





Facility Name: Bishop Edwin Conway Residence

Report Period Beginning:

Jan 1, 2010

Ending: Dec 31, 2010

## 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	34,605	49,559	7,760	91,924		91,924	1
2	Housekeeping, Laundry and Maintenance	112,957	35,523	46,991	195,471		195,471	2
3	Heat and Other Utilities			44,577	44,577		44,577	3
4	Other (specify):			130,119	130,119		130,119	4
5	<b>TOTAL General Services</b>	<b>147,562</b>	<b>85,082</b>	<b>229,447</b>	<b>462,091</b>		<b>462,091</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care		515	158,318	158,833		158,833	6
7	Activities and Social Services	29,235	1,524	988	31,747		31,747	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>29,235</b>	<b>2,039</b>	<b>159,306</b>	<b>190,580</b>		<b>190,580</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	83,336	8,278	50,622	142,236	(927)	141,309	10
11	Marketing Materials, Promotions and Advertising		1,689	150	1,839		1,839	11
12	Employee Benefits and Payroll Taxes			122,304	122,304		122,304	12
13	Insurance-Property, Liability and Malpractice							13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>83,336</b>	<b>9,967</b>	<b>173,076</b>	<b>266,379</b>	<b>(927)</b>	<b>265,452</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>260,133</b>	<b>97,088</b>	<b>561,829</b>	<b>919,050</b>	<b>(927)</b>	<b>918,123</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			175,324	175,324		175,324	17
18	Interest			60,273	60,273		60,273	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			15,089	15,089		15,089	21
22	Other (specify):			4,965	4,965		4,965	22
23	<b>TOTAL Ownership</b>			<b>255,651</b>	<b>255,651</b>		<b>255,651</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>260,133</b>	<b>97,088</b>	<b>817,480</b>	<b>1,174,701</b>	<b>(927)</b>	<b>1,173,774</b>	<b>24</b>

Facility Name: Bishop Edwin Conway Residence

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**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	10.22	4
5	Social Service Workers			5
6	Head Cook	1	8.67	6
7	Cook Helpers/Assistants	1	7.76	7
8	Dishwashers			8
9	Maintenance Workers	1	15.13	9
10	Housekeepers	3	10.89	10
11	Laundry			11
12	Managers	1	22.64	12
13	Other Administrative	2	8.71	13
14	Clerical			14
15	Marketing			15
16	Other			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				\$	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).

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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	\$ 5,404,283	\$ 135,094	40	\$ 135,094	\$	\$ (993,389)	1
2				2009	34,817	11,288	20	11,288		(22,576)	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Land Improvement		2003		79,597	3,980	20	3,980		(29,849)	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	\$	\$ (1,045,814)	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	\$ 255,126	\$ 19,956	## 19,956	\$	10	\$ (158,380)	18
19	Vehicles	58,436	11,614	11,614		5	(57,389)	19
20	TOTAL (lines 18 and 19)	\$ 313,562	\$ 31,570	\$ 31,570	\$		\$ (215,769)	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	<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	Name of Lender	2		3	4	6		7	8	9						
			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	0.0657	\$ 12,130	1					
2		CCHD	X		Subordinate Mortgage	4/30/02	121,752	121,752	8/30/42	0.0657	7,999	2					
3		CCHD	X		Subordinate Mortgage	4/30/02	559,776	559,776	8/30/42	0.0157	8,788						
4		CCHD	X		Subordinate Mortgage	3/12/02	423,000	423,000	3/12/33	0.0548	23,180						
5					/ /				/ /			3					
		<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	0.0100	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, 2010**

Ending:

**Dec 31, 2010****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **Dec 31, 2010** (last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 69,681	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	102,195		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):	28,891		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 200,767	\$	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)	(1,268,680)		17
18	Deferred Charges	40,146		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):	317,389		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 5,163,899	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,364,665	\$	25

\*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 16,081	\$	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	361,377		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35		1,278,081		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,655,539	\$	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>	\$ 3,694,697	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,669,969	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 5,364,665	\$	47

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning: Jan 1, 2010

Ending:

Dec 31, 2010

## 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	\$ 703,616	1
2	Discounts and Allowances		2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 703,616	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	3,572	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 3,572	14
<b>D. Other Revenue (specify):</b>			
15			15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 707,188	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	462,091	19
20	Health Care/ Personal Care	190,580	20
21	General Administration	265,452	21
<b>B. Capital Expense</b>			
22	Ownership	255,651	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)	\$ 1,173,774	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ (466,586)	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ (466,586)	31

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>
			36A	64,000	
			36B	1,214,081	
			36C		
			36D		
			36E		
			36F		
			36G		
	<u>0</u>	<u>0</u>		<u>1,278,081</u>	<u>0</u>
Other Current Assets:	<u>Operating</u>	<u>After Consolidation</u>	Other Current Liabilities	<u>Operating</u>	<u>After Consolidation</u>
IHDA Insurance Escrow	<b>\$76,521</b>		43A		
IHDA Operating Reserve Escrow	<b>\$137,959</b>		43B		
IHDA Real Estate Tax Escrow	<b>\$471</b>		43C		
IHDA Replacement Reserve Escrow	<b>\$72,578</b>		43D		
IHDA Rent Up Reserve	<b>\$29,861</b>		43E		
			43F		
			43G		
	<u>317,389</u>	<u>0</u>		<u>0</u>	<u>0</u>

**Balance Sheet**

as of December 31, 2010

12/31/2010

**50 - Cortland Manor LLC/Bishop Conway Residence**

**Assets**

50-10275	Cole Taylor - Bish	\$43,963.89
50-10276	Cole Taylor - Cort	\$23,216.69
50-10360	Bishop Conway Pt	\$1,500.00
50-10550	Petty Cash	\$1,000.00
50-11610	Accounts Receival	\$15,878.67
50-11615	Accrued Accounts	\$86,316.61
50-12555	Other Assets	\$28,890.70
50-14180	IHDA Insurance E	\$76,520.62
50-14181	IHDA Operating F	\$137,958.53
50-14182	IHDA Real Estate	\$471.13
50-14183	IHDA Replacemer	\$72,577.90
50-14184	IHDA Rent Up Re	\$29,861.15
50-15575	Deferred Tax Cred	\$35,991.00
50-15577	Accumulated Amc	(\$36,824.67)
50-15578	Deferred Debt Cos	\$40,980.00
50-16240	Land	\$236,734.00
50-16258	Land Improvemen	\$79,597.35
50-16566	Buildings	\$261,978.00
50-16651	Building Improver	\$5,177,121.76
50-16873	Furniture & Fixtur	\$261,175.96
50-16887	Autos	\$58,436.29
50-17100	Accumulated Depn	(\$1,015,965.36)
50-17150	A/D Autos	(\$58,436.29)
50-17215	Accumulated Depn	(\$29,848.95)
50-17275	Accumulated Depn	(\$164,429.53)
<b>Total Assets</b>		<b><u>\$5,364,665.45</u></b>

**Liabilities and Fund Balance**

**Liabilities**

50-20110	Accrued Accounts	\$0.00
50-20135	Client Funds Payal	\$0.00
50-20140	Unpaid Constructi	\$64,000.00
50-21010	Accounts Payable	\$16,080.74
50-22110	Accrued Interest P	\$361,377.01
50-24130	CCHD Developmc	\$121,752.00
50-26608	Due to CCHD 8/4:	\$184,630.00
50-26609	Due to CCHD 8/4:	\$559,776.00
50-26610	Notes Payable	\$750,000.00
50-26611	Due to CCHD 3/3:	\$423,000.00
50-29110	Due To/From Oth	\$1,214,080.77
<b>Total Liabiliti</b>		<b><u>\$3,694,696.52</u></b>

**Fund Balance**

50-30110	Managing Membe	\$105,691.00
50-30115	Investor Member C	\$4,092,203.00
50-30117	Syndication Costs	(\$90,106.00)
50-30200	Retained Surplus/(	(\$2,437,819.07)
<b>Total Fund Ba</b>		<b><u>\$1,669,968.93</u></b>

