

|  |  |             |  |  |  |
|--|--|-------------|--|--|--|
|  |  | FOR BHF USE |  |  |  |
|  |  |             |  |  |  |
|  |  |             |  |  |  |
|  |  |             |  |  |  |

LL2

**Supportive Living Facility**

**2009  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2009)**

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

**I.**

Facility Name: Bishop Edwin Conway Residence

Address: 1900 N. Karlov Chicago 60639  
Number City Zip Code

County: Cook

Telephone Number: ( 773 ) 252 9941 Fax # 773 ) 252 9946

Federal Employer ID Number: 36-4482230

Date Current Owners were Certified: 12/15/2003

Type of Ownership:

|  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> VOLUNTARY, NON-PROFIT | <input checked="" type="checkbox"/> PROPRIETARY           | <input type="checkbox"/> GOVERNMENTAL |
| <input type="checkbox"/> Charitable Corp.      | <input type="checkbox"/> Individual                       | <input type="checkbox"/> State        |
| <input type="checkbox"/> Trust                 | <input type="checkbox"/> Partnership                      | <input type="checkbox"/> County       |
| IRS Exemption Code _____                       | <input type="checkbox"/> Corporation                      | <input type="checkbox"/> Other _____  |
|  | <input type="checkbox"/> "Sub-S" Corp.                    |                                       |
|  | <input checked="" type="checkbox"/> Limited Liability Co. |                                       |
|  | <input type="checkbox"/> Trust                            |                                       |
|  | <input type="checkbox"/> Other _____                      |                                       |

In the event there are further questions about this report, please contact:  
 Name: Joy Manuel Telephone Number: ( 312 655 7414  
 Email Address: jmanuel@Catholiccharities.net

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from Jan 1, 2009 to Dec 31, 2009 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

|                                      |  |              |
|--------------------------------------|--|--------------|
| Officer or Administrator of Provider | (Signed) _____   | (Date) _____ |
|                                      | (Type or Print Name) <u>Wendy Seifert</u>                        |              |
|                                      | (Title) <u>Vice President - Senior Services &amp; Healthcare</u> |              |
| Paid Preparer                        | (Signed) _____   | (Date) _____ |
|                                      | (Print Name and Title) _____                                     |              |
|                                      | (Firm Name & Address) _____                                      |              |
|                                      | (Telephone) <u>( )</u> Fax # <u>( )</u>                          |              |

MAIL TO: BUREAU OF HEALTH FINANCE  
 IL DEPT OF HEALTHCARE AND FAMILY SERVICES  
 201 S. Grand Avenue East  
 Springfield, IL 62763-0001 Phone # (217) 782-1630



Facility Name: Bishop Edwin Conway Residence

Report Period Beginning:

Jan 1, 2009

Ending: Dec 31, 2009

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

| Operating Expenses                 |   | Costs Per General Ledger |               |            |            | Reclassifications<br>and Adjustments | Adjusted<br>Total |    |
|------------------------------------|---|--------------------------|---------------|------------|------------|--------------------------------------|-------------------|----|
|                                    |   | Salary/Wage<br>1         | Supplies<br>2 | Other<br>3 | Total<br>4 |                                      |                   |    |
| <b>A. General Services</b>         |   |                          |               |            |            |                                      |                   |    |
| 1                                  | Dietary and Food Purchase                                     | 34,509                   | 46,116        | 1,279      | 81,904     |                                      | 81,904            | 1  |
| 2                                  | Housekeeping, Laundry and Maintenance                         | 119,455                  | 29,436        | 158,556    | 307,447    |                                      | 307,447           | 2  |
| 3                                  | Heat and Other Utilities                                      |                          |               | 43,142     | 43,142     |                                      | 43,142            | 3  |
| 4                                  | Other (specify):  |                          |               | 240        | 240        |                                      | 240               | 4  |
| 5                                  | <b>TOTAL General Services</b>                                 | 153,964                  | 75,552        | 203,217    | 432,733    |                                      | 432,733           | 5  |
| <b>B. Health Care and Programs</b> |   |                          |               |            |            |                                      |                   |    |
| 6                                  | Health Care/ Personal Care                                    |                          | 1,397         | 170,461    | 171,858    | (10,577)                             | 161,281           | 6  |
| 7                                  | Activities and Social Services                                | 26,546                   | 106           | 255        | 26,907     |                                      | 26,907            | 7  |
| 8                                  | Other (specify):  |                          |               |            |            |                                      |                   | 8  |
| 9                                  | <b>TOTAL Health Care and Programs</b>                         | 26,546                   | 1,503         | 170,716    | 198,765    | (10,577)                             | 188,188           | 9  |
| <b>C. General Administration</b>   |   |                          |               |            |            |                                      |                   |    |
| 10                                 | Administrative and Clerical                                   | 84,946                   | 2,970         | 38,173     | 126,089    |                                      | 126,089           | 10 |
| 11                                 | Marketing Materials, Promotions and Advertising               |                          |               | 5,946      | 5,946      |                                      | 5,946             | 11 |
| 12                                 | Employee Benefits and Payroll Taxes                           |                          |               | 114,852    | 114,852    |                                      | 114,852           | 12 |
| 13                                 | Insurance-Property, Liability and Malpractice                 |                          |               | 12,652     | 12,652     |                                      | 12,652            | 13 |
| 14                                 | Other (specify):  |                          |               | 16,258     | 16,258     |                                      | 16,258            | 14 |
| 15                                 | <b>TOTAL General Administration</b>                           | 84,946                   | 2,970         | 187,881    | 275,797    |                                      | 275,797           | 15 |
| 16                                 | <b>TOTAL Operating Expense<br/>(Sum of lines 5, 9 and 15)</b> | 265,456                  | 80,025        | 561,814    | 907,295    | (10,577)                             | 896,718           | 16 |
| <b>Capital Expenses</b>            |   |                          |               |            |            |                                      |                   |    |
| <b>D. Ownership</b>                |   |                          |               |            |            |                                      |                   |    |
| 17                                 | Depreciation  |                          |               | 189,194    | 189,194    |                                      | 189,194           | 17 |
| 18                                 | Interest  |                          |               | 59,598     | 59,598     |                                      | 59,598            | 18 |
| 19                                 | Real Estate Taxes   |                          |               | 36,368     | 36,368     |                                      | 36,368            | 19 |
| 20                                 | Rent -- Facility and Grounds                                  |                          |               |            |            |                                      |                   | 20 |
| 21                                 | Rent -- Equipment   |                          |               | 4,692      | 4,692      |                                      | 4,692             | 21 |
| 22                                 | Other (specify):  |                          |               | 4,965      | 4,965      |                                      | 4,965             | 22 |
| 23                                 | <b>TOTAL Ownership</b>  |                          |               | 294,817    | 294,817    |                                      | 294,817           | 23 |
| 24                                 | <b>GRAND TOTAL (Sum of lines 16 and 23)</b>                   | 265,456                  | 80,025        | 856,631    | 1,202,112  | (10,577)                             | 1,191,535         | 24 |

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning: Jan 1, 2009 Ending: Dec 31, 2009

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

|    | Personnel                      | Number of FTE | Average Hourly Wage |           |
|----|--------------------------------|---------------|---------------------|-----------|
| 1  | Registered Nurses              | contractual   | \$                  | 1         |
| 2  | Licensed Practical Nurses      | contractual   |                     | 2         |
| 3  | Certified Nurse Assistants     | contractual   |                     | 3         |
| 4  | Activity Director & Assistants | 1             | 13.22               | 4         |
| 5  | Social Service Workers         |               |                     | 5         |
| 6  | Head Cook                      | 1             | 12.76               | 6         |
| 7  | Cook Helpers/Assistants        | 2             | 9.53                | 7         |
| 8  | Dishwashers                    | 1             | 8.40                | 8         |
| 9  | Maintenance Workers            | 1             | 14.96               | 9         |
| 10 | Housekeepers                   | 2             | 9.53                | 10        |
| 11 | Laundry                        |               |                     | 11        |
| 12 | Managers                       | 1             | 22.47               | 12        |
| 13 | Other Administrative           | 1             | 19.70               | 13        |
| 14 | Clerical                       |               |                     | 14        |
| 15 | Marketing                      |               |                     | 15        |
| 16 | Other Escort                   | 0             | 8.50                | 16        |
| 17 | <b>Total (lines 1 thru 16)</b> | <b>10</b>     | <b>\$</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            | <b>NONE</b>       |                    |  | \$   | 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>\$</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  | 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).

