45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/08

Ending: 12/31/08

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(7,126)	30		9
10	Interest and Other Investment Income	(212,104)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(90)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(529)	21		18
19	Entertainment				19
20	Contributions	(869)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(178,114)	21		24
25	Fund Raising, Advertising and Promotional	(3,330)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(851)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(96,081)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (499,094)		\$	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)	(213,180)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (213,180)		36
37	TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)	\$ (712,274)		37

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

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

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

BHF USE ONLY					
48		49	50	51	52

SEE ACCOUNTANTS' COMPILATION REPORT

Wheaton Care Center

ID# 0039115

Report Period Beginning: 01/01/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Other Income	\$ (1,168)	21	1
2	Patient Clothing	(222)	10	2
3	Building Company-Replacement Tax	(50)	21	3
4	Collection Expenses	(70)	21	4
5	Non-Allowable Expense	(60,000)	21	5
6	COPE Dues	(4,279)	20	6
7	Related Party Interest	(22,500)	32	7
8	Building Company-Filing Fee	(250)	21	8
9	Public Relations	(648)	20	9
10	Building Company-Amortization	(4,244)	31	10
11	Annual Report	(100)	20	11
12	Capitalized R&M	(2,550)	06	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	(96,081)		49

Wheaton Care Center

ID# 0039115

Report Period Beginning: 01/01/08

Ending: 12/31/08

Sch. V Line

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary			366		2,682	1,142	(3)					4,187	1
2	Food Purchase	(90)		366									276	2
3	Housekeeping			362		40		(2,628)					(2,226)	3
4	Laundry							(37)					(37)	4
5	Heat and Other Utilities			2,198		91	183						2,472	5
6	Maintenance	(2,550)		2,775	5,359	11	31	(419)		2,650			7,857	6
7	Other (specify):*				1,746	347							2,093	7
8	TOTAL General Services	(2,640)		6,067	7,105	3,171	1,356	(3,088)		2,650			14,621	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(222)				22,986		(5,285)					17,479	10
10a	Therapy					1,959							1,959	10a
11	Activities													11
12	Social Services					11,426							11,426	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*					7,606							7,606	15
16	TOTAL Health Care and Programs	(222)				43,977		(5,285)					38,470	16
	C. General Administration													
17	Administrative			1,747	6,521	33,333	2,616				1,502		45,719	17
18	Directors Fees													18
19	Professional Services			(166,199)		(66,875)	100				698		(232,276)	19
20	Fees, Subscriptions & Promotions	(9,226)		4,843		6	89				60		(4,228)	20
21	Clerical & General Office Expenses	(241,032)	300	21,153	101,387	11,325	3,103			(8,286)	537		(111,513)	21
22	Employee Benefits & Payroll Taxes				(12,329)			(142)					(12,471)	22
23	Inservice Training & Education													23
24	Travel and Seminar			1,231		140					133		1,504	24
25	Other Admin. Staff Transportation			1,055			172			16			1,243	25
26	Insurance-Prop.Liab.Malpractice			760		12	212			54	168		1,206	26
27	Other (specify):*				20,761	5,744	723				178		27,406	27
28	TOTAL General Administration	(250,258)	300	(135,410)	116,340	(16,315)	7,015	(142)		(8,216)	3,276		(283,410)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(253,120)	300	(129,343)	123,445	30,833	8,371	(8,515)		(5,566)	3,276		(230,319)	29

STATE OF ILLINOIS

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08 Ending:

Summary B

12/31/08

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	(7,126)	85,546	10,279		667	194			14,671	99		104,330	30
31	Amortization of Pre-Op. & Org.	(4,244)	4,244											31
32	Interest	(234,604)	291,229	27,418		5,076	596			2,848	753		93,316	32
33	Real Estate Taxes			3,399		149							3,548	33
34	Rent-Facility & Grounds		(660,000)	2,579			627						(656,794)	34
35	Rent-Equipment & Vehicles			867			60				218		1,145	35
36	Other (specify):*													36
37	TOTAL Ownership	(245,974)	(278,981)	44,542		5,892	1,477			17,519	1,070		(454,455)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(821)	(397)		(22,325)	(9,919)		(33,462)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*										5,962		5,962	43
44	TOTAL Special Cost Centers						(821)	(397)		(22,325)	(3,957)		(27,500)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(499,094)	(278,681)	(84,801)	123,445	36,725	9,027	(8,912)		(10,372)	389		(712,274)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Wheaton HC Properties		Building Co.

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent	\$ 660,000	Wheaton HC Properties		\$	\$ (660,000)	1
2	V	21 Filing Fee		Wheaton HC Properties		250	250	2
3	V	30 Depreciation		Wheaton HC Properties		85,546	85,546	3
4	V	31 Amortization		Wheaton HC Properties		4,244	4,244	4
5	V	32 Interest		Wheaton HC Properties		291,229	291,229	5
6	V	21 Replacement Tax		Wheaton HC Properties		50	50	6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 660,000			\$ 381,319	\$ * (278,681)	14

