

		FOR BHF USE			

LL2

Supportive Living Facility

2006
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2006)

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 Charitable Corp.	<input checked="" type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL State
<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Partnership Corporation	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> "Sub-S" Corp.	<input type="checkbox"/> Other _____
	<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 1/1/06 to 12/31/06 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>Mark F. Weber</u>	
	(Title) <u>President & CEO Saint Anthony's Health Center</u>	
Paid Preparer	(Signed) _____	See Accountant's Compilation Report Attached
		(Date) _____
	(Print Name and Title) <u>J.Terry Dooling, Partner</u>	
	(Firm Name & Address) <u>C.J. Schlosser & Company, L.L.C.</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:

1/1/06

Ending:

12/31/06

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	92,454	147	180,463	273,064		273,064	1
2	Housekeeping, Laundry and Maintenance	65,461	4,444	113,731	183,636		183,636	2
3	Heat and Other Utilities			180,680	180,680		180,680	3
4	Other (specify): Security			52,664	52,664		52,664	4
5	TOTAL General Services	157,915	4,591	527,538	690,044		690,044	5
B. Health Care and Programs								
6	Health Care/ Personal Care	337,143	3,911		341,054		341,054	6
7	Activities and Social Services		2,581		2,581		2,581	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	337,143	6,492		343,635		343,635	9
C. General Administration								
10	Administrative and Clerical	103,554	5,007	142,565	251,126	(3,698)	247,428	10
11	Marketing Materials, Promotions and Advertising							11
12	Employee Benefits and Payroll Taxes			217,959	217,959		217,959	12
13	Insurance-Property, Liability and Malpractice			33,439	33,439		33,439	13
14	Other (specify):							14
15	TOTAL General Administration	103,554	5,007	393,963	502,524	(3,698)	498,826	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	598,612	16,090	921,501	1,536,203	(3,698)	1,532,505	16
Capital Expenses								
D. Ownership								
17	Depreciation			387,328	387,328	28,091	415,419	17
18	Interest			24,392	24,392		24,392	18
19	Real Estate Taxes			1,784	1,784		1,784	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			648	648		648	21
22	Other (specify): Amortization			6,039	6,039		6,039	22
23	TOTAL Ownership			420,191	420,191	28,091	448,282	23
24	GRAND TOTAL (Sum of lines 16 and 23)	598,612	16,090	1,341,692	1,956,394	24,393	1,980,787	24

Facility Name: Saint Clare's Villa

Report Period Beginning 1/1/06 Ending: 12/31/06

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.6	\$ 26.40	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	10.2	11.68	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	3.6	10.70	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	3.9	8.06	10
11	Laundry			11
12	Managers	0.8	27.47	12
13	Other Administrative			13
14	Clerical	1.9	14.96	14
15	Marketing			15
16	Other Dining Room Assist.	0.8	7.22	16
17	Total (lines 1 thru 16)	22.8	\$ 12.61	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 Ptrn.	
Saint Anthony's, L.L.C.		Alton, IL		General Ptrn.	
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: _____ 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).

Facility Name: Saint Clare's Villa

Report Period Beginning:

1/1/06

Ending:

12/31/06

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	\$ 9,619,761	\$ 360,623		\$ 375,152	\$ 14,529	\$ 1,736,299	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Beauty Shop			2003	3,685	134		(230)	(364)	480	6
7	Vinyl Flooring			2006	3,910	6		142	136	142	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)				\$ 9,627,356	\$ 360,763		\$ 375,064	\$ 14,301	\$ 1,736,921	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	\$ 198,629	\$ 26,565	\$ 39,726	13,161	5	\$ 178,273	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 198,629	\$ 26,565	\$ 39,726	13,161		\$ 178,273	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: 1/1/06

Ending: 12/31/06

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	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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		IHDA Trust Fund		X	Building & Improvements	7/19/01	\$ 750,000	\$ 683,789	8/1/41	0.0100	\$ 6,924	1
2		Madison County C.D.		X	Building & Improvements	Not Dated	300,000	300,000	10/1/41	0.0582	17,460	2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 1,050,000	\$ 983,789			\$ 24,384	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 1,050,000	\$ 983,789			\$ 24,384	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.

Interest on Security Deposits 8
 Sched. IV, Line 18 24,392

Facility Name: Saint Clare's Villa

Report Period Beginning: 1/1/06

Ending:

12/31/06

12/31/06

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/06

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 20,043	\$	1
2	Cash-Patient Deposits	34		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 9,910)	363,760		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)	\$ 383,837	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	9,473,867		14
15	Leasehold Improvements, at Historical Cost	352,118		15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)	(1,920,303)		17
18	Deferred Charges	36,022		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	256,623		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,198,327	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,582,164	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 16,496	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	15,993		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	1,984		31
32	Accrued Interest Payable	75,210		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Due to Affiliates	861,969		35
36	Rents Received in Advance	4,659		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 976,311	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	967,796		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)	\$ 967,796	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,944,107	\$	45
46	TOTAL EQUITY	\$ 6,638,057	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,582,164	\$	47

Facility Name: Saint Clare's Villa

Report Period Beginning: 1/1/06

Ending:

12/31/06

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

	1	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,623,569	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,623,569	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	315	12
13	Interest and Other Investment Income	11,234	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 11,549	14
	D. Other Revenue (specify):		
15	Application Fees	625	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 625	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,635,743	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	690,044	19
20	Health Care/ Personal Care	343,635	20
21	General Administration	502,524	21
	B. Capital Expense		
22	Ownership	420,191	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)	\$ 1,956,394	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (320,651)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (320,651)	31

Saint Clare's Villa
SLF Cost Report - Adjustments
12/31/06

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	(1,428)
	To eliminate sales tax expense			
3	Depreciation Expense	17	5	27,462
	To adjust for non-straight line depreciation			
4	Administrative and Clerical	10	5	(2,270)
				<u>24,393</u>

**Saint Clare's Villa
SLF Cost Report
Related Party Disclosure
December 31, 2006**

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.