





## STATE OF ILLINOIS

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Facility Name: Bishop Edwin Conway Residence

Report Period Beginning:

Jan 1, 2005

Ending: Dec 31, 2005

## 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	34,267	62,241		96,508		96,508	1
2	Housekeeping, Laundry and Maintenance	115,881	25,891	110,730	252,502		252,502	2
3	Heat and Other Utilities			43,105	43,105		43,105	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>150,148</b>	<b>88,132</b>	<b>153,835</b>	<b>392,115</b>		<b>392,115</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	13,124		172,867	185,991		185,991	6
7	Activities and Social Services	13,124	798		13,922		13,922	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>26,248</b>	<b>798</b>	<b>172,867</b>	<b>199,913</b>		<b>199,913</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	82,026	2,882	47,469	132,377	(12,928)	119,449	10
11	Marketing Materials, Promotions and Advertising			3,874	3,874		3,874	11
12	Employee Benefits and Payroll Taxes			105,093	105,093		105,093	12
13	Insurance-Property, Liability and Malpractice			12,000	12,000		12,000	13
14	Other (specify): License & Permit			330	330		330	14
15	<b>TOTAL General Administration</b>	<b>82,026</b>	<b>2,882</b>	<b>168,766</b>	<b>253,674</b>	<b>(12,928)</b>	<b>240,746</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>258,422</b>	<b>91,812</b>	<b>495,468</b>	<b>845,702</b>	<b>(12,928)</b>	<b>832,774</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			159,182	159,182		159,182	17
18	Interest			56,677	56,677		56,677	18
19	Real State Tax							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			15,355	15,355		15,355	21
22	Other (specify): Amotization of Deffered Debt			4,965	4,965		4,965	22
23	<b>TOTAL Ownership</b>			<b>236,179</b>	<b>236,179</b>		<b>236,179</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>258,422</b>	<b>91,812</b>	<b>731,647</b>	<b>1,081,881</b>	<b>(12,928)</b>	<b>1,068,953</b>	<b>24</b>

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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
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	1	12.49	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	2.50	9.72	7
8	Dishwashers			8
9	Maintenance Workers	1	14.03	9
10	Housekeepers	3	7.71	10
11	Laundry			11
12	Managers	1	21.04	12
13	Other Administrative	1	14.27	13
14	Clerical	1	8.35	14
15	Marketing			15
16	Other- Security	1	8.95	16
17	<b>Total (lines 1 thru 16)</b>	<b>12</b>	<b>\$ 12.07</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				\$	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 <u>1</u>	City <u>2</u>
Holy Family Villa	Lemont

OTHER RELATED BUSINESS ENTITIES

Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
Catholic Charities Housing Development Corporation		Management

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 \_\_\_\_\_ 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 Beds	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	37		2003	n/a	\$ 5,404,283	\$ 326,463	40	\$ 135,107	\$	\$ 191,356	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Land Improvements		2003		78,060	7,806	20	1,626		6,180	6
7	Sewer Repair		2004		1,537	76	20	38		38	7
8	Kitchen Design		2004		1,201	46	20	23		23	8
9	Kitxhen Design		2004		1,739	72	20	36		36	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	<b>TOTAL (lines 1 thru 16)</b>				\$ 5,486,820	\$ 334,463		\$ 136,830	\$	\$ 197,633	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	\$ 200,945	\$ 40,108	\$ 20,054		10	\$ 40,108	18
19	Vehicles							19
20	<b>TOTAL (lines 18 and 19)</b>	\$ 200,945	\$ 40,108	\$ 20,054	\$		\$ 40,108	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	<b>TOTALS (lines 21, 22 and 23)</b>	\$	\$	\$	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	<b>TOTAL</b>				\$			7

8. Is movable equipment rental included in building rental?  YES  NO

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			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	IHDA		x	Mortgage	12/31/04	\$ 750,000	\$ 750,000	8/31/33	1%	\$ 7,500
2	CCHDC	X		Subordinate Mortgage	/ /	1,289,158	1,289,158	/ /	1% - 6.57 %	49,177
3					/ /			/ /		
	<b>Working Capital</b>									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 2,039,158	\$ 2,039,158			\$ 56,677
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 2,039,158	\$ 2,039,158			\$ 56,677

\* 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.

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning: Jan 1, 2005

Ending:

Dec 31, 2005

Dec 31, 2005

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of Dec 31, 2005

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 226,809	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	157,296		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)	\$ 384,105	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	236,734		13
14	Buildings, at Historical Cost	261,978		14
15	Leasehold Improvements, at Historical Cost	5,221,902		15
16	Equipment, at Historical Cost	200,945		16
17	Accumulated Depreciation (book methods)	(384,440)		17
18	Deferred Charges	64,972		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets :			22
23	Other: Escrows & Reserves	215,121		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 5,817,212	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 6,201,317	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 18,330	\$	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	100,886		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<a href="#">See attachment</a>	398,908		35
36				36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 518,124	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	2,039,158		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)	\$ 2,039,158	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 2,557,282	\$	45
46	<b>TOTAL EQUITY</b>	\$ 3,644,035	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 6,201,317	\$	47

\*(See instructions.)

