

FOR BHF USE					

LL2

Supportive Living Facility

**2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2012)**

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 ID Number: 1000028

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: _____

Date Current Owners were Certified: _____

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: Amanda Anderson **Telephone Number:** 312 655-7414
Email Address: _____

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2012 to 12/31/12 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>Eileen Higgins</u>	
	(Title) <u>Vice President - Housing</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:

01/01/2012

Ending:

12/31/12

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			
A. General Services								
1	Dietary and Food Purchase	103,541	88,657		192,198		192,198	1
2	Housekeeping, Laundry and Maintenance	60,997	73,803		134,800		134,800	2
3	Heat and Other Utilities			39,253	39,253		39,253	3
4	Other (specify):	131,898			131,898		131,898	4
5	TOTAL General Services	296,436	162,460	39,253	498,149		498,149	5
B. Health Care and Programs								
6	Health Care/ Personal Care	171,474			171,474		171,474	6
7	Activities and Social Services	28,846		918	29,764		29,764	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	200,320		918	201,238		201,238	9
C. General Administration								
10	Administrative and Clerical	99,531	10,450	88,137	198,118	(892)	197,226	10
11	Marketing Materials, Promotions and Advertising		7,266		7,266		7,266	11
12	Employee Benefits and Payroll Taxes			167,330	167,330		167,330	12
13	Insurance-Property, Liability and Malpractice			12,000	12,000		12,000	13
14	Other (specify):							14
15	TOTAL General Administration	99,531	17,716	267,467	384,714	(892)	383,822	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	596,287	180,176	307,638	1,084,101	(892)	1,083,209	16
Capital Expenses								
D. Ownership								
17	Depreciation			170,861	170,861		170,861	17
18	Interest			52,098	52,098		52,098	18
19	Real Estate Taxes			(7,985)	(7,985)		(7,985)	19
20	Rent -- Facility and Grounds			6,932	6,932		6,932	20
21	Rent -- Equipment			5,678	5,678		5,678	21
22	Other (specify):			4,965	4,965		4,965	22
23	TOTAL Ownership			232,549	232,549		232,549	23
24	GRAND TOTAL (Sum of lines 16 and 23)	596,287	180,176	540,187	1,316,650	(892)	1,315,758	24

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning 01/01/2012 Ending: 12/31/12

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 25.50	1
2	Licensed Practical Nurses	2	22.29	2
3	Certified Nurse Assistants	5	11.10	3
4	Activity Director & Assistants	1	13.00	4
5	Social Service Workers			5
6	Head Cook	1	10.52	6
7	Cook Helpers/Assistants	2	8.85	7
8	Dishwashers			8
9	Maintenance Workers	1	15.85	9
10	Housekeepers	3	10.40	10
11	Laundry			11
12	Managers	1	23.75	12
13	Other Administrative	1	25.09	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 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				\$	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

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:

01/01/2012

Ending:

12/31/12

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 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	\$ 5,404,383	\$ 135,110	40	\$ 135,110	\$	\$ (1,283,541)	1
2				2009	34,817	1,887	20	1,887	0	(6,417)	2
3											3
4											4
5											5
Improvement Type											
6		Land Improvement		2003	79,597	3,980	20	3,980		(37,809)	6
7				2012	87,500	4,375	10	4,375		(4,375)	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)				\$ 5,606,297	\$ 145,351		\$ 145,352	\$ 0	\$ (1,332,141)	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	\$ 25,510	\$ 25,510	\$	10	\$ (209,399)	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 255,126	\$ 25,510	\$ 25,510	\$		\$ (209,399)	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

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning: 01/01/2012

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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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
A. Directly Facility Related												
Long-Term												
1		CCHD	X		Subordinate Mortgage	8/30/02	\$ 184,630	\$ 184,630	8/30/02	0.0657	\$ 12,130	1
2		CCHD	X		Subordinate Mortgage	4/30/02	121,752	121,752	4/30/02	0.0657	7,999	2
3		CCHD	X		Subordinate Mortgage	4/30/02	559,776	559,776	4/30/02	0.0657	8,789	3
4		CCHD	X		Subordinate Mortgage	3/12/02	423,000	423,000	3/12/02	0.0657	23,180	
Working Capital												
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 1,289,158	\$ 1,289,158			\$ 52,098	7
B. Non-Facility Related												
8		IHDA		x	Mortgage	12/31/04	750,000	750,000	8/31/33	0.0100	7,500	8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 2,039,158	\$ 2,039,158			\$ 59,598	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: 01/01/2012

