





## STATE OF ILLINOIS

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Facility Name: Bishop Edwin Conway Residence

Report Period Beginning:

Jan 1, 2006

Ending: Dec 31, 2006

## IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase	32,488	64,823		97,311		97,311	1
2	Housekeeping, Laundry and Maintenance	112,458	33,253	112,192	257,903		257,903	2
3	Heat and Other Utilities			45,341	45,341		45,341	3
4	Other (specify):			108	108		108	4
5	<b>TOTAL General Services</b>	<b>144,946</b>	<b>98,076</b>	<b>157,641</b>	<b>400,663</b>		<b>400,663</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	24,991	60	171,497	196,548		196,548	6
7	Activities and Social Services		674	190	864		864	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>24,991</b>	<b>734</b>	<b>171,687</b>	<b>197,412</b>		<b>197,412</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	79,970	3,803	37,204	120,977	(15,269)	105,708	10
11	Marketing Materials, Promotions and Advertising			77	77		77	11
12	Employee Benefits and Payroll Taxes			107,058	107,058		107,058	12
13	Insurance-Property, Liability and Malpractice			16,700	16,700		16,700	13
14	Other (specify): License & Permit			1,875	1,875		1,875	14
15	<b>TOTAL General Administration</b>	<b>79,970</b>	<b>3,803</b>	<b>162,914</b>	<b>246,687</b>	<b>(15,269)</b>	<b>231,418</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>249,907</b>	<b>102,613</b>	<b>492,242</b>	<b>844,762</b>	<b>(15,269)</b>	<b>829,493</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			159,337	159,337		159,337	17
18	Interest			59,598	59,598		59,598	18
19	Real State Tax							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			12,039	12,039		12,039	21
22	Other (specify): Amotization of Deffered Debt			4,965	4,965		4,965	22
23	<b>TOTAL Ownership</b>			<b>235,939</b>	<b>235,939</b>		<b>235,939</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>249,907</b>	<b>102,613</b>	<b>728,181</b>	<b>1,080,701</b>	<b>(15,269)</b>	<b>1,065,432</b>	<b>24</b>

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning Jan 1, 2006 Ending: Dec 31, 2006

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	12.81	4
5	Social Service Workers			5
6	Head Cook	1	11.23	6
7	Cook Helpers/Assistants	2.50	9.72	7
8	Dishwashers			8
9	Maintenance Workers	1	14.27	9
10	Housekeepers	2	9.22	10
11	Laundry			11
12	Managers	1	21.04	12
13	Other Administrative	2	18.80	13
14	Clerical			14
15	Marketing			15
16	Other- Security	1	9.16	16
17	<b>Total (lines 1 thru 16)</b>	<b>12</b>	<b>\$ 13.28</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	NEF	\$ 3,500	1
2			2
<b>Total</b>		<b>\$ 3,500</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).

Facility Name: Bishop Edwin Conway Residence

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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 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	2003	\$ 5,404,283	\$ 461,558	40	\$ 135,094	\$	\$ 461,558	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Land Improvements		2003		78,060	13,451	20	3,980		13,451	6
7	Sewer Repair		2004		1,537	154	20	77		154	7
8	Kitchen Design		2004		1,201	106	20	60		106	8
9	Kitxhen Design		2004		1,739	159	20	87		159	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 5,486,820	\$ 475,428		\$ 139,298	\$	\$ 475,428	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	\$ 68,523	\$ 20,054		10	\$ 68,523	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 200,945	\$ 68,523	\$ 20,054	\$		\$ 68,523	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	Copier - Dec 2006	\$ 6,050	\$ 169	\$ 169	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 6,050	\$ 169	\$ 169	24

Facility Name: **Bishop Edwin Conway Residence**

Report Period Beginning: **Jan 1, 2006**

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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
		Related**	YES			NO	Original			
Name of Lender		YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
<b>A. Directly Facility Related</b>										
<b>Long-Term</b>										
1	CCHD	X		Subordinate Mortgage	8/30/02	184,630	184,630	8/30/42	6.57%	12,130
	CCHD	X		Subordinate Mortgage	4/30/02	121,752	121,752	8/30/42	6.57%	7,999
	CCHD	X		Subordinate Mortgage	4/30/02	559,776	559,776	8/30/42	1.57%	8,788
	CCHD	X		Subordinate Mortgage	3/12/02	423,000	423,000	3/12/33	5.48%	23,180
2										
3					/ /			/ /		52,097
<b>Working Capital</b>										
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	<b>TOTAL Facility Related</b>					\$ 1,289,158	\$ 1,289,158			\$ 52,097
<b>B. Non-Facility Related</b>										
8	IHDA		x	Mortgage	12/31/04	\$ 750,000	\$ 750,000	8/31/33	1%	\$ 7,500
9					/ /			/ /		9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 2,039,158	\$ 2,039,158			\$ 59,597

