



Facility Name & ID Number Wynscape

# 0041426 Report Period Beginning: July 1, 2008 Ending: June 30, 2009

**III. STATISTICAL DATA**

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/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	108	Skilled (SNF)	108	39,420	1
2		Skilled Pediatric (SNF/PED)			2
3	101	Intermediate (ICF)	101	36,865	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	209	TOTALS	209	76,285	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	32	321	18,360	18,713	8
9	SNF/PED					9
10	ICF	9,716	21,032	1,442	32,190	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	9,748	21,353	19,802	50,903	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 66.73%

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)

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES  NO

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

YES  NO

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

Date started 3/1/1996

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

YES  Date 3/1/1996 NO

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

YES  NO  If YES, enter number of beds certified 108 and days of care provided 17,009

Medicare Intermediary National Government Services

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 6/30/2009 Fiscal Year: 6/30/2009

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

Facility Name &amp; ID Number

Wynscape

# 0041426

Report Period Beginning:

July 1, 2008

Ending:

June 30, 2009

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	484,005	49,100	94,244	627,349		627,349	(526)	626,823		1
2	Food Purchase		381,673		381,673		381,673		381,673		2
3	Housekeeping	326,616	15,640	238,709	580,965		580,965		580,965		3
4	Laundry	117,796	20,529		138,325		138,325		138,325		4
5	Heat and Other Utilities			350,323	350,323		350,323	3,278	353,601		5
6	Maintenance	51,701	23,780	212,226	287,707		287,707	169,945	457,652		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>980,118</b>	<b>490,722</b>	<b>895,502</b>	<b>2,366,342</b>		<b>2,366,342</b>	<b>172,697</b>	<b>2,539,039</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			22,680	22,680		22,680		22,680		9
10	Nursing and Medical Records	5,441,101	352,970	332,085	6,126,156		6,126,156		6,126,156		10
10a	Therapy	1,056,451	8,167	162,765	1,227,383		1,227,383		1,227,383		10a
11	Activities	164,777		4,896	169,673		169,673		169,673		11
12	Social Services	98,634		81,516	180,150		180,150		180,150		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>6,760,963</b>	<b>361,137</b>	<b>603,942</b>	<b>7,726,042</b>		<b>7,726,042</b>		<b>7,726,042</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	87,921		648,932	736,853		736,853	(127,842)	609,011		17
18	Directors Fees										18
19	Professional Services			13,000	13,000		13,000	24,104	37,104		19
20	Dues, Fees, Subscriptions & Promotions			9,410	9,410		9,410	8,500	17,910		20
21	Clerical & General Office Expenses	176,651	39,289	180,266	396,206		396,206	342,280	738,486		21
22	Employee Benefits & Payroll Taxes			1,898,496	1,898,496		1,898,496	102,030	2,000,526		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,158	4,158		4,158		4,158		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			682,701	682,701		682,701		682,701		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	<b>264,572</b>	<b>39,289</b>	<b>3,436,963</b>	<b>3,740,824</b>		<b>3,740,824</b>	<b>349,072</b>	<b>4,089,896</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>8,005,653</b>	<b>891,148</b>	<b>4,936,407</b>	<b>13,833,208</b>		<b>13,833,208</b>	<b>521,769</b>	<b>14,354,977</b>		<b>29</b>

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

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

Facility Name &amp; ID Number Wynscape

#0041426

Report Period Beginning: July 1, 2008 Ending:

June 30, 2009

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			547,810	547,810		547,810	52,845	600,655			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			172,648	172,648		172,648	(7,899)	164,749			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			67,374	67,374		67,374		67,374			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			787,832	787,832		787,832	44,946	832,778			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		750,730		750,730		750,730		750,730			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			114,428	114,428		114,428		114,428			42
43	Other (specify):* <b>Mktg and Other</b>			228,862	228,862		228,862	(88,778)	140,084			43
44	<b>TOTAL Special Cost Centers</b>		750,730	343,290	1,094,020		1,094,020	(88,778)	1,005,242			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	8,005,653	1,641,878	6,067,529	15,715,060		15,715,060	477,937	16,192,997			45

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



Wynscape

ID# 0041426

Report Period Beginning: July 1, 2008

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Vending Income	\$ (526)	1	1
2	Other Miscellaneous income	(2,924)	21	2
3	Depr adj to Straight Line	(36,656)	30	3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(40,106)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Wynscape# 0041426

Report Period Beginning:

July 1, 2008

Ending:

June 30, 2009

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	(526)	0	0	0	0	0	0	0	0	0	0	(526)	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	3,278	0	0	0	0	0	0	0	0	0	3,278	5
6	Maintenance	0	169,945	0	0	0	0	0	0	0	0	0	169,945	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(526)</b>	<b>173,223</b>	<b>0</b>	<b>172,697</b>	<b>8</b>								
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	(127,842)	0	0	0	0	0	0	0	0	0	(127,842)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	24,104	0	0	0	0	0	0	0	0	0	24,104	19
20	Fees, Subscriptions & Promotions	0	8,500	0	0	0	0	0	0	0	0	0	8,500	20
21	Clerical & General Office Expenses	(2,924)	345,204	0	0	0	0	0	0	0	0	0	342,280	21
22	Employee Benefits & Payroll Taxes	0	102,030	0	0	0	0	0	0	0	0	0	102,030	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(2,924)</b>	<b>351,996</b>	<b>0</b>	<b>349,072</b>	<b>28</b>								
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(3,450)</b>	<b>525,219</b>	<b>0</b>	<b>521,769</b>	<b>29</b>								

## STATE OF ILLINOIS

Facility Name & ID Number Wynscape# 0041426

Report Period Beginning:

July 1, 2008 Ending:

Summary B  
June 30, 2009

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(36,656)	89,501	0	0	0	0	0	0	0	0	0	52,845	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(7,899)	0	0	0	0	0	0	0	0	0	0	(7,899)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(44,555)</b>	<b>89,501</b>	<b>0</b>	<b>44,946</b>	<b>37</b>								
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(88,778)	0	0	0	0	0	0	0	0	0	0	(88,778)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(88,778)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(88,778)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(136,783)</b>	<b>614,720</b>	<b>0</b>	<b>477,937</b>	<b>45</b>								

Facility Name & ID Number Wynscape

# 0041426

Report Period Beginning: July 1, 2008 Ending: June 30, 2009

**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 (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	100.00%	\$ 3,278	\$ 3,278	1	
2	V	6	Maintenance	Central DuPage Health	100.00%	169,945	169,945	2	
3	V	17	Administrative Services	Central DuPage Health	100.00%	521,090	521,090	3	
4	V	19	Legal and Professional Fees	Central DuPage Health	100.00%	24,104	24,104	4	
5	V	20	Licenses, Dues, Fees, etc	Central DuPage Health	100.00%	8,500	8,500	5	
6	V	21	Clerical and General Office	Central DuPage Health	100.00%	345,204	345,204	6	
7	V	22	Employee Benefits	Central DuPage Health	100.00%	102,030	102,030	7	
8	V	30	Depreciation	Central DuPage Health	100.00%	89,501	89,501	8	
9	V							9	
10	V	17	Management Fees	Central DuPage Health	100.00%		(648,932)	10	
11	V							11	
12	V							12	
13	V							13	
14	Total		\$ 648,932			\$ 1,263,652	\$ *	614,720	14

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

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

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VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Central DuPage Health System  
 Street Address 27 West 353 Jewell Road  
 City / State / Zip Code Winfield, IL 60190  
 Phone Number ( 630 ) 933-5023  
 Fax Number ( 630 ) 933-1800

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	555,544	8	\$ 116,089	\$ 15,685	\$ 3,278	1
2	6	Maintenance	Accumulated costs	555,544	8	6,019,237	15,685	169,945	2
3	17	Administrative services	Accumulated costs	555,544	8	18,456,383	18,456,383	521,090	3
4	19	Legal and professional fees	Accumulated costs	555,544	8	853,726	15,685	24,104	4
5	20	Dues, licenses & subscriptions	Accumulated costs	555,544	8	301,050	15,685	8,500	5
6	21	Clerical and general office	Accumulated costs	555,544	8	12,226,711	15,685	345,204	6
7	22	Employee benefits	Accumulated costs	555,544	8	3,613,775	15,685	102,030	7
8	30	Depreciation	Accumulated costs	555,544	8	3,170,013	15,685	89,501	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					\$ 44,756,984	\$ 18,456,383	\$ 1,263,652	25

Facility Name & ID Number Wynscape

# 0041426

Report Period Beginning:

July 1, 2008 Ending:

June 30, 2009

**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		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
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	First Health Care Associates		X	Mortgage Note	\$60,195.00	1/1/2000	\$ 7,029,000	\$ 5,770,660	12/31/24	0.0925	\$ 191,635	1						
2												2						
3												3						
4												4						
5												5						
<b>Working Capital</b>																		
6												6						
7												7						
8												8						
9	<b>TOTAL Facility Related</b>				\$60,195.00		\$ 7,029,000	\$ 5,770,660			\$ 191,635	9						
<b>B. Non-Facility Related*</b>																		
10	Interest Income Offset										(26,886)	10						
11												11						
12												12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (26,886)	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 7,029,000	\$ 5,770,660			\$ 164,749	15						

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

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

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





Facility Name & ID Number Wynscape

**X. BUILDING AND GENERAL INFORMATION:**

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

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

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

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

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

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

Nature of Costs: N/A

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

**XI. OWNERSHIP COSTS:**

A. Land.

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

Facility Name &amp; ID Number Wynscape

# 0041426

Report Period Beginning:

July 1, 2008 Ending: June 30, 2009

## 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 BHF USE ONLY	Year	Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated	
			Acquired	Constructed		Depreciation	in Years	Depreciation		Depreciation	
4	209		2000		\$ 5,726,808	\$ 144,582	40	\$ 143,170	\$ (1,412)	\$ 1,360,116	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Elevator		6/30/1997		2,468		40	128	128	1,574	9
10	General construction project number 96007		6/30/1997		154,315		40	3,858	3,858	46,374	10
11	Demolition		6/30/1997		14,620		40	366	366	4,575	11
12	Construction debris removal		6/30/1997		18,783		40	470	470	5,875	12
13	Excavation		6/30/1997		4,356		40	109	109	1,363	13
14	Concrete		6/30/1997		28,710		40	718	718	8,975	14
15	Unit masonry		6/30/1997		39,480		40	987	987	12,338	15
16	Rough carpentry		6/30/1997		1,488		40	37	37	463	16
17	Temporary protection cleanup		6/30/1997		10,767		40	269	269	3,363	17
18	Wood doors		6/30/1997		7,043		40	176	176	2,200	18
19	Spray on fire proofing		6/30/1997		11,800		40	295	295	3,688	19
20	Membrane roofing		6/30/1997		95,011		40	2,375	2,375	29,688	20
21	Metal door and frames		6/30/1997		14,369		40	359	359	4,488	21
22	Wood replacement doors		6/30/1997		4,381		40	110	110	1,375	22
23	Entrances and storefront		6/30/1997		28,398		40	710	710	8,875	23
24	Aluminum windows		6/30/1997		127,610		40	3,190	3,190	39,875	24
25	Hardware		6/30/1997		38,367		40	959	959	12,051	25
26	Interior glazing		6/30/1997		8,750		40	219	219	2,738	26
27	Drywall		6/30/1997		471,593		40	11,790	11,790	147,375	27
28	Ceramic tile		6/30/1997		34,909		40	873	873	10,913	28
29	Resilient flooring		6/30/1997		35,834		40	896	896	11,200	29
30	Floor prep		6/30/1997		1,809		40	45	45	563	30
31	Painting		6/30/1997		38,007		40	950	950	11,875	31
32	Toilet and bath accessories		6/30/1997		20,015		40	500	500	6,250	32
33	Kitchen and building allowance		6/30/1997		118,968		40	2,974	2,974	37,175	33
34	Window treatment allowance		6/30/1997		19,238		40	481	481	6,013	34
35	Storage / Moving		6/30/1997		1,748		40	44	44	550	35
36	Final cleaning allowance		6/30/1997		11,225		40	281	281	3,513	36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Wynscape

