

Facility Name & ID Number Aviston Countryside Manor

0033407 Report Period Beginning: 1/1/08 Ending: 12/31/08

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed 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>12,444</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>63</u>	Intermediate (ICF)	<u>63</u>	<u>23,058</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>35,502</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>2,225</u>	<u>48</u>	<u>4,735</u>	<u>7,008</u>	8
9	SNF/PED					9
10	ICF	<u>14,287</u>	<u>11,728</u>		<u>26,015</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>16,512</u>	<u>11,776</u>	<u>4,735</u>	<u>33,023</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.02%

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 4,735

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2008 Fiscal Year: 12/31/2008

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

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	144,941	12,729	6,050	163,720		163,720		163,720		1
2	Food Purchase		163,545		163,545		163,545	(9,908)	153,637		2
3	Housekeeping	94,378	15,787		110,165		110,165	632	110,797		3
4	Laundry	85,748	17,855		103,603		103,603		103,603		4
5	Heat and Other Utilities			107,221	107,221		107,221	1,366	108,587		5
6	Maintenance	35,705	113,843	1,020	150,568		150,568	46,289	196,857		6
7	Other (specify):* Sanitation			9,587	9,587		9,587		9,587		7
8	TOTAL General Services	360,772	323,759	123,878	808,409		808,409	38,379	846,788		8
	B. Health Care and Programs										
9	Medical Director			2,400	2,400		2,400		2,400		9
10	Nursing and Medical Records	1,273,344	89,050	5,614	1,368,008		1,368,008	(914)	1,367,094		10
10a	Therapy			977,499	977,499		977,499		977,499		10a
11	Activities	51,261	8,797	2,593	62,651		62,651		62,651		11
12	Social Services	37,286			37,286		37,286		37,286		12
13	CNA Training			2,274	2,274	(1,513)	761		761		13
14	Program Transportation		3,054		3,054		3,054		3,054		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,361,891	100,901	990,380	2,453,172	(1,513)	2,451,659	(914)	2,450,745		16
	C. General Administration										
17	Administrative	273,832	14,645	684,177	972,654	(5,216)	967,438	(524,327)	443,111		17
18	Directors Fees										18
19	Professional Services			16,594	16,594		16,594	6,362	22,956		19
20	Dues, Fees, Subscriptions & Promotions			14,745	14,745	5,216	19,961	(8,814)	11,147		20
21	Clerical & General Office Expenses	22,249	18,764	20,705	61,718		61,718	44,279	105,997		21
22	Employee Benefits & Payroll Taxes			303,829	303,829		303,829	16,996	320,825		22
23	Inservice Training & Education					1,513	1,513		1,513		23
24	Travel and Seminar			5,479	5,479		5,479	(2,008)	3,471		24
25	Other Admin. Staff Transportation			1,308	1,308		1,308	3,769	5,077		25
26	Insurance-Prop.Liab.Malpractice			50,463	50,463		50,463	(6,913)	43,550		26
27	Other (specify):*										27
28	TOTAL General Administration	296,081	33,409	1,097,300	1,426,790	1,513	1,428,303	(470,656)	957,647		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,018,744	458,069	2,211,558	4,688,371		4,688,371	(433,191)	4,255,180		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

Aviston Countryside Manor

#0033407

Report Period Beginning:

1/1/08

Ending:

12/31/08

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			144,448	144,448		144,448	12,109	156,557			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			24,206	24,206		24,206	1,042	25,248			33
34	Rent-Facility & Grounds			6,000	6,000		6,000	(6,000)				34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			174,654	174,654		174,654	7,151	181,805			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		128,541	27,157	155,698		155,698		155,698			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			53,254	53,254		53,254		53,254			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		128,541	80,411	208,952		208,952		208,952			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,018,744	586,610	2,466,623	5,071,977		5,071,977	(426,040)	4,645,937			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:

1/1/08

Ending:

12/31/08

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(297)	2		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	(914)	10		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,772)	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	(3,673)	17		19
20	Contributions	(2,751)	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	(8,175)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(10,599)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(17,490)	VAR		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (47,843)		\$	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)	(378,197)	VAR	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (378,197)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (426,040)		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	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY							
48		49		50		51	

