

		FOR BHF USE					

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2008
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2008)

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

<p>I. IDPH License ID Number: <u>0041426</u></p> <p>Facility Name: <u>Wynscape</u></p> <p>Address: <u>2180 Manchester Road</u> <u>Wheaton</u> <u>60187</u> Number City Zip Code</p> <p>County: <u>DuPage</u></p> <p>Telephone Number: <u>(630) 665-4330</u> Fax # <u>(630) 665-3181</u></p> <p>HFS ID Number: <u>363436685002</u></p> <p>Date of Initial License for Current Owners: <u>3/1/1996</u></p> <p>Type of Ownership:</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input checked="" type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code <u>501C(3)</u></td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Patrick Szajkovics</u> Telephone Number: <u>(630) 530-7100, Ext. 111</u> Email Address: <u>Pat.Szajkovics@srinc.org</u></p>	<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input checked="" type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code <u>501C(3)</u>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>July 1, 2007</u> to <u>June 30, 2008</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="0"> <tr> <td style="border: 1px solid black; width: 150px;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) <u>Paula McKnight</u> (Title) <u>Administrator</u></td> </tr> <tr> <td style="border: 1px solid black;">Paid Preparer</td> <td>(Signed) _____ (Print Name and Title) <u>Patrick Szajkovics Senior Consultant</u> (Firm Name & Address) <u>Strategic Reimbursement, Inc. 360 W. Butterfield Rd. Suite 310, Elmhurst, IL 60126</u> (Telephone) <u>(630) 530-7100</u> Fax # <u>(630) 530-7106</u></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Paula McKnight</u> (Title) <u>Administrator</u>	Paid Preparer	(Signed) _____ (Print Name and Title) <u>Patrick Szajkovics Senior Consultant</u> (Firm Name & Address) <u>Strategic Reimbursement, Inc. 360 W. Butterfield Rd. Suite 310, Elmhurst, IL 60126</u> (Telephone) <u>(630) 530-7100</u> Fax # <u>(630) 530-7106</u>
<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name & ID Number Wynscape# 0041426 Report Period Beginning: July 1, 2007 Ending: June 30, 2008

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>108</u>	Skilled (SNF)	<u>108</u>	<u>39,528</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>101</u>	Intermediate (ICF)	<u>101</u>	<u>36,966</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>209</u>	TOTALS	<u>209</u>	<u>76,494</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>402</u>	<u>706</u>	<u>17,865</u>	<u>18,973</u>	8
9	SNF/PED					9
10	ICF	<u>13,012</u>	<u>17,972</u>	<u>2,402</u>	<u>33,386</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>13,414</u>	<u>18,678</u>	<u>20,267</u>	<u>52,359</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 68.45%

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

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

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

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

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

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

YES NO

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

Date started 3/1/1996

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

YES Date 3/1/1996 NO

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

YES NO If YES, enter number
of beds certified 108 and days of care provided 16,863Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED
CASH* CASH* Is your fiscal year identical to your tax year? YES NO Tax Year: 6/30/2008 Fiscal Year: 6/30/2008

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

Facility Name & ID Number Wynscape

0041426

Report Period Beginning:

July 1, 2007

Ending:

June 30, 2008

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	507,117	37,482	71,991	616,590		616,590	(630)	615,960			1
2	Food Purchase		396,909		396,909		396,909		396,909			2
3	Housekeeping	305,077	9,435	232,958	547,470		547,470		547,470			3
4	Laundry	132,469	22,639		155,108		155,108		155,108			4
5	Heat and Other Utilities			321,759	321,759		321,759	3,639	325,398			5
6	Maintenance	52,252	22,554	227,601	302,407		302,407	199,271	501,678			6
7	Other (specify):*											7
8	TOTAL General Services	996,915	489,019	854,309	2,340,243		2,340,243	202,280	2,542,523			8
	B. Health Care and Programs											
9	Medical Director			22,878	22,878		22,878		22,878			9
10	Nursing and Medical Records	5,374,871	355,791	265,800	5,996,462		5,996,462		5,996,462			10
10a	Therapy	1,027,277	42,333	57,487	1,127,097		1,127,097		1,127,097			10a
11	Activities	165,697		5,496	171,193		171,193		171,193			11
12	Social Services	123,467		4,478	127,945		127,945		127,945			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	6,691,312	398,124	356,139	7,445,575		7,445,575		7,445,575			16
	C. General Administration											
17	Administrative	126,708		764,689	891,397		891,397	(267,276)	624,121			17
18	Directors Fees											18
19	Professional Services			13,403	13,403		13,403	12,346	25,749			19
20	Dues, Fees, Subscriptions & Promotions			16,162	16,162		16,162	3,740	19,902			20
21	Clerical & General Office Expenses	255,220	37,780	113,762	406,762		406,762	222,502	629,264			21
22	Employee Benefits & Payroll Taxes			1,810,774	1,810,774		1,810,774	106,978	1,917,752			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,970	1,970		1,970		1,970			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			625,424	625,424		625,424		625,424			26
27	Other (specify):*											27
28	TOTAL General Administration	381,928	37,780	3,346,184	3,765,892		3,765,892	78,290	3,844,182			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,070,155	924,923	4,556,632	13,551,710		13,551,710	280,570	13,832,280			29

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

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

Facility Name & ID Number Wynscape

#0041426

Report Period Beginning: July 1, 2007 Ending:

June 30, 2008

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			532,777	532,777	532,777	133,130	665,907				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			196,472	196,472	196,472	(32,921)	163,551				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			44,687	44,687	44,687		44,687				35
36	Other (specify):*											36
37	TOTAL Ownership			773,936	773,936	773,936	100,209	874,145				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		758,678		758,678	758,678		758,678				39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			114,742	114,742	114,742		114,742				42
43	Other (specify):*			259,739	259,739	259,739	(135,159)	124,580				43
44	TOTAL Special Cost Centers		758,678	374,481	1,133,159	1,133,159	(135,159)	998,000				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,070,155	1,683,601	5,705,049	15,458,805	15,458,805	245,620	15,704,425				45

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

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				9
10	Interest and Other Investment Income	(32,921)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(30,000)	43		24
25	Fund Raising, Advertising and Promotional	(105,159)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Page 5a	(5,879)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (173,959)		\$	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)		Various	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (173,959)		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.