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

Facility Name & ID Number Wheaton Care Center # 0039115 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	01 Dietary	\$	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	\$ 366	\$ 366	15
16	V	02 Food		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	366	366	16
17	V	03 Housekeeping		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	362	362	17
18	V	05 Utilities		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	2,198	2,198	18
19	V	06 Maintenance		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	2,775	2,775	19
20	V	17 Administrative		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,747	1,747	20
21	V	19 Professional Fees	179,236	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	13,037	(166,199)	21
22	V	20 Dues and Subscriptions		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	4,843	4,843	22
23	V	21 Office and Clerical		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	21,153	21,153	23
24	V	24 Seminar and Travel		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,231	1,231	24
25	V	25 Other Staff Admin. Trans.		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,055	1,055	25
26	V	26 Insurance		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	760	760	26
27	V	30 Depreciation		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	10,279	10,279	27
28	V	32 Interest		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	27,418	27,418	28
29	V	33 Real Estate Taxes		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	3,399	3,399	29
30	V	34 Rent - Building		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	2,579	2,579	30
31	V	35 Rent - Equipment & Auto		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	867	867	31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 179,236			\$ 94,435	\$ * (84,801)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center # 0039115 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	4 Amount	Name of Related Organization					
15	V	06	Maintenance (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	5,359	\$ 5,359	15
16	V	06	Maintenance (Direct)	594	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	594		16
17	V	07	Emp. Ben. - Gen. Serv. (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	1,672	1,672	17
18	V	07	Emp. Ben. - Gen. Serv. (Direct)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	74	74	18
19	V	17	Administrative (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	6,521	6,521	19
20	V	21	Office and Clerical (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	101,387	101,387	20
21	V	21	Office and Clerical (Direct)	34,697	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	34,697		21
22	V	27	Emp. Ben. - Gen. Admin. (Pooled)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	16,103	16,103	22
23	V	27	Emp. Ben. - Gen. Admin. (Direct)		Care Centers, Inc. / Extended Care Consulting, LLC	100.00%	4,658	4,658	23
24	V	22	Emp. Ben. - Gen. Admin. (Direct)	12,329	Care Centers, Inc. / Extended Care Consulting, LLC	100.00%		(12,329)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 47,620				\$ 171,065	\$ * 123,445	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center # 0039115 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	4 Amount	Name of Related Organization					
15	V	03	Housekeeping	\$	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	\$ 40	\$ 40	15
16	V	05	Utilities		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	91	91	16
17	V	06	Maintenance		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	11	11	17
18	V	19	Professional Fees	67,899	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	1,024	(66,875)	18
19	V	20	Dues and Subscriptions		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	6	6	19
20	V	21	Office & Clerical		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	174	174	20
21	V	24	Travel and Seminar		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	140	140	21
22	V	26	Insurance		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	12	12	22
23	V	30	Depreciation		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	667	667	23
24	V	32	Interest		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	5,076	5,076	24
25	V	33	Real Estate Taxes		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	149	149	25
26	V	01	Dietary Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	2,682	2,682	26
27	V	07	Emp. Ben. - Gen. Serv.		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	347	347	27
28	V	10	Nursing Salary	24,526	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	47,512	22,986	28
29	V	10a	Rehab Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	1,959	1,959	29
30	V	12	Social Service Salary	1,831	Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	13,257	11,426	30
31	V	15	Emp. Ben. - Healthcare		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	7,606	7,606	31
32	V	17	Administration Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	33,333	33,333	32
33	V	21	Office Salary		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	11,151	11,151	33
34	V	27	Emp. Ben. - Gen. Admin.		Care Centers Clinical, Inc. / Extended Care Clinical, LLC	100.00%	5,744	5,744	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 94,256			\$ 130,981	\$ * 36,725	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center # 0039115 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	01 Dietary	\$	Care Centers Health Systems, Inc.	100.00%	\$ 1,620	\$ 1,620	15
16	V	03 Housekeeping		Care Centers Health Systems, Inc.	100.00%			16
17	V	05 Heat and Other Utilities		Care Centers Health Systems, Inc.	100.00%	183	183	17
18	V	06 Maintenance		Care Centers Health Systems, Inc.	100.00%	31	31	18
19	V	19 Professional Fees		Care Centers Health Systems, Inc.	100.00%	100	100	19
20	V	20 Dues, Fees, Subscriptions		Care Centers Health Systems, Inc.	100.00%	89	89	20
21	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	398	398	21
22	V	25 Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%	172	172	22
23	V	26 Insurance		Care Centers Health Systems, Inc.	100.00%	212	212	23
24	V	30 Depreciation		Care Centers Health Systems, Inc.	100.00%	194	194	24
25	V	32 Interest		Care Centers Health Systems, Inc.	100.00%	596	596	25
26	V	33 Real Estate Taxes		Care Centers Health Systems, Inc.	100.00%			26
27	V	34 Rent - Building		Care Centers Health Systems, Inc.	100.00%	627	627	27
28	V	35 Rent - Equipment		Care Centers Health Systems, Inc.	100.00%	60	60	28
29	V	01 Dietary	757	Care Centers Health Systems, Inc.	100.00%	279	(478)	29
30	V	02 Food		Care Centers Health Systems, Inc.	100.00%			30
31	V	03 Housekeeping		Care Centers Health Systems, Inc.	100.00%			31
32	V	10 Nursing		Care Centers Health Systems, Inc.	100.00%			32
33	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%			33
34	V	25 Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%			34
35	V	39 Ancillary	1,301	Care Centers Health Systems, Inc.	100.00%	480	(821)	35
36	V	17 Administrative		Care Centers Health Systems, Inc.	100.00%	2,616	2,616	36
37	V	21 Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	2,705	2,705	37
38	V	27 Employee Benefits		Care Centers Health Systems, Inc.	100.00%	723	723	38
39	Total		\$ 2,058			\$ 11,085	\$ *	9,027 39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary	\$ 38	Xcel Supply, LLC	100.00%	\$ 34	\$ (3)	15
16	V	3 Housekeeping	29,672	Xcel Supply, LLC	100.00%	27,044	(2,628)	16
17	V	4 Laundry	414	Xcel Supply, LLC	100.00%	377	(37)	17
18	V	6 Repairs & Maintenance	4,734	Xcel Supply, LLC	100.00%	4,314	(419)	18
19	V	10 Nursing	59,668	Xcel Supply, LLC	100.00%	54,383	(5,285)	19
20	V	11 Activities		Xcel Supply, LLC	100.00%			20
21	V	12 Social Service		Xcel Supply, LLC	100.00%			21
22	V	20 Dues, Fees And Subscriptions		Xcel Supply, LLC	100.00%			22
23	V	21 Office And Clerical		Xcel Supply, LLC	100.00%			23
24	V	22 Employee Benefits	1,604	Xcel Supply, LLC	100.00%	1,462	(142)	24
25	V	24 Seminars & Education		Xcel Supply, LLC	100.00%			25
26	V	39 Ancillary	4,487	Xcel Supply, LLC	100.00%	4,090	(397)	26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 100,617			\$ 91,704	\$ * (8,912)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Employee Health Insurance	\$	CCS Employee Benefits Group	100.00%	\$ 77,834	\$ 77,834	15
16	V								16
17	V								17
18	V								18
19	V	22	Employee Health Insurance	77,834	CCS Employee Benefits Group	100.00%		(77,834)	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 77,834			\$ 77,834	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	06	Repairs	\$	Vent Lease, LLC.	100.00%	\$ 2,650	\$ 2,650	15
16	V	21	Office and Clerical		Vent Lease, LLC.	100.00%	298	298	16
17	V	25	Auto Expense / Travel		Vent Lease, LLC.	100.00%	16	16	17
18	V	26	Insurance		Vent Lease, LLC.	100.00%	54	54	18
19	V	30	Depreciation		Vent Lease, LLC.	100.00%	8,815	8,815	19
20	V	32	Interest		Vent Lease, LLC.	100.00%	1,487	1,487	20
21	V	30	Depreciation - Matrix		Vent Lease, LLC.	100.00%	5,856	5,856	21
22	V	32	Interest - Matrix		Vent Lease, LLC.	100.00%	1,361	1,361	22
23	V	21	Office and Clerical	8,584	Vent Lease, LLC.	100.00%		(8,584)	23
24	V	39	Ancillary	22,325	Vent Lease, LLC.	100.00%		(22,325)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 30,909				\$ 20,537	\$ * (10,372)	39

