



Facility Name & ID Number Pinecrest Manor

# 0012765 Report Period Beginning: 07/01/2007 Ending: 06/30/2008

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>66</u>	Skilled (SNF)	<u>66</u>	<u>24,156</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>75</u>	Intermediate (ICF)	<u>75</u>	<u>27,450</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>141</u>	TOTALS	<u>141</u>	<u>51,606</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>10,475</u>	<u>4,170</u>	<u>5,922</u>	<u>20,567</u>	8
9	SNF/PED					9
10	ICF	<u>13,634</u>	<u>11,661</u>		<u>25,295</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>24,109</u>	<u>15,831</u>	<u>5,922</u>	<u>45,862</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.87%

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

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

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES  NO

Note: Non-allowable costs have been eliminated in Schedule V, Column 7.

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 06/27/63

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 66 and days of care provided 5,922

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: 06/30/08 Fiscal Year: 06/30/08

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor # 0012765 Report Period Beginning: 07/01/2007 Ending: 06/30/2008

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	391,547	17,928	665,031	1,074,506		1,074,506	(174,114)	900,392		1
2	Food Purchase		20,298		20,298		20,298	(20,298)			2
3	Housekeeping	244,478	47,864		292,342		292,342	(38,700)	253,642		3
4	Laundry	115,338	18,362		133,700		133,700	(4,300)	129,400		4
5	Heat and Other Utilities			333,233	333,233		333,233		333,233		5
6	Maintenance	250,576	13,575	99,302	363,453		363,453	(68,226)	295,227		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>1,001,939</b>	<b>118,027</b>	<b>1,097,566</b>	<b>2,217,532</b>		<b>2,217,532</b>	<b>(305,638)</b>	<b>1,911,894</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			14,728	14,728		14,728	(9,928)	4,800		9
10	Nursing and Medical Records	2,754,881	108,508	92,886	2,956,275		2,956,275	(12,005)	2,944,270		10
10a	Therapy			727,579	727,579		727,579		727,579		10a
11	Activities	148,236	8,745	2,350	159,331		159,331	(1,941)	157,390		11
12	Social Services	105,368	358		105,726		105,726		105,726		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>3,008,485</b>	<b>117,611</b>	<b>837,543</b>	<b>3,963,639</b>		<b>3,963,639</b>	<b>(23,874)</b>	<b>3,939,765</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	100,290			100,290		100,290		100,290		17
18	Directors Fees										18
19	Professional Services			67,221	67,221		67,221	(6,255)	60,966		19
20	Dues, Fees, Subscriptions & Promotions			21,006	21,006		21,006	(316)	20,690		20
21	Clerical & General Office Expenses	304,515	93,443	90,667	488,625		488,625	(117,985)	370,640		21
22	Employee Benefits & Payroll Taxes			868,255	868,255		868,255	(62,616)	805,639		22
23	Inservice Training & Education			364	364		364		364		23
24	Travel and Seminar			5,390	5,390		5,390		5,390		24
25	Other Admin. Staff Transportation			4,853	4,853		4,853		4,853		25
26	Insurance-Prop.Liab.Malpractice			177,044	177,044		177,044		177,044		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	<b>404,805</b>	<b>93,443</b>	<b>1,234,800</b>	<b>1,733,048</b>		<b>1,733,048</b>	<b>(187,172)</b>	<b>1,545,876</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>4,415,229</b>	<b>329,081</b>	<b>3,169,909</b>	<b>7,914,219</b>		<b>7,914,219</b>	<b>(516,684)</b>	<b>7,397,535</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 &amp; ID Number

Pinecrest Manor

#0012765

Report Period Beginning:

07/01/2007

Ending:

06/30/2008

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			305,848	305,848		305,848	25,797	331,645			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			243,588	243,588		243,588	(2,003)	241,585			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			549,436	549,436		549,436	23,794	573,230			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		217,121		217,121		217,121		217,121			39
40	Barber and Beauty Shops			106	106		106		106			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			77,311	77,311		77,311		77,311			42
43	Other (specify):* <b>Non-allowable cost</b>	136,154	1,921	275,104	413,179		413,179	(413,179)				43
44	<b>TOTAL Special Cost Centers</b>	136,154	219,042	352,521	707,717		707,717	(413,179)	294,538			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	4,551,383	548,123	4,071,866	9,171,372		9,171,372	(906,069)	8,265,303			45

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

\*\*See schedule of adjustments attached at end of cost report.