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Report Period Beginning:

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**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	6/30/1997	\$ 900	\$	40	\$ 23	\$ 23	\$ 288	37
38	6/30/1997	17,701		40	443	443	5,538	38
39	6/30/1997	155,685		40	3,892	3,892	48,650	39
40	6/30/1997	24,900		40	623	623	7,788	40
41	6/30/1997	322,774		40	8,069	8,069	100,863	41
42	6/30/1997	13,741		40	344	344	4,300	42
43	6/30/1997	2,366		40	59	59	738	43
44	6/30/1997	28,000		40	700	700	8,750	44
45	6/30/1997	72,379		40	1,809	1,809	22,613	45
46	6/30/1997	17,277		40	432	432	5,400	46
47	6/30/1997	61,115		40	1,528	1,528	19,101	47
48	6/30/1998	150,000		5			150,000	48
49	6/30/1998	10,952		5			10,952	49
50	6/30/1998	7,956		5			7,956	50
51	6/30/1998	4,886		5			4,886	51
52	6/30/1998	6,927		5			6,927	52
53	6/30/1998	36,385		10	416	416	36,385	53
54	6/30/1998	10,864		5			10,864	54
55	6/30/1998	346		1			346	55
56	6/30/1998	45,000		5			45,000	56
57	6/30/1998	4,287		7			4,287	57
58	6/30/1998	15,000		10			15,000	58
59	6/30/1998	2,959		3			2,959	59
60	6/30/1998	11,000		20	550	550	6,385	60
61	6/30/1998	2,318		10			2,318	61
62	6/30/1999	1,500		3			1,500	62
63	6/30/1999	7,942		3			7,942	63
64	6/30/1999	2,657		3			2,657	64
65	6/30/1999	2,225		3			2,225	65
66	6/30/1999	27,293		3			27,293	66
67	6/30/1999	6,349		3			6,349	67
68	6/30/1999	700		3			700	68
69	6/30/1996	2,799		3			2,799	69
70		\$ 8,168,053	\$ 144,582		\$ 196,227	\$ 51,645	\$ 2,365,180	70

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

Facility Name &amp; ID Number Wynscape

# 0041426

Report Period Beginning:

July 1, 2008 Ending: June 30, 2009

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 8,168,053	\$ 144,582		\$ 196,227	\$ 51,645	\$ 2,365,180	1
2	General contractor cost (PY Impr to Fac Proj No 96071)	6/30/1997	145,836	3,646	40	3,646		45,575	2
3	Construction insurance (PY Impr to 96071, down to ln 22)	6/30/1997	10,702	268	40	268		3,350	3
4	Fire alarm system	6/30/1997	8,717	218	40	218		2,725	4
5	Electrical work	6/30/1997	69,239	1,731	40	1,731		21,638	5
6	HVAC improvement work	6/30/1997	394,855	9,871	40	9,871		123,388	6
7	Plumbing improvement	6/30/1997	86,233	2,156	40	2,156		26,950	7
8	Fire protection work	6/30/1997	2,096	52	40	52		650	8
9	Elevators work	6/30/1997	1,595	40	40	40		500	9
10	Storage and moving cost	6/30/1997	19,125	478	40	478		5,975	10
11	Window treatment improvements	6/30/1997	14,142	354	40	354		4,425	11
12	Painting work	6/30/1997	212,678	5,317	40	5,317		66,463	12
13	Resilient flooring	6/30/1997	161,133	4,028	40	4,028		50,350	13
14	Acoustical treatment	6/30/1997	102,956	2,574	40	2,574		32,175	14
15	Ceramic tile	6/30/1997	8,396	210	40	210		2,625	15
16	Drywall	6/30/1997	11,049	276	40	276		3,450	16
17	Hardware	6/30/1997	54,460	1,362	40	1,362		17,025	17
18	Aluminum windows	6/30/1997	2,616	65	40	65		813	18
19	Roofing	6/30/1997	13,942	349	40	349		4,363	19
20	Wood door	6/30/1997	1,802	45	40	45		563	20
21	Unit masonry	6/30/1997	7,316	183	40	183		2,288	21
22	Cast in place concrete (PY Impr to fac pr #96071, up to ln 2)	6/30/1997	13,275	332	40	332		4,150	22
23	Disposer, wall heating and cooling units (Date change to YE)	6/30/1999	8,549		3			8,549	23
24	Roof covering and gutters (Dates down to ln 33 changed to YE)	6/30/1999	4,345		3			4,345	24
25	Elevator repairs (Combine 2 repair assets: \$1600+15078)	6/30/1999	16,678		3			16,678	25
26	Toilet replacement	6/30/2000	12,397		3			12,397	26
27	Toilet replacement	6/30/2000	1,194		3			1,194	27
28	Plumbing and electrical work	6/30/2000	4,100		3			4,100	28
29	Elevator repairs and electric	6/30/2000	31,402		3			31,402	29
30	Sidewalk repair	6/30/2000	1,892		3			1,892	30
31	Door holders	6/30/2000	4,784		3			4,784	31
32	Electrical panel repair	6/30/2000	4,900		3			4,900	32
33	Nurse call system (Combine 2 call assets \$9083+54480)	6/30/2000	63,563		3			63,563	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,664,020	\$ 178,137		\$ 229,782	\$ 51,645	\$ 2,938,425	34

