



Facility Name & ID Number Aviston Countryside Manor

# 0033407 Report Period Beginning: 01/01/2007 Ending: 12/31/2007

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>34</u>	Skilled (SNF)	<u>34</u>	<u>12,410</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>63</u>	Intermediate (ICF)	<u>63</u>	<u>22,995</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>97</u>	TOTALS	<u>97</u>	<u>35,405</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>738</u>		<u>5,400</u>	<u>6,138</u>	8
9	SNF/PED					9
10	ICF	<u>14,037</u>	<u>10,945</u>		<u>24,982</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>14,775</u>	<u>10,945</u>	<u>5,400</u>	<u>31,120</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.90%

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

0 (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 02/23/1988

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

YES  Date \_\_\_\_\_ NO

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

YES  NO  If YES, enter number of beds certified 22 and days of care provided 5,400

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: 12/31/2007 Fiscal Year: 12/31/2007

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

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2007 Ending: 12/31/2007

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	137,383	13,028	6,224	156,635		156,635		156,635		1
2	Food Purchase		137,608		137,608		137,608	(8,202)	129,406		2
3	Housekeeping	98,662	15,256		113,918		113,918	697	114,615		3
4	Laundry	74,651	18,790		93,441		93,441		93,441		4
5	Heat and Other Utilities			95,384	95,384		95,384	1,019	96,403		5
6	Maintenance	34,031	102,576	1,063	137,670	1,907	139,577	40,091	179,668		6
7	Other (specify):* <b>Sanitation</b>			8,141	8,141		8,141		8,141		7
8	<b>TOTAL General Services</b>	<b>344,727</b>	<b>287,258</b>	<b>110,812</b>	<b>742,797</b>	<b>1,907</b>	<b>744,704</b>	<b>33,605</b>	<b>778,309</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			2,400	2,400		2,400		2,400		9
10	Nursing and Medical Records	1,197,424	80,639	7,897	1,285,960		1,285,960		1,285,960		10
10a	Therapy			1,113,434	1,113,434		1,113,434		1,113,434		10a
11	Activities	46,131	5,671	2,788	54,590		54,590		54,590		11
12	Social Services	31,846			31,846		31,846		31,846		12
13	CNA Training			3,424	3,424	(1,024)	2,400		2,400		13
14	Program Transportation		5,866		5,866		5,866		5,866		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>1,275,401</b>	<b>92,176</b>	<b>1,129,943</b>	<b>2,497,520</b>	<b>(1,024)</b>	<b>2,496,496</b>		<b>2,496,496</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	211,681	30,555	285,000	527,236	(15,343)	511,893	(155,912)	355,981		17
18	Directors Fees										18
19	Professional Services			10,462	10,462		10,462	3,739	14,201		19
20	Dues, Fees, Subscriptions & Promotions			16,821	16,821	3,436	20,257	(12,405)	7,852		20
21	Clerical & General Office Expenses	22,174	16,430	28,084	66,688		66,688	31,193	97,881		21
22	Employee Benefits & Payroll Taxes			302,899	302,899		302,899	16,485	319,384		22
23	Inservice Training & Education					1,024	1,024		1,024		23
24	Travel and Seminar			4,744	4,744		4,744	(2,048)	2,696		24
25	Other Admin. Staff Transportation			883	883		883	3,432	4,315		25
26	Insurance-Prop.Liab.Malpractice			51,390	51,390	10,000	61,390	2,245	63,635		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	<b>233,855</b>	<b>46,985</b>	<b>700,283</b>	<b>981,123</b>	<b>(883)</b>	<b>980,240</b>	<b>(113,271)</b>	<b>866,969</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>1,853,983</b>	<b>426,419</b>	<b>1,941,038</b>	<b>4,221,440</b>		<b>4,221,440</b>	<b>(79,666)</b>	<b>4,141,774</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.

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Aviston Countryside Manor #0033407 Report Period Beginning: 01/01/2007 Ending: 12/31/2007

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			139,306	139,306		139,306	8,040	147,346			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			22,627	22,627		22,627	882	23,509			33
34	Rent-Facility & Grounds			6,000	6,000		6,000	(6,000)				34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			167,933	167,933		167,933	2,922	170,855			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		154,212	28,408	182,620		182,620		182,620			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			53,108	53,108		53,108		53,108			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		154,212	81,516	235,728		235,728		235,728			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	1,853,983	580,631	2,190,487	4,625,101		4,625,101	(76,744)	4,548,357			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Aviston Countryside Manor