SEE ACCOUNTANTS' COMPILATION REPORT

**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	(3,175)	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	25,797	30		9
10	Interest and Other Investment Income	(2,003)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(118,183)	43		24
25	Fund Raising, Advertising and Promotional	(78,748)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Pg 5A	(117,352)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (293,664)		\$	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)	(612,405)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (612,405)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (906,069)		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						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

Pinecrest Manor

ID# 0012765  
 Report Period Beginning: 07/01/2007  
 Ending: 06/30/2008

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Disallow departmental development salaries	\$ (11,632)	43	1
2	Disallow trustee expenses	(110)	43	2
3	Disallow non-allowable professional services	(3,900)	43	3
4	Disallow non-allowable service contracts	(1,295)	43	4
5	Disallow non-allowable postage	(3,846)	43	5
6	Disallow non-allowable general expense	(4,660)	43	6
7	Disallow non-allowable mileage, meals, etc.	(1,749)	43	7
8	Disallow non-departmental costs	(25)	43	8
9	Disallow marketing supplies	(1,921)	43	9
10	Disallow cable tv expense	(13,512)	43	10
11	Disallow association dues	(316)	20	11
12	Disallow non-allowable publication expense	(30,417)	20	12
13	Disallow non-allowable legal fees	(6,255)	19	13
14	Disallow ancillary Medicare costs	(15,986)	43	14
15	Disallow unanticipated resident expense	(2,673)	43	15
16	Offset vending machine income	(17,123)	2	16
17	Offset administrative supplies income	(1,362)	21	17
18	Offset dietary supplies income	(570)	1	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>	(117,352)		49

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Pinecrest Manor# 0012765

Report Period Beginning:

07/01/2007

Ending:

06/30/2008

## 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	(570)	(78,927)	0	0	0	0	0	0	0	0	0	(79,497)	1
2	Food Purchase	(20,298)	(94,617)	0	0	0	0	0	0	0	0	0	(114,915)	2
3	Housekeeping	0	(38,194)	(506)	0	0	0	0	0	0	0	0	(38,700)	3
4	Laundry	0	(4,244)	(56)	0	0	0	0	0	0	0	0	(4,300)	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	(66,351)	(1,875)	0	0	0	0	0	0	0	0	(68,226)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(20,868)</b>	<b>(282,333)</b>	<b>(2,437)</b>	<b>0</b>	<b>(305,638)</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	(21,933)	0	0	0	0	0	0	0	0	0	(21,933)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	(1,941)	0	0	0	0	0	0	0	0	0	(1,941)	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>(23,874)</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>(23,874)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(6,255)	0	0	0	0	0	0	0	0	0	0	(6,255)	19
20	Fees, Subscriptions & Promotions	(30,733)	0	0	0	0	0	0	0	0	0	0	(30,733)	20
21	Clerical & General Office Expenses	(1,362)	(110,082)	(6,541)	0	0	0	0	0	0	0	0	(117,985)	21
22	Employee Benefits & Payroll Taxes	0	(61,116)	(1,500)	0	0	0	0	0	0	0	0	(62,616)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(38,350)</b>	<b>(171,198)</b>	<b>(8,041)</b>	<b>0</b>	<b>(217,589)</b>	<b>28</b>							
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(59,218)</b>	<b>(477,405)</b>	<b>(10,478)</b>	<b>0</b>	<b>(547,101)</b>	<b>29</b>							

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Pinecrest Manor# 0012765

Report Period Beginning:

07/01/2007 Ending:06/30/2008

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	25,797	0	0	0	0	0	0	0	0	0	0	25,797	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(2,003)	0	0	0	0	0	0	0	0	0	0	(2,003)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>23,794</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>23,794</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):*	(258,240)	0	(124,522)	0	0	0	0	0	0	0	0	(382,762)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(258,240)</b>	<b>0</b>	<b>(124,522)</b>	<b>0</b>	<b>(382,762)</b>	<b>44</b>							
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(293,664)</b>	<b>(477,405)</b>	<b>(135,000)</b>	<b>0</b>	<b>(906,069)</b>	<b>45</b>							

**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
Brethren Home	100%			Pinecrest Village	Mt. Morris, IL	Retirement
						Community
				Pinecrest Foundation	Mt. Morris, IL	Fund Raising
						Foundation
				Pinecrest Grove	Mt. Morris, IL	Independent
						Living

**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	1 Dietary salary	\$ 78,927	Pinecrest Village	**	\$	\$ (78,927)	1
2	V	2 Food	94,617	Pinecrest Village	**		(94,617)	2
3	V	3 Housekeeping salary	38,194	Pinecrest Village	**		(38,194)	3
4	V	4 Laundry salary	4,244	Pinecrest Village	**		(4,244)	4
5	V	6 Plant salary	66,351	Pinecrest Village	**		(66,351)	5
6	V	10 Nursing salary	21,933	Pinecrest Village	**		(21,933)	6
7	V	11 Activities salary	1,941	Pinecrest Village	**		(1,941)	7
8	V	21 Clerical & General Office - Salary	110,082	Pinecrest Village	**		(110,082)	8
9	V	22 Employee benefits & payroll taxes	61,116	Pinecrest Village	**		(61,116)	9
10	V				**			10
11	V							11
12	V							12
13	V			**Pinecrest Manor, Pinecrest Village & Pinecrest Grove share a common Board of Directors				13
14	Total		\$ 477,405			\$	\$ *	(477,405) 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	3 Housekeeping Salary	\$ 506	Pinecrest Grove	**	\$	\$ (506)
16	V	4 Laundry Salary	56	Pinecrest Grove	**		(56)
17	V	6 Maintenance Salary	1,875	Pinecrest Grove	**		(1,875)
18	V	21 Clerical & General - Salary	6,541	Pinecrest Grove	**		(6,541)
19	V	22 Employee Benefits	1,500	Pinecrest Grove	**		(1,500)
20	V	43 Marketing Costs	124,522	Pinecrest Grove	**		(124,522)
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V			**Pinecrest Manor, Pinecrest Village & Pinecrest Grove share a common Board of Directors			
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 135,000			\$ 0	\$ * (135,000)