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

Facility Name &amp; ID Number Wynscape

# 0041426

Report Period Beginning:

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 9,664,020	\$ 178,137		\$ 229,782	\$ 51,645	\$ 2,938,425	1
2	General contractor cost	6/30/2000	22,010	550	40	550		5,225	2
3	Demolition cost	6/30/2000	622	16	40	16		148	3
4	Concrete cost	6/30/2000	2,119	53	40	53		507	4
5	Masonry cost	6/30/2000	2,223	55	40	55		526	5
6	Carpentry and fireproofing cost	6/30/2000	2,140	53	40	53		507	6
7	Roofing cost	6/30/2000	4,093	103	40	103		975	7
8	Entrance improvements	6/30/2000	1,583	39	40	39		374	8
9	Windows cost	6/30/2000	6,191	155	40	155		1,469	9
10	Hardware cost	6/30/2000	3,761	94	40	94		893	10
11	Drywall cost	6/30/2000	18,998	475	40	475		4,516	11
12	Ceramic tile and flooring	6/30/2000	12,892	323	40	323		3,065	12
13	Painting and decorating	6/30/2000	10,437	261	40	261		2,476	13
14	Kitchen and millwork improvements	6/30/2000	6,860	171	40	171		1,628	14
15	Plumbing and electrical work	6/30/2000	24,433	611	40	611		5,801	15
16	HVAC work	6/30/2000	16,892	423	40	423		4,015	16
17	Carpet	6/30/2002	2,035	145	7	134	(11)	2,035	17
18	Electrical	6/30/2002	5,722	284	20	284		2,133	18
19	Emergency generator system and facility rewiring	6/30/2002	919,934	45,996	20	45,996		344,971	19
20	First floor renovation	6/30/2002	367,252	18,363	20	18,363		137,722	20
21	Hot water heaters	6/30/2002	67,944	3,397	20	3,397		25,478	21
22	Nurse call system	6/30/2002	31,433	1,571	20	1,571		11,783	22
23	Mechanical (oxygen distribution system)	6/30/2002	38,241	1,912	20	1,912		14,340	23
24	Plumbing	6/30/2002	2,961	148	20	148		1,110	24
25	HVAC	6/30/2002	47,353	2,368	20	2,368		17,760	25
26	Painting and decorating	6/30/2002	21,585	1,079	20	1,079		8,093	26
27	Roof replacement	6/30/2002	99,498	4,921	20	4,921		36,934	27
28	Service elevator modernization	6/30/2002	44,119	2,206	20	2,206		16,545	28
29	Soft costs	6/30/2002	65,031	3,252	20	3,252		24,390	29
30	Mechanical	6/30/2002	54,389	2,720	20	2,720		20,399	30
31	Monument sign	6/30/2002	16,917	1,692	10	1,692		12,690	31
32	Site drainage	6/30/2002	59,341	2,967	20	2,967		22,253	32
33	Security cameras	6/30/2003	14,922	746	20	746		4,849	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,657,951	\$ 275,286		\$ 326,920	\$ 51,634	\$ 3,674,035	34

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

Facility Name &amp; ID Number Wynscape

# 0041426

Report Period Beginning:

July 1, 2008 Ending:

June 30, 2009

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 11,657,951	\$ 275,286		\$ 326,920	\$ 51,634	\$ 3,674,035	1
2	Electrical updates	6/30/2003	626	31	20	31		202	2
3	Electrical updates	6/30/2003	19	1	20	1		6	3
4	Electrical updates	6/30/2003	861	43	20	43		280	4
5	Electrical updates	6/30/2003	45	1	20	2	1	13	5
6	CDH PO# 174903 - project # 21165	6/30/2003	8,486	424	20	424		2,756	6
7	Miner & East	6/30/2003	14,740	737	20	737		4,791	7
8	Extractor	6/30/2003	556	28	20	28		182	8
9	Engineering	6/30/2003	4,470	224	20	224		1,456	9
10	Office renovation	6/30/2003	448	22	20	22		143	10
11	Labor	6/30/2003	56	3	20	3		19	11
12	Labor	6/30/2003	1,344	67	20	67		436	12
13	Emergency shower repair	6/30/2003	4,780	239	20	239		1,554	13
14	Electrical updates	6/30/2003	2,340	117	20	117		761	14
15	Cindy Smith	6/30/2003	663	33	20	33		215	15
16	Miner & East	6/30/2003	154,919	7,746	20	7,746		50,349	16
17	Miner & East	6/30/2003	8,563	428	20	428		2,782	17
18	Ice cream parlor	6/30/2003	679	34	20	34		221	18
19	Office renovation	6/30/2003	6,600	330	20	330		2,145	19
20	Office renovation	6/30/2003	448	22	20	22		143	20
21	Code regulation for storage	6/30/2003	15,195	760	20	760		764,180	21
22	Plumbing	6/30/2003	11,583	579	20	579		3,764	22
23	Dust control assembly	6/30/2003	1,220		20	61	61	488	23
24	Shower room repair	6/30/2003	1,877		20	94	94	752	24
25	Smoke / fire dampers	6/30/2003	1,954		20	98	98	783	25
26	Labor on remodeling	6/30/2004	858	43	20	43		236	26
27	Engineering work for remodeling	6/30/2004	4,470	223	20	223		1,227	27
28	Skilled Nrsg Rev	6/30/2004	663	33	20	33		181	28
29	Skilled Nrsg Rev	6/30/2004	846	42	20	42		231	29
30	Supply desk	6/30/2004	556	48	10	56	8	308	30
31	C.S. Artwork	6/30/2004	122	11	10	12	1	66	31
32	CS Artwork	6/30/2004	33	3	10	3		16	32
33	Concrete Sealcoat	6/30/2004	1,796	156	10	179	23	989	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,909,767	\$ 287,714		\$ 339,634	\$ 51,920	\$ 4,515,710	34