# 0033407

Report Period Beginning: 01/01/2007

Ending: 12/31/2007

**VI. ADJUSTMENT DETAIL**

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds	(136)	2		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,258)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions	(1,172)	30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(6,144)	17		19
20	Contributions	(1,939)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(6,937)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(15,270)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(17,357)	VAR		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (51,213)		\$	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)	(25,531)	VAR	34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (25,531)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (76,744)		37

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

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

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

BHF USE ONLY					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

## Aviston Countryside Manor

ID# 0033407

Report Period Beginning: 01/01/2007

Ending: 12/31/2007

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Straight Line Depr on items req'd to be capitalized	\$ (486)	30	1
2	Eliminate Vending Machine Cost	(5,808)	2	2
3	Record 2007 IDPH License	995	20	3
4	Eliminate miscellaneous reimbursements	(769)	17	4
5	Eliminate nonallowable dues	(1,488)	17	5
6	Offset refunds and insurance reimbursements	(2,118)	6	6
7	Eliminate AHCA convention costs	(2,750)	24	7
8	Eliminate 2008 Dues	(4,025)	20	8
9	Eliminate lobbying portion of dues	(908)	20	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>	(17,357)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Aviston Countryside Manor

# 0033407

Report Period Beginning:

01/01/2007

Ending:

12/31/2007

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(8,202)	0	0	0	0	0	0	0	0	0	0	(8,202)	2
3	Housekeeping	0	697	0	0	0	0	0	0	0	0	0	697	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	1,019	0	0	0	0	0	0	0	0	0	1,019	5
6	Maintenance	(2,118)	42,209	0	0	0	0	0	0	0	0	0	40,091	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(10,320)</b>	<b>43,925</b>	<b>0</b>	<b>33,605</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	(8,401)	(147,511)	0	0	0	0	0	0	0	0	0	(155,912)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	3,739	0	0	0	0	0	0	0	0	0	3,739	19
20	Fees, Subscriptions & Promotions	(12,814)	409	0	0	0	0	0	0	0	0	0	(12,405)	20
21	Clerical & General Office Expenses	(15,270)	46,463	0	0	0	0	0	0	0	0	0	31,193	21
22	Employee Benefits & Payroll Taxes	0	16,485	0	0	0	0	0	0	0	0	0	16,485	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(2,750)	702	0	0	0	0	0	0	0	0	0	(2,048)	24
25	Other Admin. Staff Transportation	0	3,432	0	0	0	0	0	0	0	0	0	3,432	25
26	Insurance-Prop.Liab.Malpractice	0	2,245	0	0	0	0	0	0	0	0	0	2,245	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(39,235)</b>	<b>(74,036)</b>	<b>0</b>	<b>(113,271)</b>	<b>28</b>								
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(49,555)</b>	<b>(30,111)</b>	<b>0</b>	<b>(79,666)</b>	<b>29</b>								

STATE OF ILLINOIS

Facility Name & ID Number Aviston Countryside Manor

# 0033407

Report Period Beginning:

01/01/2007 Ending:

Summary B

12/31/2007

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(1,658)	9,698	0	0	0	0	0	0	0	0	0	8,040	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	882	0	0	0	0	0	0	0	0	0	882	33
34	Rent-Facility & Grounds	0	0	(6,000)	0	0	0	0	0	0	0	0	(6,000)	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>(1,658)</b>	<b>10,580</b>	<b>(6,000)</b>	<b>0</b>	<b>2,922</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):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</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>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(51,213)</b>	<b>(19,531)</b>	<b>(6,000)</b>	<b>0</b>	<b>(76,744)</b>	<b>45</b>							

Facility Name & ID Number Aviston Countryside Manor

# 0033407

Report Period Beginning: 01/01/2007 Ending: 12/31/2007

**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
Jerry & Marilyn King	100.00	Mt. Vernon Countryside Manor, Inc.	Mt. Vernon	King Management	Nashville	Home Office
Jerry & Marilyn King	100.00	Taylorville Care Center, Inc.	Taylorville			
Jerry & Marilyn King	100.00	Golden Manor Nursing Home, Inc.	Nokomis			