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning:

Jan 1, 2009

Ending:

Dec 31, 2009

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<br>Units*             | FOR BHF USE ONLY        | 2<br>Year<br>Acquired | 3<br>Year<br>Constructed | 4<br>Cost    | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|-------------------------|-------------------------|-----------------------|--------------------------|--------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1  | 22                      |                         | 2,003                 | 2,003                    | \$ 5,404,283 | \$ 135,094                        | 40                    | \$ 135,094                         | \$               | \$ (867,681)                     | 1  |
| 2  |                         |                         |                       | 2009                     | 34,817       | 11,288                            | 20                    | 11,288                             |                  | (11,288)                         | 2  |
| 3  |                         |                         |                       |                          |              |                                   |                       |                                    |                  |                                  | 3  |
| 4  |                         |                         |                       |                          |              |                                   |                       |                                    |                  |                                  | 4  |
| 5  |                         |                         |                       |                          |              |                                   |                       |                                    |                  |                                  | 5  |
|    |                         | <b>Improvement Type</b> |                       |                          |              |                                   |                       |                                    |                  |                                  |    |
| 6  |                         | Land Improvement        | 2003                  |                          | 79,597       | 3,980                             | 20                    | 3,980                              |                  | (25,869)                         | 6  |
| 7  |                         |                         |                       |                          |              |                                   |                       |                                    |                  |                                  | 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) |                         |                       |                          | \$ 5,518,697 | \$ 150,362                        |                       | \$ 150,362                         | \$               | \$ (904,838)                     | 17 |

C. Equipment Depreciation -- Including Transportation.

|    | Type                    | 1<br>Cost  | 2<br>Current Book<br>Depreciation | 3<br>Straight Line<br>Depreciation | 4<br>Adjustments | 5<br>Life<br>in Years | 6<br>Accumulated<br>Depreciation |    |
|----|-------------------------|------------|-----------------------------------|------------------------------------|------------------|-----------------------|----------------------------------|----|
| 18 | Movable Equipment       | \$ 255,126 | \$ 19,956                         | 19,956                             | \$               | 10                    | \$ (\$132,869)                   | 18 |
| 19 | Vehicles                | 58,436     | 11,614                            | 11,614                             |                  | 5                     | (\$49,598)                       | 19 |
| 20 | TOTAL (lines 18 and 19) | \$ 313,562 | \$ 31,570                         | \$ 31,570                          | \$               |                       | \$ (\$182,467)                   | 20 |

D. Depreciable Non-Care Assets Included in General Ledger.

|    | 1<br>Description and Year Acquired | 2<br>Cost | 3<br>Current Book<br>Depreciation | 4<br>Accumulated<br>Depreciation |    |
|----|------------------------------------|-----------|-----------------------------------|----------------------------------|----|
| 21 | Copier                             | \$ 6,050  | \$ \$ -                           | \$ \$ 6,050                      | 21 |
| 22 |                                    |           |                                   |                                  | 22 |
| 23 |                                    |           |                                   |                                  | 23 |
| 24 | TOTALS (lines 21, 22 and 23)       | \$ 6,050  | \$                                | \$ 6,050                         | 24 |