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

Pinecrest Manor

# 0012765

Report Period Beginning:

07/01/2007

Ending:

06/30/2008

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2											2
3											3
4											4
5	See Listing of Board of Directors Attached.								NONE		5
6											6
7	NOTE: No members of the Board provide services to the facility, nor do they have										7
8	financial interest in businesses that do business with, or provide services to, the facility.										8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pincrest Manor

# 0012765 Report Period Beginning: 07/01/2007 Ending: 6/30/2008

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization N/A  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_\_  
 Fax Number (\_\_\_\_) \_\_\_\_\_

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Pinecrest Manor

# 0012765

Report Period Beginning:

07/01/2007

Ending:

06/30/2008

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

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

1	Name of Lender	2		3	4	5	6		7	8	9	10					
		Related**					Monthly Payment Required	Date of Note					Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
<b>A. Directly Facility Related</b>																	
<b>Long-Term</b>																	
1	JP Morgan Chase		X	Bond Issue	Interest only	06/17/00	\$ 5,200,000	\$ 4,367,250	6/27/27	LI +.0050	\$ 165,426	1					
2												2					
3												3					
4												4					
5												5					
<b>Working Capital</b>																	
6	Amcore Bank N.A.		X	Working Capital	Interest only	03/04/07	200,000	33,000	03/04/09	0.0600	8,106	6					
7	Pinecrest Foundation	X		Improvements	Interest only	11/01/06	125,000	147,469	11/01/08	0.0200	2,562	7					
8												8					
9	<b>TOTAL Facility Related</b>						\$ 5,525,000	\$ 4,547,719			\$ 176,094	9					
<b>B. Non-Facility Related*</b>																	
10											Letter of credit fees	67,494	10				
11											Interest income offset	(2,003)	11				
12													12				
13													13				
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ 65,491	14					
15	<b>TOTALS (line 9+line14)</b>						\$ 5,525,000	\$ 4,547,719			\$ 241,585	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ None                      Line # N/A

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

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

**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.		\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	2
3. Under or (over) accrual (line 2 minus line 1).		\$	N/A 3
4. Real Estate Tax accrual used for 2008 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2003	8	
	2004	9	
	2005	10	
	2006	11	
	2007	N/A	12
<b>Facility is a Not-For-Profit and pays no real estate taxes.</b>			
<b>FOR BHF USE ONLY</b>			
	13	FROM R. E. TAX STATEMENT FOR 2007 \$	13
	14	PLUS APPEAL COST FROM LINE 5 \$	14
	15	LESS REFUND FROM LINE 6 \$	15
	16	AMOUNT TO USE FOR RATE CALCULATION \$	16

**NOTES:**

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

SEE ACCOUNTANTS' COMPILATION REPORT

**IMPORTANT NOTICE**

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

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

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

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

**2007 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Pinecrest Manor COUNTY Ogle

FACILITY IDPH LICENSE NUMBER 0012765

CONTACT PERSON REGARDING THIS REPORT Carol Davis

TELEPHONE (815) 734-4103 FAX #: (815) 734-7131

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

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

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>N/A - Facility is a Not-For-Profit and pays no real estate taxes</u>	<u></u>	<u>\$</u>	<u>\$</u>
2. <u></u>	<u></u>	<u>\$</u>	<u>\$</u>
3. <u></u>	<u></u>	<u>\$</u>	<u>\$</u>
4. <u></u>	<u></u>	<u>\$</u>	<u>\$</u>
5. <u></u>	<u></u>	<u>\$</u>	<u>\$</u>
6. <u></u>	<u></u>	<u>\$</u>	<u>\$</u>
7. <u></u>	<u></u>	<u>\$</u>	<u>\$</u>
8. <u></u>	<u></u>	<u>\$</u>	<u>\$</u>
9. <u></u>	<u></u>	<u>\$</u>	<u>\$</u>
10. <u></u>	<u></u>	<u>\$</u>	<u>\$</u>
<b>TOTALS</b>		<u>\$</u>	<u>\$</u>

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor

# 0012765 Report Period Beginning:

07/01/2007 Ending:

06/30/2008

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 79,970 B. General Construction Type: Exterior Brick Frame Wood 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).