SEE ACCOUNTANTS' COMPILATION REPORT

Aviston Countryside Manor

ID# 0033407

Report Period Beginning: 1/1/08

Ending: 12/31/08

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	ELIMINATE VENDING MACHINE COST	\$ (6,438)	2	1
2	ELIMINATE 2009 IDPH LICENSE	(995)	20	2
3	RECORD 2008 IHCA DUES PAID IN 2007	2,581	20	3
4	Straight Line Depr. On Items Req'd to be Capitalized	(667)	30	4
5	Offset Voided Checks and Bank Reimbursements	(103)	17	5
6	Offset Miscellaneous Reimbursements	(401)	2	6
7	Eliminate Out-of-State Travel & Seminar	(2,050)	24	7
8	Offset Liability Insurance Dividend	(9,417)	26	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(17,490)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Aviston Countryside Manor# 0033407

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(9,908)	0	0	0	0	0	0	0	0	0	0	(9,908)	2
3	Housekeeping	0	632	0	0	0	0	0	0	0	0	0	632	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	1,286	80	0	0	0	0	0	0	0	0	1,366	5
6	Maintenance	0	46,289	0	0	0	0	0	0	0	0	0	46,289	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(9,908)	48,207	80	0	38,379	8							
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(914)	0	0	0	0	0	0	0	0	0	0	(914)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(914)	0	0	0	0	0	0	0	0	0	0	(914)	16
	C. General Administration													
17	Administrative	(3,776)	111,097	(631,648)	0	0	0	0	0	0	0	0	(524,327)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	5,485	877	0	0	0	0	0	0	0	0	6,362	19
20	Fees, Subscriptions & Promotions	(9,340)	475	51	0	0	0	0	0	0	0	0	(8,814)	20
21	Clerical & General Office Expenses	(10,599)	54,705	173	0	0	0	0	0	0	0	0	44,279	21
22	Employee Benefits & Payroll Taxes	0	13,980	3,016	0	0	0	0	0	0	0	0	16,996	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(2,050)	42	0	0	0	0	0	0	0	0	0	(2,008)	24
25	Other Admin. Staff Transportation	0	3,769	0	0	0	0	0	0	0	0	0	3,769	25
26	Insurance-Prop.Liab.Malpractice	(9,417)	2,504	0	0	0	0	0	0	0	0	0	(6,913)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(35,182)	192,057	(627,531)	0	(470,656)	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(46,004)	240,264	(627,451)	0	(433,191)	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Aviston Countryside Manor # 0033407 Report Period Beginning: 1/1/08 Ending: 12/31/08

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	(1,839)	13,948	0	0	0	0	0	0	0	0	0	12,109	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	1,042	0	0	0	0	0	0	0	0	0	1,042	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	TOTAL Ownership	(1,839)	14,990	(6,000)	0	7,151	37							
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(47,843)	255,254	(633,451)	0	(426,040)	45							

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
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	King Management of SW Florida	Bonita Springs, FL	Management Co.

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	3 See Schedule VIII	\$	King Management Co.	100.00%	\$ 632	\$ 632	1
2	V	5 See Schedule VIII		King Management Co.	100.00%	1,286	1,286	2
3	V	6 See Schedule VIII		King Management Co.	100.00%	46,289	46,289	3
4	V	17 See Schedule VIII		King Management Co.	100.00%	111,097	111,097	4
5	V	19 See Schedule VIII		King Management Co.	100.00%	5,485	5,485	5
6	V	20 See Schedule VIII		King Management Co.	100.00%	475	475	6
7	V	21 See Schedule VIII		King Management Co.	100.00%	54,705	54,705	7
8	V	22 See Schedule VIII		King Management Co.	100.00%	13,980	13,980	8
9	V	24 See Schedule VIII		King Management Co.	100.00%	42	42	9
10	V	25 See Schedule VIII		King Management Co.	100.00%	3,769	3,769	10
11	V	26 See Schedule VIII		King Management Co.	100.00%	2,504	2,504	11
12	V	30 See Schedule VIII		King Management Co.	100.00%	13,948	13,948	12
13	V	33 See Schedule VIII		King Management Co.	100.00%	1,042	1,042	13
14	Total		\$			\$ 255,254	\$ * 255,254	14