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	3 See Schedule VIII	\$	King Management Co.	100.00%	\$ 697	\$ 697
2	V	5 See Schedule VIII		King Management Co.	100.00%	1,019	1,019
3	V	6 See Schedule VIII		King Management Co.	100.00%	42,209	42,209
4	V	17 See Schedule VIII	285,000	King Management Co.	100.00%	137,489	(147,511)
5	V	19 See Schedule VIII		King Management Co.	100.00%	3,739	3,739
6	V	20 See Schedule VIII		King Management Co.	100.00%	409	409
7	V	21 See Schedule VIII		King Management Co.	100.00%	46,463	46,463
8	V	22 See Schedule VIII		King Management Co.	100.00%	16,485	16,485
9	V	24 See Schedule VIII		King Management Co.	100.00%	702	702
10	V	25 See Schedule VIII		King Management Co.	100.00%	3,432	3,432
11	V	26 See Schedule VIII		King Management Co.	100.00%	2,245	2,245
12	V	30 See Schedule VIII		King Management Co.	100.00%	9,698	9,698
13	V	33 See Schedule VIII		King Management Co.	100.00%	882	882
14	Total		\$ 285,000			\$ 265,469	\$ * (19,531)

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	34	Land Lease	\$ 6,000	Jerry King		\$	(6,000)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 6,000			\$ 0	\$ * (6,000)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2007 Ending: 12/31/2007

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Jerry King	Owner	Mgmt/Consultant	100.00	96,215	15	29.26	Salary	\$ 39,802	17,8	1
2	Denise King	Regional Director	Administrative	0.00	225,659	18	29.26	Salary	93,350	17,8	2
3	Keith King	Maint. Supervisor	Maintenance	0.00	61,740	15	29.26	Salary	25,540	6,8	3
4	Leslie Pedtke	Administrator	Administrative	0.00	0	50	100.00	Salary	211,681	17,1	4
5	Marilyn King	Owner	Mgmt/Consultant	100.00	2,830	1	29.26	Salary	1,171	17,8	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 371,544		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Aviston Countryside Manor

# 0033407

Report Period Beginning: 01/01/2007

Ending: 2/31/2007

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization King Management Company  
 Street Address 935 South Mill Street  
 City / State / Zip Code Nashville, IL 62263  
 Phone Number (618) 327-3064  
 Fax Number (618) 327-3083

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	3	Housekeeping	Patient Days	106,310	4	\$ 2,381	\$ 31,109	\$ 697	1
2	5	Utilities	Patient Days	106,310	4	3,483	31,109	1,019	2
3	6	Maintenance	Patient Days	106,310	4	144,242	87,280	42,209	3
4	17	Administrative	Patient Days	106,310	4	469,846	459,027	137,489	4
5	19	Professional Fees	Patient Days	106,310	4	12,776	31,109	3,739	5
6	20	Dues, Fees, & Subscriptions	Patient Days	106,310	4	1,399	31,109	409	6
7	21	Clerical and Office Expense	Patient Days	106,310	4	158,780	139,605	46,463	7
8	22	Employee Benefits	Patient Days	106,310	4	56,336	31,109	16,485	8
9	24	Seminars	Patient Days	106,310	4	2,399	31,109	702	9
10	25	Other Admin Staff Transport	Patient Days	106,310	4	11,730	31,109	3,432	10
11	26	Insurance	Patient Days	106,310	4	7,671	31,109	2,245	11
12	30	Depreciation - Other	Patient Days	106,310	4	14,162	31,109	4,144	12
13	30	Depreciation - Vehicles	Patient Days	106,310	4	18,979	31,109	5,554	13
14	33	Property Taxes	Patient Days	106,310	4	3,014	31,109	882	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 907,198	\$ 685,912	\$ 265,469	25

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

	1 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	<b>A. Directly Facility Related</b>											
	<b>Long-Term</b>											
1	Schedule Not Applicable						\$	\$			\$	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>						\$	\$			\$	9
	<b>B. Non-Facility Related*</b>											
10												10
11												11
12												12
13												13
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$	14
15	<b>TOTALS (line 9+line14)</b>						\$	\$			\$	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.)

SEE ACCOUNTANTS' COMPILATION REPORT

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



**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2006 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2007 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

**2006 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Aviston Countryside Manor COUNTY Clinton

FACILITY IDPH LICENSE NUMBER 0033407

CONTACT PERSON REGARDING THIS REPORT Linda Peppenhorst

TELEPHONE (618) 327-3064 FAX #: (618) 327-3083

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2006 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2006.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>05-05-24-105-007</u>	<u>Sec24Twp2 Rng5PT SW NW 2.77</u>	\$ <u>21,463.36</u>	\$ <u>21,463.36</u>
2. <u>05-05-24-105-018</u>	<u>Sec24Twp2 Rng5PT SW NW .63A</u>	\$ <u>288.76</u>	\$ <u>288.76</u>
3. <u>05-05-24-105-005</u>	<u>Sec24Twp2 Rng5PT SW NW .57A</u>	\$ <u>374.98</u>	\$ <u>374.98</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>22,127.10</u>	\$ <u>22,127.10</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 X NO

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

**C. Tax Bills**

Attach a copy of the original 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

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

Facility Name & ID Number Aviston Countryside Manor# 0033407

Report Period Beginning:

01/01/2007 Ending:12/31/2007**X. BUILDING AND GENERAL INFORMATION:**A. Square Feet: 28,618 B. General Construction Type: Exterior Brick Frame \_\_\_\_\_ Number of Stories 1C. 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).