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

BHF USE ONLY					
48		49		50	51
					52

Wynscape

ID# 0041426

Report Period Beginning: July 1, 2007

Ending: June 30, 2008

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Vending Income	\$ (630)	1	1
2	Other Miscellaneous income	(5,061)	21	2
3	Finance charges	(188)	21	3
4	Depr adj to Straight Line	51,600	30	4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	45,721		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Wynscape

0041426

Report Period Beginning:

July 1, 2007

Ending:

June 30, 2008

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	(630)	0	0	0	0	0	0	0	0	0	0	(630)	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	3,639	0	0	0	0	0	0	0	0	0	3,639	5
6	Maintenance	0	199,271	0	0	0	0	0	0	0	0	0	199,271	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(630)	202,910	0	202,280	8								
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	(267,276)	0	0	0	0	0	0	0	0	0	(267,276)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	12,346	0	0	0	0	0	0	0	0	0	12,346	19
20	Fees, Subscriptions & Promotions	0	3,740	0	0	0	0	0	0	0	0	0	3,740	20
21	Clerical & General Office Expenses	(5,249)	227,751	0	0	0	0	0	0	0	0	0	222,502	21
22	Employee Benefits & Payroll Taxes	0	106,978	0	0	0	0	0	0	0	0	0	106,978	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(5,249)	83,539	0	78,290	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(5,879)	286,449	0	280,570	29								

STATE OF ILLINOIS

Facility Name & ID Number Wynscape

0041426 Report Period Beginning:

July 1, 2007 Ending:

Summary B
June 30, 2008

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	51,600	81,530	0	0	0	0	0	0	0	0	0	133,130	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(32,921)	0	0	0	0	0	0	0	0	0	0	(32,921)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	18,679	81,530	0	100,209	37								
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(135,159)	0	0	0	0	0	0	0	0	0	0	(135,159)	43
44	TOTAL Special Cost Centers	(135,159)	0	0	0	0	0	0	0	0	0	0	(135,159)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(122,359)	367,979	0	245,620	45								

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Central DuPage Health System (A Non-Profit Corp)	100%	None		Central DuPage Hospital	Winfield, IL	Hospital
				CNS Home Care	Carol Stream, IL	Home Health
				Wyndmere Rtrmnt	Wheaton, IL	Ret. Community
				PAHCS II	Winfield, IL	Occup Med
				DuPage Health Svc	Winfield, IL	Lab
				CD Health	Winfield, IL	Pharmacy

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
1	V	5 Utilities	\$	Central DuPage Health System	100.00%	\$ 3,639	\$ 3,639
2	V	6 Maintenance		Central DuPage Health System	100.00%	199,271	199,271
3	V	17 Administrative Services		Central DuPage Health System	100.00%	497,413	497,413
4	V	19 Legal and Professional Fees		Central DuPage Health System	100.00%	12,346	12,346
5	V	20 Licenses, Dues, Fees, etc		Central DuPage Health System	100.00%	3,740	3,740
6	V	21 Clerical and General Office		Central DuPage Health System	100.00%	227,751	227,751
7	V	22 Employee Benefits		Central DuPage Health System	100.00%	106,978	106,978
8	V	30 Depreciation		Central DuPage Health System	100.00%	81,530	81,530
9	V						
10	V	17 Management Fees	764,689	Central DuPage Health System	100.00%		(764,689)
11	V						
12	V						
13	V						
14	Total		\$ 764,689			\$ 1,132,668	\$ * 367,979

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

Facility Name & ID Number

Wynscape

#

0041426

Report Period Beginning:

July 1, 2007

Ending:

June 30, 2008

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	N/A - Nonprofit Corp.								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

Facility Name & ID Number Wynscape

0041426 Report Period Beginning: July 1, 2007

Ending: ne 30, 2008

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Accumulated costs	464,258	7	\$ 116,761	\$ 14,468	\$ 3,639	1
2	6	Maintenance	Accumulated costs	464,258	7	6,394,318	14,468	199,271	2
3	17	Administrative services	Accumulated costs	464,258	7	15,961,300	15,961,300	497,413	3
4	19	Legal and professional fees	Accumulated costs	464,258	7	396,172	14,468	12,346	4
5	20	Dues, licenses & subscriptions	Accumulated costs	464,258	7	120,012	14,468	3,740	5
6	21	Clerical and general office	Accumulated costs	464,258	7	7,308,206	14,468	227,751	6
7	22	Employee benefits	Accumulated costs	464,258	7	3,432,783	14,468	106,978	7
8	30	Depreciation	Accumulated costs	464,258	7	2,616,179	14,468	81,530	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					\$ 36,345,731	\$ 15,961,300	\$ 1,132,668	25

Facility Name & ID Number Wynscape

0041426

Report Period Beginning:

July 1, 2007

Ending:

June 30, 2008

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	First Health Care Associates		X	Mortgage Note	\$60,195.00	1/1/2000	\$ 7,029,000	\$ 5,950,095	12/31/24	0.0925	\$ 196,472	1								
2												2								
3												3								
4												4								
5												5								
Working Capital																				
6												6								
7												7								
8												8								
9	TOTAL Facility Related				\$60,195.00		\$ 7,029,000	\$ 5,950,095			\$ 196,472	9								
B. Non-Facility Related*																				
10	Interest Income Offset										(32,921)	10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			(32,921)	14								
15	TOTALS (line 9+line14)						\$ 7,029,000	\$ 5,950,095			\$ 163,551	15								

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

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

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

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2007 report.		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	2
3. Under or (over) accrual (line 2 minus line 1).				\$	3
4. Real Estate Tax accrual used for 2008 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:					
2003	<u>Not Applicable</u>	8			
2004		9			
2005		10			
2006		11			
2007		12			
			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.