* 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)
16	V						
17	V	5 See Schedule VIII		King Management of SW Florida	100.00%	80	80
18	V	17 See Schedule VIII	684,177	King Management of SW Florida	100.00%	52,529	(631,648)
19	V	19 See Schedule VIII		King Management of SW Florida	100.00%	877	877
20	V	20 See Schedule VIII		King Management of SW Florida	100.00%	51	51
21	V	21 See Schedule VIII		King Management of SW Florida	100.00%	173	173
22	V	22 See Schedule VIII		King Management of SW Florida	100.00%	3,016	3,016
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 690,177			\$ 56,726	\$ * (633,451)

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

Facility Name & ID Number

Aviston Countryside Manor

#

0033407

Report Period Beginning:

1/1/08

Ending:

12/31/08

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Jerry King	Owner	Mgmt/Consultant	100.00	99,491	17	33.67	Salary	\$ 50,509	17,8	1
2	Denise King	Regional Director	Administrative	0.00	214,268	20	33.67	Salary	108,778	17,8	2
3	Keith King	Maint. Supervisor	Maintenance	0.00	58,693	17	33.67	Salary	29,797	6,8	3
4	Leslie Pedtke	Administrator	Administrative	0.00	0	50	100.00	Salary	269,212	17,1	4
5	Marilyn King	Owner	Mgmt/Consultant	100.00	3,980	1	33.67	Salary	2,020	17,8	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 460,316		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:

1/1/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization 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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	3	Housekeeping	Patient Days	98,044	3	\$ 1,878	\$ 33,014	\$ 632	1
2	5	Utilities	Patient Days	98,044	3	3,820	33,014	1,286	2
3	6	Maintenance	Patient Days	98,044	3	137,468	88,490	46,289	3
4	17	Administrative	Patient Days	98,044	3	329,934	323,046	111,097	4
5	19	Professional Fees	Patient Days	98,044	3	16,289	33,014	5,485	5
6	20	Dues, Fees, & Subscriptions	Patient Days	98,044	3	1,411	33,014	475	6
7	21	Clerical and Office Expense	Patient Days	98,044	3	162,461	146,225	54,705	7
8	22	Employee Benefits	Patient Days	98,044	3	41,516	33,014	13,980	8
9	24	Seminars	Patient Days	98,044	3	125	33,014	42	9
10	25	Other Admin Staff Transport	Patient Days	98,044	3	11,192	33,014	3,769	10
11	26	Insurance	Patient Days	98,044	3	7,436	33,014	2,504	11
12	30	Depreciation - Other	Patient Days	98,044	3	14,469	33,014	4,872	12
13	30	Depreciation - Vehicles	Patient Days	98,044	3	26,954	33,014	9,076	13
14	33	Property Taxes	Patient Days	98,044	3	3,094	33,014	1,042	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 758,047	\$ 557,761	\$ 255,254	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Aviston Countryside Manor

0033407

Report Period Beginning:

1/1/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization King Management of SW Florida
 Street Address 3440 Riviera Lakes Ct.
 City / State / Zip Code Bonita Springs, FL 34134
 Phone Number ()
 Fax Number ()

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	98,044	3	\$ 239	\$ 33,014	\$ 80	1
2	17	Administrative	Patient Days	98,044	3	156,000	156,000	52,529	2
3	19	Professional Fees	Patient Days	98,044	3	2,605	33,014	877	3
4	20	Dues, Fees, & Subscriptions	Patient Days	98,044	3	151	33,014	51	4
5	21	Clerical and Office Expense	Patient Days	98,044	3	515	33,014	173	5
6	22	Employee Benefits	Patient Days	98,044	3	8,957	33,014	3,016	6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 168,467	\$ 156,000	\$ 56,726	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Aviston Countryside Manor

0033407

Report Period Beginning:

1/1/08

Ending:

12/31/08

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Schedule Not Applicable																			
2																				
3																				
4																				
5																				
Working Capital																				
6																				
7																				
8																				
9	TOTAL Facility Related																			
B. Non-Facility Related*																				
10																				
11																				
12																				
13																				
14	TOTAL Non-Facility Related																			
15	TOTALS (line 9+line14)																			

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.)