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

Facility Name & ID Number Wheaton Care Center # 0039115 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization					
15	V	17	Administration	\$	Therapy Works Rehabilitation Services, LLC	100.00%	\$ 159	\$ 159	15	
16	V	19	Professional Fees		Therapy Works Rehabilitation Services, LLC	100.00%	698	698	16	
17	V	20	Dues and Subscriptions		Therapy Works Rehabilitation Services, LLC	100.00%	60	60	17	
18	V	21	Office & Clerical		Therapy Works Rehabilitation Services, LLC	100.00%	537	537	18	
19	V	24	Travel and Seminar		Therapy Works Rehabilitation Services, LLC	100.00%	133	133	19	
20	V	26	Insurance		Therapy Works Rehabilitation Services, LLC	100.00%	168	168	20	
21	V	30	Depreciation		Therapy Works Rehabilitation Services, LLC	100.00%	99	99	21	
22	V	32	Interest		Therapy Works Rehabilitation Services, LLC	100.00%	753	753	22	
23	V	35	Rent - Equipment		Therapy Works Rehabilitation Services, LLC	100.00%	218	218	23	
24	V	39	Ancillary		Therapy Works Rehabilitation Services, LLC	100.00%	5	5	24	
25	V	39	Ancillary (Direct)		Therapy Works Rehabilitation Services, LLC	100.00%			25	
26	V	17	Administrative Salaries		Therapy Works Rehabilitation Services, LLC	100.00%	1,343	1,343	26	
27	V	27	Emp. Ben. - Gen. Admin.		Therapy Works Rehabilitation Services, LLC	100.00%	178	178	27	
28	V	39	Ancillary Salaries	55,001	Therapy Works Rehabilitation Services, LLC	100.00%	45,077	(9,924)	28	
29	V	43	Emp. Ben. - Other		Therapy Works Rehabilitation Services, LLC	100.00%	5,962	5,962	29	
30	V								30	
31	V								31	
32	V								32	
33	V								33	
34	V								34	
35	V								35	
36	V								36	
37	V								37	
38	V								38	
39	Total			\$ 55,001			\$ 55,390	\$ *	389	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Wheaton Care Center # 0039115 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Eric Rothner	Shareholder	Administrative	38.21	See Attached	0.88	1.91%		\$		1
2	Mark Steinberg	Relative	Administrative	N/A	See Attached	1.45	2.64%	Alloc Salary	4,044	17-7	2
3	Adam Vales	Shareholder	Clerical	4.06	See Attached	0.60	1.50%	Alloc Salary	1,071	22-7	3
4	Kim Rudolph	Relative	Clerical	N/A	See Attached	0.25	1.50%	Alloc Salary	217	22-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 5,332		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	01	Dietary	Patient Days	1,635,146	31	\$ 13,778	\$ 43,256	\$ 366	1
2	02	Food	Patient Days	1,635,146	31	13,971	43,256	366	2
3	03	Housekeeping	Patient Days	1,635,146	31	13,659	43,256	362	3
4	05	Utilities	Patient Days	1,635,146	31	83,022	43,256	2,198	4
5	06	Maintenance	Patient Days	1,635,146	31	104,857	43,256	2,775	5
6	17	Administrative	Patient Days	1,635,146	31	66,000	43,256	1,747	6
7	19	Professional Fees	Patient Days	1,635,146	31	491,332	43,256	13,037	7
8	20	Dues and Subscriptions	Patient Days	1,635,146	31	182,607	43,256	4,843	8
9	21	Office and Clerical	Patient Days	1,635,146	31	797,040	43,256	21,153	9
10	24	Seminar and Travel	Patient Days	1,635,146	31	46,589	43,256	1,231	10
11	25	Other Staff Admin. Trans.	Patient Days	1,635,146	31	39,698	43,256	1,055	11
12	26	Insurance	Patient Days	1,635,146	31	28,827	43,256	760	12
13	30	Depreciation	Patient Days	1,635,146	31	505,348	43,256	10,279	13
14	32	Interest	Patient Days	1,635,146	31	1,031,834	43,256	27,418	14
15	33	Real Estate Taxes	Patient Days	1,635,146	31	128,276	43,256	3,399	15
16	34	Rent - Building	Patient Days	1,635,146	31	97,438	43,256	2,579	16
17	35	Rent - Equipment & Auto	Patient Days	1,635,146	31	32,530	43,256	867	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,676,806	\$	\$ 94,435	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	06	Maintenance (Pooled)	Patient Days	1,635,146	31	202,448	202,448	43,256	5,359	1
2	06	Maintenance (Direct)	Direct		31	422,013	422,013		594	2
3	07	Emp. Ben. - Gen. Serv. (Pooled)	Patient Days	1,635,146	31	63,663		43,256	1,672	3
4	07	Emp. Ben. - Gen. Serv. (Direct)	Direct		31	53,015			74	4
5	17	Administrative (Pooled)	Patient Days	1,635,146	31	246,132	246,132	43,256	6,521	5
6	21	Office and Clerical (Pooled)	Patient Days	1,635,146	31	3,830,025	3,830,025	43,256	101,387	6
7	21	Office and Clerical (Direct)	Direct		31	695,305	695,305		34,697	7
8	27	Emp. Ben. - Gen. Admin. (Pooled)	Patient Days	1,635,146	31	608,507		43,256	16,103	8
9	27	Emp. Ben. - Gen. Admin. (Direct)	Direct		31	90,171			4,658	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					\$ 6,211,280	\$ 5,395,924		\$ 171,065	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	03	Housekeeping	Patient Days	1,635,146	31	\$ 1,505	\$ 43,256	\$ 40	1	
2	05	Utilities	Patient Days	1,635,146	31	3,449	43,256	91	2	
3	06	Maintenance	Patient Days	1,635,146	31	431	43,256	11	3	
4	19	Professional Fees	Patient Days	1,635,146	31	39,159	43,256	1,024	4	
5	20	Dues and Subscriptions	Patient Days	1,635,146	31	244	43,256	6	5	
6	21	Office & Clerical	Patient Days	1,635,146	31	6,594	43,256	174	6	
7	24	Travel and Seminar	Patient Days	1,635,146	31	5,327	43,256	140	7	
8	26	Insurance	Patient Days	1,635,146	31	465	43,256	12	8	
9	30	Depreciation	Patient Days	1,635,146	31	25,565	43,256	667	9	
10	32	Interest	Patient Days	1,635,146	31	191,164	43,256	5,076	10	
11	33	Real Estate Taxes	Patient Days	1,635,146	31	5,595	43,256	149	11	
12	01	Dietary Salary	Patient Days	1,635,146	31	101,177	101,177	43,256	2,682	12
13	07	Emp. Ben. - Gen. Serv.	Patient Days	1,635,146	31	13,096	43,256	347	13	
14	10	Nursing Salary	Patient Days	1,635,146	31	867,390	867,390	43,256	22,986	14
15	10a	Rehab Salary	Patient Days	1,635,146	31	74,072	74,072	43,256	1,959	15
16	12	Social Service Salary	Patient Days	1,635,146	31	430,372	430,372	43,256	11,426	16
17	15	Emp. Ben. - Healthcare	Patient Days	1,635,146	31	177,415	43,256	4,699	17	
18	17	Administration Salary	Patient Days	1,635,146	31	1,257,059	1,257,059	43,256	33,333	18
19	21	Office Salary	Patient Days	1,635,146	31	420,417	420,417	43,256	11,151	19
20	27	Emp. Ben. - Gen. Admin.	Patient Days	1,635,146	31	216,825	43,256	5,744	20	
21	10	Nursing Salary	Direct Allocation			401,447	401,447		24,526	21
22	12	Social Service Salary	Direct Allocation			61,016	61,016		1,831	22
23	15	Emp. Ben. - Healthcare	Direct Allocation			51,816			2,907	23
24										24
25	TOTALS					\$ 4,351,600	\$ 3,612,950	\$ 130,981		25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Care Centers Health Systems, Inc.
 Street Address 200 Howard
 City / State / Zip Code Des Plaines, Illinois 60018
 Phone Number (224) 612-5662
 Fax Number (224) 612-5862