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 Wynscape COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0041426

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 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>N/A</u>	<u>N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
2.	_____	_____	<u>\$ _____</u>	<u>\$ _____</u>
3.	_____	_____	<u>\$ _____</u>	<u>\$ _____</u>
4.	_____	_____	<u>\$ _____</u>	<u>\$ _____</u>
5.	_____	_____	<u>\$ _____</u>	<u>\$ _____</u>
6.	_____	_____	<u>\$ _____</u>	<u>\$ _____</u>
7.	_____	_____	<u>\$ _____</u>	<u>\$ _____</u>
8.	_____	_____	<u>\$ _____</u>	<u>\$ _____</u>
9.	_____	_____	<u>\$ _____</u>	<u>\$ _____</u>
10.	_____	_____	<u>\$ _____</u>	<u>\$ _____</u>
		TOTALS	<u>\$ _____</u>	<u>\$ _____</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 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.

Facility Name & ID Number Wynscape# 0041426 Report Period Beginning:July 1, 2007 Ending:June 30, 2008**X. BUILDING AND GENERAL INFORMATION:**A. Square Feet: 58,390 B. General Construction Type: Exterior Brick Frame Steel Number of Stories TwoC. 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).

NoneF. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A3. Current Period Amortization: N/A 4. Dates Incurred: N/ANature of Costs: N/A

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

XI. OWNERSHIP COSTS:

A. Land.

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

Facility Name & ID Number Wynscape

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	209		2000		\$ 5,726,808	\$ 144,582	40	\$ 143,170	\$ (1,412)	\$ 1,216,946	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Elevator			7/1/1996	2,468		20	128	128	1,446	9
10	Facility project number 96071, See 12C for breakout			6/30/1997							10
11	General construction project number 96007			6/30/1997	154,315		40	3,858	3,858	42,516	11
12	Demolition			6/30/1997	14,620		40	366	366	4,209	12
13	Construction debris removal			6/30/1997	18,783		40	470	470	5,405	13
14	Excavation			6/30/1997	4,356		40	109	109	1,254	14
15	Concrete			6/30/1997	28,710		40	718	718	8,257	15
16	Unit masonry			6/30/1997	39,480		40	987	987	11,351	16
17	Rough carpentry			6/30/1997	1,488		40	37	37	426	17
18	Temporary protection cleanup			6/30/1997	10,767		40	269	269	3,094	18
19	Wood doors			6/30/1997	7,043		40	176	176	2,024	19
20	Spray on fire proofing			6/30/1997	11,800		40	295	295	3,393	20
21	Membrane roofing			6/30/1997	95,011		40	2,375	2,375	27,313	21
22	Metal door and frames			6/30/1997	14,369		40	359	359	4,129	22
23	Wood replacement doors			6/30/1997	4,381		40	110	110	1,265	23
24	Entrances and storefront			6/30/1997	28,398		40	710	710	8,165	24
25	Aluminum windows			6/30/1997	127,610		40	3,190	3,190	36,685	25
26	Hardware			6/30/1997	38,367		40	959	959	11,092	26
27	Interior glazing			6/30/1997	8,750		40	219	219	2,519	27
28	Drywall			6/30/1997	471,593		40	11,790	11,790	135,585	28
29	Ceramic tile			6/30/1997	34,909		40	873	873	10,040	29
30	Resilient flooring			6/30/1997	35,834		40	896	896	10,304	30
31	Floor prep			6/30/1997	1,809		40	45	45	518	31
32	Painting			6/30/1997	38,007		40	950	950	10,925	32
33	Toilet and bath accessories			6/30/1997	20,015		40	500	500	5,750	33
34	Kitchen and building allowance			6/30/1997	118,968		40	2,974	2,974	34,201	34
35	Window treatment allowance			6/30/1997	19,238		40	481	481	5,532	35
36	Storage / Moving			6/30/1997	1,748		40	44	44	506	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Final cleaning allowance	6/30/1997	\$ 11,225	\$	40	\$ 281	\$ 281	\$ 3,232	37
38	Field investigation	6/30/1997	900		40	23	23	265	38
39	Fire protection	6/30/1997	17,701		40	443	443	5,095	39
40	Plumbing	6/30/1997	155,685		40	3,892	3,892	44,758	40
41	HVAC	6/30/1997	24,900		40	623	623	7,165	41
42	Electrical	6/30/1997	322,774		40	8,069	8,069	92,794	42
43	Fire alarm system	6/30/1997	13,741		40	344	344	3,956	43
44	Premium time drywall	6/30/1997	2,366		40	59	59	679	44
45	Reconstruction fee	6/30/1997	28,000		40	700	700	8,050	45
46	Fees to Schall Brothers	6/30/1997	72,379		40	1,809	1,809	20,804	46
47	Insurance	6/30/1997	17,277		40	432	432	4,968	47
48	Millwork	6/30/1997	61,115		40	1,528	1,528	17,573	48
49	Architect fees	7/31/1997	150,000		5			150,000	49
50	Architectural reimbursement	7/31/1997	10,952		5			10,952	50
51	Survey	7/31/1997	7,956		5			7,956	51
52	City permit fees	7/31/1997	4,886		5			4,886	52
53	Legal (contract only)	7/31/1997	6,927		5			6,927	53
54	Contingency fees	7/31/1997	36,385		10	3,639	3,639	35,969	54
55	Testing services	7/31/1997	10,864		5			10,864	55
56	Title insurance	7/31/1997	346		1			346	56
57	Landscaping	7/31/1997	45,000		5			45,000	57
58	Fence	7/31/1997	4,287		7			4,287	58
59	Balance of landscaping	10/23/1997	15,000	135	10	750	615	15,000	59
60	Seal stripe parking lot	10/28/1997	2,959		3			2,959	60
61	Elevator repairs	1/13/1998	11,000		20	550	550	5,835	61
62	Security system	2/3/1998	2,318		10	39	39	2,318	62
63	Elevator repairs	7/1/1998	1,500		3			1,500	63
64	Elevator repairs	11/18/1998	7,942		3			7,942	64
65	Gas water heater	11/10/1998	2,657		3			2,657	65
66	Smoke detectors	1/11/1999	2,225		3			2,225	66
67	Elevator repairs	1/13/1999	27,293		3			27,293	67
68	Elevator repairs	2/8/1999	6,349		3			6,349	68
69	Plumbing repairs	4/28/1999	700		3			700	69
70	TOTAL (lines 4 thru 69)		\$ 8,165,254	\$ 144,717		\$ 200,239	\$ 55,522	\$ 2,166,154	70

