

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning:

01-01/2014

Ending: 12/31/2014

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	83,999	103,232	6,827	194,058		194,058	1
2	Housekeeping, Laundry and Maintenance	78,085	115,961		194,046		194,046	2
3	Heat and Other Utilities			46,517	46,517		46,517	3
4	Other (specify):			136,296	136,296		136,296	4
5	TOTAL General Services	162,083	219,193	189,640	570,916		570,916	5
B. Health Care and Programs								
6	Health Care/ Personal Care	199,584	2,833		202,417		202,417	6
7	Activities and Social Services	28,974	2,954		31,928		31,928	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	228,558	5,787		234,345		234,345	9
C. General Administration								
10	Administrative and Clerical	112,362	16,738	84,278	213,378	(662)	212,716	10
11	Marketing Materials, Promotions and Advertising			4,339	4,339		4,339	11
12	Employee Benefits and Payroll Taxes	226,690			226,690		226,690	12
13	Insurance-Property, Liability and Malpractice							13
14	Other (specify):							14
15	TOTAL General Administration	339,053	16,738	88,617	444,408	(662)	443,746	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	729,694	241,718	278,257	1,249,669	(662)	1,249,007	16
Capital Expenses								
D. Ownership								
17	Depreciation							17
18	Interest			164,307	164,307		164,307	18
19	Real Estate Taxes			59,598	59,598		59,598	19
20	Rent -- Facility and Grounds			10,400	10,400		10,400	20
21	Rent -- Equipment							21
22	Other (specify):			1,366	1,366		1,366	22
23	TOTAL Ownership			235,671	235,671		235,671	23
24	GRAND TOTAL (Sum of lines 16 and 23)	729,694	241,718	513,928	1,485,340	(662)	1,484,678	24

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 33.00	1
2	Licensed Practical Nurses	2	18.95	2
3	Certified Nurse Assistants	6	10.92	3
4	Activity Director & Assistants	1	16.23	4
5	Social Service Workers			5
6	Head Cook	2	10.66	6
7	Cook Helpers/Assistants	3	9.01	7
8	Dishwashers			8
9	Maintenance Workers	1	18.51	9
10	Housekeepers	2	10.91	10
11	Laundry			11
12	Managers	1	27.79	12
13	Other Administrative	2	19.56	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	20	\$	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				\$	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

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: _____ 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).

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VIII. OWNERSHIP COSTS

A. Purchase price of land 236,734 Year land was acquired 2002

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	22		2003	2003	5404383 #	\$ 135,110	40	\$ 135,110	\$	\$ (1,553,760)	1
2				2009	34817 #	1,886		1,886		(10,190)	2
3											3
4											4
5											5
	Improvement Type										
6			2003		79,597	3,980	10	3,980		(45,768)	6
7			2012		87,500	8,693	20	8,693		(22,304)	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)				\$ 5,606,297	\$ 149,669		\$ 149,669	\$	\$ (1,632,022)	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	\$ 54,181	\$ 5,418	\$ 5,418	\$	10	\$ (29,348)	18
	Movable Equipment	20,184	2,019	2,019		10	(3,868)	
	Movable Equipment	23,086	2,309	2,309		10	(3,463)	
	Movable Equipment	7,656	2,552	2,552		3	(2,977)	
	Movable Equipment	11,281	313	313		3	(313)	
	Movable Equipment	31,142	1,817	1,817		10	(1,817)	
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 147,530	\$ 14,428	\$ 14,428	\$		\$ (41,787)	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

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IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: _____

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		CCHD	X		Subordinate Mortgage	8/30/02	\$ 184,630	\$ 184,630	8/30/02	0.0657	\$ 12,130	1
2		CCHD	x		Subordinate Mortgage	4/30/02	121,752	121,752	4/30/02	0.0657	7,999	2
3		CCHD	x		Subordinate Mortgage	4/30/02	559,776	559,776	4/30/02	0.0657	8,789	3
4		CCHD	x		Subordinate Mortgage	3/12/02	423,000	423,000	3/12/02	0.0657	23,180	
Working Capital												
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 1,289,158	\$ 1,289,158			\$ 52,098	7
B. Non-Facility Related												
8		IHDA			Mortgage	12/31/04	750,000	750,000	8/31/33	0.0100	7,500	8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 2,039,158	\$ 2,039,158			\$ 59,598	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.

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 95,568	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	323,881		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)	\$ 419,449	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	236,734		13
14	Buildings, at Historical Cost	5,551,961		14
15	Leasehold Improvements, at Historical Cost	79,597		15
16	Equipment, at Historical Cost	412,960		16
17	Accumulated Depreciation (book methods)	(1,939,452)		17
18	Deferred Charges			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):Reserve Accounts	355,116		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,696,916	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,116,365	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 121,701	\$	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			31
32	Accrued Interest Payable	569,769		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35		2,165,384		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,856,854	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	2,039,158		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)	\$ 2,039,158	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,896,012	\$	45
46	TOTAL EQUITY	\$ 220,353	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,116,365	\$	47

*(See instructions.)