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	01	Dietary	Gross Billable Income	31	111,096		56,374	1,620	1
2	03	Housekeeping	Gross Billable Income	31			56,374		2
3	05	Heat and Other Utilities	Gross Billable Income	31	12,529		56,374	183	3
4	06	Maintenance	Gross Billable Income	31	2,136		56,374	31	4
5	19	Professional Fees	Gross Billable Income	31	6,873		56,374	100	5
6	20	Dues, Fees, Subscriptions	Gross Billable Income	31	6,095		56,374	89	6
7	21	Clerical and General Office	Gross Billable Income	31	27,280		56,374	398	7
8	25	Other Admin. Staff Transport.	Gross Billable Income	31	11,773		56,374	172	8
9	26	Insurance	Gross Billable Income	31	14,568		56,374	212	9
10	30	Depreciation	Gross Billable Income	31	13,298		56,374	194	10
11	32	Interest	Gross Billable Income	31	40,850		56,374	596	11
12	33	Real Estate Taxes	Gross Billable Income	31			56,374		12
13	34	Rent - Building	Gross Billable Income	31	43,000		56,374	627	13
14	35	Rent - Equipment	Gross Billable Income	31	4,135		56,374	60	14
15	01	Dietary	Direct Billable Income	31	102,965		757	279	15
16	02	Food	Direct Billable Income	31	1,612				16
17	03	Housekeeping	Direct Billable Income	31					17
18	10	Nursing	Direct Billable Income	31					18
19	21	Clerical and General Office	Direct Billable Income	31					19
20	25	Other Admin. Staff Transport.	Direct Billable Income	31					20
21	39	Ancillary	Direct Billable Income	31	1,321,550		1,301	480	21
22	17	Administrative	Gross Billable Income	31	179,474	179,474	56,374	2,616	22
23	21	Clerical and General Office	Gross Billable Income	31	185,549	185,549	56,374	2,705	23
24	27	Employee Benefits	Gross Billable Income	31	49,573		56,374	723	24
25	TOTALS				\$ 2,134,357	\$ 365,023		\$ 11,085	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary	Direct Allocation			\$		\$ 34	1
2	3	Housekeeping	Direct Allocation					27,044	2
3	4	Laundry	Direct Allocation					377	3
4	6	Repairs & Maintenance	Direct Allocation					4,314	4
5	10	Nursing	Direct Allocation					54,383	5
6	11	Activities	Direct Allocation						6
7	12	Social Service	Direct Allocation						7
8	20	Dues, Fees And Subscriptions	Direct Allocation						8
9	21	Office And Clerical	Direct Allocation						9
10	22	Employee Benefits	Direct Allocation					1,462	10
11	24	Seminars & Education	Direct Allocation						11
12	39	Ancillary	Direct Allocation					4,090	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					\$		\$ 91,704	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Employee Health Insurance	Direct Allocation		\$	\$		\$ 77,834	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				\$	\$		\$ 77,834	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	06	Repairs	Direct Billing	669,310	26	\$ 79,460	\$ 22,325	\$ 2,650	1
2	21	Office and Clerical	Direct Billing	669,310	26	8,933	22,325	298	2
3	25	Auto Expense / Travel	Direct Billing	669,310	26	473	22,325	16	3
4	26	Insurance	Direct Billing	669,310	26	1,630	22,325	54	4
5	30	Depreciation	Direct Billing	669,310	26	264,263	22,325	8,815	5
6	32	Interest	Direct Billing	669,310	26	44,568	22,325	1,487	6
7	30	Depreciation - Matrix	Patient Days	1,635,146	31	221,356	43,256	5,856	7
8	32	Interest - Matrix	Patient Days	1,635,146	31	51,456	43,256	1,361	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					\$ 672,138	\$	\$ 20,537	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	Administration	Billable Income	(4,665,397)	14	\$ 13,500	\$ (55,001)	\$ 159	1	
2	19	Professional Fees	Billable Income	(4,665,397)	14	59,199	(55,001)	698	2	
3	20	Dues and Subscriptions	Billable Income	(4,665,397)	14	5,081	(55,001)	60	3	
4	21	Office & Clerical	Billable Income	(4,665,397)	14	45,575	(55,001)	537	4	
5	24	Travel and Seminar	Billable Income	(4,665,397)	14	11,318	(55,001)	133	5	
6	26	Insurance	Billable Income	(4,665,397)	14	14,252	(55,001)	168	6	
7	30	Depreciation	Billable Income	(4,665,397)	14	8,410	(55,001)	99	7	
8	32	Interest	Billable Income	(4,665,397)	14	63,875	(55,001)	753	8	
9	35	Rent - Equipment	Billable Income	(4,665,397)	14	18,528	(55,001)	218	9	
10	39	Ancillary	Billable Income	(4,665,397)	14	389	(55,001)	5	10	
11	39	Ancillary (Direct)	Direct			143,969			11	
12	17	Administrative Salaries	Billable Income	(4,665,397)	14	113,937	113,937	(55,001)	1,343	12
13	27	Emp. Ben. - Gen. Admin.	Billable Income	(4,665,397)	14	15,069	(55,001)	178	13	
14	39	Ancillary Salaries	Billable Income	(4,665,397)	14	3,823,568	3,823,568	(55,001)	45,077	14
15	43	Emp. Ben. - Other	Billable Income	(4,665,397)	14	505,700	(55,001)	5,962	15	
16									16	
17									17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 4,842,370	\$ 3,937,504	\$ 55,390	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

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	CIB		X	Mortgage			\$	\$ 1,750,696			\$ 100,429	1
2												2
3												3
4												4
5	See Supplemental Schedule											5
	Working Capital											
6	Manchester Manor		X	Loan				1,278,211			168,300	6
7	Wheaton Convalescent	X		Loan							22,500	7
8	See Supplemental Schedule										(18,303)	8
9	TOTAL Facility Related						\$	\$ 3,028,907			\$ 272,926	9
	B. Non-Facility Related*											
10	Interest Income		X								(212,104)	10
11	Allocated from CCI/ECC		X								27,418	11
12	Allocated from CC/EC Clinical		X								5,076	12
13	See Supplemental Schedule											13
14	TOTAL Non-Facility Related						\$	\$			\$ (179,610)	14
15	TOTALS (line 9+line14)						\$	\$ 3,028,907			\$ 93,316	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