Pinecrest Village - Retirement Community: Congregate living units - 48 units; 60,413 square feet  
 Independent living units - 9 units; 12,079 square feet

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

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

Nature of Costs: N/A  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>	<u>443,048</u>	<u>1889</u>	<u>\$ 20,626</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>443,048</b>		<b>\$ 20,626</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Pinecrest Manor

# 0012765

Report Period Beginning:

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	141	1963	1963	\$ 1,248,321	\$	50	\$ 24,966	\$ 24,966	\$ 1,104,395	4
5		1964	1964	13,640		50	273	273	11,842	5
6		1965	1965	400		50	8	8	340	6
7		1963	1963	67,803		5-20			67,803	7
8		1987	1987	43,345		5-10			43,345	8
<b>Improvement Type**</b>										
9	Building Improvements		1965	5,475		38			5,475	9
10	Building Improvements		1969	3,231		15-45	58	58	2,858	10
11	Building Improvements		1971	9,871		5-42	203	203	8,759	11
12	Building Improvements		1972	4,539		10			4,539	12
13	Building Improvements		1973	567		5			567	13
14	Building Improvements		1974	130,481	2,821	5-50	2,821		91,710	14
15	Building Improvements		1975	17,918		10-15			17,918	15
16	Building Improvements		1976	22,483		5-38			22,483	16
17	Building Improvements		1977	12,308		10			12,308	17
18	Building Improvements		1978	1,354		5-10			1,354	18
19	Building Improvements		1979	10,885		7			10,885	19
20	Building Improvements		1980	6,121		5			6,121	20
21	Building Improvements		1981	8,640		10			8,640	21
22	Building Improvements		1982	54,612		5-10			54,612	22
23	Building Improvements		1983	65,748		5-10			65,748	23
24	Building Improvements		1984	74,218		5-10			74,218	24
25	Building Improvements		1985	28,402		5-10			28,402	25
26	Building Improvements		1986	53,789		5			53,789	26
27	Garage		1983	11,892		10			11,892	27
28	Brethren - House		1977	19,500		25			19,500	28
29	Brethren - Renovations		1980	40,698		25			40,698	29
30	Brethren - Insulation		1981	2,149		10			2,149	30
31	Brethren - Garage		1984	10,692		10			10,692	31
32	Brethren - Bath Remodel		1986	1,296		5			1,296	32
33	Brethren - Garage Improvement		1980	2,095		14			2,095	33
34	Energy Management		1985	3,180		10			3,180	34
35	Building (28 Beds)		1999	2,780,122	69,503	40	69,503		634,135	35
36	Carpeting		1989	805		10			805	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 Pinecrest Manor

# 0012765

Report Period Beginning:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Canopy Extension	1987	\$ 6,935	\$	5-10	\$	\$	\$ 6,935	37
38	Entrance Way	1987	37,500	1,500	25	1,500		32,250	38
39	Building Improvements	1991	14,073		5-15			14,073	39
40	Building Improvements	1991	10,796		10-15			10,796	40
41	Capitalized Repairs	1991	1,652		10			1,652	41
42	Building Improvements	1992	5,649		10-20			5,649	42
43	Building Improvements	1992	3,071		10			3,071	43
44	Building Improvements	1992	1,380	92	15	92		1,426	44
45	Building Improvements	1993	3,049		10			3,049	45
46	Building Improvements	1993	28,880		5			28,880	46
47	Building Improvements	1994	4,485	224	20	224		3,248	47
48	Building Improvements	1994	621	41	15	41		595	48
49	Building Improvements	1994	14,328	955	15	955		14,804	49
50	Building Improvements	1994	14,178	945	15	945		13,703	50
51	Building Improvements	1995	630	42	15	42		567	51
52	Garage Improvements	1996	2,516		5			2,516	52
53	Blacktop Resurfacing	1996	4,902		5			4,902	53
54	Blacktop Resurfacing	1997	1,805		5			1,805	54
55	Patio doors	1997	1,285	69	10	69		1,354	55
56	Water softener	1997	12,260	613	10	613		12,873	56
57	Accordion door	1997	3,295	169	10	169		3,464	57
58	Roof repairs	1997	5,162	260	10	260		5,422	58
59	Furnace repairs	1997	2,358	116	10	116		2,474	59
60	Redecorating	1998	34,716	3,472	10	3,472		26,706	60
61	Countertop & wallcovering	1998	4,167		5			4,167	61
62	Door	1998	62		5			62	62
63	Paging system	1998	2,977		5			2,977	63
64	Wiring	1998	950		5			950	64
65	Asbestos Removal	1998	79,150	7,914	10	7,914		83,097	65
66	Redecorating	1999	43,753	4,375	10	4,375		41,563	66
67	Asbestos Removal	1999	17,255	1,726	10	1,726		16,397	67
68	Pipe insulation	1999	6,625	662	10	662		6,289	68
69	Landscaping	1999	8,310	831	10	831		7,894	69
70	TOTAL (lines 4 thru 69)		\$ 5,135,355	\$ 96,330		\$ 121,838	\$ 25,508	\$ 2,790,163	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 Pinecrest Manor