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2007 report.		\$	23,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	23,106	2
3. Under or (over) accrual (line 2 minus line 1).		\$	106	3
4. Real Estate Tax accrual used for 2008 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	24,100	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	24,206	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2003	21,453	8
	2004	21,873	9
	2005	21,757	10
	2006	22,127	11
	2007	23,106	12
Line 4: Accrual is based on 2007 taxes paid.	Line 7: \$24,206 Real Estate Tax Expense		
	1,042 Home Office Allocation		
	\$25,248 Total Real Estate Tax		

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

NOTES:

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

Facility Name & ID Number Aviston Countryside Manor

0033407

Report Period Beginning:

1/1/08

Ending:

12/31/08

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 28,618 B. General Construction Type: Exterior Brick Frame _____ Number of Stories 1

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).

Section Not Applicable

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:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Building & Parking Lot</u>	<u>108,900</u>	<u>1986</u>	<u>\$ 44,774</u>	<u>1</u>
2	<u>Home Office</u>			<u>2,118</u>	<u>2</u>
3	TOTALS	108,900		\$ 46,892	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Aviston Countryside Manor

0033407

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

1	2	3	4	5	6	7	8	9		
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	\$ 1,022,736	4
5		1988	1988	66,310	2,210	30	2,210		52,310	5
6	27	1990	1990	352,911	13,097	30	11,764	(1,333)	218,609	6
7		1990	1990	6,649	227	30	222	(5)	4,128	7
8										8
	Improvement Type**									
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	342	20	342		20,500	12
13	Parking Lot		1988	37,691	315	20	315		37,691	13
14	Landscaping & Sod		1988	1,900		10			1,900	14
15	Sidewalk & Patio		1988	1,161	10	20	10		1,161	15
16	Landscaping		1988	1,020	34	20	34		1,020	16
17	Door/Door Frames		1988	16,064	134	20	134		16,064	17
18	Finishing Work on Additions		1990	918		15			918	18
19	Storage Building		1993	3,900	108	15	108		3,900	19
20	Water Heater		1994	3,164	211	15	211		3,024	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		10,645	25
26	Water Heater		1996	3,312	221	15	221		2,871	26
27	Hot Water Heater		1997	3,802	253	15	253		2,894	27
28	Landscaping & Sod		1997	3,499		10			3,499	28
29	Vinyl Flooring		1997	2,570		10			2,570	29
30	Floor Tiles		1997	3,525		10			3,525	30
31	Water Heater		1999	3,468	347	15	231	(116)	2,119	31
32	Wallcovering/Flooring		1999	1,774	177	10	177		1,611	32
33	Carpet		1999	12,873	1,287	10	1,287		11,693	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 & ID Number Aviston Countryside Manor

0033407

Report Period Beginning:

1/1/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Renovation C-Wing	2000	\$ 6,749	\$ 450	15	\$ 450		\$ 3,862	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		2,279	40
41	Countertops & Installation	2000	4,008	200	20	200		1,770	41
42	Tile	2000	1,857	186	10	186		1,501	42
43	Window Treatment	2000	3,049		5			3,049	43
44	Wanderguard Systems	2000	2,102	210	10	210		1,804	44
45	Room Doors	2000	2,699	270	10	270		2,272	45
46	Tile	2000	2,515	252	10	252		2,013	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	2,103	49
50	Diamond Retaining Wall	2001	1,980	198	10	198		1,518	50
51	Cabinets	2001	23,546	2,354	10	2,354		18,247	51
52	Addition to Fire Alarm System	2001	4,368	437	10	437		3,349	52
53	Electrical Repairs to Service Entrance	2001	6,725	673	10	673		5,269	53
54	Carpet	2001	3,051	305	10	305		2,441	54
55	Door Security Systems	2001	10,589	1,058	10	1,058		7,588	55
56	Water Heater	2002	4,552	303	15	303		2,023	56
57	Rooftop A/C Units - 3	2002	14,243	1,424	10	1,424		8,783	57
58	Phone System	2002	7,344	734	10	734		4,467	58
59	Dining Room Additions	2003	8,600	215	40	215		1,182	59
60	Parking Lot	2003	5,446	545	10	545		2,905	60
61	Landscaping	2003	3,040	304	10	304		1,621	61
62	Concrete Pad	2004	4,000	267	15	267		1,156	62
63	Landscaping	2004	6,711	671	10	671		2,852	63
64	Flooring	2004	5,650	565	10	565		2,590	64
65	Carpet	2004	1,694	339	5	339		1,553	65
66	Window Treatment	2004	1,935	387	5	387		1,612	66
67	Dining Room Additions	2004	159,328	11,381	17	11,381		49,316	67
68	Landscaping	2004	8,297	830	10	830		3,388	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,394,283	\$ 93,465		\$ 92,543	\$ (922)	\$ 1,617,305	70