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

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

	1	2	3	4	5	6		8	9	10									
						Name of Lender	Related**				Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES							NO	Original				Balance
A. Directly Facility Related																			
Long-Term																			
1							\$	\$		\$	1								
2											2								
3											3								
4											4								
5											5								
6											6								
7	TOTAL Long-Term										7								
Working Capital																			
8	Less: Related Party Interest						\$	\$		\$ (22,500)	8								
9	Allocated from CC Health Sys.		X							596	9								
10	Allocated from Vent Lease		X							2,848	10								
11	Allocated from Therapy Works		X							753	11								
12											12								
13											13								
14	TOTAL Working Capital									(18,303)	14								
B. Non-Facility Related*																			
15							\$	\$		\$	15								
16											16								
17											17								
18											18								
19											19								
20	TOTAL Non-Facility Related										20								

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

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

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

B. Real Estate Taxes

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2007 report.		\$ 61,438	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.)		\$ 66,788	2
3. Under or (over) accrual (line 2 minus line 1).		\$ 5,350	3
4. Real Estate Tax accrual used for 2008 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 66,403	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.		\$ 71,753	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2003	<u>50,622</u>	<u>8</u>
	2004	<u>53,302</u>	<u>9</u>
	2005	<u>56,181</u>	<u>10</u>
	2006	<u>58,513</u>	<u>11</u>
	2007	<u>63,240</u>	<u>12</u>
2008 Accrual= \$63,240x1.08 = \$68,299			
Allocated from: CCI / ECC\$3,399, CC / EC Clinical \$149			

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

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2008 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Wheaton Care Center COUNTY Dupage

FACILITY IDPH LICENSE NUMBER 0039115

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2007 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2007.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>05-17-114-010</u>	<u>Long Term Care Property</u>	\$ <u>63,240.64</u>	\$ <u>63,240.64</u>
2. <u>See Attached</u>	<u>2201 Main, LLC Allocation</u>	\$ <u>122,122.75</u>	\$ <u>1,446.39</u>
3. <u>See Attached</u>	<u>Care Centers Building Allocation</u>	\$ <u>43,667.89</u>	\$ <u>770.31</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>229,031.28</u>	\$ <u>65,457.34</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2007 real estate tax costs, as well as copies of your real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2008 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Wheaton Care Center COUNTY Dupage

FACILITY IDPH LICENSE NUMBER 0039115

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

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

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Wheaton Care Center

0039115 Report Period Beginning:

01/01/08 Ending:

12/31/08

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 3,000 B. General Construction Type: Exterior Brick Frame _____ Number of Stories 2