Ending:

12/31/12

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 75,597	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	455,660		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)	\$ 531,257	\$	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			14
15	Leasehold Improvements, at Historical Cost	5,606,197		15
16	Equipment, at Historical Cost	319,612		16
17	Accumulated Depreciation (book methods)	(1,606,027)		17
18	Deferred Charges	30,216		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):	332,955		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,919,687	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,450,944	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 70,797	\$	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	465,573		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35		1,991,443		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,527,813	\$	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)	\$ 4,566,971	\$	45
46	TOTAL EQUITY	\$ 883,973	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,450,944	\$	47

*(See instructions.)

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning: 01/01/2012

Ending:

12/31/12

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	\$ 912,287	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 912,287	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
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	3	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3	14
D. Other Revenue (specify):			
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 912,290	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	498,149	19
20	Health Care/ Personal Care	201,238	20
21	General Administration	383,822	21
B. Capital Expense			
22	Ownership	232,549	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,315,758	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (403,468)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (403,468)	31

Catholic Charities of the Archdiocese of Chicago
Income Statement
 Bishop Conway Residence
 For The Period Ending December 31, 2012

		<u>Current Period</u>			<u>Year-To-Date</u>			
		<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Annual Budget</u>
50 - Cortland Manor LLC./Bishop Conway Residence								
Revenues								
50-41210	Government Sourc	67,763	86,356	-18,593	1,024,985	1,036,239	-11,254	1,036,239
50-41211	Government Sourc	6,327	0	6,327	6,327	0	6,327	0
50-41216	Vacancy Loss - Pt	-7,674	-13,811	6,137	-431,917	-165,798	-266,119	-165,798
50-41250	Government Sourc	8,399	3,470	4,929	33,150	41,651	-8,501	41,651
50-42110	Program Fees - In	5,154	0	5,154	49,739	0	49,739	0
50-42120	Program Fees - Ne	7,606	0	7,606	92,572	0	92,572	0
50-42345	Vacancy Loss - Re	-13,518	-2,766	-10,752	-70,261	-33,170	-37,091	-33,170
50-42350	Rental Income Ap	17,258	17,276	-18	207,312	207,312	0	207,312
50-45110	Miscellaneous Inc	0	0	0	51	0	51	0
50-46610	Gain on Sale of A	0	0	0	328	0	328	0
50-46725	IHDA Interest Inc	-470	0	-470	3	0	3	0
	Total Revenues	90,846	90,525	321	912,289	1,086,234	-173,945	1,086,234
Expenses								
Payroll Expense								
	Salaries and	58,341	35,828	22,513	468,607	429,914	38,693	429,914
	Employee B	4,571	4,895	-324	77,863	58,696	19,167	58,696
	Retirement	4,204	4,493	-289	46,401	53,872	-7,471	53,872
	Payroll Tax	4,846	3,460	1,386	43,066	41,487	1,579	41,487
	Total Payroll E	71,963	48,676	23,287	635,937	583,969	51,968	583,969
Other Expenses								
50-72405	Professional Fees-	6,040	0	6,040	17,314	0	17,314	0

