

Facility Name Villa Catherine

Report Period Beginning: 01/01/07 Ending: 12/31/07

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units 07/30/07

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	15	Single Unit Apartment	15	5,475	1
2	1	Double Unit Apartment	2	519	2
3		Other			3
4	16	TOTALS	17	5,994	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	1,613	2,538		4,151	5
6	Double Unit	741			741	6
7	Other					7
8	TOTALS	2,354	2,538		4,892	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.61%

D. Indicate the number of paid bed-hold days the SLF had during this year

123 Also, indicate the number of unpaid bed-hold days the SLF had during this year. _____ (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES NO

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO

G. List all services provided by your facility for non-residents.

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

none

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year?

YES NO

Tax Year: 2007 Fiscal Year: _____

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

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the

required payments of interest and principle? _____

If no, explain. _____

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the

required payments of interest and principle? _____

If no, explain. _____

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility

make all of the required payments of interest and principle? _____

If no, explain. _____

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IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	107,386	29,621	795	137,802	(1,283)	136,519	1
2	Housekeeping, Laundry and Maintenance		5,062	3,468	8,530	(60)	8,470	2
3	Heat and Other Utilities			12,273	12,273		12,273	3
4	Other (specify): Refuse Disposal			315	315		315	4
5	TOTAL General Services	107,386	34,683	16,851	158,920	(1,343)	157,577	5
B. Health Care and Programs								
6	Health Care/ Personal Care	18,452	548		19,000		19,000	6
7	Activities and Social Services		1,010		1,010		1,010	7
8	Other (specify): Beauty /Barber			1,876	1,876		1,876	8
9	TOTAL Health Care and Programs	18,452	1,558	1,876	21,886		21,886	9
C. General Administration								
10	Administrative and Clerical	24,233	5,884	4,800	34,917		34,917	10
11	Marketing Materials, Promotions and Advertising			1,840	1,840		1,840	11
12	Employee Benefits and Payroll Taxes			13,729	13,729		13,729	12
13	Insurance-Property, Liability and Malpractice			9,912	9,912		9,912	13
14	Other (specify): Training			671	671		671	14
15	TOTAL General Administration	24,233	5,884	30,952	61,069		61,069	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	150,071	42,125	49,679	241,875	(1,343)	240,532	16
Capital Expenses								
D. Ownership								
17	Depreciation			54,996	54,996		54,996	17
18	Interest			64,700	64,700		64,700	18
19	Real Estate Taxes			2,976	2,976		2,976	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			122,672	122,672		122,672	23
24	GRAND TOTAL (Sum of lines 16 and 23)	150,071	42,125	172,351	364,547	(1,343)	363,204	24

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 17.24	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	1	8.73	3
4	Activity Director & Assistants	1	8.73	4
5	Social Service Workers			5
6	Head Cook	1	8.73	6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	8.73	10
11	Laundry			11
12	Managers	1	18.86	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	6	\$ 9.60	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1				\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
Carlyle Healthcare Inc.		Carlyle	
St Vincents Home		Quincy	
Clinto Manor Living Center Inc		New Baden	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
WDM Health Services Inc		Quincy		Management	

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES NO

Name of related entity: _____ If yes, what is the value of those services? \$ _____
 (Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

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VIII. OWNERSHIP COSTS

A. Purchase price of land _____ Year land was acquired 1969

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

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

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	17		2007	2006	\$ 1,302,304	\$ 47,250		\$ 47,250	\$	\$ 47,250	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Land Improvements			2006	14,167	837		837		837	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 1,316,471	\$ 48,087		\$ 48,087	\$	\$ 48,087	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 53,061	\$ 6,879	\$ 6,879	\$	8	\$ 6,879	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 53,061	\$ 6,879	\$ 6,879	\$		\$ 6,879	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

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IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: _____

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

	1	2	3	4	5	6	
	Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building		/ /	\$			3
4	Additions		/ /				4
5			/ /				5
6			/ /				6
7	TOTAL			\$			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ _____

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9						
		Related**				Purpose of Loan	Date of Note					Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		YES	NO									Original	Balance			
A. Directly Facility Related																
Long-Term																
1	First National Bank		X	Mortgage	11/10/06	\$ 1,952,000	\$ 1,892,221	11/10/09	7.2500	\$ 64,700	1					
2					/ /			/ /			*see note					
3					/ /			/ /			3					
Working Capital																
4					/ /			/ /			4					
5					/ /			/ /			5					
6					/ /			/ /			6					
7	TOTAL Facility Related					\$ 1,952,000	\$ 1,892,221			\$ 64,700	7					
B. Non-Facility Related																
8					/ /			/ /			8					
9					/ /			/ /			9					
10	TOTALS (lines 7, 8 and 9)					\$ 1,952,000	\$ 1,892,221			\$ 64,700	10					