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 981,802	1
2	Discounts and Allowances		2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 981,802	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
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	5,103	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 5,103	14
<b>D. Other Revenue (specify):</b>			
15	Food Stamps	34,944	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 34,944	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 1,021,849	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	392,115	19
20	Health Care/ Personal Care	199,913	20
21	General Administration	253,674	21
<b>B. Capital Expense</b>			
22	Ownership	236,179	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 1,081,881	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ (60,032)	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ (60,032)	31

Page 3 / Schedule IV - Adjustment Summary

Name: Bishop Edwin Conway Residence

Report Period Beginning : 01/1/2005

Ending : 12/31/2005

NON ALLOWABLE EXPENSES		Amount	Line Reference	
1	Management Fees	\$ (12,928.00)	10	1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25

Facility Name Bishop Conway

Report Period Beginning :

Jan 1, 2005

Ending:

Supplemental Schedule of Other Assets and Liabilities

Other Current Assets:		<u>Operating</u>	<u>After Consolidation</u>	Other Current Liabilities		<u>Operating</u>	<u>After Consolidation</u>
09A				36A	Accrued Development Fee	64,000	
09B				36B	Due to Affiliates	334,908	
09C				36C			
09D				36D			
09E				36E			
09F				36F			
09G				36G			
		<u>0</u>	<u>0</u>			<u>398,908</u>	<u>0</u>
Other Current Assets:		<u>Operating</u>	<u>After Consolidation</u>	Other Current Liabilities		<u>Operating</u>	<u>After Consolidation</u>
23A	Operating & project revenue deficit reserv	118,488		43A			
23B	Replacement, fur, fix & equip reserve	28,707		43B			
23C	Lease up reserve	25,647		43C			
23D	Real estate & insurance escrow	42,279		43D			
23E				43E			
23F				43F			
23G				43G			
		<u>215,121</u>	<u>0</u>			<u>0</u>	<u>0</u>



BISHOP CONWAY RESIDENCE

**BILLING Summary:** Jan to December 2005

MONTH	RN Rate	LPN rate	C.N.A. Day Time Rate/Hr	C.N.A. Evening Rate/Hr	Hmk Rate	TOTAL
	\$30.50	\$18.00	\$13.25	\$14.25	\$9.00	
Jan 05	116	42	465	279	0	\$14,431.00
Feb 05	55	54	436	252	0	\$12,017.50
Mar 05	107	48	465	279	0	\$14,264.50
Apr 05	95	88.5	450	270	0	\$14,300.50
May 05	32	115.5	465	279	0	\$13,192.00
Jun 05	40	171.5	450	270	106	\$15,071.00
Jul 05	0	216	465	279	122	\$15,123.00
Aug 05	32	98	465	279	132	\$14,065.00
Sep 05	0	176	450	270	115	\$14,013.00
Oct 05	0	168	465	279	141.5	\$14,434.50
Nov 05	0	176	450	270	138.25	\$14,222.25
Dec 05	0	152	465	279	110	\$13,863.00
Total	<b>477</b>	<b>1505.5</b>	<b>5491</b>	<b>3285</b>	<b>864.75</b>	\$168,997.25
<b>Prior Year Adjustment - 2004</b>						3,869.75 \$172,867.00

Cost to Catholic Charities before Mark up						
Description	Total	RN	LPN	C.N.A. Day Time	C.N.A. Evening	Homemaker
Salary/ Wages	\$ 138,986.86	\$ 14,722.68	\$ 27,017.18	\$ 52,688.26	\$ 35,273.32	\$ 9,285.42
Payroll Taxes	\$ 12,022.36	\$ 1,273.51	\$ 2,336.99	\$ 4,557.53	\$ 3,051.14	\$ 803.19
Post Retirement	\$ 15,983.49	\$ 1,693.11	\$ 3,106.98	\$ 6,059.15	\$ 4,056.43	\$ 1,067.82
Medical Benefit	\$ 2,668.84					
Supplies	\$ 228.00					
Telephone & Postage	\$ 1,015.00					
Transportation	\$ 152.00					
Equipment	\$ 424.00					
Professional Liab Insurance	\$ 1,714.81					
Total	<u>\$ 173,195.36</u>					

THANK YOU FOR CHOOSING CATHOLIC HOME CARE, INC

Note : Journal entry will be prepared by Division H. Controller