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

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

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

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

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

None

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

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>2005</u>	\$ <u>828,181</u>	1
2	<u>Allocation From CCI/ECC</u>			<u>11,107</u>	2
3	TOTALS			\$ 839,288	3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
Improvement Type**											
9	Various			1993	41,331		20	2,067	2,067	31,728	9
10	Various			1994	104,965		20	5,250	5,250	77,041	10
11	Various			1995	16,968		20	849	849	11,683	11
12	Various			1996	158,287		20	7,915	7,915	99,099	12
13	Various			1997	103,690		20	5,187	5,187	60,078	13
14	Various			1998	56,873		20	2,846	2,846	29,503	14
15	Various			1999	21,286		20	1,066	1,066	10,154	15
16	Various			2000	57,068		20	2,292	2,292	26,826	16
17	Various			2001	48,282		20	2,534	2,534	19,869	17
18	Various			2002	15,743		20	1,529	1,529	10,381	18
19	Various			2003	18,300		20	1,807	1,807	10,801	19
20	Various			2004	134,064		20	15,229	15,229	69,230	20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		1,548,078	41,818		39,694	(2,124)	140,561	67
68		62,026	3,274		3,274		21,379	68
69			89,247			(89,247)		69
70		\$ 2,386,961	\$ 134,339		\$ 91,539	\$ (42,800)	\$ 618,333	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,386,961	\$ 134,339		\$ 91,539	\$ (42,800)	\$ 618,333	1
2	Payment On Generator	2005	5,146		20	515	515	2,058	2
3	New Fire Alarm System	2005	3,000		20	300	300	1,200	3
4	New Fire Alarm System	2005	3,000		20	300	300	1,200	4
5	New Fire Alarm System	2005	3,000		20	300	300	1,200	5
6	New Fire Alarm System	2005	3,000		20	300	300	1,200	6
7	Hvac Modification	2005	7,400		20	740	740	2,898	7
8	Abatement	2005	2,950		20	295	295	910	8
9	A/C Repair	2005	2,090		20	105	105	374	9
10	Hot Water Tank Repair	2005	1,855		20	93	93	325	10
11	Walk-In Freezer Compressor Repair	2005	2,855		20	143	143	500	11
12	Laundry Tub	2005	2,100		20	105	105	359	12
13	Emergency Panels	2005	1,757		20	88	88	278	13
14	Home Office Payroll	2006	1,781		20	178	178	371	14
15	Hi Grade-Sappanos Paint	2006	1,399		20	140	140	420	15
16	Hi Grade-Sappanos Paint	2006	1,255		20	126	126	377	16
17	Home Office Payroll Painting	2006	21,066		20	2,107	2,107	6,144	17
18	Sappano'S-Hi Grade Painting Supplies	2006	4,176		20	418	418	1,218	18
19	Home Office Payroll	2006	3,518		20	352	352	997	19
20	Home Office Payroll Painting	2006	2,739		20	274	274	753	20
21	Home Office Payroll Painting	2006	1,136		20	114	114	303	21
22	U.S. Paving	2006	8,900		20	890	890	2,299	22
23	Home Office Payroll Painting	2006	477		20	48	48	123	23
24	Greenview Const	2006	12,428		20	1,243	1,243	3,107	24
25	Repair 3 Duct Systems	2006	3,500		20	350	350	817	25
26	Replace 8 Interior Doors	2006	2,840		20	284	284	663	26
27	Gutter Replacement	2006	3,023		20	302	302	655	27
28	Painting	2006	2,695		20	270	270	584	28
29	Repair 3 Duct Systems	2006	3,500		20	350	350	729	29
30	Heavy Duty Aluminum Rails	2006	2,770		20	277	277	577	30
31	Gutter Renovation	2006	4,800		20	480	480	960	31
32	Front Balcony Renovation	2006	13,580		20	1,358	1,358	2,716	32
33	Major Plumbing Renovation	2007	8,924		20	892	892	1,785	33
34	TOTAL (lines 1 thru 33)		\$ 2,529,621	\$ 134,339		\$ 105,276	\$ (29,063)	\$ 656,433	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,529,621	\$ 134,339		\$ 105,276	\$ (29,063)	\$ 656,433	1
2	Plumbing Renovation	2007	2,590		20	259	259	453	2
3	Mini Split Heating Units	2007	23,500		20	2,350	2,350	3,721	3
4	New Camera System W Bracket	2007	15,566		20	2,224	2,224	3,521	4
5	Painting Front Of Building	2007	12,600		20	9,450	9,450	12,600	5
6	Install New Doors	2007	6,500		20	650	650	758	6
7	Supply & Install New Flood Lighting	2007	6,500		20	650	650	758	7
8	Remodel 2 Bathrooms	2008	11,500		20	863	863	863	8
9	Install Power Line	2008	6,625		20	497	497	497	9
10	Improve Heating System	2008	2,700		20	68	68	68	10
11	Sprinkler System Repair	2008	2,535		20	42	42	42	11
12	Repair Broken Water Pipe	2008	5,870		20	98	98	98	12