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning: Jan 1, 2009

Ending: ec 31, 2009

**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

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  | CCHD                                | X         |    | Subordinate Mortgage | 8/30/02      | 184,630        | 184,630      | 8/30/42       | 6.57%                    | 12,130                        | 1  |
| 2  | CCHD                                | X         |    | Subordinate Mortgage | 4/30/02      | 121,752        | 121,752      | 8/30/42       | 6.57%                    | 7,999                         |    |
| 3  | CCHD                                | X         |    | Subordinate Mortgage | 4/30/02      | 559,776        | 559,776      | 8/30/42       | 1.57%                    | 8,788                         |    |
| 4  | CCHD                                | X         |    | Subordinate Mortgage | 3/12/02      | 423,000        | 423,000      | 3/12/33       | 5.48%                    | 23,180                        |    |
| 5  |                                     |           |    |                      |              |                |              |               |                          |                               |    |
|    | <b>Working Capital</b>              |           |    |                      |              |                |              |               |                          |                               |    |
| 4  |                                     |           |    |                      | / /          |                |              | / /           |                          |                               | 4  |
| 5  |                                     |           |    |                      | / /          |                |              | / /           |                          |                               | 5  |
| 6  |                                     |           |    |                      | / /          |                |              | / /           |                          |                               | 6  |
| 7  | <b>TOTAL Facility Related</b>       |           |    |                      |              | \$ 1,289,158   | \$ 1,289,158 |               |                          | \$ 52,097                     | 7  |
|    | <b>B. Non-Facility Related</b>      |           |    |                      |              |                |              |               |                          |                               |    |
| 8  | IHDA                                |           | x  | Mortgage             | 12/31/04     | \$ 750,000     | \$ 750,000   | 8/31/33       | 1%                       | \$ 7,500                      | 8  |
| 9  |                                     |           |    |                      | / /          |                |              | / /           |                          |                               | 9  |
| 10 | <b>TOTALS (lines 7, 8 and 9)</b>    |           |    |                      |              | \$ 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.

Facility Name: **Bishop Edwin Conway Residence**Report Period Beginning: **Jan 1, 2009**Ending: **Dec 31, 2009****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **Dec 31, 2009** (last day of reporting year)

|    |   | 1            | 2                    |    |
|----|---|--------------|----------------------|----|
|    |   | Operating    | After Consolidation* |    |
|    | <b>A. Current Assets</b>  |              |                      |    |
| 1  | Cash on Hand and in Banks   | \$ 37,247    | \$                   | 1  |
| 2  | Cash-Patient Deposits   |              |                      | 2  |
| 3  | Accounts & Short-Term Notes Receivable-Patients (less allowance ) | 174,818      |                      | 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>               | \$ 212,065   | \$                   | 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                        | 5,256,719    |                      | 15 |
| 16 | Equipment, at Historical Cost                                     | 319,612      |                      | 16 |
| 17 | Accumulated Depreciation (book methods)                           | (1,093,356)  |                      | 17 |
| 18 | Deferred Charges  | 45,111       |                      | 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): Escrows & Reserve                                 | 352,690      |                      | 23 |
| 24 | <b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>           | \$ 5,379,489 | \$                   | 24 |
| 25 | <b>TOTAL ASSETS (sum of lines 10 and 24)</b>                      | \$ 5,591,554 | \$                   | 25 |

\*(See instructions.)

|    |  | 1            | 2                    |    |
|----|--|--------------|----------------------|----|
|    |  | Operating    | After Consolidation* |    |
|    | <b>C. Current Liabilities</b>                                |              |                      |    |
| 26 | Accounts Payable   | \$ 4,122     | \$                   | 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  | 3,816        |                      | 31 |
| 32 | Accrued Interest Payable                                     | 309,279      |                      | 32 |
| 33 | Deferred Compensation  |              |                      | 33 |
| 34 | Federal and State Income Taxes                               |              |                      | 34 |
|    | <b>Other Current Liabilities(specify):</b>                   |              |                      |    |
| 35 | Catholic Charities - See Attach. # 2                         | 1,097,096    |                      | 35 |
| 36 | Accounts Payable- Resident Fund                              | 600          |                      | 36 |
| 37 | <b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>   | \$ 1,414,913 | \$                   | 37 |
|    | <b>D. Long-Term Liabilities</b>                              |              |                      |    |
| 38 | Long-Term Notes Payable                                      | 2,039,158    |                      | 38 |
| 39 | Mortgage Payable   |              |                      | 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>            | \$ 3,454,071 | \$                   | 45 |
| 46 | <b>TOTAL EQUITY</b>  | \$ 2,137,482 | \$                   | 46 |
| 47 | <b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b> | \$ 5,591,554 | \$                   | 47 |

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning: Jan 1, 2009 Ending: Dec 31, 2009