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

Facility Name & ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,165,254	\$ 144,717		\$ 200,239	\$ 55,522	\$ 2,166,154	1
2	Rear door repairs	5/15/1966	2,799		3			2,799	2
3	Prior year improvement to facility project number 96071:								3
4	General contractor cost	6/30/1997	145,836	3,646	40	3,646		41,929	4
5	Construction insurance	6/30/1997	10,702	268	40	268		3,082	5
6	Fire alarm system	6/30/1997	8,717	218	40	218		2,507	6
7	Electrical work	6/30/1997	69,239	1,731	40	1,731		19,907	7
8	HVAC improvement work	6/30/1997	394,855	9,871	40	9,871		113,517	8
9	Plumbing improvement	6/30/1997	86,233	2,156	40	2,156		24,794	9
10	Fire protection work	6/30/1997	2,096	52	40	52		598	10
11	Elevators work	6/30/1997	1,595	40	40	40		460	11
12	Storage and moving cost	6/30/1997	19,125	478	40	478		5,497	12
13	Window treatment improvements	6/30/1997	14,142	354	40	354		4,071	13
14	Painting work	6/30/1997	212,678	5,317	40	5,317		61,146	14
15	Resilient flooring	6/30/1997	161,133	4,028	40	4,028		46,322	15
16	Acoustical treatment	6/30/1997	102,956	2,574	40	2,574		29,601	16
17	Ceramic tile	6/30/1997	8,396	210	40	210		2,415	17
18	Drywall	6/30/1997	11,049	276	40	276		3,174	18
19	Hardware	6/30/1997	54,460	1,362	40	1,362		15,663	19
20	Aluminum windows	6/30/1997	2,616	65	40	65		748	20
21	Roofing	6/30/1997	13,942	349	40	349		4,014	21
22	Wood door	6/30/1997	1,802	45	40	45		518	22
23	Unit masonry	6/30/1997	7,316	183	40	183		2,105	23
24	Cast in place concrete	6/30/1997	13,275	332	40	332		3,818	24
25	Unlocated Difference for Depr on 1997 assets	6/30/1997							25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,510,216	\$ 178,272		\$ 233,794	\$ 55,522	\$ 2,554,839	34

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

Facility Name & ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 9,510,216	\$ 178,272		\$ 233,794	\$ 55,522	\$ 2,554,839	1
2	Disposer and wall heating and cooling units	7/1/1998	8,549		3			8,549	2
3	Roof covering and gutters	1/13/1998	4,345		3			4,345	3
4	Elevator repairs	6/30/1999	1,600		3			1,600	4
5	Elevator repairs	6/30/1999	15,078		3			15,078	5
6	Assets After 6/30/99:								6
7	Toilet replacement	7/1/1999	12,397		3			12,397	7
8	Toilet replacement	8/1/1999	1,194		3			1,194	8
9	Plumbing and electrical work	7/1/1999	4,100		3			4,100	9
10	Elevator repairs and electric	7/1/1999	31,402		3			31,402	10
11	Sidewalk repair	7/1/1999	1,892		3			1,892	11
12	Door holders	12/31/1999	4,784		3			4,784	12
13	Electrical panel repair	12/31/1999	4,900		3			4,900	13
14	Nurse call system	2/29/2000	9,083		3			9,083	14
15	Nurse call system	2/29/2000	54,480		3			54,480	15
16	Detail of building improvements 06/30/2000								16
17	General contractor cost	6/30/2000	22,010	550	40	550		4,675	17
18	Demolition cost	6/30/2000	622	16	40	16		132	18
19	Concrete cost	6/30/2000	2,119	53	40	53		454	19
20	Masonry cost	6/30/2000	2,223	55	40	55		471	20
21	Carpentry and fireproofing cost	6/30/2000	2,140	53	40	53		454	21
22	Roofing cost	6/30/2000	4,093	103	40	103		872	22
23	Entrance improvements	6/30/2000	1,583	39	40	39		335	23
24	Windows cost	6/30/2000	6,191	155	40	155		1,314	24
25	Hardware cost	6/30/2000	3,761	94	40	94		799	25
26	Drywall cost	6/30/2000	18,998	475	40	475		4,041	26
27	Ceramic tile and flooring	6/30/2000	12,892	323	40	323		2,742	27
28	Painting and decorating	6/30/2000	10,437	261	40	261		2,215	28
29	Kitchen and millwork improvements	6/30/2000	6,860	171	40	171		1,457	29
30	Plumbing and electrical work	6/30/2000	24,433	611	40	611		5,190	30
31	HVAC work	6/30/2000	16,892	423	40	423		3,592	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,799,274	\$ 181,654		\$ 237,176	\$ 55,522	\$ 2,737,386	34

