

Facility Name Saint Clare's Villa

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	64	Single Unit Apartment	64	23,360	1
2		Double Unit Apartment			2
3		Other			3
4	64	TOTALS	64	23,360	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 BR	6,658	2,077	218	8,953	5
6	Double Unit					6
7	Other - Studio	9,173	1,986		11,159	7
8	TOTALS	15,831	4,063	218	20,112	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.10%

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

566 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 87 (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: _____ 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? Yes If yes, did the facility make all of the required payments of interest and principle? Yes
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? N/A
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? N/A
If no, explain. _____

Facility Name: Saint Clare's Villa

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			
A. General Services								
1	Dietary and Food Purchase	13,550		292,623	306,173		306,173	1
2	Housekeeping, Laundry and Maintenance	60,033	4,648	125,873	190,554		190,554	2
3	Heat and Other Utilities			183,412	183,412		183,412	3
4	Other (specify): Security			51,355	51,355		51,355	4
5	TOTAL General Services	73,583	4,648	653,263	731,494		731,494	5
B. Health Care and Programs								
6	Health Care/ Personal Care	348,330	4,538		352,868		352,868	6
7	Activities and Social Services	25,020	3,004		28,024		28,024	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	373,350	7,542		380,892		380,892	9
C. General Administration								
10	Administrative and Clerical	126,658	2,713	177,468	306,839	(2,182)	304,657	10
11	Marketing Materials, Promotions and Advertising							11
12	Employee Benefits and Payroll Taxes			184,035	184,035		184,035	12
13	Insurance-Property, Liability and Malpractice			34,078	34,078		34,078	13
14	Other (specify):							14
15	TOTAL General Administration	126,658	2,713	395,581	524,952	(2,182)	522,770	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	573,591	14,903	1,048,844	1,637,338	(2,182)	1,635,156	16
Capital Expenses								
D. Ownership								
17	Depreciation			345,559	345,559	511	346,070	17
18	Interest			47,097	47,097		47,097	18
19	Real Estate Taxes			23,699	23,699		23,699	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			501	501		501	21
22	Other (specify): Amortization			6,040	6,040		6,040	22
23	TOTAL Ownership			422,896	422,896	511	423,407	23
24	GRAND TOTAL (Sum of lines 16 and 23)	573,591	14,903	1,471,740	2,060,234	(1,671)	2,058,563	24

Facility Name: Saint Clare's Villa

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	1.60	\$ 30.16	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9.43	12.66	3
4	Activity Director & Assistants	1.01	11.91	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	0.06	26.39	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	3.04	9.48	10
11	Laundry			11
12	Managers	1.00	31.03	12
13	Other Administrative			13
14	Clerical	1.76	16.83	14
15	Marketing			15
16	Other - Dining Room Assistant	0.61	7.96	16
17	Total (lines 1 thru 16)	18.51	\$	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	\$	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.	
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).

Facility Name: Saint Clare's Villa

Report Period Beginning:

1/1/09

Ending:

12/31/09

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	\$ 344,228		\$ 344,228	\$	\$ 2,780,229	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Beauty Shop			2003	3,685	134		134		976	6
7	Vinyl Flooring			2006	3,910	142		142		432	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	\$ 344,504		\$ 344,504	\$	\$ 2,781,637	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	\$ 1,055	\$ 1,250	195		\$ 200,636	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 198,629	\$ 1,055	\$ 1,250	195		\$ 200,636	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: 1/1/09

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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 27,724	\$	1
2	Cash-Patient Deposits	2		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	171,941		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	17		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 199,684	\$	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			15
16	Equipment, at Historical Cost	352,118		16
17	Accumulated Depreciation (book methods)	(2,979,412)		17
18	Deferred Charges	17,905		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	306,123		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,170,601	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,370,285	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,188	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	23,401		31
32	Accrued Interest Payable	62,929		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Due to Affiliates	509,216		35
36	Rent Received in Advance	7,929		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 605,663	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	936,694		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)	\$ 936,694	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,542,357	\$	45
46	TOTAL EQUITY	\$ 5,827,928	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,370,285	\$	47

Facility Name: Saint Clare's Villa

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	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,752,759	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,752,759	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	27	12
13	Interest and Other Investment Income	4,250	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 4,277	14
	D. Other Revenue (specify):		
15	Application Fees	300	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 300	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,757,336	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	731,494	19
20	Health Care/ Personal Care	380,892	20
21	General Administration	524,952	21
	B. Capital Expense		
22	Ownership	422,896	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)	\$ 2,060,234	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (302,898)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (302,898)	31

Saint Clare's Villa
 SLF Cost Report - Adjustments
 12/31/09

Attachment 1

Adj #	Cost Center	Line	Col	Amount
1	Depreciation	17	5	315
	To add depreciation expense for minor equipment expensed in prior year. VIII - 3			
2	Administrative and Clerical	10	5	(1,312)
	To eliminate sales tax expense Grouper			
3	Depreciation Expense	17	5	196
	To adjust for non-straight line depreciation VIII - 2			
4	Administrative and Clerical	10	3	(870)
	To Eliminate Bad debt Expense			
				(1,671)

ADJUSTMENTS (TO SCHED. IV)

Line 10 Admin	(2,182)
Line 17 Depreciation	511
TOTAL	(1,671)

Saint Clare's Villa
SLF Cost Report
Related Party Disclosure
December 31, 2009

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 an 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.