

Facility Name Villa Catherine

Report Period Beginning: 01/01/08 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	
1	15	Single Unit Apartment	15	5,490	1
2	2	Double Unit Apartment	2	732	2
3		Other			3
4	17	TOTALS	17	6,222	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	1,796	2,803		4,599	5
6	Double Unit	981			981	6
7	Other					7
8	TOTALS	2,777	2,803		5,580	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.68%

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

30 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)

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

YES NO

Tax Year: 2008 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		33,705	293	33,998	(765)	33,233	1
2	Housekeeping, Laundry and Maintenance		4,227	1,935	6,162	(150)	6,012	2
3	Heat and Other Utilities			14,465	14,465		14,465	3
4	Other (specify):							4
5	TOTAL General Services		37,932	16,693	54,625	(915)	53,710	5
B. Health Care and Programs								
6	Health Care/ Personal Care	141,042	707		141,749		141,749	6
7	Activities and Social Services		873		873		873	7
8	Other (specify): Beauty/Barber			2,042	2,042		2,042	8
9	TOTAL Health Care and Programs	141,042	1,580	2,042	144,664		144,664	9
C. General Administration								
10	Administrative and Clerical	24,353	5,045	7,200	36,598		36,598	10
11	Marketing Materials, Promotions and Advertising			925	925		925	11
12	Employee Benefits and Payroll Taxes			11,876	11,876		11,876	12
13	Insurance-Property, Liability and Malpractice			10,166	10,166		10,166	13
14	Other (specify): Training			15	15		15	14
15	TOTAL General Administration	24,353	5,045	30,182	59,580		59,580	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	165,395	44,557	48,917	258,869	(915)	257,954	16
Capital Expenses								
D. Ownership								
17	Depreciation			55,247	55,247		55,247	17
18	Interest			91,200	91,200		91,200	18
19	Real Estate Taxes			20,066	20,066		20,066	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Transportation		819		819	(400)	419	22
23	TOTAL Ownership		819	166,513	167,332	(400)	166,932	23
24	GRAND TOTAL (Sum of lines 16 and 23)	165,395	45,376	215,430	426,201	(1,315)	424,886	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	\$ 17.38	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	1	9.00	3
4	Activity Director & Assistants	1	9.00	4
5	Social Service Workers			5
6	Head Cook	1	9.00	6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	9.00	10
11	Laundry			11
12	Managers	1	20.11	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	6	\$ 9.85	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 Center Inc.		Carlyle	
St. Vincent's Home Inc		Quincy	
Clinton Manor Inc.		New baden	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
WDM Health Services		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	\$ 47,469	28	\$ 47,469	\$	\$ 94,720	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements		2006	14,167	873	8	873		1,711	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	\$ 48,342		\$ 48,342	\$	\$ 96,431	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	\$ 6,904	\$ 6,904	\$	8	\$ 13,783	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 53,061	\$ 6,904	\$ 6,904	\$		\$ 13,783	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	\$ 1,839,837	11/10/09	7.2500	\$ 91,200	1					
2					/ /			/ /		*see note	2					
3					/ /			/ /			3					
Working Capital																
4					/ /			/ /			4					
5					/ /			/ /			5					
6					/ /			/ /			6					
7	TOTAL Facility Related					\$ 1,952,000	\$ 1,839,837			\$ 91,200	7					
B. Non-Facility Related																
8					/ /			/ /			8					
9					/ /			/ /			9					
10	TOTALS (lines 7, 8 and 9)					\$ 1,952,000	\$ 1,839,837			\$ 91,200	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 12/31/08

(last day of reporting year)

	1	2	
	Operating	After Consolidation*	
A. Current Assets			
1 Cash on Hand and in Banks	\$	\$ 84,506	1
2 Cash-Patient Deposits	(17,790)	(17,790)	2
3 Accounts & Short-Term Notes Receivable-Patients (less allowance)		925,506	3
4 Supply Inventory (priced at)		9,104	4
5 Short-Term Investments		766,110	5
6 Prepaid Insurance		43,292	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)	\$ (17,790)	\$ 1,810,728	10
B. Long-Term Assets			
11 Long-Term Notes Receivable			11
12 Long-Term Investments		(134,613)	12
13 Land		128,950	13
14 Buildings, at Historical Cost	1,316,471	4,701,338	14
15 Leasehold Improvements, at Historical Cost			15
16 Equipment, at Historical Cost	53,061	1,037,276	16
17 Accumulated Depreciation (book methods)	(110,213)	(2,602,363)	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)	\$ 1,259,319	\$ 3,130,588	24
25 TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,241,529	\$ 4,941,316	25

	1	2	
	Operating	After Consolidation*	
C. Current Liabilities			
26 Accounts Payable	\$	\$ 183,183	26
27 Officer's Accounts Payable			27
28 Accounts Payable-Patient Deposits			28
29 Short-Term Notes Payable			29
30 Accrued Salaries Payable	1,203	185,014	30
31 Accrued Taxes Payable		47,283	31
32 Accrued Interest Payable		6,885	32
33 Deferred Compensation			33
34 Federal and State Income Taxes		(25,200)	34
Other Current Liabilities(specify):			
35			35
36			36
37 TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,203	\$ 397,165	37
D. Long-Term Liabilities			
38 Long-Term Notes Payable		96,880	38
39 Mortgage Payable		1,839,837	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)	\$	\$ 1,936,717	44
45 TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,203	\$ 2,333,882	45
46 TOTAL EQUITY	\$ 1,240,326	\$ 2,607,434	46
47 TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,241,529	\$ 4,941,316	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	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 431,106	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 431,106	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services	2,900	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	2,443	8
9	Non-Resident Meals	765	9
10	Laundry	150	10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 6,258	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)	\$ 437,364	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	54,625	19
20	Health Care/ Personal Care	144,664	20
21	General Administration	59,580	21
B. Capital Expense			
22	Ownership	167,332	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)	\$ 426,201	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 11,163	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 11,163	31

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

Page 4 Schedule VII A

Dorothy Messick owns 52% of Carlyle Healthcare 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 Serviv Inc. \$351,000 in management fees for 2008 which is reflected on the Carlyle Healthcare Cost report.

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Carlyle Healthcare 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.	\$31,788	\$31,788
Dietary Supplies	1917	1917
Laundry Fee	780	780
Laundry Supplies	576	576
Housekeeping Supplie	2373	2373
Maintenance services	720	720
Refuse Disposal	435	435
Administrative Service	2400	2400

Page 3 Line 13 Property taxes are based on actual assessed value of property by the county.
(see attached sheet)

Schedule IV Adjustments

line 1 reduced food costs for non resident meals

line 2 reduced laundry costs by laundry income

line 22 reduced by transportation income