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

Facility Name & ID Number Wynscape

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,799,274	\$ 181,654		\$ 237,176	\$ 55,522	\$ 2,737,386	1
2	Carpet	2002	2,035	293	7	293		1,901	2
3	Electrical	2002	5,722	284	20	284		1,849	3
4	Emergency generator system and facility rewiring	2002	919,934	45,996	20	45,996		298,975	4
5	First floor renovation	2002	367,252	18,363	20	18,363		119,359	5
6	Hot water heaters	2002	67,944	3,397	20	3,397		22,081	6
7	Nurse call system	2002	31,433	1,571	20	1,571		10,212	7
8	Mechanical (oxygen distribution system)	2002	38,241	1,912	20	1,912		12,428	8
9	Plumbing	2002	2,961	148	20	148		962	9
10	HVAC	2002	47,353	2,368	20	2,368		15,392	10
11	Painting and decorating	2002	21,585	1,079	20	1,079		7,014	11
12	Roof replacement	2002	99,498	4,921	20	4,921		32,013	12
13	Service elevator modernization	2002	44,119	2,206	20	2,206		14,339	13
14	Soft costs	2002	65,031	3,252	20	3,252		21,138	14
15	Mechanical	2002	54,389	2,720	20	2,720		17,679	15
16	Monument sign	2002	16,917	1,692	10	1,692		10,998	16
17	Site drainage	2002	59,341	2,967	20	2,967		19,286	17
18	Added depr booked on 2002 assets								18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,643,029	\$ 274,823		\$ 330,345	\$ 55,522	\$ 3,343,012	34

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

Facility Name & ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 11,643,029	\$ 274,823		\$ 330,345	\$ 55,522	\$ 3,343,012	1
2	Security cameras	6/30/2003	14,922	746	20	746		4,103	2
3	Electrical updates	6/30/2003	626	31	20	31		171	3
4	Electrical updates	6/30/2003	19	1	20	1		5	4
5	Electrical updates	6/30/2003	861	43	20	43		237	5
6	Electrical updates	6/30/2003	45	2	20	2		11	6
7	CDH PO# 174903 - project # 21165	6/30/2003	8,486	424	20	424		2,332	7
8	Miner & East	6/30/2003	14,740	737	20	737		4,054	8
9	Extractor	6/30/2003	556	28	20	28		154	9
10	Engineering	6/30/2003	4,470	224	20	224		1,232	10
11	Office renovation	6/30/2003	448	22	20	22		121	11
12	Labor	6/30/2003	56	3	20	3		16	12
13	Labor	6/30/2003	1,344	67	20	67		369	13
14	Emergency shower repair	6/30/2003	4,780	239	20	239		1,315	14
15	Electrical updates	6/30/2003	2,340	117	20	117		644	15
16	Cindy Smith	6/30/2003	663	33	20	33		182	16
17	Miner & East	6/30/2003	154,919	7,746	20	7,746		42,603	17
18	Miner & East	6/30/2003	8,563	428	20	428		2,354	18
19	Ice cream parlor	6/30/2003	679	34	20	34		187	19
20	Office renovation	6/30/2003	6,600	330	20	330		1,815	20
21	Office renovation	6/30/2003	448	22	20	22		121	21
22	Code regulation for storage	6/30/2003	15,195	760	20	760		4,180	22
23	Plumbing	6/30/2003	11,583	579	20	579		3,185	23
24	Dust control assembly	6/30/2003	1,220		20	61	61	427	24
25	Shower room repair	6/30/2003	1,877		20	94	94	658	25
26	Smoke / fire dampers	6/30/2003	1,954		20	98	98	685	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,900,423	\$ 287,439		\$ 343,214	\$ 55,775	\$ 3,414,173	34

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

Facility Name & ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 11,900,423	\$ 287,439		\$ 343,214	\$ 55,775	\$ 3,414,173	1
2	Labor on remodeling	6/30/2004	858	43	20	43		193	2
3	Engineering work for remodeling	6/30/2004	4,470	223	20	223		1,004	3
4	Skilled Nrsg Rev	6/30/2004	663	33	20	33		148	4
5	Skilled Nrsg Rev	6/30/2004	846	42	20	42		189	5
6	Supply desk	6/30/2004	556	48	10	56	8	252	6
7	C.S. Artwork	6/30/2004	122	11	10	12	1	54	7
8	CS Artwork	6/30/2004	33	3	10	3		13	8
9	Concrete Sealcoat	6/30/2004	1,796	156	10	180	24	810	9
10	Anderson Mikos Architect plans on remodeling	6/30/2004	3,735	187	20	187		841	10
11	Troyer Group Srvc - Architect plan fees	6/30/2004	8,419	421	20	421		1,894	11
12	Anderson Mikos Architect fee - remodeling plans	6/30/2004	2,343	117	20	117		527	12
13	Anderson Mikos Prof Architect plans	6/30/2004	6,175	309	20	309		1,390	13
14	IDPA Safety remodeling work	6/30/2004	3,180	159	20	159		715	14
15	Troyer Group Architect Redecorating Plans	6/30/2004	10,157	508	20	508		2,286	15
16	Hot Water Heater	6/30/2004	12,985	4,869	20	649	(4,220)	2,921	16
17	Troyer Group Architect Redecorating plans - Phase I	6/30/2004	11,633	582	20	582		3,201	17
18	Troyer Group Architect Redecorating plans - Phase I	6/30/2004	6,810	340	20	340		1,530	18
19	Troyer Group invoice - Architect Plans	6/30/2004	8,610	430	20	430		1,935	19
20	2005 Additions:								20
21	Troyer Group Remodeling Architect fees	6/30/2005	287	14	20	14		49	21
22	Coppolino Design - Phase 1 Contractor fee	6/30/2005	203	10	20	10		35	22
23	Troyer Group Remodeling Phase 1 Architect Fees	6/30/2005	9,066	453	20	453		1,585	23
24	Security System	6/30/2005	17,260	1,726	10	1,726		6,041	24
25	Remodeling - First Floor furniture	6/30/2005	390	20	20	20		70	25
26	Summary Billing - Furniture for redesigned area	6/30/2005	38,223	1,911	20	1,911		6,689	26
27	Art work Prints and Installation	6/30/2005	3,065	306	10	306		1,071	27
28	First Floor Remodeling:								28
29	Labor for Demolition	6/30/2005	5,750	288	20	288		1,008	29
30	Labor for Carpentry	6/30/2005	4,370	218	20	218		763	30
31	Labor for Millwork	6/30/2005	51,287	2,564	20	2,564		8,974	31
32	Doors, frames and hardware	6/30/2005	12,139	607	20	607		2,124	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,125,854	\$ 304,037		\$ 355,625	\$ 51,588	\$ 3,462,485	34