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

Facility Name &amp; ID Number Wynscape

# 0041426

Report Period Beginning:

July 1, 2008 Ending: June 30, 2009

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 11,909,767	\$ 287,714		\$ 339,634	\$ 51,920	\$ 4,515,710	1
2	Anderson Mikos Architect plans on remodeling	6/30/2004	3,735	187	20	187		1,028	2
3	Troyer Group Srvc's - Architect plan fees	6/30/2004	8,419	421	20	421		2,315	3
4	Anderson Mikos Architect fee - remodeling plans	6/30/2004	2,343	117	20	117		644	4
5	Anderson Mikos Prof Architect plans	6/30/2004	6,175	309	20	309		1,699	5
6	IDPA Safety remodeling work	6/30/2004	3,180	159	20	159		874	6
7	Troyer Group Architect Redecorating Plans	6/30/2004	10,157	508	20	508		2,794	7
8	Hot Water Heater	6/30/2004	12,985		20	649	649	3,570	8
9	Troyer Group Architect Redecorating plans - Phase I	6/30/2004	11,633	582	20	582		3,783	9
10	Troyer Group Architect Redecorating plans - Phase I	6/30/2004	6,810	340	20	340		1,870	10
11	Troyer Group invoice - Architect Plans	6/30/2004	8,610	430	20	430		2,365	11
12	<b>2005 Additions:</b>								12
13	Troyer Group Remodeling Architect fees	6/30/2005	287	14	20	14		63	13
14	Coppolino Design - Phase 1 Contractor fee	6/30/2005	203	10	20	10		45	14
15	Troyer Group Remodeling Phase 1 Architect Fees	6/30/2005	9,066	453	20	453		2,038	15
16	Security System	6/30/2005	17,260	1,726	10	1,726		7,767	16
17	Remodeling - First Floor furniture	6/30/2005	390	20	20	20		90	17
18	Summary Billing - Furniture for redesigned area	6/30/2005	38,223	1,911	20	1,911		8,600	18
19	Art work Prints and Installation	6/30/2005	3,065	306	10	306		1,377	19
20	Labor for Demolition (1ST Floor Remodeling here & below)	6/30/2005	5,750	288	20	288		1,296	20
21	Labor for Carpentry	6/30/2005	4,370	218	20	218		981	21
22	Labor for Millwork	6/30/2005	51,287	2,564	20	2,564		11,538	22
23	Doors, frames and hardware	6/30/2005	12,139	607	20	607		2,731	23
24	Temporary 1 hr. partions	6/30/2005	1,680	84	20	84		378	24
25	Glass and Glazing	6/30/2005	360	18	20	18		81	25
26	Drywall and Acoustical ceiling	6/30/2005	28,678	1,434	20	1,434		6,453	26
27	Flooring	6/30/2005	18,200	910	20	910		4,095	27
28	Wall Finishes	6/30/2005	25,508	1,275	20	1,275		5,738	28
29	Special Ceiling Fixtures & finishes	6/30/2005	4,559	228	20	228		1,026	29
30	Plumbing	6/30/2005	10,180	509	20	509		2,291	30
31	Fire Protection System	6/30/2005	5,278	264	20	264		1,188	31
32	HVAC System	6/30/2005	5,928	296	20	296		1,332	32
33	Electric including Fire System and Telephone & Data wiring	6/30/2005	42,448	2,122	20	2,122		9,549	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,268,673	\$ 306,024		\$ 358,593	\$ 52,569	\$ 4,605,309	34

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

Facility Name &amp; ID Number Wynscape

# 0041426

Report Period Beginning:

July 1, 2008 Ending: June 30, 2009

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 12,268,673	\$ 306,024		\$ 358,593	\$ 52,569	\$ 4,605,309	1
2	Floor Preparations (1st Floor)	6/30/2005	5,000	250	20	250		1,125	2
3	Contractor - Construction Fee (1st Flr)	6/30/2005	32,037	1,602	20	1,602		7,209	3
4	Labor for Demolition (2nd Flr Remodeling; down to ln 17)	6/30/2005	3,750	188	20	188		846	4
5	Labor for Carpentry	6/30/2005	760	38	20	38		171	5
6	Labor for Millwork	6/30/2005	5,930	296	20	296		1,332	6
7	Doors, frames and hardware	6/30/2005	5,948	297	20	297		1,337	7
8	Temporary 1 hr. partions	6/30/2005	650	33	20	33		148	8
9	Drywall and Acoustical ceiling	6/30/2005	20,170	1,008	20	1,008		4,536	9
10	Flooring	6/30/2005	3,300	165	20	165		743	10
11	Wall Finishes	6/30/2005	6,706	335	20	335		1,508	11
12	Special Ceiling Fixtures & finishes	6/30/2005	2,481	124	20	124		558	12
13	Fire Protection System	6/30/2005	2,942	147	20	147		662	13
14	HVAC System	6/30/2005	747	37	20	37		167	14
15	Electric including Fire System and Telephone & Data wiring	6/30/2005	8,717	436	20	436		1,962	15
16	Floor Preparations	6/30/2005	600	30	20	30		135	16
17	Contractor - Construction Fee (2nd Flr)	6/30/2005	10,192	510	20	510		2,295	17
18	Flex Ductwork for HEPA Filters (Remodeling changes; to 6/05 end)	6/30/2005	177	9	20	9		40	18
19	Physical Therapy Countertop change	6/30/2005	210	10	20	10		45	19
20	Relocate Ductwork for rm 102	6/30/2005	363	18	20	18		81	20
21	Remove Windows/ wall installation for Nurse Office wall	6/30/2005	1,176	59	20	59		265	21
22	Fire Extinguisher Cabinet by Rm # 103	6/30/2005	493	25	20	25		112	22
23	Interior entry door # 101A, push/pull lever	6/30/2005	75	4	20	4		18	23
24	Drywall Firestop by rm. #203	6/30/2005	1,266	63	20	63		284	24
25	Skimcoat 2F for existing Drywall (wall prep)	6/30/2005	542	27	20	27		122	25
26	Skimcoat Rms 101, 102, & 104 for existing Drywall	6/30/2005	2,672	134	20	134		603	26
27	Trash Dumpsters	6/30/2005	357	18	20	18		81	27
28	Electric Outlets, Wiring & Switches - New & Changes	6/30/2005	8,252	413	20	413		1,858	28
29	Light Fixtures - rm 202	6/30/2005	272	14	20	14		63	29
30	Light Fixtures - 4 Fire Strobes in Hallway	6/30/2005	1,072	54	20	54		243	30
31	Sound System - Lobby & Nursing Area	6/30/2005	2,877	144	20	144		648	31
32	Sprinkler System Heads	6/30/2005	7,758	388	20	388		1,746	32
33	Planning, Design/Engineering fees, Badges & Video	6/30/2005	10,386	519	20	519		2,336	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,416,551	\$ 313,419		\$ 365,988	\$ 52,569	\$ 4,638,588	34

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

Facility Name &amp; ID Number Wynscape

# 0041426

Report Period Beginning:

July 1, 2008 Ending: June 30, 2009

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 12,416,551	\$ 313,419		\$ 365,988	\$ 52,569	\$ 4,638,588	1
2	Handsinks in 2F, Food Tray Area - Net	6/30/2005	2,336	117	20	117		526	2
3	2 Doors, Frames & Hardware, Rm 202	6/30/2005	1,646	82	20	82		369	3
4	2 Doors, Frames & Hardware, Rm 203	6/30/2005	2,497	125	20	125		562	4
5	1 Door, Frame & Hardware, Rm 206	6/30/2005	1,137	57	20	57		256	5
6	Floor Prep & Finishes for Rms 203 and 206	6/30/2005	3,680	184	20	184		828	6
7	Drywall Del. & Wall Surface Prep. & Ceiling Tiles rm. #202	6/30/2005	2,556	128	20	128		576	7
8	Ceiling Prints and Floor Patterns & Temp Ceiling Tiles	6/30/2005	818	41	20	41		184	8
9	Oval Ceiling Trim for Rm 104	6/30/2005	2,901	145	20	145		653	9
10	Flooring Surface changes for rms 104 and 204	6/30/2005	1,766	88	20	88		396	10
11	Kickplates for Exterior Foyer & Interior Entry Door	6/30/2005	171	9	20	9		40	11
12	Troyer Group Architect Fees	6/30/2005	2,417	121	20	121		544	12
13	Wiring/Hookups- Computer, AO Comm& Sound Systems	6/30/2005	6,826	341	20	341		1,534	13
14	Furniture for new areas	6/30/2005	5,830	292	20	292		1,314	14
15	Security System hookups	6/30/2005	140	7	20	7		32	15
16	Re-install Existing Handsink	6/30/2006	4,981	557	10	498	(59)	1,743	16
17	Set of Six lined Roman shades	6/30/2006	3,165	633	5	633		2,215	17
18	Whirlpool Bath System	6/30/2006	1,455	146	10	146		511	18
19	Wash Room Renovation	6/30/2006	22,080	2,208	10	2,208		7,728	19
20	Whirlpool Bathing System	6/30/2006	13,095	1,310	10	1,310		4,585	20
21	Sub Acute Room - pull inventory system	6/30/2006	985	98	10	98		343	21
22	Plumbing & Labor - Whirlpool System	6/30/2006	4,000	400	10	400		1,400	22
23	Install Split System AC Unit (Disposed at YE)	6/30/2006	3,280	2,132	10	328	(1,804)	1,148	23
24	Notebook asset # 31696	6/30/2007	2,080	188	10	208	20	520	24
25	Pantry asset #31889	6/30/2007	4,258	387	10	426	39	1,065	25
26	Pantry Construction #32025	6/30/2007	7,652	703	10	703		1,789	26
27	Dining POS Pantry #32014	6/30/2007	500	46	10	50	4	125	27
28	Pantry Construction #32106	6/30/2007	724	67	10	72	5	180	28
29	Pantry Construction #32134	6/30/2007	319	30	10	32	2	80	29
30	Wynscape Pantry # 32192	6/30/2007	445	43	10	44	1	110	30
31	AC Units w electric heat #32446	6/30/2007	4,239	283	15	283		707	31
32	Asphalt Repairs and seal coat #31943	6/30/2007	17,900	2,238	8	2,238		5,594	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,542,430	\$ 326,625		\$ 377,402	\$ 50,777	\$ 4,676,245	34