50-72409	Professional Fee-C	1,000	1,000	0	12,000	12,000	0	12,000
50-72410	Attorney Fees	0	0	0	25	0	25	0
50-72413	Legal Expenses (P	0	212	-212	475	2,500	-2,025	2,500
50-72415	Professional Fees-	0	0	0	1,155	0	1,155	0
50-72418	Advertising Exper	250	38	212	1,811	500	1,311	500
50-72420	Audit/Accounting	10,605	1,000	9,605	28,680	12,000	16,680	12,000
50-72431	Activities - Events	85	0	85	847	0	847	0
50-72433	Marketing Expens	129	212	-83	5,455	2,500	2,955	2,500
50-72438	Security Payroll/C	16,943	11,287	5,656	131,898	135,400	-3,502	135,400
50-72505	Supplies-Office	973	750	223	7,505	9,000	-1,495	9,000
50-72510	Supplies-Building	3,723	712	3,011	8,678	8,500	178	8,500
50-72512	Janitor & Cleanin	4,623	1,663	2,960	28,427	20,000	8,427	20,000
50-72514	Exterminating Sup	120	212	-92	1,541	2,500	-959	2,500
50-72515	Supplies-Medical	0	0	0	101	0	101	0
50-72517	Pharmacy - House	446	100	346	1,163	1,200	-36	1,200
50-72518	Medical Supplies -	0	25	-25	0	300	-300	300
50-72520	Supplies-Recreatic	687	87	600	1,876	1,000	876	1,000
50-72570	Food Purchases	24,244	5,837	18,407	88,657	70,000	18,657	70,000
50-72580	Supplies-Other	104	87	17	1,680	1,000	680	1,000
50-72605	Telephone & Fax	356	500	-145	4,381	6,000	-1,619	6,000
50-72606	Cell Phones	252	163	89	3,251	2,000	1,251	2,000
50-72610	Computer Phone I	0	87	-87	434	1,000	-566	1,000
50-72650	Postage & Shippir	32	125	-93	338	1,500	-1,162	1,500
50-72670	Messenger Service	0	12	-12	0	100	-100	100
50-72814	Rent - Outside Le:	1,422	300	1,122	6,932	3,600	3,332	3,600
50-72815	Building & Groun	175	413	-238	5,698	5,000	698	5,000
50-72818	Bldg & Fixtures R	3,929	837	3,092	16,168	10,000	6,168	10,000
50-72825	Utilities-Water	0	337	-337	959	4,000	-3,041	4,000
50-72830	Utilities-Gas	842	1,087	-245	7,179	13,000	-5,821	13,000
50-72835	Utilities-Electricit	2,661	2,500	161	31,115	30,000	1,115	30,000
50-72841	Garbage & Trash l	637	288	349	3,280	3,500	-220	3,500
50-72842	Elevator Maintena	90	288	-198	3,533	3,500	33	3,500
50-72845	Property Insurance	0	0	0	-7,985	0	-7,985	0
50-72850	Misc Taxes Licens	0	112	-112	810	1,300	-490	1,300
50-73210	Mileage Reimburs	145	0	145	430	0	430	0
50-73230	Auto Operating Co	188	750	-562	1,653	9,000	-7,347	9,000

50-73240	Bishop Conway V	346	163	183	1,384	2,000	-616	2,000
50-73250	Other Transportati	64	0	64	109	0	109	0
50-73310	Business Conferer	379	38	341	1,597	500	1,097	500
50-73402	Subscriptions & M	785	0	785	785	0	785	0
50-73405	Subscriptions & R	0	0	0	110	0	110	0
50-73450	Membership Dues	0	63	-63	60	800	-740	800
50-73530	Activity Fees	0	163	-163	71	2,000	-1,929	2,000
50-74010	Expenses Not Rec	0	0	0	1,504	0	1,504	0
50-74195	Miscellaneous Exj	0	25	-25	0	300	-300	300
50-74215	Intra Agency Trai	0	12	-12	0	100	-100	100
50-74307	Computer & Relat	0	38	-38	2,547	500	2,047	500
50-74315	Eqpt/Furniture Re.	147	250	-103	5,678	3,000	2,678	3,000
50-74320	Equipment Repair	945	837	108	1,565	10,000	-8,435	10,000
50-74510	Depreciation - Bui	15,791	11,413	4,378	141,371	137,000	4,371	137,000
50-74515	Depreciation - Lar	332	328	4	3,980	3,980	0	3,980
50-74542	Depreciation - Coi	2,126	2,123	3	25,510	25,509	1	25,509
50-74611	Management & G	-370	1,288	-1,658	10,630	15,500	-4,870	15,500
50-78010	Bank Fees	77	38	39	892	500	392	500
50-78014	Amortization Of I	414	412	2	4,965	4,966	-1	4,966
50-79010	IHDA Interest Exj	625	625	0	7,500	7,500	0	7,500
50-79012	Interest Expense-C	4,342	4,339	3	52,098	52,068	30	52,068
	Total Other Exj	106,701	53,176	53,525	679,821	638,123	41,698	638,123
	Total Expenses	178,664	101,852	76,812	1,315,758	1,222,092	93,666	1,222,092
	NET SURPLUS/(-87,819	-11,327	-76,492	-403,468	-135,858	-267,611	-135,858

