

FOR BHF USE					

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**Supportive Living Facility**

**2011  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2011)**

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.

<p><b>I. Facility ID Number:</b> <u>1000028</u></p> <p><b>Facility Name:</b> <u>BISHOP EDWIN CONWAY RESIDENCE</u></p> <p><b>Address:</b> <u>1900 N. KARLOV</u> <u>CHICAGO</u> <u>60639</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>COOK</u></p> <p><b>Telephone Number:</b> ( <u>773</u> ) <u>252-9941</u> Fax # <u>773 252-9946</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>12/15/2003</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>AMANDA ANDERSON</u> <b>Telephone Number:</b> ( <u>312</u> ) <u>655-7414</u>  <b>Email Address:</b> _____</p>	<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	<b>IRS Exemption Code</b> _____	<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 _____		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>Jan 1, 2011</u> to <u>Dec. 31, 2011</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____ (Type or Print Name) <u>WENDY SEIFERT</u> (Title) <u>VICE PRESIDENT - SENIOR SERVICES &amp; HEALTHCARE</u></td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) _____ (Print Name and Title) _____ (Firm Name &amp; Address) _____ (Telephone) ( ) _____ Fax # ( ) _____</td> </tr> </table> <p align="right">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</p>	<b>Officer or Administrator of Provider</b>	(Signed) _____ (Type or Print Name) <u>WENDY SEIFERT</u> (Title) <u>VICE PRESIDENT - SENIOR SERVICES &amp; HEALTHCARE</u>	<b>Paid Preparer</b>	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) ( ) _____ Fax # ( ) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name: BISHOP EDWIN CONWAY RESIDENCE

Report Period Beginning:

Jan 1,2011

Ending: Dec. 31, 2011

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	77,050	60,008		137,058		137,058	1
2	Housekeeping, Laundry and Maintenance	85,721	43,365	50,659	179,745		179,745	2
3	Heat and Other Utilities			39,005	39,005		39,005	3
4	Other (specify):			141,377	141,377		141,377	4
5	<b>TOTAL General Services</b>	<b>162,771</b>	<b>103,373</b>	<b>231,041</b>	<b>497,185</b>		<b>497,185</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care		1,165	152,788	153,953		153,953	6
7	Activities and Social Services	31,601		2,148	33,749		33,749	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>31,601</b>	<b>1,165</b>	<b>154,936</b>	<b>187,702</b>		<b>187,702</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	95,247	14,242	46,525	156,014	(724)	155,290	10
11	Marketing Materials, Promotions and Advertising		7,240		7,240		7,240	11
12	Employee Benefits and Payroll Taxes			125,552	125,552		125,552	12
13	Insurance-Property, Liability and Malpractice			12,000	12,000		12,000	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>95,247</b>	<b>21,482</b>	<b>184,077</b>	<b>300,806</b>	<b>(724)</b>	<b>300,082</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>289,619</b>	<b>126,020</b>	<b>570,054</b>	<b>985,693</b>	<b>(724)</b>	<b>984,969</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			166,486	166,486		166,486	17
18	Interest			59,598	59,598		59,598	18
19	Real Estate Taxes			(48,834)	(48,834)		(48,834)	19
20	Rent -- Facility and Grounds			300	300		300	20
21	Rent -- Equipment			7,236	7,236		7,236	21
22	Other (specify):			4,965	4,965		4,965	22
23	<b>TOTAL Ownership</b>			<b>189,751</b>	<b>189,751</b>		<b>189,751</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>289,619</b>	<b>126,020</b>	<b>759,805</b>	<b>1,175,444</b>	<b>(724)</b>	<b>1,174,720</b>	<b>24</b>

Facility Name: BISHOP EDWIN CONWAY RESIDENCE

Report Period Beginning Jan 1, 2011 Ending: Dec. 31, 2011

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	13.83	4
5	Social Service Workers			5
6	Head Cook	1	10.43	6
7	Cook Helpers/Assistants	2	8.67	7
8	Dishwashers			8
9	Maintenance Workers	1	15.65	9
10	Housekeepers	3	10.24	10
11	Laundry			11
12	Managers	1	23.49	12
13	Other Administrative	2	24.88	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>11</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).

