

		FOR BHF USE			

LL2

Supportive Living Facility

**2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2005)**

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: Saint Clare's Villa

Address: 915 East 5th Street Alton 62002-0340
Number City Zip Code

County: Madison

Telephone Number: (618) 463-9000 Fax # (618) 463-0995

Federal Employer ID Number: 37-1397289

Date Current Owners were Certified: 4/8/02

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: Terry Dooling Telephone Number: (618) 465-7717

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/05 to 12/31/05 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) _____	(Date) _____
	(Type or Print Name) <u>William E. Kessler</u>	
	(Title) <u>President & CEO, Saint Anthony's Health Center</u>	
Paid Preparer	(Signed) <u>See Accountant's Compilation Report Attached</u>	(Date) _____
	(Print Name and Title) <u>J. Terry Dooling, Partner</u>	
	(Firm Name & Address) <u>C.J. Schlosser & Company, L.L.C. 233 East Center Drive, Alton, IL 62002</u>	
	(Telephone) (<u>618</u>) <u>465-7717</u> Fax (<u>618</u>) <u>465-7710</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: Saint Clare's Villa

Report Period Beginning:

1/1/05

Ending:

12/31/05

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	76,293		178,160	254,453		254,453	1
2	Housekeeping, Laundry and Maintenance	72,207	3,932	106,235	182,374		182,374	2
3	Heat and Other Utilities			203,308	203,308		203,308	3
4	Other (specify): Security			48,085	48,085		48,085	4
5	TOTAL General Services	148,500	3,932	535,788	688,220		688,220	5
B. Health Care and Programs								
6	Health Care/ Personal Care	353,585	7,350		360,935		360,935	6
7	Activities and Social Services		2,043		2,043		2,043	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	353,585	9,393		362,978		362,978	9
C. General Administration								
10	Administrative and Clerical	93,882	9,009	156,705	259,596	(1,418)	258,178	10
11	Marketing Materials, Promotions and Advertising							11
12	Employee Benefits and Payroll Taxes			215,353	215,353		215,353	12
13	Insurance-Property, Liability and Malpractice			33,358	33,358		33,358	13
14	Other (specify):							14
15	TOTAL General Administration	93,882	9,009	405,416	508,307	(1,418)	506,889	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	595,967	22,334	941,204	1,559,505	(1,418)	1,558,087	16
Capital Expenses								
D. Ownership								
17	Depreciation			384,254	384,254	31,161	415,415	17
18	Interest			24,554	24,554		24,554	18
19	Real Estate Taxes			3,817	3,817		3,817	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			544	544		544	21
22	Other (specify):			6,040	6,040		6,040	22
23	TOTAL Ownership			419,209	419,209	31,161	450,370	23
24	GRAND TOTAL (Sum of lines 16 and 23)	595,967	22,334	1,360,413	1,978,714	29,743	2,008,457	24

Facility Name: Saint Clare's Villa

Report Period Beginning 1/1/05 Ending: 12/31/05

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.7	\$ 26.28	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	10.7	11.25	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	3.5	10.53	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	4.1	8.38	10
11	Laundry			11
12	Managers	0.6	27.73	12
13	Other Administrative			13
14	Clerical	2.0	14.45	14
15	Marketing			15
16	Other	0.7	7.16	16
17	Total (lines 1 thru 16)	23.3	\$ 12.29	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	None			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	None	\$ 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
Saint Anthony's Health Center		Alton, IL	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
NDC Corp Equity Fd. IV		New York, NY		Limited Ptnr.	
Saint Anthony's, L.L.C.		Alton, IL		General Ptnr.	
NDC Housing & Economic Development Corp.		New York, NY		Project Oversight	

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: _____
(Please attach a separate schedule itemizing those services.)

If yes, what is the value of those services? \$ _____

See Attachment 2

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).