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:

1/1/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,394,283	\$ 93,465		\$ 92,543	\$ (922)	\$ 1,617,305	1
2									2
3	Floodlights	2006	3,314	331	10	331		745	3
4	Concrete Sidewalk	2006	18,000	1,200	15	1,200		2,600	4
5	Water Heater	2006	5,052	505	10	505		1,305	5
6	Flooring	2006	1,900	190	10	190		428	6
7	Heat/Cool Unit	2006	1,066	107	10	107		258	7
8	Cast Iron Piping	2006	11,826	473	25	473		1,222	8
9	Sprinkler System	2006	6,820	682	10	682		1,571	9
10	Sprinkler System	2007	41,900	1,676	25	1,676		2,793	10
11	New Roofing	2007	6,455	646	10	646		1,023	11
12	Gazebo	2007	5,659	377	15	377		597	12
13	Paint	2007	2,868	574	5	574		813	13
14	Wall Covering Installation	2007	5,600	1,120	5	1,120		1,587	14
15	New Roofing	2007	15,900	1,590	10	1,590		2,120	15
16	Wall Guards	2007	4,154	277	15	277		300	16
17	Floor Covering	2007	5,855	586	10	586		635	17
18	Landscaping & Electrical Work	2008	3,285	192	10	192		192	18
19	Landscaping	2008	4,754	158	10	158		158	19
20	Flooring	2008	3,039	25	10	25		25	20
21									21
22	Home Office Parking Lot	1989	666					666	22
23	Home Office Building	1995	33,009		25	1,320	1,320	17,385	23
24	Home Office Interior Finishes Lower Level	1996	2,047		15	136	136	1,706	24
25	Home Office Carpet	1996	716		5			716	25
26	Home Office Cabinets	1996	1,133		20	57	57	708	26
27	Home Office Electrical	1996	392		15	26	26	327	27
28	Home Office Front Door	2002	539		10	54	54	336	28
29	Home Office Wallpaper	2007	308		5	31	31	36	29
30	Home Office Wallpaper	2008	2,526		5	505	505	505	30
31	Home Office Carpet	2008	3,112		5	623	623	623	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,586,178	\$ 104,174		\$ 106,004	\$ 1,830	\$ 1,658,685	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 227,738	\$ 20,178	\$ 22,504	\$ 2,326	5-15 yrs	\$ 125,007	71
72	Current Year Purchases	12,205	290	339	49	5-10 yrs	339	72
73	Fully Depreciated Assets	510,164					510,164	73
74								74
75	TOTALS	\$ 750,107	\$ 20,468	\$ 22,843	\$ 2,375		\$ 635,510	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 Transportation	2006 W/C Passenger Bus	2006	\$ 48,400	\$ 4,840	\$ 4,840	\$	10	\$ 12,100	76
77	Resident Transportation	2007 Chevy Odyssey Bus	2007	55,176	13,794	13,794		4	17,242	77
78	Home Office Vehicles	various	various	32,540		9,076	9,076	4	11,524	78
79										79
80	TOTALS			\$ 136,116	\$ 18,634	\$ 27,710	\$ 9,076		\$ 40,866	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)	\$ 3,519,293	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 143,276	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 156,557	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 13,281	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,335,061	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	\$ 14,547	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 17,573	\$ 1,172	\$ 14,547	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	TOTAL				\$ _____			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 _____.