# 0012765

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

1	2	3	4	5	6	7	8	9	
	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>		\$ 5,135,355	\$ 96,330		\$ 121,838	\$ 25,508	\$ 2,790,163	1
2	Signs	1999	10,583		5			10,583	2
3	Roof	1999	55,935	3,729	15	3,729		35,437	3
4	Windows	1999	20,688	1,379	15	1,379		13,101	4
5	HVAC Improvement	1999	2,000	133	15	133		1,264	5
6	Fixed Equipment	1999	80,501		5			80,501	6
7	Wing 4 addition and modernization	1999	858,673	21,467	40	21,467		198,617	7
8	Kitchen modernization	1999	602,543	15,064	40	15,064		140,041	8
9	Heating & cooling renovation	1999	1,486,082	37,152	40	37,152		343,732	9
10	Fresh air unit	1999	329,276	8,232	40	8,232		76,164	10
11	Emergency/supplemental electricity	1999	219,518	5,488	40	5,488		50,776	11
12	Security system	1999	11,190	280	40	280		2,900	12
13	Retention pond	1999	25,282	632	40	632		5,851	13
14	Sidewalks and outdoor lighting	1999	31,556	789	40	789		7,300	14
15	Additional modernization	2000	42,948	2,147	20	2,147		18,250	15
16	Flooring	2000	22,767		5			22,767	16
17	Windows	2000	10,325	516	20	516		4,386	17
18	Firewall	2000	39,232	1,962	20	1,962		16,677	18
19	Security system	2000	191	19	10	19		162	19
20	Remodeling	2000	14,848		5			14,848	20
21	Landscaping	2000	645		10			645	21
22	Additional asbestos removal	2000	1,200	120	10	120		1,020	22
23	Roofing	2000	2,884	288	10	288		2,448	23
24	Security system & fire alarm system	2000	3,631	363	10	363		3,086	24
25	Additional kitchen modernization	2000	2,756	137	20	137		1,165	25
26	Timeclock & security system	2000	3,283	328	10	328		2,788	26
27	Security and Entrance Doors	2000	24,520	2,452	10	2,452		18,390	27
28	Firewall	2000	3,436	342	10	342		2,565	28
29	Additional kitchen modernization	2000	10,361	1,036	10	1,036		7,770	29
30	HVAC	2001	2,664	266	10	266		1,995	30
31	Roofing	2001	36,573	2,438	15	2,438		15,847	31
32	Planning for modernization of rehabilitation rooms	2002	1,850	92	20	92		598	32
33	Memorial Project	2002	4,542	454	10	454		2,270	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,097,838	\$ 203,635		\$ 229,143	\$ 25,508	\$ 3,894,107	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Pinecrest Manor

# 0012765

Report Period Beginning:

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## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 9,097,838	\$ 203,635		\$ 229,143	\$ 25,508	\$ 3,894,107	1
2	New Roof	2002	90,352	6,023	15	6,023		30,116	2
3	Courtyard Pavillion	2003	16,255	1,084	15	1,084		5,962	3
4	Solarium	2003	184,761	4,619	40	4,619		25,405	4
5	Wing 7 Renovations	2003	57,851	1,446	40	1,446		7,953	5
6									6
7	Landscaping - Courtyard	2003	56,011	1,868	30	1,868		8,406	7
8	Electrical - Courtyard	2003	27,003	900	30	900		4,050	8
9	Plumbing - Courtyard	2003	5,446	182	30	182		819	9
10	Remodeling Solarium Courtyard	2003	76,689	2,556	30	2,556		11,502	10
11	Survey - Courtyard	2003	2,296	76	30	76		342	11
12	Registers - Solarium	2003	3,375	676	5	676		3,042	12
13	Cabinetry - Wing 7	2003	741	18	40	18		81	13
14	Water lines - Main bldg	2003	1,919	192	10	192		864	14
15	Dietary drain flushing system	2003	726	72	10	72		324	15
16	Communications system - Wing 4	2003	3,729	372	10	372		1,674	16
17	Kitchen modernization - Wing 7	2003	414	10	40	10		45	17
18	Wallcovering	2003	5,980	598	10	598		2,691	18
19	Code Alert installation	2004	3,799	760	5	760		3,420	19
20	Fire alarm renovation and upgrade	2004	17,161	3,432	5	3,432		15,444	20
21	Time clock upgrade	2004	325	66	5	66		297	21
22									22
23	Wallpaper/Drapes/Redecorating	2005	6,153	308	20	308		1,078	23
24	Fascia improvements	2005	2,187	110	20	110		385	24
25	Wing 6 Tub/Shower	2005	9,024	452	20	452		1,582	25
26	Door Strikes - Pinecrest Terrace	2005	3,091	154	20	154		539	26
27	Unitary controller	2005	1,077	54	20	54		189	27
28	New Floats in Sewer Ejector Pit	2005	1,440	72	20	72		252	28
29	Wing 4 - Roof Renovation	2005	39,825	3,982	10	3,982		13,937	29
30	Renovation - East Dining Room	2005	39,599	1,980	20	1,980		6,930	30
31	Replace circulating pump	2005	1,463	74	20	74		259	31
32	Bathing System & Electric Transfer Seat	2005	9,040	450	20	450		1,575	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,765,570	\$ 236,221		\$ 261,729	\$ 25,508	\$ 4,043,270	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,765,570	\$ 236,221		\$ 261,729	\$ 25,508	\$ 4,043,270	1
2	West doctor's station renovation	2005	1,206	60	20	60		150	2
3	East Lounge renovation	2006	14,637	732	20	732		1,830	3
4	Removal of tile floor	2005	700	35	20	35		88	4
5	Parking lot expansion	2006	53,249	2,662	20	2,662		6,655	5
6	Heat lamps and timers	2006	877	44	20	44		110	6
7	Alarms	2006	1,830	92	20	92		230	7
8	Top jam mounted closer aluminum	2006	1,058	53	20	53		132	8
9									9
10	13 Vertech Radio VHF-160VC	2006	5,000	1,000	5	1,000		1,500	10
11	Seal Coat - Parking Lot	2006	6,101	1,220	5	1,220		1,830	11
12	Install Roof Systems - Wing 1 & 6	2006	88,180	4,409	20	4,409		6,614	12
13									13
14	Compressor	2008	7,077	354	10	354		354	14
15	Ejector Pump	2008	10,026	501	10	501		501	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,955,511	\$ 247,383		\$ 272,891	\$ 25,508	\$ 4,063,264	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	\$ 1,297,559	\$ 51,687	\$ 51,687	\$	5-10	\$ 1,264,435	71
72	Current Year Purchases	41,981	2,606	2,895	289	5-10	2,895	72
73	Fully Depreciated Assets	318,067					318,067	73
74								74
75	TOTALS	\$ 1,657,607	\$ 54,293	\$ 54,582	\$ 289		\$ 1,585,397	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	Long Term Care	94 Chevy Truck	1994	\$ 14,556	\$	\$	\$	10	\$ 14,556	76
77	Long Term Care	94 Dodge Van - Wheelchair	1994	22,946				10	22,946	77
78	Long Term Care	94 Dodge Van	1994	7,355				10	7,355	78
79	See Sch 13A			72,525	4,172	4,172		5-10	22,166	79
80	TOTALS			\$ 117,382	\$ 4,172	\$ 4,172	\$		\$ 67,023	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)	\$ 11,751,126	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 305,848	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 331,645	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 25,797	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,715,684	85

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

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

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93	N/A		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

Pinecrest Manor  
 Provider # 0012765  
 07/01/2007 - 06/30/2008

Schedule 13A

Vehicle Depreciation

<u>Description</u>	<u>Model</u>	<u>Year</u>	<u>Cost</u>	<u>Current Bk Depr</u>	<u>St. Line Depr</u>	<u>Adjs</u>	<u>Life in Years</u>	<u>Accum Depr</u>	<u>Line Ref</u>
Long Term Care	97 Safari Van	1997	17,994				10	17,994	
Long Term Care	Ford Elkhart Coach	2007	44,766	3,198	3,198		7	3,198	
Long Term Care	Chrysler Neon	2005	9,765	974	974		5	974	
<b>Total</b>			<b>72,525</b>	<b>4,172</b>	<b>4,172</b>			<b>22,166</b>	

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

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

9. Option to Buy:  YES  NO Terms: N/A \*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ N/A Description: N/A

(Attach a schedule detailing the breakdown of movable equipment)

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

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18			<u>N/A</u>		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.	<u>/2009</u>	\$ _____
13.	<u>/2010</u>	\$ _____
14.	<u>/2011</u>	\$ _____

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10A(3)	hrs	\$	4,576	\$ 274,577	\$	4,576	\$ 274,577	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		498	29,856		498	29,856	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(3)	hrs		7,052	423,146		7,052	423,146	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				217,121		217,121	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): _____									13
14	<b>TOTAL</b>			\$	12,126	\$ 727,579	\$ 217,121	12,126	\$ 944,700	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 Pinecrest Manor

# 0012765

Report Period Beginning: 07/01/2007

Ending:

06/30/2008

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2008

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 51,292	\$ 51,292	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 40,000 )	1,957,530	1,957,530	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	73,832	73,832	6
7	Other Prepaid Expenses	67,718	67,718	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Benefits Bank &amp; Employee AR</u>	3,449	3,449	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,153,821	\$ 2,153,821	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	20,626	20,626	13
14	Buildings, at Historical Cost	8,741,746	1,373,509	14
15	Leasehold Improvements, at Historical Cost	661,815	8,582,002	15
16	Equipment, at Historical Cost	2,163,378	1,774,989	16
17	Accumulated Depreciation (book methods)	(5,440,902)	(5,715,684)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 6,146,663	\$ 6,035,442	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 8,300,484	\$ 8,189,263	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,590,711	\$ 1,590,711	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	145,500	145,500	29
30	Accrued Salaries Payable	498,733	498,733	30
31	Accrued Taxes Payable (excluding real estate taxes)	38,467	38,467	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Schedule 17A</u>	14,111	14,111	36
37	<u>Uncollected Pledges</u>	5,500	5,500	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,293,022	\$ 2,293,022	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	147,469	147,469	39
40	Mortgage Payable			40
41	Bonds Payable	4,254,750	4,254,750	41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 4,402,219	\$ 4,402,219	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 6,695,241	\$ 6,695,241	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,605,243	\$ 1,494,022	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 8,300,484	\$ 8,189,263	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**Pinecrest Manor**  
**Provider # 0012765**  
**07/01/2007 - 06/30/2008**

**Schedule 17A**

**Sch. XV: Balance Sheet**

Line 36 - Other Current Liabilities

Employee health & dental insurance	4,389
Founders escrow	5,500
Restricted funds account	4,217
Lanyards	5
	<u>14,111</u>

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>2,384,212</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>	<b>Prior Period Adjustment</b>	<b>(384,844)</b>	<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>1,999,368</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(394,125)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(394,125)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>1,605,243</b>	<b>24</b> *

\* 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	
	<b>A. Inpatient Care</b>		
1	Gross Revenue -- All Levels of Care	\$ 9,024,932	1
2	Discounts and Allowances for all Levels	(2,258,823)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 6,766,109	3
	<b>B. Ancillary Revenue</b>		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,040,893	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,040,893	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	3,175	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	187,091	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	7,750	19
20	Radiology and X-Ray	1,000	20
21	Other Medical Services	54,895	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 253,911	23
	<b>D. Non-Operating Revenue</b>		
24	Contributions		24
25	Interest and Other Investment Income***	2,003	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 2,003	26
	<b>E. Other Revenue (specify):****</b>		
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Schedule 19A</u>	714,331	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 714,331	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 8,777,247	30

2

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
31	General Services	2,217,532	31
32	Health Care	3,963,639	32
33	General Administration	1,733,048	33
	<b>B. Capital Expense</b>		
34	Ownership	549,436	34
	<b>C. Ancillary Expense</b>		
35	Special Cost Centers	630,406	35
36	Provider Participation Fee	77,311	36
	<b>D. Other Expenses (specify):</b>		
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 9,171,372	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(394,125)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (394,125)	43

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

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

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

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

**Pinecrest Manor**  
**Provider #0012765**  
**07/01/07 - 06/30/08**

**Schedule 19A**

**Sch. XVII: Income Statement**

Line 28 - Other Revenue

Pinecrest Grove Management Fee	180,000
Pinecrest Village Management Fee	477,408
Meals	3,849
Transportation	464
Misc. income	9,054
Maintenance	48
Non-resident services & supplies	570
Finance Charges	21,272
Vending income	20,304
Miscellaneous income	1,362
	<u>714,331</u>

Facility Name & ID Number Pinecrest Manor

# 0012765

Report Period Beginning:

07/01/2007

Ending:

06/30/2008

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,875	2,209	\$ 71,455	\$ 32.35	1
2	Assistant Director of Nursing	1,766	2,080	64,014	30.78	2
3	Registered Nurses	17,160	18,843	492,878	26.16	3
4	Licensed Practical Nurses	26,339	29,170	599,630	20.56	4
5	CNAs & Orderlies	108,082	117,022	1,391,995	11.90	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	10,191	11,567	105,919	9.16	10
11	Social Service Workers	4,999	5,801	105,368	18.16	11
12	Dietician	388	388	11,348	29.25	12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	41,811	44,875	380,199	8.47	15
16	Dishwashers					16
17	Maintenance Workers	12,675	13,987	250,576	17.91	17
18	Housekeepers	25,820	28,683	244,478	8.52	18
19	Laundry	11,820	12,783	115,338	9.02	19
20	Administrator	1,856	2,080	100,290	48.22	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	15,767	17,520	304,515	17.38	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	1,860	2,113	30,570	14.47	31
32	Other Health C: See Sch 20A	5,195	5,840	104,339	17.87	32
33	Other(specify) See Sch 20A	8,099	8,934	178,471	19.98	33
34	TOTAL (lines 1 - 33)	295,703	323,895	\$ 4,551,383 *	\$ 14.05	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			35
36	Medical Director	Monthly 4,800	9(8)	36
37	Medical Records Consultant	Monthly 1,760	10(8)	37
38	Nurse Consultant	Monthly 7,528	10(8)	38
39	Pharmacist Consultant	Monthly 2,400	10(8)	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	Monthly 1,760	11(3)	44
45	Social Service Consultant			45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 18,248		49