\* 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, 2006

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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of Dec 31, 2006 (last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 14,814	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	250,058		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 (sum of lines 1 thru 9)</b>	\$ 264,872	\$	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	206,995		16
17	Accumulated Depreciation (book methods)	(543,777)		17
18	Deferred Charges	60,007		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 See attachment 2	261,298		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 5,705,137	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,970,009	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 38,869	\$	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	152,359		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	See attachment 2	274,800		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 466,028	\$	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 (sum of lines 38 thru 43)</b>	\$ 2,039,158	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 2,505,186	\$	45
46	<b>TOTAL EQUITY</b>	\$ 3,464,823	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 5,970,009	\$	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	\$ 855,267	1
2	Discounts and Allowances		2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 855,267	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	5,050	12
13	Interest and Other Investment Income	7,824	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 12,874	14
<b>D. Other Revenue (specify):</b>			
15	Food Stamps	33,348	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 33,348	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 901,489	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	400,663	19
20	Health Care/ Personal Care	197,412	20
21	General Administration	246,687	21
<b>B. Capital Expense</b>			
22	Ownership	235,939	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)	\$ 1,080,701	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ (179,212)	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ (179,212)	31

Page 3 / Schedule IV - Adjustment Summary

Name: Bishop Edwin Conway Residence

Report Period Beginning : Jan 1, 2006

Ending : Dec 31, 2006

NON ALLOWABLE EXPENSES		Amount	Line Reference	
1	Management Fees	\$ (15,269.00)	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, 2006

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	210,800	
09C				36C			
09D				36D			
09E				36E			
09F				36F			
09G				36G			
		<u>0</u>	<u>0</u>			<u>274,800</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	123,955		43A			
23B	Replacement, fur, fix & equip reserve	37,661		43B			
23C	Lease up reserve	26,830		43C			
23D	Real estate & insurance escrow	72,851		43D			
23E				43E			
23F				43F			
23G				43G			
		<u>261,298</u>	<u>0</u>			<u>0</u>	<u>0</u>



**BISHOP CONWAY RESIDENCE**

BILLING Summary: Jan 1, 2006 to Dec 31, 2006

MONTH	Total Service Days	RN Rate	LPN rate	Day Time Rate/Hr		Hmk Rate	TOTAL
				Evening Rate/Hr			
		<b>\$30.50</b>	<b>\$18.00</b>	<b>\$13.25</b>	<b>\$14.25</b>	<b>\$9.00</b>	
Jan	31		176	465	279	116	\$14,349.00
Feb	28		160	436	252	92	\$13,076.00
Mar	31		184	465	279	119	\$14,520.00
Apr	30		160	450	270	111.5	\$13,693.50
May	31		141	465	279	111	\$13,674.00
Jun	31		<b>176</b>	<b>465</b>	<b>279</b>	<b>48</b>	\$13,737.00
<b>Jul to Dec 06 Rate</b>			<b>\$20.60</b>	<b>\$13.65</b>	<b>\$14.65</b>	<b>\$9.50</b>	
Jul	31		216	465	279		\$14,884.20
Aug	31		216	465	279		\$14,884.20
Sep	30		168	450	270	72	\$14,242.80
Oct	31		216	465	279	95	\$15,786.70
Nov	30		176	450	270	77.5	\$14,459.85
Dec	31		168	465	279	31	\$14,189.90
YTD Total							\$171,497.15

THANK YOU FOR CHOOSING CATHOLIC HOME CARE, INC

Note : Journal entry will be prepared by Division H Controller

Cost to Catholic Charities before Mark up	
Description	Total
Salary/ Wages	\$ 134,672.00
Payroll Taxes	\$ 12,127.00
Post Retirement	\$ 12,370.00
Medical Benefit	\$ 7,542.00
Supplies	\$ 228.00
Telephone & Postage	\$ 1,255.00
Transportation	\$ 35.00
Equipment	\$ 302.00
Professional Liab Insuranc	\$ 1,685.31
Total	<u>\$ 170,216.31</u>