Catholic Charities of the Archdiocese of Chicago
Balance Sheets
Bishop Conway Residence
December 31, 2012

Actual 2012

Assets

50-10275	Cole Taylor - Bishop Conway Residence	67,922
50-10276	Cole Taylor - Cortland Manor LLC	6,675
50-10550	Petty Cash	1,000
50-11610	Accounts Receivable-Tenants	423,906
50-11615	Accrued Accounts Receivable	31,753
50-14180	IHDA Insurance Escrow	76,996
50-14181	IHDA Operating Reserve Escrow	137,966
50-14182	IHDA Real Estate Tax Escrow	-
50-14183	IHDA Replacement Reserve Escrow	88,130
50-14184	IHDA Rent Up Reserve	29,863
50-15575	Deferred Tax Credit Fees	35,991
50-15577	Accumulated Amortization	(46,755)
50-15578	Deferred Debt Costs	40,980
50-16240	Land	236,734
50-16258	Land Improvement	79,597
50-16566	Buildings	261,978
50-16651	Building Improvements	5,264,622
50-16873	Furniture & Fixtures	261,176
50-16887	Autos	58,436
50-17100	Accumulated Depreciation - Buildings	(1,294,333)
50-17150	A/D Autos	(58,436)
50-17215	Accumulated Depreciation - Land Improvements	(37,809)
50-17275	Accumulated Depreciation - Furniture & Equipment	(215,449)

T Total Assets**5,450,944****Liabilities and Fund Balance****Liabilities**

50-20125	Accrued Payroll	13,039
50-20135	Client Funds Payable	45
50-20140	Unpaid Construction Cost	64,000
50-20490	Accrued Vacation Payable	16,987
50-21010	Accounts Payable Trade	40,726
50-22110	Accrued Interest Payable	465,573
50-24130	CCHD Development Advance Account	121,752
50-26608	Due to CCHD 8/42 6.57%	184,630
50-26609	Due to CCHD 8/42 1.57%	559,776
50-26610	Notes Payable	750,000
50-26611	Due to CCHD 3/33 5.48%	423,000
50-29110	Due To/From Other Funds	1,927,443
	Total Liabilities	4,566,971

Fund Balance

50-30110	Managing Member Capital Account	105,691
50-30115	Investor Member Capital Account	4,092,203
50-30117	Syndication Costs	(90,106)
50-30200	Retained Surplus/(Deficit)	(3,223,815)
	Total Fund Balance	883,973

Total Liabilities and Fund Balance**5,450,944**

Page 3 - Adjustment Summary

Name: Bishop Edwin Conway Residence
Report Per Beginning: Jan. 1, 2012
Ending: Dec. 31, 2012

	Amount	Line Reference
Non Allowable Expenses Bank Fees	892	

Facility Name

Bishop Conway

Report Period Beginning :

1/1/2011

Ending:

Supplemental Schedule of Other Assets and Liabilities

Other Current Assets:		<u>Operating</u>	<u>After Consolidation</u>	Other Current Liabilities		<u>Operating</u>
09A				36A	Accrued Development Fee	64,000
09B				36B	Due to Affiliates	1,927,443
09C				36C		
09D				36D		
09E				36E		
09F				36F		
09G				36G		
		<u>0</u>	<u>0</u>			<u>1,991,443</u>

Other Current Assets:		<u>Operating</u>	<u>After Consolidation</u>	Other Current Liabilities		<u>Operating</u>
23A	IHDA Insurance Escrow	\$79,996		43A		
23B	IHDA Operating Reserve Escrow	\$137,966		43B		
23C	IHDA Real Estate Tax Escrow	\$0		43C		
23D	IHDA Replacement Reserve Escrow	\$88,130		43D		
23E	IHDA Rent Up Reserve	\$29,863		43E		
23F				43F		
23G				43G		
		<u>335,955</u>	<u>0</u>			<u>0</u>

After
Consolidation

0

After
Consolidation

0