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 NO

16. Rental Amount for movable equipment: \$ _____ 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	TOTAL		\$ _____	\$ _____	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. _____ /2009 \$ _____

13. _____ /2010 \$ _____

14. _____ /2011 \$ _____

* 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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$ 761	\$	\$ 761
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 761	\$	\$ 761
10	SUM OF line 9, col. 1 and 2 (e)	\$	761		

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

- (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	\$	20,659	\$ 417,069	\$	20,659	\$ 417,069	1
2	Licensed Speech and Language Development Therapist	10a,3	hrs		3,222	138,207		3,222	138,207	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a,3	hrs		21,435	422,223		21,435	422,223	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				128,541		128,541	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): <u>Lab, X-Ray, Ambul.</u>	39,3				27,157			27,157	13
14	TOTAL			\$	45,316	\$ 1,004,656	\$ 128,541	45,316	\$ 1,133,197	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: 1/1/08

Ending: 12/31/08

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

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

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 442,414	\$	1
2	Cash-Patient Deposits	3,878		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	862,009		3
4	Supply Inventory (priced at <u>Cost</u>)	6,112		4
5	Short-Term Investments			5
6	Prepaid Insurance	58,272		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
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,392,570	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	2,560,120		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	795,059		16
17	Accumulated Depreciation (book methods)	(2,257,937)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,097,242	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,489,812	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 295,177	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	15,953		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	234,766		30
31	Accrued Taxes Payable (excluding real estate taxes)	45,701		31
32	Accrued Real Estate Taxes(Sch.IX-B)	24,100		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accrued Expenses</u>	13,386		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 629,083	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 629,083	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 1,860,729	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,489,812	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,052,440	1
2	Restatements (describe):		2
3	Income effect of prior year adjustment not included on	800	3
4	prior year cost report		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,053,240	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	667,489	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	(860,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (192,511)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,860,729	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 4,875,663	1
2	Discounts and Allowances for all Levels	(517,721)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,357,942	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,326,133	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,326,133	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	297	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	27,746	19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 28,043	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	5,886	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,886	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous	11,688	28
28a	Vending Machine	9,774	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 21,462	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,739,466	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	808,409	31
32	Health Care	2,453,172	32
33	General Administration	1,426,790	33
B. Capital Expense			
34	Ownership	174,654	34
C. Ancillary Expense			
35	Special Cost Centers	155,698	35
36	Provider Participation Fee	53,254	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,071,977	40
41	Income before Income Taxes (line 30 minus line 40)**	667,489	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 667,489	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:

1/1/08

Ending:

12/31/08

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,934	2,152	\$ 56,141	\$ 26.09	1
2	Assistant Director of Nursing	1,892	2,086	44,621	21.39	2
3	Registered Nurses	14,540	15,943	317,640	19.92	3
4	Licensed Practical Nurses	9,896	10,712	190,960	17.83	4
5	CNAs & Orderlies	65,344	67,369	642,092	9.53	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	5,357	5,856	51,261	8.75	10
11	Social Service Workers	3,880	4,090	37,286	9.12	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	16,523	17,359	144,941	8.35	15
16	Dishwashers					16
17	Maintenance Workers	1,910	2,115	35,705	16.88	17
18	Housekeepers	11,092	11,584	94,378	8.15	18
19	Laundry	9,350	10,196	85,748	8.41	19
20	Administrator	2,056	2,504	273,832	109.36	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	1,865	2,100	22,249	10.59	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	2,046	2,240	21,890	9.77	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	147,685	156,306	\$ 2,018,744 *	\$ 12.92	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	123	\$ 5,418	1,3	35
36	Medical Director	Contract	2,400	9,3	36
37	Medical Records Consultant	20	990	10,3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	1,092	10,3	39
40	Physical Therapy Consultant	Contract	3,532	10,3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	44	2,593	11,3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	187	\$ 16,025		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