Section Not ApplicableF. 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/A

Nature of Costs: \_\_\_\_\_

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Building &amp; Parking Lot</u>	<u>108,900</u>	<u>1986</u>	<u>\$ 44,774</u>	<u>1</u>
2	<u>Home Office</u>			<u>1,841</u>	<u>2</u>
3	<b>TOTALS</b>	<b>108,900</b>		<b>\$ 46,615</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Aviston Countryside Manor

# 0033407

Report Period Beginning:

01/01/2007 Ending: 12/31/2007

**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 Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	70		1988	1988	\$ 1,472,741	\$ 48,046	30	\$ 49,091	\$ 1,045	\$ 973,645	4
5			1988	1988	66,310	2,210	30	2,210		50,100	5
6	27		1990	1990	352,911	13,097	30	11,764	(1,333)	206,845	6
7			1990	1990	6,649	227	30	222	(5)	3,906	7
8											8
	<b>Improvement Type**</b>										
9		Level and Remove Dirt		1988	1,428		10			1,428	9
10		Landscaping & Sod		1988	4,046		10			4,046	10
11		Shrubs		1988	1,219		10			1,219	11
12		Patio		1988	20,500	1,025	20	1,025		20,158	12
13		Parking Lot		1988	37,691	1,885	20	1,885		37,376	13
14		Landscaping & Sod		1988	1,900		10			1,900	14
15		Sidewalk & Patio		1988	1,161	58	20	58		1,151	15
16		Landscaping		1988	1,020	51	20	51		986	16
17		Door/Door Frames		1988	16,064	803	20	803		15,930	17
18		Finishing Work on Additions		1990	918		15			918	18
19		Storage Building		1993	3,900	260	15	260		3,792	19
20		Water Heater		1994	3,164	211	15	211		2,813	20
21		Electrical Work		1994	2,293		10			2,293	21
22		Flooring		1995	9,255		10			9,255	22
23		Asphalt Parking Lot		1995	8,288		10			8,288	23
24		Double Decker Check Valve		1995	1,750		10			1,750	24
25		HVAC - Kitchen/Laundry		1996	14,577	857	17	857		9,788	25
26		Water Heater		1996	3,312	221	15	221		2,650	26
27		Hot Water Heater		1997	3,802	253	15	253		2,641	27
28		Landscaping & Sod		1997	3,499	204	10	204		3,499	28
29		Vinyl Flooring		1997	2,570	193	10	193		2,570	29
30		Floor Tiles		1997	3,525	294	10	294		3,525	30
31		Water Heater		1999	3,468	347	15	231	(116)	1,888	31
32		Wallcovering/Flooring		1999	1,774	177	10	177		1,434	32
33		Carpet		1999	12,873	1,287	10	1,287		10,406	33
34		Window Treatments		1999	7,734	773	5		(773)	7,734	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Aviston Countryside Manor

# 0033407

Report Period Beginning:

01/01/2007 Ending: 12/31/2007

**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	Renovation C-Wing	2000	\$ 6,749	\$ 450	15	\$ 450	\$	\$ 3,412	37
38	Wallpaper	2000	7,178		5			7,178	38
39	Paint	2000	1,745		5			1,745	39
40	Dressers & Installation	2000	3,870	258	15	258		2,021	40
41	Countertops & Installation	2000	4,008	200	20	200		1,570	41
42	Tile	2000	1,857	186	10	186		1,315	42
43	Window Treatment	2000	3,049		5			3,049	43
44	Wanderguard Systems	2000	2,102	210	10	210		1,594	44
45	Room Doors	2000	2,699	270	10	270		2,002	45
46	Tile	2000	2,515	252	10	252		1,761	46
47	Gravel Parking Lot	2000	2,698		5			2,698	47
48	Air Conditioner Units - 3	2000	1,770		5			1,770	48
49	Tile	2000	2,602		10	260	260	1,843	49
50	Diamond Retaining Wall	2001	1,980	198	10	198		1,320	50
51	Cabinets	2001	23,546	2,355	10	2,355		15,893	51
52	Addition to Fire Alarm System	2001	4,368	437	10	437		2,912	52
53	Electrical Repairs to Service Entrance	2001	6,725	673	10	673		4,596	53
54	Carpet	2001	3,051	305	10	305		2,136	54
55	Door Security Systems	2001	10,589	1,059	10	1,059		6,530	55
56	Water Heater	2002	4,552	303	15	303		1,720	56
57	Rooftop A/C Units - 3	2002	14,243	1,424	10	1,424		7,359	57
58	Phone System	2002	7,344	734	10	734		3,733	58
59	Dining Room Additions	2003	8,600	215	40	215		967	59
60	Parking Lot	2003	5,446	545	10	545		2,360	60
61	Landscaping	2003	3,040	304	10	304		1,317	61
62	Concrete Pad	2004	4,000	267	15	267		889	62
63	Landscaping	2004	6,711	671	10	671		2,181	63
64	Flooring	2004	5,650	565	10	565		2,025	64
65	Carpet	2004	1,694	339	5	339		1,214	65
66	Window Treatment	2004	1,935	387	5	387		1,225	66
67	Dining Room Additions	2004	159,328	11,380	17	11,380		37,935	67
68	Landscaping	2004	8,297	830	10	830		2,558	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,394,283	\$ 97,296		\$ 96,374	\$ (922)	\$ 1,524,762	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Aviston Countryside Manor

# 0033407

Report Period Beginning:

01/01/2007 Ending: 12/31/2007

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 2,394,283	\$ 97,296		\$ 96,374	\$ (922)	\$ 1,524,762	1
2									2
3	Floodlights	2006	3,314	331	10	331		414	3
4	Concrete Sidewalk	2006	18,000	1,200	15	1,200		1,400	4
5	Water Heater	2006	5,052	505	10	505		800	5
6	Flooring	2006	1,900	190	10	190		238	6
7	Heat/Cool Unit	2006	1,066	107	10	107		151	7
8	Cast Iron Piping	2006	11,826	473	25	473		749	8
9	Sprinkler System	2006	6,820	682	10	682		889	9
10	Sprinkler System	2007	41,900	1,117	25	1,117		1,117	10
11	New Roofing	2007	6,455	377	10	377		377	11
12	Gazebo	2007	5,659	220	15	220		220	12
13	Paint	2007	2,868	239	5	239		239	13
14	Wall Covering Installation	2007	5,600	467	5	467		467	14
15	New Roofing	2007	15,900	530	10	530		530	15
16	Wall Gaurds	2007	4,154	23	15	23		23	16
17	Floor Covering	2007	5,855	49	10	49		49	17
18									18
19	Home Office Parking Lot	1989	578					578	19
20	Home Office Building	1995	28,686		25	1,147	1,147	13,960	20
21	Home Office Interior Finishes Lower level	1996	1,779		15	119	119	1,364	21
22	Home Office Carpet	1996	622		5			622	22
23	Home Office Cabinets	1996	984		20	49	49	566	23
24	Home Office Electrical	1996	341		15	23	23	262	24
25	Home Office Front Door	2002	468		10	47	47	246	25
26	Wallpaper	2007	267		5	4	4	4	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,564,377	\$ 103,806		\$ 104,273	\$ 467	\$ 1,550,027	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2007 Ending: 12/31/2007

## 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	\$ 235,827	\$ 22,361	\$ 25,480	\$ 3,119	5-15 yrs	\$ 120,948	71
72	Current Year Purchases	10,020	403	475	72	5-10 yrs	475	72
73	Fully Depreciated Assets	488,634					488,634	73
74								74
75	TOTALS	\$ 734,481	\$ 22,764	\$ 25,955	\$ 3,191		\$ 610,057	75

## D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident Transportaion	2006 W/C Passenger Bus	2006	\$ 48,400	\$ 4,840	\$ 4,840	\$	10	\$ 7,260	76
77	Resident Transportaion	2007 Chevy Odyssey Bus	2007	55,176	3,448	3,448		4	3,448	77
78	Bus disposed during 2007				3,276	3,276				78
79	Home Office Vehicles	various	various	32,641		5,554	5,554	4	4,945	79
80	TOTALS			\$ 136,217	\$ 11,564	\$ 17,118	\$ 5,554		\$ 15,653	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)	\$ 3,481,690	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 138,134	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 147,346	83**
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 9,212	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,175,737	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	Outbuilding	\$ 17,573	\$ 1,172	\$ 13,375	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 17,573	\$ 1,172	\$ 13,375	91