Facility Name: Saint Clare's Villa

Report Period Beginning:

1/1/05

Ending:

12/31/05

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	64			2002	\$ 9,616,006	\$ 362,807	28	\$ 374,789	\$ 11,982	\$ 1,361,146	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Beauty Shop		2003		7,440	271	28	271		710	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)				\$ 9,623,446	\$ 363,078		\$ 375,060	\$ 11,982	\$ 1,361,856	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	\$ 201,775	\$ 21,176	\$ 40,355	19,179	5	\$ 139,491	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 201,775	\$ 21,176	\$ 40,355	19,179		\$ 139,491	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	Section N/A	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Saint Clare's Villa

Report Period Beginning: 1/1/05

Ending: 12/31/05

IX. RENTAL COSTS Section N/A

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	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		
	Name of Lender	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	IHDA Trust Fund		X	Building & Improvements	/ /	\$ 750,000	\$ 700,934	8/1/41	0.0100	\$ 7,081
2	Madison County C.D.		X	Building & Improvements	/ /	300,000	300,000	7/15/44	0.0582	17,460
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 1,050,000	\$ 1,000,934			\$ 24,541
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 1,050,000	\$ 1,000,934			\$ 24,541

* 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.

Interest on Security Deposits 13
Sched. IV, Line 18 24,554

Facility Name: Saint Clare's Villa

Report Period Beginning: 1/1/05

Ending:

12/31/05

12/31/05

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/05

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 18,883	\$	1
2	Cash-Patient Deposits	34		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	234,466		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			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)	\$ 253,383	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	9,469,957		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	352,118		16
17	Accumulated Depreciation (book methods)	(1,532,976)		17
18	Deferred Charges	42,062		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): Oper. & Repl. Reserves	237,697		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,568,858	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,822,241	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 30,654	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	17,146		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	1,984		31
32	Accrued Interest Payable	57,750		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Due to Affiliates	867,493		35
36	Rents Received in Advance	7,718		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 982,745	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	983,788		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)	\$ 983,788	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,966,533	\$	45
46	TOTAL EQUITY	\$ 6,855,708	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,822,241	\$	47

Facility Name: Saint Clare's Villa

Report Period Beginning: 1/1/05

Ending:

12/31/05

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	\$ 1,583,519	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,583,519	3
	B. Other Operating Revenue		
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	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions	150	12
13	Interest and Other Investment Income	6,921	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 7,071	14
	D. Other Revenue (specify):		
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,590,590	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	688,220	19
20	Health Care/ Personal Care	362,978	20
21	General Administration	508,307	21
	B. Capital Expense		
22	Ownership	419,209	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,978,714	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (388,124)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (388,124)	31

Saint Clare's Villa
SLF Cost Report - Adjustments
12/31/05

Attachment 1

<u>Adj #</u>	<u>Cost Center</u>	<u>Line</u>	<u>Col</u>	<u>Amount</u>
1	Depreciation	17	5	629
	To add depreciation expense for minor equipment expensed in prior year.			
2	Administrative and Clerical	10	5	(1,418)
	To eliminate sales tax expense			
3	Depreciation Expense	17	5	30,532
	To adjust for non-straight line depreciation			
				<u>29,743</u>

**Saint Clare's Villa
SLF Cost Report
Related Party Disclosure
December 31, 2005**

Attachment 2

Saint Clare's Villa (SCV) is owned 99.9% by NDC Corporate Equity Fund IV, L.P. (NDC) and 0.1% by Saint Anthony's, L.L.C. (SAL).

SAL is 100% owned by Saint Anthony's Health Center (SAHC), an acute care hospital.

Various services such as payroll, fringe benefits and dietary are paid for by SAHC and billed monthly to SCV, without mark-up. Other expenses such as utilities, maintenance and security are billed to SCV by SAHC based on actual SAHC cost prorated over SCV's occupied square footage. SAHC is related to SCV due to its ownership of SAL, the General Partner. All amounts paid to SAHC by SCV are based on cost and were subject to negotiation with and audit by the NDC, the Limited Partner.

A detailed schedule of expenses is not attached, because the General Partner owns only a 0.1% interest in the provider.