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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	\$ 1,180,408	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,180,408	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		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	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)	\$ 1,180,408	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	570,916	19
20	Health Care/ Personal Care	234,345	20
21	General Administration	444,408	21
B. Capital Expense			
22	Ownership	235,671	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)	\$ 1,485,340	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (304,932)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (304,932)	31

as of December 31, 2014

	<u>12/31/14</u>	<u>12/31/13</u>	<u>Change</u>
50 - Cortland Manor LLC./Bishop Conway Residence			
MB Financial - Bi	\$76,228.38	\$12,533.07	\$63,695.31
MB Financial - Cc	\$18,339.28	\$21,853.83	(\$3,514.55)
Petty Cash	\$1,000.00	\$1,000.00	\$0.00
Accounts Receivable	\$263,054.30	\$302,231.90	(\$39,177.60)
Accrued Accounts	\$60,826.28	\$62,992.53	(\$2,166.25)
Prepaid Expense	\$0.00	\$946.00	(\$946.00)
IHDA Insurance E	\$102,198.06	\$89,597.04	\$12,601.02
IHDA Operating F	\$138,007.85	\$137,967.41	\$40.44
IHDA Replaceme	\$59,662.46	\$52,261.94	\$7,400.52
IHDA Rent Up Re	\$29,863.36	\$29,863.05	\$0.31
Deferred Tax Crec	\$35,991.00	\$35,991.00	\$0.00
Accumulated Amc	(\$51,586.31)	(\$50,220.32)	(\$1,365.99)
Deferred Debt Co:	\$40,980.00	\$40,980.00	\$0.00
Land	\$236,734.00	\$236,734.00	\$0.00
Land Improvemen	\$79,597.35	\$79,597.35	\$0.00
Buildings	\$261,978.00	\$261,978.00	\$0.00
Building Improve	\$5,289,982.76	\$5,264,621.76	\$25,361.00
Furniture & Fixtur	\$354,524.00	\$312,101.05	\$42,422.95
Autos	\$58,436.29	\$58,436.29	\$0.00
Accumulated Dep:	(\$1,586,465.55)	(\$1,440,565.14)	(\$145,900.41)
A/D Autos	(\$58,436.29)	(\$58,436.29)	\$0.00
Accumulated Dep:	(\$45,768.33)	(\$41,788.44)	(\$3,979.89)
Accumulated Dep:	(\$248,781.68)	(\$234,354.72)	(\$14,426.96)
Total Assets	\$5,116,365.21	\$5,176,321.31	(\$59,956.10)

nd Balance

For The Period Ending December 31, 2014

	Current Period			Year-To-Date			Annual Budget
	Actual	Budget	Variance	Actual	Budget	Variance	
50 - Cortland Manor LLC./Bishop Conway Residence							
Government Sourc	97,919	84,019	13,900	1,053,284	1,008,283	45,001	1,008,283
Vacancy Loss - Pt	-42,710	-9,739	-32,971	-340,044	-116,846	-223,198	-116,846
Government Sourc	0	3,424	-3,424	40,985	41,088	-103	41,088
Program Fees - Ne	13,402	6,240	7,162	121,524	74,869	46,655	74,869
Vacancy Loss - Re	-160	-1,323	1,164	-35,748	-15,942	-19,806	-15,942
Rental Income Ap	17,947	17,947	0	215,364	215,364	0	215,364
Miscellaneous Inc	125,000	0	125,000	125,000	0	125,000	0
IHDA Interest Inc	42	0	42	42	0	42	0
Total Revenues	211,441	100,568	110,873	1,180,408	1,206,816	-26,408	1,206,816

Salaries and	32,867	46,157	-13,290	503,004	553,906	-50,902	553,906
Employee B	10,357	7,545	2,812	134,908	90,573	44,335	90,573
Retirement	3,625	5,765	-2,140	45,424	69,125	-23,701	69,125
Payroll Tax	3,320	4,686	-1,366	46,360	56,221	-9,861	56,221
Total Payroll E	50,169	64,153	-13,984	729,695	769,825	-40,130	769,825

Professional Fees-	421	213	208	6,314	2,600	3,714	2,600
Legal Expenses (F	0	87	-87	0	1,000	-1,000	1,000
Professional Fees-	162	0	162	1,304	0	1,304	0
Advertising Exper	0	337	-337	1,836	4,000	-2,164	4,000
Audit/Accounting	0	1,250	-1,250	7,565	15,000	-7,435	15,000
Nurse Registry	7,686	337	7,349	26,145	4,000	22,145	4,000
Activities - Events	1,602	165	1,437	2,970	1,980	990	1,980

Marketing Expens	986	87	899	2,503	1,000	1,503	1,000
Security Payroll/C	25,481	11,287	14,194	131,134	135,400	-4,266	135,400

