

Facility Name Bishop Edwin Conway Residence

Report Period Beginning: 1/1/06 Ending: 12/31/2006

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	7	Single Unit Apartment	7	2,555	1
2	15	Double Unit Apartment	15	10,950	2
3		Other			3
4	22	TOTALS	22	13,505	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	2,275	343		2,618	5
6	Double Unit	7,215			7,215	6
7	Other					7
8	TOTALS	9,490	343		9,833	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 72.81%

D. Indicate the number of paid bed-hold days the SLF had during this year
 Also, indicate the number of unpaid bed-hold days the SLF had during this year. (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: 12/31/2007 Fiscal Year: 12/31/2007

* 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? _____
 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? _____
 If no, explain. _____

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Jan 1, 2007

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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			
A. General Services								
1	Dietary and Food Purchase	33,687	58,874		92,561		92,561	1
2	Housekeeping, Laundry and Maintenance	116,609	36,746	123,774	277,129		277,129	2
3	Heat and Other Utilities			39,105	39,105		39,105	3
4	Other (specify):			565	565		565	4
5	TOTAL General Services	150,296	95,620	163,444	409,360		409,360	5
B. Health Care and Programs								
6	Health Care/ Personal Care	25,913	1,480	169,136	196,529		196,529	6
7	Activities and Social Services		355		355		355	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	25,913	1,835	169,136	196,884		196,884	9
C. General Administration								
10	Administrative and Clerical	82,922	3,772	34,640	121,334	(15,610)	105,724	10
11	Marketing Materials, Promotions and Advertising			252	252		252	11
12	Employee Benefits and Payroll Taxes			94,101	94,101		94,101	12
13	Insurance-Property, Liability and Malpractice			22,978	22,978		22,978	13
14	Other (specify): License & Permit			1,813	1,813		1,813	14
15	TOTAL General Administration	82,922	3,772	153,784	240,478	(15,610)	224,868	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	259,131	101,227	486,364	846,722	(15,610)	831,112	16
Capital Expenses								
D. Ownership								
17	Depreciation			187,498	187,498		187,498	17
18	Interest			59,598	59,598		59,598	18
19	Real State Tax							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			6,901	6,901		6,901	21
22	Other (specify): Amotization of Deffered Debt			4,965	4,965		4,965	22
23	TOTAL Ownership			258,962	258,962		258,962	23
24	GRAND TOTAL (Sum of lines 16 and 23)	259,131	101,227	745,326	1,105,684	(15,610)	1,090,074	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
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	1	15.56	4
5	Social Service Workers			5
6	Head Cook	1	12.41	6
7	Cook Helpers/Assistants	2.5	9.82	7
8	Dishwashers			8
9	Maintenance Workers	1	8.57	9
10	Head Housekeepers	1	10.77	10
11	Housekeepers	2	8.64	11
12	Managers	1	24.22	12
13	Other Administrative	1	15.66	13
14	Clerical	1	14.12	14
15	Marketing			15
16	Other- Security	1	9.67	16
17	Total (lines 1 thru 16)	12.5	\$ 16.18	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
Holy Family Villa		Lemont	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Catholic Charities of the Archdiocese of Chicago				Service	

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 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	\$ 135,094	40	\$ 135,094	\$	\$ 596,667	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Land Improvements		2003	2003	78,060	3,903	20	3,903		17,507	6
7	Sewer Repair		2004	2004	1,537	77	20	77		231	7
8	Kitchen Design		2004	2004	1,201	60	20	60		180	8
9	Kitxhen Design		2004	2004	1,739	87	20	87		261	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 5,486,820	\$ 139,221		\$ 139,221	\$	\$ 614,846	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	\$ 21,942	\$ 21,942		10	\$ 88,606	18
19	Vehicles	58,436	26,297	11,687	(14,610)	5	26,297	19
20	TOTAL (lines 18 and 19)		\$ 259,381	\$ 48,239	\$ 33,629	(14,610)	\$ 114,903	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	\$ 2,197	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 6,050	\$ 169	\$ 2,197	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	2		3	4	6		7	8	9	
		Related**	YES			NO	Amount of Note				
A. Directly Facility Related											
Long-Term											
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	2
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 1,289,158	\$ 1,289,158			\$ 52,097	7
B. Non-Facility Related											
8	IHDA		x	Mortgage	12/31/04	\$ 750,000	\$ 750,000	8/31/33	1%	\$ 7,500	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 2,039,158	\$ 2,039,158			\$ 59,597	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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Facility Name: **Bishop Edwin Conway Residence**Report Period Beginning: **Jan 1, 2007**Ending: **Dec 31, 2007**