## 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  | \$ 622,515 | 1  |
| 2                                  | Discounts and Allowances  |            | 2  |
| 3                                  | <b>SUBTOTAL Resident Care</b><br>(line 1 minus line 2)              | \$ 622,515 | 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 |
| 11                                 | <b>SUBTOTAL OTHER OPERATING REVENUE</b><br>(sum of lines 4 thru 10) | \$         | 11 |
| <b>C. Non-Operating Revenue</b>    |   |            |    |
| 12                                 | Contributions   |            | 12 |
| 13                                 | Interest and Other Investment Income                                | 5,077      | 13 |
| 14                                 | <b>SUBTOTAL Non-Operating Revenue</b><br>(sum of lines 12 and 13)   | \$ 5,077   | 14 |
| <b>D. Other Revenue (specify):</b> |   |            |    |
| 15                                 |   |            | 15 |
| 16                                 |   |            | 16 |
| 17                                 | <b>SUBTOTAL Other Revenue</b><br>(sum of lines 15 and 16)           | \$         | 17 |
| 18                                 | <b>TOTAL REVENUE</b><br>(sum of lines 3, 11, 14 and 17)             | \$ 627,592 | 18 |

|                              |   | 2            |    |
|------------------------------|---|--------------|----|
| Expenses                     |   | Amount       |    |
| <b>A. Operating Expenses</b> |   |              |    |
| 19                           | General Services  | 432,733      | 19 |
| 20                           | Health Care/ Personal Care  | 198,765      | 20 |
| 21                           | General Administration  | 265,220      | 21 |
| <b>B. Capital Expense</b>    |   |              |    |
| 22                           | Ownership   | 294,817      | 22 |
| <b>C. Other Expenses</b>     |   |              |    |
| 23                           | Special Cost Centers  |              | 23 |
| 24                           | Non-Operating Expenses  |              | 24 |
| 25                           | Other (specify):  |              | 25 |
| 26                           |   |              | 26 |
| 27                           |   |              | 27 |
| 28                           | <b>TOTAL EXPENSES</b><br>(sum of lines 19 thru 27)                | \$ 1,191,535 | 28 |
| 29                           | <b>Income Before Income Taxes</b><br>(line 18 minus line 28)      | \$ (563,943) | 29 |
| 30                           | <b>Income Taxes</b>   | \$           | 30 |
| 31                           | <b>NET INCOME OR LOSS FOR THE YEAR</b><br>(line 29 minus line 30) | \$ (563,943) | 31 |

Supplemental Schedule of Other Assets and Liabilities

| Other Current Assets:           | <u>Operating</u> | <u>After<br/>Consolidation</u> | Other Current Liabilities   | <u>Operating</u> | <u>After<br/>Consolidation</u> |
|---------------------------------|------------------|--------------------------------|-----------------------------|------------------|--------------------------------|
|                                 |                  |                                | 36A Accrued Development Fee | 64,000           |                                |
|                                 |                  |                                | 36B Due to Affiliates       | 1,033,096        |                                |
|                                 |                  |                                | 36C                         |                  |                                |
|                                 |                  |                                | 36D                         |                  |                                |
|                                 |                  |                                | 36E                         |                  |                                |
|                                 |                  |                                | 36F                         |                  |                                |
|                                 |                  |                                | 36G                         |                  |                                |
|                                 | <u>0</u>         | <u>0</u>                       |                             | <u>1,097,096</u> | <u>0</u>                       |
| <br>                            |                  |                                |                             |                  |                                |
| Other Current Assets:           | <u>Operating</u> | <u>After<br/>Consolidation</u> | Other Current Liabilities   | <u>Operating</u> | <u>After<br/>Consolidation</u> |
| IHDA Insurance Escrow           | \$75,475         |                                | 43A                         |                  |                                |
| IHDA Operating Reserve Escrow   | \$137,005        |                                | 43B                         |                  |                                |
| IHDA Real Estate Tax Escrow     | \$45,227         |                                | 43C                         |                  |                                |
| IHDA Replacement Reserve Escrow | \$65,328         |                                | 43D                         |                  |                                |
| IHDA Rent Up Reserve            | \$29,655         |                                | 43E                         |                  |                                |
|                                 |                  |                                | 43F                         |                  |                                |
|                                 |                  |                                | 43G                         |                  |                                |
|                                 | <u>352,690</u>   | <u>0</u>                       |                             | <u>0</u>         | <u>0</u>                       |