



Facility Name Plum Creek SLF

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

**III. STATISTICAL DATA**

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

Date of change in certified units       /      /      

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period (Leap Year)	
1	77	Single Unit Apartment	77	28,182	1
2	25	Double Unit Apartment	25	9,150	2
3		Other		3,294	3
4	102	TOTALS	102	40,626	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	20,692	3,899		24,591	5
6	Double Unit	6,128	198		6,326	6
7	Other	789	244		1,033	7
8	TOTALS	27,609	4,341		31,950	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.)       78.64%      

**D. Indicate the number of paid bed-hold days the SLF had during this year**       2,507       Also, indicate the number of unpaid bed-hold days the SLF had during this year.       n/a       **(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)  
      N/A      

**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

**I. Is your fiscal year identical to your tax year?**  YES  NO

Tax Year:       12/31/08       Fiscal Year:       12/31/08      

\* 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	195,686	213,697	62,233	471,616		471,616	1
2	Housekeeping, Laundry and Maintenance	107,807	71,469	8,253	187,529		187,529	2
3	Heat and Other Utilities			115,114	115,114	(10,854)	104,260	3
4	Other (specify): Security (col 1) Sanitation (col 3)	14,372		6,353	20,725		20,725	4
5	<b>TOTAL General Services</b>	317,865	285,166	191,953	794,984	(10,854)	784,130	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	400,641	4,082	7,670	412,393		412,393	6
7	Activities and Social Services	34,711	3,141		37,852		37,852	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	435,352	7,223	7,670	450,245		450,245	9
<b>C. General Administration</b>								
10	Administrative and Clerical	135,996	36,180	328,579	500,755	(56,030)	444,725	10
11	Marketing Materials, Promotions and Advertising	56,725	33,816		90,541	(2,428)	88,113	11
12	Employee Benefits and Payroll Taxes			129,791	129,791		129,791	12
13	Insurance-Property, Liability and Malpractice			62,040	62,040		62,040	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	192,721	69,996	520,410	783,127	(58,458)	724,669	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	945,938	362,385	720,033	2,028,356	(69,312)	1,959,044	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			556,601	556,601		556,601	17
18	Interest			781,185	781,185		781,185	18
19	Real Estate Taxes			72,301	72,301		72,301	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			1,410,087	1,410,087		1,410,087	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	945,938	362,385	2,130,120	3,438,443	(69,312)	3,369,131	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	2	\$ 25.89	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	5	20.19	3
4	Activity Director & Assistants	1	17.37	4
5	Social Service Workers			5
6	Head Cook	1	21.63	6
7	Cook Helpers/Assistants	7	9.62	7
8	Dishwashers			8
9	Maintenance Workers	2	14.67	9
10	Housekeepers	2	8.12	10
11	Laundry			11
12	Managers	1	29.80	12
13	Other Administrative			13
14	Clerical	3	14.75	14
15	Marketing	1	22.84	15
16	Other Security	1	10.35	16
17	<b>Total (lines 1 thru 16)</b>	<b>26</b>	<b>\$ 15.35</b>	<b>17</b>

**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	N/A			\$	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

	Amount of Fee	
1	Providence Management & Development	\$ 200,000 1
2		
<b>Total</b>		<b>\$ 200,000 3</b>

**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 <u>1</u>	City <u>2</u>
N/A	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>

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 745,000 Year land was acquired 2006 Agreed to Cost Certification Report

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	102		2006	2006	\$ 12,602,734	\$ 461,589	40	\$ 315,068	\$ (146,521)	\$ 1,018,551	1
2											2
3				Agreed to Cost Certification Report							3
4											4
5											5
<b>Improvement Type</b>											
6	Building Improvement		2007		10,518	263	40	263		526	6
7	Building Improvement		2007		3,392	56	40	56		112	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)				\$ 12,616,644	\$ 461,908		\$ 315,387	\$ (146,521)	\$ 1,019,189	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	\$ 472,241	\$ 94,693	\$ 67,463	(27,230)	7	\$ 200,396	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 472,241	\$ 94,693	\$ 67,463	(27,230)	\$ 200,396	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: N/A

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	<b>TOTAL</b>			\$			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	
		Name of Lender	Related**			Purpose of Loan	Date of Note				
		YES	NO			Original	Balance				
	<b>A. Directly Facility Related Long-Term</b>										
1	Illinois Finance Authority		x	Building Purchase/Remodel	4/1/06	\$ 11,600,000	\$ 11,600,000	12/1/37	6.5000	\$ 754,000	1
2					/ /			/ /			2
3					/ /			/ /			3
	<b>Working Capital</b>										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$ 11,600,000	\$ 11,600,000			\$ 754,000	7
	<b>B. Non-Facility Related</b>										
8					/ /			/ /			8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 11,600,000	\$ 11,600,000			\$ 754,000	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.

## STATE OF ILLINOIS

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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 10,863	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	341,821		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,982		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 363,666	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	745,000		13
14	Buildings, at Historical Cost	12,508,851		14
15	Leasehold Improvements, at Historical Cost	107,793		15
16	Equipment, at Historical Cost	472,241		16
17	Accumulated Depreciation (book methods)	(1,219,585)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	815,538		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(74,758)		20
21	Restricted Funds	1,381,955		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>	\$ 14,737,035	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 15,100,701	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 356,089	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	4,691		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	30,932		30
31	Accrued Taxes Payable	70,067		31
32	Accrued Interest Payable	62,833		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 524,612	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	11,600,000		40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 11,600,000	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 12,124,612	\$	45
46	<b>TOTAL EQUITY</b>	\$ 2,976,089	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 15,100,701	\$	47

\*(See instructions.)

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,080,352	1
2	Discounts and Allowances		2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 3,080,352	3
<b>B. Other Operating Revenue</b>			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	36,233	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 36,233	14
<b>D. Other Revenue (specify):</b>			
15	Telephone Revenues	28,400	15
16	Food Stamp Allowances	66,451	16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 94,851	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,211,436	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	794,984	19
20	Health Care/ Personal Care	450,245	20
21	General Administration	783,127	21
<b>B. Capital Expense</b>		1,410,087	
22	Ownership		22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 3,438,443	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ (227,007)	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ (227,007)	31

Plum Creek SLF

1/1/08 - 12/31/08

Schedule IV - COST CENTER EXPENSES

Adjustments: Non-allowable Expenses:

Row 3	Heat & Other Utilities	(10,854)
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To disallow for Cable TV expense

Row 10	Administrative & Clerical	(7,642)
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To disallow for bank overdraft charges

Row 10	Administrative & Clerical	(48,388)
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To disallow for bad debt

Row 11	Marketing Materials, Promotions & Advertising	(2,428)
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To disallow for Yellow Page advertising