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

Facility Name & ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 12,125,854	\$ 304,037		\$ 355,625	\$ 51,588	\$ 3,462,485	1
2	Temporary 1 hr. partions	6/30/2005	1,680	84	20	84		294	2
3	Glass and Glazing	6/30/2005	360	18	20	18		63	3
4	Drywall and Acoustical ceiling	6/30/2005	28,678	1,434	20	1,434		5,019	4
5	Flooring	6/30/2005	18,200	910	20	910		3,185	5
6	Wall Finishes	6/30/2005	25,508	1,275	20	1,275		4,463	6
7	Special Ceiling Fixtures & finishes	6/30/2005	4,559	228	20	228		798	7
8	Plumbing	6/30/2005	10,180	509	20	509		1,782	8
9	Fire Protection System	6/30/2005	5,278	264	20	264		924	9
10	HVAC System	6/30/2005	5,928	296	20	296		1,036	10
11	Electric including Fire System and Telephone & Data wiring	6/30/2005	42,448	2,122	20	2,122		7,427	11
12	Floor Preparations	6/30/2005	5,000	250	20	250		875	12
13	Contractor - Construction Fee	6/30/2005	32,037	1,602	20	1,602		5,607	13
14	Second Floor Remodeling:								14
15	Labor for Demolition	6/30/2005	3,750	188	20	188		658	15
16	Labor for Carpentry	6/30/2005	760	38	20	38		133	16
17	Labor for Millwork	6/30/2005	5,930	296	20	296		1,036	17
18	Doors, frames and hardware	6/30/2005	5,948	297	20	297		1,040	18
19	Temporary 1 hr. partions	6/30/2005	650	33	20	33		115	19
20	Drywall and Acoustical ceiling	6/30/2005	20,170	1,008	20	1,008		3,528	20
21	Flooring	6/30/2005	3,300	165	20	165		578	21
22	Wall Finishes	6/30/2005	6,706	335	20	335		1,173	22
23	Special Ceiling Fixtures & finishes	6/30/2005	2,481	124	20	124		434	23
24	Fire Protection System	6/30/2005	2,942	147	20	147		515	24
25	HVAC System	6/30/2005	747	37	20	37		130	25
26	Electric including Fire System and Telephone & Data wiring	6/30/2005	8,717	436	20	436		1,526	26
27	Floor Preparations	6/30/2005	600	30	20	30		105	27
28	Contractor - Construction Fee	6/30/2005	10,192	510	20	510		1,785	28
29	Remodeling Project Changes:								29
30	Flex Ductwork for HEPA Filters	6/30/2005	177	9	20	9		31	30
31	Physical Therapy Countertop change	6/30/2005	210	10	20	10		35	31
32	Relocate Ductwork for rm 102	6/30/2005	363	18	20	18		63	32
33	Remove Windows/ wall installation for Nurse Office wall	6/30/2005	1,176	59	20	59		206	33
34	TOTAL (lines 1 thru 33)		\$ 12,380,529	\$ 316,769		\$ 368,357	\$ 51,588	\$ 3,507,049	34