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

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

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/07

(last day of reporting year)

	1	2	
	Operating	After Consolidation*	
A. Current Assets			
1	Cash on Hand and in Banks	\$ 319,509	1
2	Cash-Patient Deposits	(15,570)	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	666,655	3
4	Supply Inventory (priced FIFO)	8,317	4
5	Short-Term Investments	622,975	5
6	Prepaid Insurance	42,552	6
7	Other Prepaid Expenses		7
8	Accounts Receivable (owners or related parties)		8
9	Other(specify):		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ (15,570) \$ 1,644,438	10
B. Long-Term Assets			
11	Long-Term Notes Receivable		11
12	Long-Term Investments	(121,387)	12
13	Land	128,950	13
14	Buildings, at Historical Cost	1,316,471	14
15	Leasehold Improvements, at Historical Cost		15
16	Equipment, at Historical Cost	53,061	16
17	Accumulated Depreciation (book methods)	(54,966)	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)	\$ 1,314,566 \$ 3,223,956	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,298,996 \$ 4,868,394	25

*(See instructions.)

	1	2	
	Operating	After Consolidation*	
C. Current Liabilities			
26	Accounts Payable	\$ 87,101	26
27	Officer's Accounts Payable		27
28	Accounts Payable-Patient Deposits		28
29	Short-Term Notes Payable		29
30	Accrued Salaries Payable	2,050	30
31	Accrued Taxes Payable		31
32	Accrued Interest Payable		32
33	Deferred Compensation		33
34	Federal and State Income Taxes		34
	Other Current Liabilities(specify):		
35			35
36			36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,050 \$ 308,916	37
D. Long-Term Liabilities			
38	Long-Term Notes Payable		38
39	Mortgage Payable		39
40	Bonds Payable		40
41	Deferred Compensation		41
	Other Long-Term Liabilities(specify):		
42			42
43			43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 1,909,221	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,050 \$ 2,218,137	45
46	TOTAL EQUITY	\$ 1,296,946	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,298,996 \$ 4,868,394	47

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XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 375,367	1
2	Discounts and Allowances	(104)	2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 375,263	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services	2,904	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	2,122	8
9	Non-Resident Meals	1,283	9
10	Laundry	60	10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 6,369	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15			15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 381,632	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	158,920	19
20	Health Care/ Personal Care	21,886	20
21	General Administration	61,069	21
B. Capital Expense			
22	Ownership	122,672	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 364,547	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 17,085	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 17,085	31

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Interest expense is based on a allocation of the current interest rate on the portion of the debt of the supportive living facility.

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Dorothy Messick owns 52% of Carlyle Healcare Inc

Sue Gray owns 24% of Carlyle Healthcare I

Ann Reis Ownes 24% of Carlyle Healthcare Inc

Ann Reis owns 25 % of Clinton Manor Living Center Inc. New Baden, Il

Carlyle Healthcare owns 100% of Villa Catherine Assisted Living a division of Carlyle Healthcare

Carlyle Healthcare owns 100% of Villa Catherine Supportive Living a division of Carlyle Healthcare

Carlyle Healthcare owns 100% of Catherine Kasper Village a division of Carlyle Healthcare

Carlyle Healthcare owns 100% of St. Vincents Home Inc.

Carlyle Healthcare owns 100% of St.Vincents Home Inc.-Casista Catherine Assisted Living

Carlyle Healthcare owns 100% of St. Vincents Home Inc.-Catherine Kasper Village

Carlyle Healthcare owns 100% of St. Vincents Home Inc.-Catherine Kasper Community Center

Dorothy Messick owns 50% of WDM Health Service Inc. a Management Co.

Sue Gray owns 25% of WDM Health Services Inc.

Ann Reis owns 25% of WDM Health Services Inc.

No Management Fees or owner salaries are reflected on page 3 .

Dorothy Messick received a salary of \$ 100,000 allocated 50% for Carlyle Healthcare and 50% for St. Vincents Home Inc., which is reflected on their cost reports.

Carlyle Healthcare paid WDM Health Services Inc. \$ 322,000 a management fee for 2007 which is reflected on the Carlyle Healthcare Cost report.

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Carlyle Healtcare provides at cost a service for laundry,maint.and refuse disposal.

Carlyle Healthcare also sells at cost to Villa Catherine :food, food supplies,laundry and housekeeping supplies.

Carlyle Healthcare Costs		Supportive living costs
Food Exp.	\$27,955	\$27,955
Dietary Supplies	1666	1666
Laundry Fee	620	620
Laundry Supplies	762	762
Housekeeping Supplie	2764	2764
Maintenance services	600	600
Refuse Disposal	315	315

Page 3 line 19 Property Taxes is based on a allocation
(see attached sheet)

Schedule IV Adjustments

line 1 reduced food costs for non resident meals
line 2 reduced laundry costs by laundry income