**C. CONTRACT NURSES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	708 \$ 32,530	10(3)	50
51	Licensed Practical Nurses	976 38,647	10(3)	51
52	Certified Nurse Assistants/Aides	785 18,097	10(3)	52
53	TOTAL (lines 50 - 52)	2,469 \$ 89,274		53

SEE ACCOUNTANTS' COMPILATION REPORT

**Pinecrest Manor**  
**Provider # 0012765**  
**07/01/07 - 06/30/08**  
**Staffing & Salary Costs**

**Schedule 20A**

	<b>Hours</b>	<b>Hours</b>	<b>Salary or</b>	<b>Ave. Hrly.</b>
<b><u>Other Health Care Wages - Line 32:</u></b>	<b><u>Worked</u></b>	<b><u>Paid</u></b>	<b><u>Wages</u></b>	<b><u>Wages</u></b>
Care Plan/MDS RN	3,421	3,762	76,650	20.37
Scheduler	1,774	2,078	27,689	13.32
TOTAL	<u>5,195</u>	<u>5,840</u>	<u>104,339</u>	<u>17.87</u>

<b><u>Other Wages - Line 33</u></b>				
Development Coordinator	3,882	4,240	77,331	18.24
Marketing	2,441	2,585	58,823	22.76
Chaplain	1,776	2,109	42,317	20.06
TOTAL	<u>8,099</u>	<u>8,934</u>	<u>178,471</u>	<u>19.98</u>

**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	
Carol Davis	Administrator	0	\$ 100,290	Workers' Compensation Insurance	\$ 195,632	IDPH License Fee	\$	
				Unemployment Compensation Insurance		Advertising: Employee Recruitment	4,622	
				FICA Taxes	338,901	Health Care Worker Background Check (Indicate # of checks performed )	512	
				Employee Health Insurance	7,659	Patient Background Checks	1,360	
				Employee Meals		Life Services Network	8,375	
				Illinois Municipal Retirement Fund (IMRF)*		Association of Brethren Caregivers	1,020	
				Employee Retirement	77,491	Miscellaneous Dues	3,707	
				Employee Physicals	2,872	Miscellaneous Subscriptions	1,410	
				Employee Morale	5,364			
				Employee Dental Insurance	6,168	Less: Public Relations Expense	(316)	
				Other Employee Benefits	13,332	Non-allowable advertising (		
				Employee Life Insurance	220,836	Yellow page advertising (		
				Less: Indendent Living & Retirement Comm.	(62,616)			
						TOTAL (agree to Sch. V, line 20, col. 8)	\$ 20,690	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 100,290				\$ 805,639			\$ 20,690	
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
N/A			\$	N/A		\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense	
\$				\$			See Attached Schedule	
							5,390	
C. Professional Services							Entertainment Expense (	
Vendor/Payee	Type		Amount				(agree to Sch. V, line 24, col. 8)	
Hinshaw & Culbertson	Legal		\$ 238				TOTAL	
Lancaster Pollard	Accounting		1,862				\$ 5,390	
Smith Hanson Hahn	Legal		6,255					
Stratton Giganti	Legal		3,719					
Williams & McCarthy	Legal		438					
McGladrey & Pullen LLP	Accounting		39,416					
Pathway Health Services	Accounting		2,500					
RSM McGladrey	Accounting		3,350					
Aging Research Institute	Operations Consulting		9,443					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL			TOTAL	
\$ 67,221				\$			\$	

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

\*\*See instructions.

**Pinecrest Manor**  
**Provider # 0012765**  
**SUPPORT SCHEDULES**  
**07/01/07 - 06/30/08**

**Schedule 21A**

**XIX. SUPPORT SCHEDULES**

**C. Professional Services**

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
<b>TOTAL (agree to Schedule V, line 19, column 3)</b> <b>(If total legal fees exceed \$5,000, attach copy of invoices.)</b>		<b>67,221</b>
<b>Less: Non-Allowable Legal Fees</b>		<u><b>(6,255)</b></u>
<b>TOTAL (agree to Schedule V, line 19, column 8)</b>		<u><u><b>60,966</b></u></u>

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	Amount of Expense Amortized Per Year								
					FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4		N/A											
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	<b>TOTALS</b>		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Pinecrest Manor# 0012765Report Period Beginning: 07/01/2007Ending: 06/30/2008**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Life Services Network - \$8,375
- (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? 7.5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 38,531 Line 10(2)
- (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. \$ 77,311  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? Yes Indicate the amount. \$ 3,175
- (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? None
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- 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? N/A  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: McGladrey & Pullen LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Audit not yet completed
- (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**