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	\$ 269,212	Workers' Compensation Insurance	\$ 92,436	IDPH License Fee	\$ 995		
Karen LaCaze		0	4,620	Unemployment Compensation Insurance	27,491	Advertising: Employee Recruitment	1,794		
				FICA Taxes	143,103	Health Care Worker Background Check (Indicate # of checks performed _____)	2,000		
				Employee Health Insurance	29,335	Patient Background Checks			
				Employee Meals		Subscriptions	674		
				Illinois Municipal Retirement Fund (IMRF)*		Home Office Dues & Subscriptions	475		
				Employee Relations	713	Other Miscellaneous Dues & Licenses	2,577		
				Pension Expense	10,751	IHCA Dues	2,581		
				Home Office Allocation	13,980	Management Co. Dues & Subscriptions	51		
				Management Company Allocation	3,016	Less: Public Relations Expense (_____)			
						Non-allowable advertising (_____)			
						Yellow page advertising (_____)			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 273,832	TOTAL (agree to Schedule V, line 22, col.8)		\$ 320,825	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 11,147
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
Management Fee			\$ 684,177	Section Not Applicable		\$	Out-of-State Travel	\$	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 684,177				In-State Travel	1,621	
C. Professional Services									
Vendor/Payee	Type		Amount						
C.J. Schlosser & Co.	Accounting		\$ 12,795				Seminar Expense	1,808	
Greensfelder, Hemker, & Gale	Legal		904				Home Office Allocation	42	
Mathis, Marifian, Richter, & Grandy	Legal		2,895				Entertainment Expense (_____)		
							(agree to Sch. V, line 24, col. 8)		
							TOTAL	\$ 3,471	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 16,594	TOTAL					

* Attach copy of IMRF notifications
 SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013
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 & ID Number Aviston Countryside Manor# 0033407

Report Period Beginning:

1/1/08

Ending:

12/31/08**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 \$2,581
- (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? 5-15 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5,163 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. \$ 53,254
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.
- 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? 31%
- 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 #0033407
 RECLASSIFICATION
 ATTACHMENT TO SCHEDULE V
 12/31/2008

DESCRIPTION	SCHED V LINE #	INCREASE (DECREASE)
FEES & SUBSCRIPTIONS	20	\$ 5,216
ADMINISTRATIVE	17	(5,216)
TO RECLASS THE FOLLOWING		
EXPENSES RECORDED IN MISC.		
EXPENSE TO THE CORRECT LINES:		
BACKGROUND CHECKS	\$ 2,000	
SUBSCRIPTIONS	674	
DUES	1,260	
LICENSES & FEES	1,282	
	<u>\$ 5,216</u>	
INSERVICE TRAINING & EDUCATION	23	1,513
NURSE AIDE TRAINING	13	(1,513)
TO RECLASS INSERVICE TRAINING EXPENSE		

AVISTON COUNTRYSIDE MANOR, INC.
IDPH ID #0033407
ATTACHMENT TO SCHEDULE XIII, PART A
12/31/2008

The following facility trained our aides:

Kaskaskia College

Centralia, IL \$761 per aide

AVISTON COUNTRYSIDE MANOR, INC.
IDPH #0033407
ATTACHMENT TO SCHEDULE XVII, LINE 28
12/31/2008

Miscellaneous Income:

Photocopy Income	\$	405
Void Checks and Reimbursements		103
Refunds and Reimbursements		1,315
Cost Report Settlement		273
Liability Insurance Dividend		9,417
Miscellaneous		175
	\$	<u>11,688</u>

AVISTON COUNTRYSIDE MANOR, INC.
IDPH ID #0033407
ATTACHMENT TO SCHEDULE XVII
12/31/2008

BOOK TO TAX RECONCILIATION:

BOOK NET INCOME	\$ 667,489
DEPRECIATION ADJUSTMENT	4,368
ILLINOIS REPLACEMENT TAXES	10,599
CONVERSION TO CASH BASIS ADJUSTMENTS	7,808
TAX NET INCOME	<u>\$ 690,264</u>