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of **Dec 31, 2007** (last day of reporting year)

	1	2	
	Operating	After	
		Consolidation*	
A. Current Assets			
1	Cash on Hand and in Banks	\$ 42,598	\$ 1
2	Cash-Patient Deposits		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	183,734	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)	\$ 226,332	\$ 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	261,978	14
15	Leasehold Improvements, at Historical Cost	5,221,902	15
16	Equipment, at Historical Cost	265,431	16
17	Accumulated Depreciation (book methods)	(731,274)	17
18	Deferred Charges	55,042	18
19	Organization & Pre-Operating Costs		19
	Accumulated Amortization -		
20	Organization & Pre-Operating Costs		20
21	Restricted Funds		21
22	Other Long-Term Assets :		22
23	Other: Escrows & Reserves See attachment 2	296,047	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,605,860	\$ 24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,832,192	\$ 25

	1	2	
	Operating	After	
		Consolidation*	
C. Current Liabilities			
26	Accounts Payable	\$ 57	\$ 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	204,457	32
33	Deferred Compensation		33
34	Federal and State Income Taxes		34
	Other Current Liabilities(specify):		
35	See attachment 2	343,778	35
36			36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 548,292	\$ 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)	\$ 2,587,450	\$ 45
46	TOTAL EQUITY	\$ 3,244,741	\$ 46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,832,192	\$ 47

*(See instructions.)

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning: Jan 1, 2007 Ending: Dec 31, 2007

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	\$ 839,177	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 839,177	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
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions	1	12
13	Interest and Other Investment Income	15,339	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 15,340	14
D. Other Revenue (specify):			
15	Food Stamps	31,085	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 31,085	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 885,602	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	409,360	19
20	Health Care/ Personal Care	196,884	20
21	General Administration	240,478	21
B. Capital Expense			
22	Ownership	258,962	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 1,105,684	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (220,082)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (220,082)	31

Page 3 / Schedule IV - Adjustment Summary

Name: Bishop Edwin Conway Residence

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NON ALLOWABLE EXPENSES		Amount	Line Reference	
1	Management Fees	\$ (15,610.00)	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, 2007

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	279,778	
09C				36C			
09D				36D			
09E				36E			
09F				36F			
09G				36G			
		<u>0</u>	<u>0</u>			<u>343,778</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	130,320		43A			
23B	Replacement, fur, fix & equip reserve	47,205		43B			
23C	Lease up reserve	28,208		43C			
23D	Real estate & insurance escrow	90,314		43D			
23E				43E			
23F				43F			
23G				43G			
		<u>296,047</u>	<u>0</u>			<u>0</u>	<u>0</u>



BISHOP CONWAY RESIDENCE

BILLING Summary: Jan 1, 2007 to Dec 31, 2007

MONTH	Total Service Days	RN Rate	LPN rate	Day Time Rate/Hr	Evening Rate/Hr	Hmk Rate	TOTAL
		\$36.05	\$20.60	\$13.65	\$14.65	\$9.50	
Jan	31		168	465	279	31	\$14,189.90
Feb	28		152	436	252		\$12,774.40
Mar	31		176	465	279		\$14,060.20
Apr	30		176	450	270		\$13,723.60
May	31		184	465	279		\$14,225.00
Jun	30		168	450	270		\$13,558.80
		\$37.00	\$21.22	\$14.06	\$15.06	\$9.78	
Jul	31		176	465	279		\$14,474.36
Aug	31		184	465	279		\$14,644.12
Sep	30		152	450	270		\$13,618.64
Oct	31		184	465	279		\$14,644.12
Nov	30		176	450	270		\$14,127.92
Dec	31		184	465	279		\$14,644.12
Billing Adjustment 3/31/2008							\$450.34
							\$169,135.52
<p>THANK YOU FOR CHOOSING CATHOLIC HOME CARE, INC</p> <p>Note : Journal entry will be prepared by Division H Controller</p>							

Cost to Catholic Charities before Markup	
Description	Total
Salary/ Wages	\$ 148,828.90
Payroll Taxes	\$ 3,475.61
Post Retirement	\$ 5,453.00
Medical Benefit	\$ 6,126.00
Supplies	\$ 705.00
Telephone & Postage	\$ 1,102.00
Total	\$ 165,690.51