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

Facility Name &amp; ID Number Wynscape

# 0041426

Report Period Beginning:

July 1, 2008 Ending: June 30, 2009

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 12,542,430	\$ 326,625		\$ 377,402	\$ 50,777	\$ 4,676,245	1
2	Wynscape Pantry # 32543	6/30/2008	190	19	10	19		29	2
3	Rose Garden	6/30/2008	6,131	1,226	5	1,226		1,839	3
4	Dining POS Pantry #32769	6/30/2008	109,188	10,919	10	10,919		16,378	4
5	AC Units 32880	6/30/2008	4,299	286	15	286		429	5
6	Pantry	6/30/2008	1,228	123	10	123		184	6
7	Air Conditioner Grill	6/30/2008	60	12	5	12		18	7
8	Nurses Station Counter Tops	6/30/2008	13,148	1,315	10	1,315		1,972	8
9	Pantry Remodel	6/30/2008	168	17	10	17		25	9
10	Replace AC Unit	6/30/2008	63	13	5	13		19	10
11	Partition for Nurses Station	6/30/2008	3,825	382	10	382		573	11
12	Dining POS 33314	6/30/2008	28,913	2,891	10	2,891		4,337	12
13	AC Units Resident Rooms	6/30/2008	3,707	741	5	741		1,112	13
14	Partition for 1st Fl Nurses Station	6/30/2008	3,825	382	10	382		573	14
15	AC Units	6/30/2008	4,239	848	5	848		1,272	15
16	Handrails	6/30/2008	7,063	471	15	471		706	16
17	Cabinets	6/30/2008	3,058	204	15	204		306	17
18	AC Units (6)	6/30/2008	4,362	872	5	872		1,308	18
19	Sprinkler System Repair	6/30/2008	634	25	25	25		38	19
20									20
21	Sprinkler System	6/30/2009	5,000	100	25	100		100	21
22	Railing Spindles Stairwell	6/30/2009	7,820	261	15	261		261	22
23	Handrail Replacement (1st Flr)	6/30/2009	8,556	285	15	285		285	23
24	Emergency Exit Light Fixtures	6/30/2009	6,902	230	15	230		230	24
25	Replace Baseboards	6/30/2009	8,090	404	10	404		404	25
26	Handrail Replacement (1st Flr)	6/30/2009	5,040	168	15	168		168	26
27	Landscaping Upgrades	6/30/2009	17,201	860	10	860		860	27
28	Additional Parking Spaces	6/30/2009	4,427	277	8	277		277	28
29	Refinish Facia	6/30/2009	15,000	1,500	5	1,500		1,500	29
30	Landscaping Upgrades	6/30/2009	34,403	1,720	10	1,720		1,720	30
31	Paint Wynscape Res Rooms	6/30/2009	7,500	750	5	750		750	31
32	Sprinkler System	6/30/2009	21,400	428	25	428		428	32
33	Replace Conference Room Carpet	6/30/2009	2,030	203	5	203		203	33
34	TOTAL (lines 1 thru 33)		\$ 12,879,900	\$ 354,557		\$ 405,334	\$ 50,777	\$ 4,714,549	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12H, Carried Forward	\$ 12,879,900	\$ 354,557		\$ 405,334	\$ 50,777	\$ 4,714,549		1
2	Paint Wynscape Res Rooms	6/30/2009 19,745	1,974	5	1,974		1,974		2
3	Remodel Public Restroom	6/30/2009 17,410	870	10	870		870		3
4	Remodel Public Restrooms	6/30/2009 25,729	1,286	10	1,286		1,286		4
5	Paint Wynscape Res Rooms	6/30/2009 11,045	1,105	5	1,105		1,105		5
6	Carpet Conference Room	6/30/2009 6,950	695	5	695		695		6
7	Dining Point of Service Pantry	6/30/2009 23,781	1,189	10	1,189		1,189		7
8	Paint Wynscape Res Rooms	6/30/2009 1,000	100	5	100		100		8
9	Paint Room 2502 & 2310	6/30/2009 1,000	100	5	100		100		9
10	Hot Water Heater	6/30/2009 9,981	499	10	499		499		10
11									11
12	Unlocated Difference for Book Depr on 2009 assets		87,433			(87,433)			12
13									13
14	Depreciation Allocated from CDH System HO on Sch VIII				89,501	89,501			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)	\$ 12,996,541	\$ 449,808		\$ 502,653	\$ 52,845	\$ 4,722,367		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, 2008

Ending:

June 30, 2009

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	\$ 1,315,194	\$ 94,360	\$ 94,360	\$	3-15 yrs	\$ 931,300	71
72	Current Year Purchases	68,003	3,642	3,642		5-15 yrs	3,642	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,383,197	\$ 98,002	\$ 98,002	\$		\$ 934,942	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)	\$ 16,179,738	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 547,810	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 600,655	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 52,845	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,657,309	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, 2008

Ending: June 30, 2009

**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	<b>TOTAL</b>				\$			7

\*\*

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

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

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: \$ 67,374

Description: Misc. - See schedule

(Attach a schedule detailing the breakdown of movable equipment)

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

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

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. \_\_\_\_\_ /2010 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2011 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2012 \$ \_\_\_\_\_

\* 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><u>Training not necessary as only trained Aides were hired.</u></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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	Schedule V Line & Column Reference	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	Ln10a, Col 1	6882	hrs	\$ 282,157		\$	6,882	\$ 282,157	1	
2	Licensed Speech and Language Development Therapist	Ln10a, Col 1	2142	hrs	109,694	263	16,862		2,405	126,556	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	Ln10a, Col 1	8099	hrs	362,186	1,267	81,797		9,366	443,983	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 prescripts				750,730		750,730	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify):										12
13	Other (specify): <u>IV Therapy</u>	Ln10a, Col 3						64,106		64,106	13
14	<b>TOTAL</b>				\$ 754,037	1,530	\$ 162,765	\$ 750,730	18,653	\$ 1,667,532	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, 2008Ending: June 30, 2009

