

		FOR BHF USE			

LL2

### Supportive Living Facility

**2007**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**  
**COST REPORT FOR**  
**SUPPORTIVE LIVING FACILITIES**  
**(FISCAL YEAR 2007)**

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: 4/8/2002

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, CPA 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 1/1/07 to 12/31/07 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 &amp; 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 &amp; Company, L.L.C.</u>	
	(Telephone) <u>618 ) 465-7717</u> Fax <u>(618) 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		



## 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	92,388		171,642	264,030		264,030	1
2	Housekeeping, Laundry and Maintenance	62,684	6,989	117,206	186,879		186,879	2
3	Heat and Other Utilities			216,358	216,358		216,358	3
4	Other (specify): Security			49,928	49,928		49,928	4
5	<b>TOTAL General Services</b>	155,072	6,989	555,134	717,195		717,195	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	336,969	3,977		340,946		340,946	6
7	Activities and Social Services	16,381	2,702		19,083		19,083	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	353,350	6,679		360,029		360,029	9
<b>C. General Administration</b>								
10	Administrative and Clerical	116,054	3,592	181,065	300,711	(7,752)	292,959	10
11	Marketing Materials, Promotions and Advertising							11
12	Employee Benefits and Payroll Taxes			231,446	231,446		231,446	12
13	Insurance-Property, Liability and Malpractice			37,780	37,780		37,780	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	116,054	3,592	450,291	569,937	(7,752)	562,185	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	624,476	17,260	1,005,425	1,647,161	(7,752)	1,639,409	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			367,157	367,157	9,043	376,200	17
18	Interest			24,246	24,246		24,246	18
19	Real Estate Taxes			24,923	24,923		24,923	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			634	634		634	21
22	Other (specify): Amortization			6,040	6,040		6,040	22
23	<b>TOTAL Ownership</b>			423,000	423,000	9,043	432,043	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	624,476	17,260	1,428,425	2,070,161	1,291	2,071,452	24

Facility Name: Saint Clare's Villa

Report Period Beginning 1/1/07

Ending:

12/31/07

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.65	\$ 28.14	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9.65	11.97	3
4	Activity Director & Assistants	0.73	10.76	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	3.07	13.26	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	3.37	8.94	10
11	Laundry			11
12	Managers	1.00	28.81	12
13	Other Administrative	1.78	14.81	13
14	Clerical			14
15	Marketing			15
16	Other - Dining Room Assistants	0.51	7.39	16
17	<b>Total (lines 1 thru 16)</b>	<b>21.76</b>	<b>\$ 13.80</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	None			\$	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	\$	1
2		2
<b>Total</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
Saint Anthony's Health Center		Alton, IL	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
NDC Corp EquityFd. IV		New York, NY		Limited Ptnr.	
Saint Anthony's, L.L.C.		Alton, IL		General Ptnr.	
NCC 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). Attachment 2

Facility Name: Saint Clare's Villa

Report Period Beginning:

1/1/07

Ending:

12/31/07

VIII. OWNERSHIP COSTS

A. Purchase price of land N/A

Year land was acquired N/A

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	\$ 355,574	Var	\$ 355,473	\$ (101)	\$ 2,091,772	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Beauty Shop			2003	3,685	134	5	228	94	708	6
7	Vinyl Flooring			2006	3,910	142	5	6	(136)	148	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	\$ 355,850		\$ 355,707	\$ (143)	\$ 2,092,628	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	\$ 11,307	\$ 19,863	8,556	5	\$ 198,136	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 198,629	\$ 11,307	\$ 19,863		\$ 198,136	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

Facility Name: Saint Clare's Villa

Report Period Beginning: 1/1/07

Ending: 12/31/07

**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 \$ 634

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**	YES			NO	Purpose of Loan				
							Original	Balance				
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
1				X	Building & Improvements	7/19/01	\$ 750,000	\$ 667,796	8/1/41	0.0100	\$ 6,765	1
2				X	Building & Improvements	Not Dated	300,000	300,000	10/1/41	0.0582	17,460	2
3						/ /			/ /			3
		<b>Working Capital</b>										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 1,050,000	\$ 967,796			\$ 24,225	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 1,050,000	\$ 967,796			\$ 24,225	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 21  
Sched. IV, Line 18 24,246

Facility Name: Saint Clare's Villa

Report Period Beginning: 1/1/07

Ending:

12/31/07

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of \_\_\_\_\_

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 104,411	\$	1
2	Cash-Patient Deposits	3,587		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	167,718		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	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 275,716	\$	10
	<b>B. Long-Term Assets</b>			
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			15
16	Equipment, at Historical Cost	352,118		16
17	Accumulated Depreciation (book methods)	(2,287,461)		17
18	Deferred Charges	29,984		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): <b>Oper. &amp; Repl. Reserves</b>	282,091		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 7,850,599	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 8,126,315	\$	25

\*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 10,797	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,553		28
29	Short-Term Notes Payable	16,153		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	25,000		31
32	Accrued Interest Payable	64,955		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<b>Due To Affiliates</b>	552,491		35
36	<b>Rents Received in Advance</b>	6,310		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 679,259	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	951,643		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities</b> (sum of lines 38 thru 43)	\$ 951,643	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 1,630,902	\$	45
46	<b>TOTAL EQUITY</b>	\$ 6,495,413	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 8,126,315	\$	47

Facility Name: Saint Clare's Villa

Report Period Beginning: 1/1/07

Ending:

12/31/07

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

	Revenue	Amount	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 1,713,145	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 1,713,145	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	366	12
13	Interest and Other Investment Income	13,378	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 13,744	14
	<b>D. Other Revenue (specify):</b>		
15	Application Fees	625	15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 625	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 1,727,514	18

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	717,195	19
20	Health Care/ Personal Care	360,029	20
21	General Administration	569,937	21
	<b>B. Capital Expense</b>		
22	Ownership	423,000	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)	\$ 2,070,161	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ (342,647)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ (342,647)	31

**Saint Clare's Villa**  
**SLF Cost Report - Adjustments**  
**12/31/07**

Attachment 1

<u>Adj #</u>	<u>Cost Center</u>	<u>Line</u>	<u>Col</u>	<u>Amount</u>	
1	<b>Administrative and Clerical</b> To eliminate bad debt expense	10	5	(6,517)	
2	<b>Administrative and Clerical</b> To eliminate sales tax expense	10	5	(1,235)	(7,752)
3	<b>Depreciation</b> To add depreciation expense for minor equipment expensed in prior year.	17	5	629	
4	<b>Depreciation Expense</b> To adjust for non-straight line depreciation	17	5	8,414	9,043
				<u>1,291</u>	

**Saint Clare's Villa  
SLF Cost Report  
Related Party Disclosure  
December 31, 2007**

**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 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.