

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2009  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2009)**

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

**I.**

Facility Name: Plum Creek SLF

Address: 2801 West Algonquin Road Rolling Meadows 60008  
Number City Zip Code

County: Cook

Telephone Number: ( 847 ) 670-8080 Fax # 847 368-1330

Federal Employer ID Number: 20-4492834

Date Current Owners were Certified: 10/23/06

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

In the event there are further questions about this report, please contact:

Name: Reuel Crook/Sue McTague Telephone Number: ( 847 ) 670-8080  
Email Address: reuel@royalcaremanagement.com

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/09 to 12/31/09 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed) _____	<u>4/9/2010</u>
	(Type or Print Name) <u>Reuel Crook</u>	(Date)
	(Title) <u>Financial Director - Management Company</u>	
Paid Preparer	(Signed) _____	(Date)
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) <u>( )</u> _____ Fax # <u>( )</u> _____	

MAIL TO: BUREAU OF HEALTH FINANCE  
IL DEPT OF HEALTHCARE AND FAMILY SERVICES  
201 S. Grand Avenue East  
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name Plum Creek SLF

Report Period Beginning: 1/1/09 Ending: 12/31/09

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	77	Single Unit Apartment	77	28,105	1
2	25	Double Unit Apartment	25	9,125	2
3		Other		3,285	3
4	102	TOTALS	102	40,515	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	25,974	4,144		30,118	5
6	Double Unit	5,671			5,671	6
7	Other	487			487	7
8	TOTALS	32,132	4,144		36,276	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.54%

D. Indicate the number of paid bed-hold days the SLF had during this year 502 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)

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H. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/09 Fiscal Year: 12/31/09

\* 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. \_\_\_\_\_

Facility Name: Plum Creek SLF

Report Period Beginning:

1/1/09

Ending:

12/31/09

## 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	217,734	191,569		409,303		409,303	1
2	Housekeeping, Laundry and Maintenance	117,321	90,054	17,114	224,489		224,489	2
3	Heat and Other Utilities			76,496	76,496		76,496	3
4	Other (specify):	6,818		102	6,920		6,920	4
5	<b>TOTAL General Services</b>	<b>341,873</b>	<b>281,623</b>	<b>93,712</b>	<b>717,208</b>		<b>717,208</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	481,216			481,216		481,216	6
7	Activities and Social Services	37,810	8,893		46,703	(1,175)	45,528	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>519,026</b>	<b>8,893</b>		<b>527,919</b>	<b>(1,175)</b>	<b>526,744</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	184,202	25,396	333,546	543,144	(5,660)	537,484	10
11	Marketing Materials, Promotions and Advertising	58,025			58,025		58,025	11
12	Employee Benefits and Payroll Taxes			172,408	172,408		172,408	12
13	Insurance-Property, Liability and Malpractice			60,842	60,842		60,842	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>242,227</b>	<b>25,396</b>	<b>566,796</b>	<b>834,419</b>	<b>(5,660)</b>	<b>828,759</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,103,126</b>	<b>315,912</b>	<b>660,508</b>	<b>2,079,546</b>	<b>(6,835)</b>	<b>2,072,711</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			556,772	556,772		556,772	17
18	Interest			754,000	754,000		754,000	18
19	Real Estate Taxes			72,000	72,000		72,000	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>1,382,772</b>	<b>1,382,772</b>		<b>1,382,772</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,103,126</b>	<b>315,912</b>	<b>2,043,280</b>	<b>3,462,318</b>	<b>(6,835)</b>	<b>3,455,483</b>	<b>24</b>

Facility Name: Plum Creek SLF

Report Period Beginning 1/1/09

Ending:

12/31/09

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 25.92	1
2	Licensed Practical Nurses	1	21.00	2
3	Certified Nurse Assistants	9	10.65	3
4	Activity Director & Assistants	1	19.23	4
5	Social Service Workers			5
6	Head Cook	1	21.63	6
7	Cook Helpers/Assistants	8	9.09	7
8	Dishwashers			8
9	Maintenance Workers	2	16.15	9
10	Housekeepers	2	8.27	10
11	Laundry			11
12	Managers	1	28.85	12
13	Other Administrative			13
14	Clerical	3	14.55	14
15	Marketing	1	26.44	15
16	Other	1	10.75	16
17	<b>Total (lines 1 thru 16)</b>	<b>32</b>	<b>\$ 13.77</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	\$ 200,004	1
2			2
<b>Total</b>		<b>\$ 200,004</b>	<b>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	1	City	2
N/A			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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: N/A

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

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 \_\_\_\_\_

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)	\$ 1,480,140	1
2											2
3											3
4											4
5											5
	<b>Improvement Type</b>										
6	Building Improvement		2007	2007	10,518	263	40	263		789	6
7	Building Improvement		2007	2007	3,392	56	40	56		168	7
8	Building Improvement		2009	2009	8,575	214	40	214		214	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	<b>TOTAL (lines 1 thru 16)</b>				\$ 12,625,219	\$ 462,122		\$ 315,601	\$ (146,521)	\$ 1,481,311	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	\$ 472,832	\$ 94,693	\$ 67,463	(27,230)	7	\$ 295,089	18
19	Vehicles							19
20	<b>TOTAL (lines 18 and 19)</b>	\$ 472,832	\$ 94,693	\$ 67,463	(27,230)		\$ 295,089	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	<b>TOTALS (lines 21, 22 and 23)</b>	\$	\$	\$	24

Facility Name: Plum Creek SLF

Report Period Beginning: 1/1/09

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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

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	Name of Lender	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			
		<b>A. Directly Facility Related</b>															
		<b>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.

Facility Name: Plum Creek SLF

Report Period Beginning: 1/1/09

Ending:

12/31/09

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 100,175	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	353,377		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,915		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>	\$ 458,467	\$	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	116,368		15
16	Equipment, at Historical Cost	472,832		16
17	Accumulated Depreciation (book methods)	(1,488,701)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	815,538		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(95,146)		20
21	Restricted Funds	1,179,545		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>	\$ 14,254,287	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 14,712,754	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 149,407	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	35,610		30
31	Accrued Taxes Payable	72,190		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>	\$ 320,040	\$	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>	\$ 11,920,040	\$	45
46	<b>TOTAL EQUITY</b>	\$ 2,792,714	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 14,712,754	\$	47

\*(See instructions.)

Facility Name: Plum Creek SLF

Report Period Beginning: 1/1/09

Ending:

12/31/09

## 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	\$ 3,227,935	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 3,227,935	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
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	2,028	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 2,028	14
<b>D. Other Revenue (specify):</b>			
15	Telephone	30,042	15
16	Food Stamp allowance	112,090	16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 142,132	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 3,372,095	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	717,208	19
20	Health Care/ Personal Care	526,744	20
21	General Administration	828,759	21
<b>B. Capital Expense</b>			
22	Ownership	1,258,000	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	\$ 3,330,711	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ 41,384	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ 41,384	31

V - COST CENTER EXPENSES

ts: Non-allowable Expenses:

Activities & Social Services (1,175.00)

To disallow for Entertainment

Administrative & Clerical

To disallow for Bad Debt Expenses (4,238.00)

To disallow for Penalty Fees (1,422.00)

(5,660.00)