Facility Name: BISHOP EDWIN CONWAY RESIDENCE

Report Period Beginning:

Jan 1,2011

Ending:

Dec. 31, 2011

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	\$ 5,404,383	\$ 135,110	40	\$ 135,110	\$	\$ (1,148,431)	1
2				2009	34,817	1,887	20	1,887	0	(4,530)	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Land Improvement		2003	79,597	3,980	20	3,980		(33,829)	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)				\$ 5,518,797	\$ 140,976		\$ 140,977	\$ 0	\$ (1,186,790)	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	\$ (183,889)	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 255,126	\$ 25,510	\$ 25,510	\$		\$ (183,889)	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: **Jan 1, 2011**

Ending: **Dec. 31, 2011**

**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				
			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	3
<b>Working Capital</b>												
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 1,289,158	\$ 1,289,158			\$ 52,098	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			\$ 59,598	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: Jan 1,2011

Ending: Dec. 31, 2011

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of Dec. 31, 2011 (last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 49,050	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	524,423		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>	\$ 573,473	\$	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)	(1,435,167)		17
18	Deferred Charges	35,182		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):	325,551		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 5,000,609	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,574,082	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 37,687	\$	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	413,475		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35		1,796,321		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 2,247,483	\$	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>	\$ 4,286,641	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,287,441	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 5,574,082	\$	47

\*(See instructions.)

Facility Name: BISHOP EDWIN CONWAY RESIDENCE

Report Period Beginning: Jan 1,2011 Ending: Dec. 31, 2011

## 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	\$ 792,903	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 792,903</b>	<b>3</b>
<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 (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	14	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 14</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 792,917</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	497,185	19
20	Health Care/ Personal Care	187,702	20
21	General Administration	300,082	21
<b>B. Capital Expense</b>			
22	Ownership	189,751	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 (sum of lines 19 thru 27)</b>	<b>\$ 1,174,720</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (381,803)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (381,803)</b>	<b>31</b>

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	Accrued Development Fee	64,000	
			36B	Due to Affiliates	1,732,321	
			36C			
			36D			
			36E			
			36F			
			36G			
	<u>0</u>	<u>0</u>			<u>1,796,321</u>	<u>0</u>
	<u>0</u>	<u>0</u>			<u>0</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>\$76,524</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>\$80,729</b>		43D			
IHDA Rent Up Reserve	<b>\$29,862</b>		43E			
			43F			
			43G			
	<u>325,545</u>	<u>0</u>			<u>0</u>	<u>0</u>
	<u>325,545</u>	<u>0</u>			<u>0</u>	<u>0</u>