**Total Liabilities a** **\$5,364,665.45**

Catholic Charities of the Archdiocese of Chicago

Bishop Conway Residence

Income Statement

For The Period Ending December 31, 2010

\*\*\*\*\*

		Year-To-Date
		Actual
<b>50 - Cortland Manor LLC/Bishop Conway Residence</b>		
Revenues		
50-41210	Government Sources - State	1,002,762
50-41216	Vacancy Loss - Public Aid Subsidy	-537,738
50-41250	Government Sources - Food Costs	25,501
50-41810	Gov't Contract Adjustment	46,057
50-42110	Program Fees - Individual	3,127
50-42120	Program Fees - Non Govt	61,328
50-42345	Vacancy Loss - Rental Income	-94,411
50-42350	Rental Income Apis Or Carrying	196,242
50-43110	Unrestricted Contributions	750
50-46725	IHDA Interest Income	3,572
	Total Revenues	<u>707,188</u>
Expenses		
Payroll Expense		
	Salaries and Wages	260,133
	Employee Benefits	61,841
	Retirement Benefits	34,689
	Payroll Taxes	25,774
	Total Payroll Expense	<u>382,437</u>
Other Expenses		
50-72405	Professional Fees-Program	7,760
50-72409	Professional Fee-Gen Liability	12,000
50-72410	Attorney Fees	0
50-72413	Legal Expenses (Project)	2,557
50-72418	Advertising Expense	1,389
50-72420	Audit/Accounting Fees	8,925
50-72430	Contract Labor	0
50-72431	Activities - Events & Programs	0
50-72433	Marketing Expense	300
50-72438	Security Payroll-Contract	127,320
50-72440	Professional Fees-Intra Agency	158,318
50-72505	Supplies-Office	8,089
50-72510	Supplies-Building & Grounds	11,347
50-72512	Janitor & Cleaning Supplies	22,857
50-72514	Exterminating Supplies	1,319
50-72517	Pharmacy - House Drugs	515
50-72518	Medical Supplies - Chargeable	0
50-72520	Supplies-Recreation & Crafts	1,524
50-72570	Food Purchases	49,559
50-72580	Supplies-Other	0
50-72605	Telephone & Fax	4,770
50-72606	Cell Phones	962
50-72610	Computer Phone Line Charge	1,037
50-72650	Postage & Shipping	189
50-72670	Messenger Service	0
50-72815	Building & Grounds	6,138
50-72818	Bldg & Fixtures Repair & Maintenance	9,780
50-72825	Utilities-Water	4,044
50-72830	Utilities-Gas	8,358
50-72835	Utilities-Electricity	32,175
50-72841	Garbage & Trash Removal	2,799
50-72842	Elevator Maintenance Contract	6,072
50-72845	Property Insurance & Taxes	0
50-72850	Misc. Taxes Licenses & Permits	1,080
50-73210	Mileage Reimbursement	51
50-73230	Auto Operating Costs	8,720
50-73240	Bishop Conway Vehicle Insurance	0
50-73250	Other Transportation	1,000
50-73310	Business Conference - Staff	690
50-73405	Subscriptions & Reference	150
50-73450	Membership Dues	959
50-73530	Activity Fees	988
50-74010	Expenses Not Receipted	0
50-74195	Miscellaneous Expense	220
50-74215	Intra Agency Training	10
50-74307	Computer & Related Equipment	1,066
50-74315	Eqpt/Furniture Rental-Other	15,089
50-74320	Equipment Repair & Maintenance	15,150
50-74505	Depreciation - Vehicles	8,838
50-74510	Depreciation - Building	136,996
50-74515	Depreciation - Land Improvement	3,980
50-74542	Depreciation - Cortland	25,510
50-74611	Management & General	15,500
50-78010	Bank Fees	927
50-78014	Amortization Of Deferred Debt	4,965
50-79010	IHDA Interest Expense	8,175
50-79012	Interest Expense-Cath Charity	52,098
	Total Other Expenses	<u>792,264</u>
	Total Expenses	<u>1,174,701</u>
<b>NET SURPLUS/(DEFICIT)</b>		<u><u>-467,513</u></u>

Page 3 - Adjustment Summary

Name: Bishop Edwin Conway Residence

Report Per Beginning: Jan. 1, 2010

Ending: Dec. 31, 2010

	Amount	Line Reference
Non Allowable Expenses		
Bank Fees	927	