13	Sealcoating	2008	2,550		20	128	128	128	13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12K, Carried Forward		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12L, Carried Forward		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12M, Carried Forward		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12N, Carried Forward		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12O, Carried Forward		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12P, Carried Forward		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,628,657	\$ 134,339		\$ 122,555	\$ (11,784)	\$ 679,940	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	123		2005	1972	\$ 1,548,078	\$ 41,818	39	\$ 39,694	\$ (2,124)	\$ 140,561	4
5											5
6											6
7											7
8											8
	Improvement Type**										
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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9					
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation					
37		\$	\$		\$	\$	\$	37				
38								38				
39								39				
40								40				
41								41				
42								42				
43								43				
44								44				
45								45				
46								46				
47								47				
48								48				
49								49				
50								50				
51								51				
52								52				
53								53				
54								54				
55								55				
56								56				
57								57				
58								58				
59								59				
60								60				
61								61				
62								62				
63								63				
64								64				
65								65				
66								66				
67								67				
68								68				
69								69				
70	TOTAL (lines 4 thru 69)	\$	1,548,078	\$	41,818	\$	39,694	\$	(2,124)	\$	140,561	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	Allocated from EC/CC Clinical, Inc.		2002	2002	\$ 1,309	\$ 34	39	\$ 34		\$ 211	4
5	Allocated from CCI/ECC - CCI Building		1996	1996	20,547	527	39	527		6,344	5
6	Allocated from CCI/Extended Care Consulting, LLC		2002	2002	12,397	318	39	318		2,000	6
7											7
8											8
	Improvement Type**										
9	Allocated from CCI/Extended Care Consulting, LLC		2002		10,241	936	20	936		4,688	9
10	Allocated from CCI/Extended Care Consulting, LLC		2003		12,068	1,103	20	1,103		5,525	10
11	Allocated from CCI/Extended Care Consulting, LLC		2005		600	64	20	64		152	11
12	Allocated from CCI/Extended Care Consulting, LLC		2007		125	6	20	6		15	12
13											13
14	Allocated from CCI/ECC- CCI Building		1996		346	-	20	-		346	14
15	Allocated from CCI/ECC- CCI Building		1997		1,973	64	20	64		1,003	15
16											16
17	Allocated from CC/EC Clinical, Inc.		2002		1,082	99	20	99		495	17
18	Allocated from CC/EC Clinical, Inc.		2003		1,275	116	20	116		584	18
19	Allocated from CC/EC Clinical, Inc.		2005		63	7	20	7		16	19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9			
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation			
37		\$	\$		\$	\$	\$	37		
38								38		
39								39		
40								40		
41								41		
42								42		
43								43		
44								44		
45								45		
46								46		
47								47		
48								48		
49								49		
50								50		
51								51		
52								52		
53								53		
54								54		
55								55		
56								56		
57								57		
58								58		
59								59		
60								60		
61								61		
62								62		
63								63		
64								64		
65								65		
66								66		
67								67		
68								68		
69								69		
70	TOTAL (lines 4 thru 69)	\$	62,026	\$	3,274	\$	3,274	\$	21,379	70

SEE ACCOUNTANTS' COMPILATION REPORT

**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	\$ 629,180	\$ 64,465	\$ 57,828	\$ (6,637)	10	\$ 484,918	71
72	Current Year Purchases	25,643	24	9,653	9,629	10	9,653	72
73	Fully Depreciated Assets	140,288				10	140,288	73
74								74
75	TOTALS	\$ 795,111	\$ 64,489	\$ 67,481	\$ 2,992		\$ 634,859	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		VAN	2003	\$ 19,994	\$	\$ 1,666	\$ 1,666	5	\$ 19,994	76
77		Allocated from CCC/EC Clinical	2008	1,875	375	375		5	729	77
78		Allocated from CCI/ECC	2008	23,544	1,463	1,463		5	20,242	78
79		Allocated from CC Health Sys	2008	184	37	37		5	43	79
80	TOTALS			\$ 45,597	\$ 1,875	\$ 3,541	\$ 1,666		\$ 41,008	80