## G. Construction-in-Progress

	Description	Cost	
92	Section Not Applicable	\$	92
93			93
94			94
95		\$	95

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: Section Not Applicable

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

If NO, see instructions.  YES  NO

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

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending                      Annual Rent

12.	_____ /2008	\$ _____
13.	_____ /2009	\$ _____
14.	_____ /2010	\$ _____

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

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

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

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

15. Is Movable equipment rental included in building rental?

N/A YES  N/A NO

16. Rental Amount for movable equipment: \$ N/A Description: \_\_\_\_\_  
(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>Section Not Applicable</u>		\$	\$	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$	\$	21

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input checked="" type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>40</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input checked="" type="checkbox"/></p> <p>HOURS PER CNA <u>80</u></p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			4 Total
		1 Drop-outs	2 Completed	3 Contract	
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		2,400		2,400
8	CNA Competency Tests				
9	TOTALS	\$	\$ 2,400	\$	\$ 2,400
10	SUM OF line 9, col. 1 and 2 (e)	\$	2,400		

C. CONTRACTUAL INCOME

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

\$ None

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	<u>6</u>
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
<b>TOTAL TRAINED</b>	<b>6</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.
- SEE ACCOUNTANTS' COMPILATION REPORT

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a,3	hrs	\$	23,374	\$ 480,981	\$	23,374	\$ 480,981	1
2	Licensed Speech and Language Development Therapist	10a,3	hrs		2,899	144,799		2,899	144,799	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a,3	hrs		24,352	487,654		24,352	487,654	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39,2	# of prescripts				154,212		154,212	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): <b>Lab &amp; X-Ray</b>	39,3				28,408			28,408	13
14	<b>TOTAL</b>			\$	50,625	\$ 1,141,842	\$ 154,212	50,625	\$ 1,296,054	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 01/01/2007 Ending: 12/31/2007

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2007 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 474,732	\$	1
2	Cash-Patient Deposits	3,646		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	813,158		3
4	Supply Inventory (priced at <u>Cost</u> )	5,120		4
5	Short-Term Investments			5
6	Prepaid Insurance	77,593		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Investment in LTC Insurance</u>	19,885		9
	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 1,394,134	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	2,549,042		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	790,219		16
17	Accumulated Depreciation (book methods)	(2,113,489)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 1,225,772	\$	24
	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 2,619,906	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 318,021	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	15,646		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	172,331		30
	Accrued Taxes Payable (excluding real estate taxes)	38,468		31
32	Accrued Real Estate Taxes(Sch.IX-B)	23,000		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36				36
37				37
	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 567,466	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$	\$	45
	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 567,466	\$	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 2,052,440	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 2,619,906	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,090,297	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,090,297	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	992,143	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	(1,030,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	<b>\$ (37,857)</b>	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>	<b>\$</b>	23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	<b>\$ 2,052,440</b>	24 *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Aviston Countryside Manor# 0033407Report Period Beginning: 01/01/2007Ending: 12/31/2007**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required**

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

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 4,593,455	1
2	Discounts and Allowances for all Levels	(598,366)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 3,995,089	3
<b>B. Ancillary Revenue</b>			
4	Day Care	65	4
5	Other Care for Outpatients		5
6	Therapy	1,550,832	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,550,897	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	38,956	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>	\$ 38,956	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	21,111	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 21,111	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Vending Machine</u>	6,263	28
28a	<u>Miscellaneous</u>	7,416	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 13,679	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 5,619,732	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	742,797	31
32	Health Care	2,497,520	32
33	General Administration	981,123	33
<b>B. Capital Expense</b>			
34	Ownership	167,933	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	182,620	35
36	Provider Participation Fee	53,108	36
<b>D. Other Expenses (specify):</b>			
37	<u>Loss on Sale of Assets</u>	2,488	37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 4,627,589	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	992,143	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 992,143	43

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

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

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

Facility Name & ID Number Aviston Countryside Manor

# 0033407

Report Period Beginning: 01/01/2007

Ending:

12/31/2007

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,812	2,328	\$ 52,868	\$ 22.71	1
2	Assistant Director of Nursing	1,763	2,154	42,633	19.79	2
3	Registered Nurses	11,285	14,092	255,590	18.14	3
4	Licensed Practical Nurses	12,434	14,089	227,785	16.17	4
5	CNAs & Orderlies	61,095	64,780	592,189	9.14	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	5,128	5,815	46,131	7.93	10
11	Social Service Workers	3,582	3,811	31,846	8.36	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	16,182	18,058	137,383	7.61	15
16	Dishwashers					16
17	Maintenance Workers	1,883	2,237	34,031	15.21	17
18	Housekeepers	11,776	12,998	98,662	7.59	18
19	Laundry	8,408	9,628	74,651	7.75	19
20	Administrator	2,024	2,080	211,681	101.77	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	1,890	2,205	22,174	10.06	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,303	2,633	26,359	10.01	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	141,565	156,908	\$ 1,853,983 *	\$ 11.82	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	128	\$ 5,592	1,3	35
36	Medical Director	Contract	2,400	9,3	36
37	Medical Records Consultant	6	264	10,3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	1,036	10,3	39
40	Physical Therapy Consultant	Contract	6,597	10,3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	50	2,788	11,3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	184	\$ 18,677		49

**C. CONTRACT NURSES**

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Aviston Countryside Manor

# 0033407

Report Period Beginning: 01/01/2007

Ending: 12/31/2007

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Leslie Pedtke	Administrator	0	\$ 211,681	Workers' Compensation Insurance	\$ 107,853	IDPH License Fee	\$ 995	
				Unemployment Compensation Insurance	39,244	Advertising: Employee Recruitment	856	
				FICA Taxes	129,826	Health Care Worker Background Check		
				Employee Health Insurance	15,567	(Indicate # of checks performed )	2,000	
				Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Subscriptions	487	
				Employee Relations	288	Home Office Dues & Subscriptions	409	
				Pension Expense	10,121	Other Miscellaneous Dues & Licenses	1,049	
				Home Office Allocation	16,485	IHCA Dues	2,056	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 211,681	TOTAL (agree to Schedule V, line 22, col.8)		\$ 319,384	TOTAL (agree to Sch. V, line 20, col. 8)	
TOTAL (List each licensed administrator separately.)			\$ 211,681				Less: Public Relations Expense ( )	
B. Administrative - Other							Non-allowable advertising ( )	
Description			Amount				Yellow page advertising ( )	
Management Fee			\$ 285,000					
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 285,000					
TOTAL (Attach a copy of any management service agreement)			\$ 285,000					
C. Professional Services			E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Vendor/Payee	Type	Amount	Description	Line #	Amount	Description	Amount	
C.J. Schlosser & Co.	Accounting	\$ 9,225	Section Not Applicable			Out-of-State Travel	\$	
Greensfelder, Hemker & Gale	Legal	1,237				In-State Travel	231	
						Seminar Expense	1,763	
						Home Office Allocation	702	
						Entertainment Expense	( )	
TOTAL (agree to Schedule V, line 19, column 3)			\$ 10,462	TOTAL		(agree to Sch. V, line 24, col. 8)		
TOTAL (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 10,462			TOTAL		

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

Facility Name & ID Number Aviston Countryside Manor

Report Period Beginning: 01/01/2007 Ending: 12/31/2007

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

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2004	6 FY2005	7 FY2006	8 FY2007	9 FY2008	10 FY2009	11 FY2010	12 FY2011	13 FY2012
1	Section Not Applicable		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Aviston Countryside Manor

**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. IHCA Dues \$2,056
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (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? 5-25 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 3,027 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. \$ 53,108  
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? None
- (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. \$ None Has any meal income been offset against related costs? No Indicate the amount. \$ None
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation. N/A
- 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? 56%
- 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? No  
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A 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.

**SEE ACCOUNTANTS' COMPILATION REPORT**

AVISTON COUNTRYSIDE MANOR, INC.  
 IDPH ID #0033407  
 ATTACHMENT TO SCHEDULE XIII, PART A  
 12/31/2007

The following facility trained our aides:

Greenville Regional Hospital                      Greenville, IL \$400 per aide

AVISTON COUNTRYSIDE MANOR, INC.  
 IDPH ID #0033407  
 RECLASSIFICATION  
 ATTACHMENT TO SCHEDULE V  
 12/31/2007

DESCRIPTION	SCHED V LINE #	INCREASE (DECREASE)
MAINTENANCE	6	1,907
FEES & SUBSCRIPTIONS	20	3,436
INSURANCE - PROP., LIAB., MALPRACTICE	26	10,000
ADMINISTRATIVE	17	(15,343)
TO RECLASS THE FOLLOWING EXPENSES RECORDED IN MISCELLANEOUS EXPENSE TO THE CORRECT LINES:		
BACKGROUND CHECKS	\$ 2,000	
SUBSCRIPTIONS	487	
DUES	490	
LICENSES & FEES	459	
LIABILITY DEDUCTIBLES	10,000	
SHELVING, GRASS SEED & ROCK	1,907	
	<u>15,343</u>	
INSERVICE TRAINING & EDUCATION	23	1,024
NURSE AIDE TRAINING	13	(1,024)
TO RECLASS INSERVICE AND SEMINAR EXPENSE		