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

Facility Name & ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 12,380,529	\$ 316,769		\$ 368,357	\$ 51,588	\$ 3,507,049	1
2	Fire Extinguisher Cabinet by Rm # 103	6/30/2005	493	25	20	25		87	2
3	Interior entry door # 101A, push/pull lever	6/30/2005	75	4	20	4		14	3
4	Drywall Firestop by rm. #203	6/30/2005	1,266	63	20	63		221	4
5	Skimcoat 2F for existing Drywall (wall prep)	6/30/2005	542	27	20	27		95	5
6	Skimcoat Rms 101, 102, & 104 for existing Drywall	6/30/2005	2,672	134	20	134		469	6
7	Trash Dumpsters	6/30/2005	357	18	20	18		63	7
8	Electric Outlets, Wiring & Switches - New & Changes	6/30/2005	8,252	413	20	413		1,445	8
9	Light Fixtures - rm 202	6/30/2005	272	14	20	14		49	9
10	Light Fixtures - 4 Fire Strobes in Hallway	6/30/2005	1,072	54	20	54		189	10
11	Sound System - Lobby & Nursing Area	6/30/2005	2,877	144	20	144		504	11
12	Sprinkler System Heads	6/30/2005	7,758	388	20	388		1,358	12
13	Planning, Design/Engineering fees, Badges & Video	6/30/2005	10,386	519	20	519		1,817	13
14	Handsinks in 2F, Food Tray Area - Net	6/30/2005	2,336	117	20	117		409	14
15	2 Doors, Frames & Hardware, Rm 202	6/30/2005	1,646	82	20	82		287	15
16	2 Doors, Frames & Hardware, Rm 203	6/30/2005	2,497	125	20	125		437	16
17	1 Door, Frame & Hardware, Rm 206	6/30/2005	1,137	57	20	57		199	17
18	Floor Prep & Finishes for Rms 203 and 206	6/30/2005	3,680	184	20	184		644	18
19	Drywall Del. & Wall Surface Prep. & Ceiling Tiles rm. #202	6/30/2005	2,556	128	20	128		448	19
20	Ceiling Prints and Floor Patterns & Temp Ceiling Tiles	6/30/2005	818	41	20	41		143	20
21	Oval Ceiling Trim for Rm 104	6/30/2005	2,901	145	20	145		508	21
22	Flooring Surface changes for rms 104 and 204	6/30/2005	1,766	88	20	88		308	22
23	Kickplates for Exterior Fover & Interior Entry Door	6/30/2005	171	9	20	9		31	23
24	Trover Group Architect Fees	6/30/2005	2,417	121	20	121		423	24
25	Wiring/Hookups- Computer, AO Comm& Sound Systems	6/30/2005	6,826	341	20	341		1,193	25
26	Furniture for new areas	6/30/2005	5,830	292	20	292		1,022	26
27	Security System hookups	6/30/2005	140	7	20	7		25	27
28	Re-install Existing Handsink	6/30/2006	4,981	557	10	498	(59)	1,245	28
29	Set of Six lined Roman shades	6/30/2006	3,165	633	5	633		1,582	29
30	Whirlpool Bath System	6/30/2006	1,455	146	10	146		365	30
31	Wash Room Renovation	6/30/2006	22,080	2,208	10	2,208		5,520	31
32	Whirlpool Bathing System	6/30/2006	13,095	1,310	10	1,310		3,275	32
33	Sub Acute Room - pull inventory system	6/30/2006	985	98	10	98		245	33
34	TOTAL (lines 1 thru 33)		\$ 12,497,033	\$ 325,261		\$ 376,790	\$ 51,529	\$ 3,531,669	34

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

Facility Name & ID Number Wynscape

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 12,497,033	\$ 325,261		\$ 376,790	\$ 51,529	\$ 3,531,669	1
2	Plumbing & Labor - Whirlpool System	6/30/2006	4,000	400	10	400		1,000	2
3	Install Split System AC Unit	6/30/2006	3,280	328	10	328		820	3
4	Notebook asset # 31696	6/30/2007	2,080	188	10	208	20	312	4
5	Pantry asset #31889	6/30/2007	4,258	387	10	426	39	639	5
6	Pantry Construction #32025	6/30/2007	7,652	703	10	703		1,086	6
7	Dining POS Pantry #32014	6/30/2007	500	46	10	50	4	75	7
8	Pantry Construction #32106	6/30/2007	724	67	10	72	5	108	8
9	Pantry Construction #32134	6/30/2007	319	30	10	32	2	48	9
10	Wynscape Pantry # 32192	6/30/2007	445	43	10	44	1	66	10
11	AC Units w electric heat #32446	6/30/2007	4,239	283	15	283		424	11
12	Asphalt Repairs and seal coat #31943	6/30/2007	17,900	2,238	8	2,238		2,238	12
13	Wynscape Pantry # 32543	6/30/2008	190	10	10	10		10	13
14	Rose Garden	6/30/2008	6,131	613	5	613		613	14
15	Dining POS Pantry #32769	6/30/2008	109,188	5,459	10	5,459		5,459	15
16	AC Units 32880	6/30/2008	4,299	143	15	143		143	16
17	Pantry	6/30/2008	1,228	61	10	61		61	17
18	Air Conditioner Grill	6/30/2008	60	6	5	6		6	18
19	Nurses Station Counter Tops	6/30/2008	13,148	657	10	657		657	19
20	Pantry Remodel	6/30/2008	168	8	10	8		8	20
21	Replace AC Unit	6/30/2008	63	6	5	6		6	21
22	Partition for Nurses Station	6/30/2008	3,825	191	10	191		191	22
23	Dining POS 33314	6/30/2008	28,913	1,446	10	1,446		1,446	23
24	AC Units Resident Rooms	6/30/2008	3,707	371	5	371		371	24
25	Partition for 1st Fl Nurses Station	6/30/2008	3,825	191	10	191		191	25
26	AC Units	6/30/2008	4,239	424	5	424		424	26
27	Handrails	6/30/2008	7,063	235	15	235		235	27
28	Cabinets	6/30/2008	3,058	102	15	102		102	28
29	AC Units (6)	6/30/2008	4,362	436	5	436		436	29
30	Sprinkler System Repair	6/30/2008	634	13	25	13		13	30
31									31
32	Depreciation Allocated from CDH System HO on Sch VIII					81,530	81,530		32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,736,531	\$ 340,346		\$ 473,476	\$ 133,130	\$ 3,548,857	34

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

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: July 1, 2007 Ending: June 30, 2008

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,107,875	\$ 87,838	\$ 87,838	\$	3-10 yrs	\$ 880,257	71
72	Current Year Purchases	264,900	13,192	13,192		5-20 yrs	13,192	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,372,775	\$ 101,030	\$ 101,030	\$		\$ 893,449	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	(included in above)			\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1	Reference	2	
			Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 15,909,306	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 441,376	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 574,506	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 133,130	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,442,306	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Wynscape

0041426

Report Period Beginning: July 1, 2007

Ending: June 30, 2008

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.

YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12.	<u>/2009</u>	\$ _____
13.	<u>/2010</u>	\$ _____
14.	<u>/2011</u>	\$ _____

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

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

N/A

N/A

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 44,687

Description: Misc. - See schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	2 Staff		3		4 Outside Practitioner (other than consultant)		5	6	7	8	
			Units of Service	Cost	Units	Cost	Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)				
1	Licensed Occupational Therapist	Ln10a, Col 1	5883 hrs	\$ 243,163		\$		\$		5,883	\$	243,163	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 1	2346 hrs	101,068						2,346		101,068	2
3	Licensed Recreational Therapist		hrs										3
4	Licensed Physical Therapist	Ln10a, Col 1	8955 hrs	397,907						8,955		397,907	4
5	Physician Care		visits										5
6	Dental Care		visits										6
7	Work Related Program		hrs										7
8	Habilitation		hrs										8
9	Pharmacy	Ln 39, Col 2	# of prescrpts						758,678			758,678	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs										10
11	Academic Education		hrs										11
12	Other (specify):												12
13	Other (specify): IV Therapy	Ln10a, Col 3					57,487					57,487	13
14	TOTAL			\$ 742,138		\$ 57,487		\$ 758,678		17,184	\$	1,558,303	14

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

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

Ending:

June 30, 2008**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of June 30, 2008 (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	\$ 1,027,088	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>91,467</u>)	1,397,157		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	100		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Other Receivables</u>	220,091		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,644,436	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,800,000		13
14	Buildings, at Historical Cost	14,237,994		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,372,773		16
17	Accumulated Depreciation (book methods)	(12,276,130)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,134,637	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,779,073	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 242,676	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	16,015		28
29	Short-Term Notes Payable	164,790		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Hlth Ins and Other Payables</u>	163,263		36
37	<u>Related Party Payable</u>	44,737		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 631,481	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	5,950,095		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 5,950,095	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,581,576	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 1,197,497	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,779,073	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,468,375)	1
2	Restatements (describe):		2
3	Fund Balance tranfers	(300,000)	3
4	rounding diff	(1)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,768,376)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,344,851)	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)	\$ (1,344,851)	17
	B. Transfers (Itemize):		
18	Fund Balance Transfer in	4,310,723	18
19	rounding diff	1	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 4,310,724	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,197,497	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Wynscape

0041426

Report Period Beginning: July 1, 2007

Ending: June 30, 2008

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

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 17,403,423	1
2	Discounts and Allowances for all Levels	(3,329,899)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,073,524	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	32,921	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 32,921	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Other	7,506	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,506	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,113,951	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	9,413,480	31
32	Health Care	754,263	32
33	General Administration	3,383,964	33
B. Capital Expense			
34	Ownership	773,936	34
C. Ancillary Expense			
35	Special Cost Centers	1,018,417	35
36	Provider Participation Fee	114,742	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,458,802	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,344,851)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,344,851)	43

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

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

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

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

Facility Name & ID Number Wynscape

0041426

Report Period Beginning: July 1, 2007

Ending:

June 30, 2008

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,867	1,948	\$ 84,219	\$ 43.23	1
2	Assistant Director of Nursing	3,680	4,025	169,420	42.09	2
3	Registered Nurses	56,142	61,883	2,376,374	38.40	3
4	Licensed Practical Nurses	12,126	13,779	359,749	26.11	4
5	CNAs & Orderlies	121,688	134,759	2,287,005	16.97	5
6	CNA Trainees					6
7	Licensed Therapist	15,825	17,185	742,138	43.19	7
8	Rehab/Therapy Aides	10,774	11,874	285,139	24.01	8
9	Activity Director	1,599	1,769	33,951	19.19	9
10	Activity Assistants	10,039	10,750	131,746	12.26	10
11	Social Service Workers	5,675	6,257	123,467	19.73	11
12	Dietician	557	739	22,674	30.68	12
13	Food Service Supervisor	3,940	4,297	82,045	19.09	13
14	Head Cook	6,589	7,133	102,969	14.44	14
15	Cook Helpers/Assistants	22,488	24,229	299,429	12.36	15
16	Dishwashers					16
17	Maintenance Workers	2,285	2,414	52,252	21.65	17
18	Housekeepers	23,364	24,991	305,077	12.21	18
19	Laundry	10,495	11,092	132,469	11.94	19
20	Administrator	1,087	2,110	126,708	60.05	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,283	13,895	255,220	18.37	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,842	2,110	49,746	23.58	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,935	3,164	48,358	15.28	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	327,280	360,403	\$ 8,070,155 *	\$ 22.39	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	115	\$ 5,402	Ln. 1, C.3	35
36	Medical Director	120	22,680	Ln. 9, C.3	36
37	Medical Records Consultant	30	1,918	Ln. 10, C.3	37
38	Nurse Consultant	54	3,010	Ln. 10, C.3	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	108	5,496	L.11,C.3	44
45	Social Service Consultant	71	4,478	L.12,C.3	45
46	Other(specify) <u>DON Contracted</u>	102	8,160	Ln.10,C.3	46
47	<u>Housekeeping Consultant</u>	3,331	48,814	L.3, C.3	47
48	<u>Adm Reception / Bus Offc Consult</u>	756	33,362	L. 21, C.3	48
49	TOTAL (lines 35 - 48)	4,687	\$ 133,320		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	3,439	\$ 222,582	Ln.10,C.3	50
51	Licensed Practical Nurses	259	9,638	Ln.10,C.3	51
52	Certified Nurse Assistants/Aides	557	11,743	Ln.10,C.3	52
53	TOTAL (lines 50 - 52)	4,255	\$ 243,963		53

Facility Name & ID Number Wynscape

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Life Srvcs Network of Illinois, \$7945
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 8 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 68,970 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 114,742
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? N/A Indicate the amount. \$ 0
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: KPMG, LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? Yes If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.