E. Summary of Care-Related Assets

	1	Reference	2	
			Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 4,308,653	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 200,703	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 193,577	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (7,126)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,355,807	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/08

Ending: 12/31/08

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	Allocated from CCI/ECC				2,579			5
6	Allocated from CC Health Sys.				627			6
7	TOTAL				\$ 3,206			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12.	_____ /2009	\$ _____
13.	_____ /2010	\$ _____
14.	_____ /2011	\$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized _____
by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental? _____

YES NO

16. Rental Amount for movable equipment: \$ 3,437 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$ _____	\$ _____	17
18			_____	_____	18
19			_____	_____	19
20			_____	_____	20
21	TOTAL		\$ _____	\$ _____	21

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <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)	
TOTAL TRAINED	

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 7,902	\$		\$ 7,902	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			246			246	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			46,987			46,987	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				106,134		106,134	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): <u>See Supplemental</u>					3,128	56,418		59,546	13
14	TOTAL			\$		\$ 58,263	\$ 162,552		\$ 220,815	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center# 0039115Report Period Beginning: 01/01/08

Ending:

12/31/08**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/08

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,100	\$ 37,653	1
2	Cash-Patient Deposits	46,447	46,447	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,547,303	1,547,303	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	241,239	241,239	6
7	Other Prepaid Expenses	490	490	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	2,364,357	2,283,357	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,200,936	\$ 4,156,489	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		828,181	13
14	Buildings, at Historical Cost		1,496,317	14
15	Leasehold Improvements, at Historical Cost	939,610	991,371	15
16	Equipment, at Historical Cost	466,243	797,515	16
17	Accumulated Depreciation (book methods)	(1,088,568)	(1,494,809)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		36,982	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(1,041)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	1,234,469	1,234,469	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,551,754	\$ 3,888,985	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,752,690	\$ 8,045,474	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 586,199	\$ 586,200	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	44,025	44,025	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	119,582	119,582	30
31	Accrued Taxes Payable (excluding real estate taxes)	6,310	6,310	31
32	Accrued Real Estate Taxes(Sch.IX-B)	66,403	66,403	32
33	Accrued Interest Payable		27,378	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	1,228,469	(200,000)	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,050,988	\$ 649,898	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	33,561	1,278,211	39
40	Mortgage Payable		1,750,696	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>See Attached Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 33,561	\$ 3,028,907	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,084,549	\$ 3,678,805	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,668,141	\$ 4,366,669	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,752,690	\$ 8,045,474	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,277,079	1
2	Restatements (describe):		2
3	Pension Expense	(2,658)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,274,421	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	393,720	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)	\$ 393,720	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 3,668,141	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning: 01/01/08

Ending: 12/31/08

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

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 5,813,409	1
2	Discounts and Allowances for all Levels	(288,560)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,524,849	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	150,678	6
7	Oxygen	2,033	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 152,711	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	101,454	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	24,871	19
20	Radiology and X-Ray	4,150	20
21	Other Medical Services	20,744	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 151,219	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	212,104	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 212,104	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	1,716	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,716	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,042,599	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,116,571	31
32	Health Care	2,133,069	32
33	General Administration	1,291,153	33
B. Capital Expense			
34	Ownership	819,744	34
C. Ancillary Expense			
35	Special Cost Centers	220,815	35
36	Provider Participation Fee	67,527	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,648,879	40
41	Income before Income Taxes (line 30 minus line 40)**	393,720	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 393,720	43

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

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

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

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

Facility Name & ID Number Wheaton Care Center

0039115

Report Period Beginning:

01/01/08

Ending:

12/31/08

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	703	998	\$ 35,939	\$ 36.01	1
2	Assistant Director of Nursing	1,903	2,090	66,269	31.71	2
3	Registered Nurses	9,895	10,448	310,307	29.70	3
4	Licensed Practical Nurses	18,489	20,251	543,008	26.81	4
5	CNAs & Orderlies	50,804	56,359	718,662	12.75	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,976	4,358	66,080	15.16	8
9	Activity Director	1,949	2,119	27,872	13.15	9
10	Activity Assistants	5,494	5,849	56,227	9.61	10
11	Social Service Workers	9,723	10,708	184,195	17.20	11
12	Dietician	272	328	5,238	15.97	12
13	Food Service Supervisor	1,950	2,248	48,878	21.74	13
14	Head Cook					14
15	Cook Helpers/Assistants	4,191	4,510	45,560	10.10	15
16	Dishwashers	14,016	15,589	138,822	8.91	16
17	Maintenance Workers	3,725	4,045	69,800	17.26	17
18	Housekeepers	16,714	18,609	169,901	9.13	18
19	Laundry	3,638	4,137	37,478	9.06	19
20	Administrator	2,109	2,345	80,024	34.13	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	3,470	3,793	41,394	10.91	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	711	810	10,230	12.63	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>					33
34	TOTAL (lines 1 - 33)	153,732	169,594	\$ 2,655,884 *	\$ 15.66	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	163	\$ 7,371	01-03	35
36	Medical Director	Monthly	2,000	09-03	36
37	Medical Records Consultant	Monthly			37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,939	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	4	200	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48	<u>See Attached</u>		26,356		48
49	TOTAL (lines 35 - 48)	167	\$ 37,866		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wheaton Care Center

Report Period Beginning: 01/01/08 Ending:

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

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2005	6 FY2006	7 FY2007	8 FY2008	9 FY2009	10 FY2010	11 FY2011	12 FY2012	13 FY2013
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
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13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