AVISTON COUNTRYSIDE MANOR, INC.  
 IDPH ID #0033407  
 ATTACHMENT TO SCHEDULE XVII, LINE 28  
 12/31/2007

Miscellaneous Income:

Employee/Guest Meals	\$ 819
Void Checks and reimbursements	769
Food Rebates	136
Refunds, Insurance, and reimbursements	2,118
Soda Income	2,194
Cost Report Settlement	407
Income Tax Refund	546
IDPA Interest	326
Miscellaneous	71
Employee Flu Shots	30
	<u>\$ 7,416</u>

AVISTON COUNTRYSIDE MANOR, INC.  
 IDPH ID #0033407  
 ATTACHMENT TO SCHEDULE XVII  
 12/31/2007

BOOK TO TAX RECONCILIATION:

BOOK NET INCOME	992,143
DEPRECIATION ADJUSTMENT	5,936
GAIN ON DISPOSITION OF ASSETS	33,489
POLITICAL CONTRIBUTIONS	700
LOSS ON DISPOSITION OF 179 ASSETS	(28,000)
ILLINOIS REPLACEMENT TAXES	15,270
CONVERSION TO CASH BASIS ADJUSTMENTS	(37,956)
TAX NET INCOME	<u>\$ 981,582</u>

AVISTON COUNTRYSIDE MANOR  
ATTACHMENT TO SCHEDULE XIX, SECTION G  
12/31/2007

NAME OF PERSONS ATTENDING	JOB TITLE	DATE	LOCATION	SEMINAR TITLE	SEMINAR SPONSOR	SEMINAR COST	TRAVEL COST
Bobbie Warren	Activity Director	2/6/2007	Mt. Vernon	Achieving Excellence in Activities	Outcome Services	65	
Leslie Pedtke	Administrator	5/10/2007	Belleville	Cutlure Change in Action	WCIAAAA	20	
Bobbie Warren	Activity Director	5/10/2007	Belleville	Cutlure Change in Action	WCIAAAA	20	
Billie Albers	D.O.N.	5/10/2007	Belleville	Cutlure Change in Action	WCIAAAA	20	
Amanda Weissenborn	Social Service	5/10/2007	Belleville	Cutlure Change in Action	WCIAAAA	20	
Deb Wellen	Rehab Aide	5/10/2007	Belleville	Cutlure Change in Action	WCIAAAA	20	
Sara Haar	Dietary Manager	5/10/2007	Belleville	Cutlure Change in Action	WCIAAAA	20	
Natalie Mueller	Housekeeping Supervisor	5/10/2007	Belleville	Cutlure Change in Action	WCIAAAA	20	
Leslie Pedtke	Administrator	3/9/2007	Fairview Heights	Multi-Disciplinary Cert.	Healthcare Profession Institute	395	
Denise King	Vice President of Oper.	3/20/2007	Mt. Vernon	Administrator & MDS Process	IHCA	85	
Linda Peppenhorst	Financial Officer	3/20/2007	Mt. Vernon	Administrator & MDS Process	IHCA	85	
Leslie Pedtke	Administrator	3/20/2007	Mt. Vernon	Administrator & MDS Process	IHCA	85	
Jane Schniers	R.N.	5/16/2007	Fairview Heights	Specialized Wound Management	IHCA	134	
Rose Haas	L.P.N.	5/16/2007	Fairview Heights	Specialized Wound Management	IHCA	134	
Linda Peppenhorst	Financial Officer	6/13/2007	Mt. Vernon	Medicare: Back to Basics	IHCA	85	
Donna Paskeiwicz	Medicare Biller	6/13/2007	Mt. Vernon	Medicare: Back to Basics	IHCA	85	
Leslie Pedtke	Administrator	8/22/2007	Mt. Vernon	IHCA Conference	IHCA	75	
Billie Albers	D.O.N.	8/22/2007	Mt. Vernon	IHCA Conference	IHCA	75	
Bobbie Warren	Activity Director	10/25/2007	Arlington Heights	IAPA Conference	IAPA	260	
Winning Edge						60	
Other travel costs							231
						1,763	231
					Home Office Allocation	702	
						} <hr style="border: none; border-top: 1px solid black; width: 100%;"/>	
						2,696	