AVISTON COUNTRYSIDE MANOR
ATTACHMENT TO SCHEDULE XIX, SECTION G
12/31/2008

NAME OF EMPLOYEE	JOB TITLE	DATE	LOCATION	SEMINAR TITLE	SEMINAR SPONSOR	SEMINAR COST	TRAVEL/ LODGING COST
Leslie Pedtke	Administrator	1/28/2008	Mt. Vernon	MDS Medicaid Audits	IHCA	100	
Shana Kozuszek	Care Plan Coordinator	1/28/2008	Mt. Vernon	MDS Medicaid Audits	IHCA	100	
Jennifer Jansen	A.D.O.N.	1/28/2008	Mt. Vernon	MDS Medicaid Audits	IHCA	100	
Billie Albers	D.O.N.			Pioneering Meeting		15	
Jane Schniers	R.N.	4/17/2008	Fairview Heights	Wound Care	Specialized Wound Management	59	
Rose Haas	L.P.N.	4/17/2008	Fairview Heights	Wound Care	Specialized Wound Management	59	
Barbara Warren	Activity Director	8/26/2008	St. Louis, MO	New Faces for Activity	Alzheimers Association	75	
Jean Wessel	R.N.	5/20/2008	Belleville	Culture Change Workshop	Southern IL Pioneer Coalition	55	
Linda Gonzales	Laundry	5/20/2008	Belleville	Culture Change Workshop	Southern IL Pioneer Coalition	55	
Connie Diekman	C.N.A.	5/20/2008	Belleville	Culture Change Workshop	Southern IL Pioneer Coalition	55	
Penny Willman	Dietary Aide	5/20/2008	Belleville	Culture Change Workshop	Southern IL Pioneer Coalition	55	
Billie Albers	D.O.N.	6/17/2008	Fairview Heights	Pioneering Approaches to LT Care	IL Department on Aging	5	
Leslie Pedtke	Administrator	6/17/2008	Fairview Heights	Pioneering Approaches to LT Care	IL Department on Aging	5	
R. Frederking	C.N.A.	6/17/2008	Fairview Heights	Pioneering Approaches to LT Care	IL Department on Aging	5	
B. Heitman	Housekeeping	6/17/2008	Fairview Heights	Pioneering Approaches to LT Care	IL Department on Aging	5	
A. Therion	L.P.N.	6/17/2008	Fairview Heights	Pioneering Approaches to LT Care	IL Department on Aging	5	
K. Meskil	Dietary Aide	6/17/2008	Fairview Heights	Pioneering Approaches to LT Care	IL Department on Aging	5	
J. Luebbers	C.N.A.	6/17/2008	Fairview Heights	Pioneering Approaches to LT Care	IL Department on Aging	5	
J. Jansen	A.D.O.N.	6/17/2008	Fairview Heights	Pioneering Approaches to LT Care	IL Department on Aging	5	
S. Kozuszek	Care Plan Coordinator	6/17/2008	Fairview Heights	Pioneering Approaches to LT Care	IL Department on Aging	5	
Jennifer Jansen	A.D.O.N.	6/4/2008	Mt. Vernon	Pain Management	IHCA	95	
Jessica Luebbers	C.N.A.	6/10/2008	Mt. Vernon	Alzheimers Care	IHCA	140	
Amanda Weinsenborn	Social Services	10/14/08 - 10/15/08	Springfield	I.P.C. Summit	WCIAAAA	125	187
Natilie Mueller	Office Manager	10/14/08 - 10/15/08	Springfield	I.P.C. Summit	WCIAAAA	125	187
Barbara Warren	Activity Director	10/23/08 - 10/24/08	Springfield	IAPA Conference	IAPA	250	
Jessica Luebbers	C.N.A.	10/14/08 - 10/15/08	Springfield	Cultural Change: Campaign for Action	IL Pioneering Coalition		424
Amy Richter	Medical Records	10/14/08 - 10/15/08	Springfield	Cultural Change: Campaign for Action	IL Pioneering Coalition		424
Barbara Warren	Activity Director	10/23/08 - 10/24/08	Springfield	IAPA Conference	IAPA		399
Shana Kozuszek	Care Plan Coordinator	10/9/2008	In House	Life Story & Care Plan	Alzheimers Association	300	

	1,808	1,621
Home Office Allocation	42	
	3,471	