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of June 30, 2009 (last day of reporting year)

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

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,205,931	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>151,945</u> )	1,830,276		3
4	Supply Inventory (priced at _____)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	450		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Other Misc Receivables</u>	267,202		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 3,303,859	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,800,000		13
14	Buildings, at Historical Cost	14,500,525		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,383,197		16
17	Accumulated Depreciation (book methods)	(12,763,080)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify): _____			22
23	Other(specify): _____			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 4,920,642	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 8,224,501	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 99,908	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	11,469		28
29	Short-Term Notes Payable	180,697		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Hlth Ins and Other Payables</u>	(459,611)		36
37	<u>Related Party Payable</u>	1,796,133		37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 1,628,596	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	5,770,660		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	_____			43
44	_____			44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 5,770,660	\$	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 7,399,256	\$	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 825,246	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 8,224,502	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>1,197,497</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>1,197,497</b>	<b>6</b>
<b>A. Additions (deductions):</b>			
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(372,252)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe) <b>Rounding Variance</b>	<b>1</b>	<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(372,251)</b>	<b>17</b>
<b>B. Transfers (Itemize):</b>			
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>825,246</b>	<b>24</b> *

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

Facility Name & ID Number Wynscape

# 0041426

Report Period Beginning: July 1, 2008

Ending: June 30, 2009

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1

	Revenue	Amount	
	<b>A. Inpatient Care</b>		
1	Gross Revenue -- All Levels of Care	\$ 17,734,553	1
2	Discounts and Allowances for all Levels	(2,408,064)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 15,326,489	3
	<b>B. Ancillary Revenue</b>		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
	<b>C. Other Operating Revenue</b>		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$	23
	<b>D. Non-Operating Revenue</b>		
24	Contributions		24
25	Interest and Other Investment Income***	7,899	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 7,899	26
	<b>E. Other Revenue (specify):****</b>		
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Misc Other</b>	8,420	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 8,420	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 15,342,808	30

2

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
31	General Services	2,366,342	31
32	Health Care	7,726,042	32
33	General Administration	3,740,824	33
	<b>B. Capital Expense</b>		
34	Ownership	787,832	34
	<b>C. Ancillary Expense</b>		
35	Special Cost Centers	979,595	35
36	Provider Participation Fee	114,425	36
	<b>D. Other Expenses (specify):</b>		
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 15,715,060	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(372,252)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (372,252)	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, 2008

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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	1,381	1,481	\$ 85,330	\$ 57.62	1
2	Assistant Director of Nursing	2,504	2,930	135,109	46.11	2
3	Registered Nurses	56,570	61,812	2,370,656	38.35	3
4	Licensed Practical Nurses	12,662	14,364	388,311	27.03	4
5	CNAs & Orderlies	117,092	129,838	2,303,791	17.74	5
6	CNA Trainees					6
7	Licensed Therapist	15,775	17,123	754,037	44.04	7
8	Rehab/Therapy Aides	11,349	12,209	302,414	24.77	8
9	Activity Director	1,373	1,457	32,012	21.97	9
10	Activity Assistants	9,642	10,982	132,764	12.09	10
11	Social Service Workers	3,980	4,763	98,634	20.71	11
12	Dietician					12
13	Food Service Supervisor	4,068	4,705	86,286	18.34	13
14	Head Cook	6,575	7,534	107,128	14.22	14
15	Cook Helpers/Assistants	21,454	24,230	290,591	11.99	15
16	Dishwashers					16
17	Maintenance Workers	1,956	2,372	51,701	21.80	17
18	Housekeepers	25,422	28,316	326,616	11.53	18
19	Laundry	8,443	10,004	117,796	11.77	19
20	Administrator	1,244	1,448	87,921	60.72	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,350	10,543	176,651	16.76	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,660	4,327	106,032	24.50	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,136	3,436	51,873	15.10	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	317,636	353,874	\$ 8,005,653 *	\$ 22.62	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	243	\$ 11,437	Ln. 1, C.3	35
36	Medical Director	120	22,680	Ln. 9, C.3	36
37	Medical Records Consultant	59	3,812	Ln. 10, C.3	37
38	Nurse Consultant	48	3,279	Ln. 10, C.3	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	1,267	81,797	Ln.10a,C.3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	263	16,862	Ln.10a,C.3	43
44	Activity Consultant	96	4,896	Ln.11,C.3	44
45	Social Service Consultant	1,073	70,214	Ln.12,C.3	45
46	Other(specify) <u>DON Contracted</u>	2,485	186,467	Ln. 10, C.3	46
47	<u>Housekeeping Consultant</u>	6,654	97,614	Ln. 3, C.3	47
48	<u>Admin/ Reception / Bus Offc Cons</u>	2,346	97,309	Ln. 21, C.3	48
49	TOTAL (lines 35 - 48)	14,654	\$ 596,367		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,470	\$ 111,279		50
51	Licensed Practical Nurses	171	6,395		51
52	Certified Nurse Assistants/Aides	583	11,410		52
53	TOTAL (lines 50 - 52)	2,224	\$ 129,084		53





Facility Name &amp; ID Number Wynscape

# 0041426

Report Period Beginning: July 1, 2008

Ending: June 30, 2008

**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 Svcs Network of Illinois, \$7893
- (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? 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 66,857 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 114,428  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? N/A Indicate the amount. \$ 0
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? N/A  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: KPMG, LLP
- (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.