**Catholic Charities of the Archdiocese of Chicago  
Bishop Conway**

For the Year Ending December 31, 2011

		<u>Actual 11</u>	
<b>Revenues</b>			
50-41210	Public Aid Subsidy	539,141	9
50-41810	Public Aid Previous Year Reveue	16,711	10
50-41250	Government Sources - Food Costs	13,234	11
50-42110	Private Pay	48,210	12
50-42120	Resident Co Pay	63,019	13
50-42345	Vacancy Loss Rental Income	-86,427	14
50-42350	Rental Income	198,816	15
50-43110	Restricted Operating Gift	200	16
50-45110	Miscellaneous Income	0	17
50-46725	IHDA Interest Income	14	18
	<b>Total Revenues</b>	<u>792,917</u>	<u>19</u>
<b>Expenses</b>			
<b>Payroll Expense</b>			
	Salaries and Wages	289,619	23
	Employee Benefits	61,355	24
	Retirement Benefits	38,682	25
	Payroll Taxes	25,515	26
	<b>Total Payroll Expense</b>	<u>415,171</u>	<u>27</u>
<b>Other Expenses</b>			
50-72405	Professional Fees-Program	4,912	30
50-72409	Professional Fee-Gen Liability	12,000	31
50-72410	Attorney Fees	0	32
50-72413	Legal Expenses (Project)	4,650	33
50-72415	Professional Fees-Admin	1,785	34
50-72418	Advertising Expense	4,550	35
50-72420	Audit/Accounting Fees	9,400	36
50-72430	Contract Labor	0	37
50-72431	Activities - Events & Programs	70	38
50-72433	Marketing Expense	2,689	39
50-72438	Security Payroll/Contract	137,996	40
50-72440	Professional Fees-Intra Agency	152,789	41
50-72505	Supplies-Office	9,750	42
50-72510	Supplies-Building & Grounds	7,563	43
50-72512	Janitor & Cleaning Supplies	30,068	44
50-72514	Exterminating Supplies	1,698	45
50-72517	Pharmacy - House Drugs	1,165	46
50-72518	Medical Supplies - Chargeable	0	47
50-72520	Supplies-Recreation & Crafts	1,120	48
50-72570	Food Purchases	60,008	49
50-72580	Supplies-Other	3,327	50
50-72605	Telephone & Fax	5,086	51
50-72606	Cell Phones	2,028	52
50-72610	Computer Phone Line Charge	951	53
50-72650	Postage & Shipping	2,050	54
50-72670	Messenger Service	13	55
50-72814	Rent - Outside Lease	300	56
50-72815	Building & Grounds	5,733	57
50-72818	Bldg & Fixtures Repair & Maintenance	16,633	58
50-72825	Utilities-Water	3,736	59
50-72830	Utilities-Gas	11,835	60
50-72835	Utilities-Electricity	23,434	61
50-72841	Garbage & Trash Removal	3,381	62
50-72842	Elevator Maintenance Contract	3,404	63
50-72843	Decorating/Contract	33	64
50-72845	Property Insurance & Taxes	-48,834	65
50-72850	Misc Taxes Licenses & Permits	1,577	66
50-73210	Mileage Reimbursement	441	67
50-73215	Auto Rental or Lease	17	68
50-73230	Auto Operating Costs	16,467	69
50-73240	Bishop Conway Vehicle Insurance	1,496	70
50-73250	Other Transportation	219	71
50-73310	Business Conference - Staff	1,532	72
50-73405	Subscriptions & Reference	590	73
50-73450	Membership Dues	1,091	74
50-73530	Activity Fees	958	75
50-74010	Expenses Not Receipted	188	76
50-74195	Miscellaneous Expense	34	77
50-74215	Intra Agency Training	0	78
50-74305	Equipment Purchases - Under \$5,000	240	79
50-74307	Computer & Related Equipment	34	80
50-74315	Eqpt/Furniture Rental-Other	6,696	81
50-74320	Equipment Repair & Maintenance	9,791	82
50-74510	Depreciation - Building	136,996	83
50-74515	Depreciation - Land Improvement	3,980	84
50-74542	Depreciation - Cortland	25,510	85
50-74611	Management & General	11,804	86
50-78010	Bank Fees	724	87
50-78014	Amortization Of Deferred Debt	4,965	88
50-79010	IHDA Interest Expense	7,500	89
50-79012	Interest Expense-Cath Charity	52,098	90
	<b>Total Other Expenses</b>	<u>760,273</u>	
	<b>Total Expenses</b>	<u>1,175,444</u>	
	<b>NET SURPLUS/(DEFICIT)</b>	<b>-382,527</b>	

**Catholic Charities of the Archdiocese of Chicago  
Balance Sheets**

December 31, 2011 and 2010

**Actual 2011**

**Assets**

50-10275	Cole Taylor - Bishop Conway Residence	\$31,626.30
50-10276	Cole Taylor - Cortland Manor LLC	\$16,424.00
50-10360	Bishop Conway Petty Cash	\$0.00
50-10550	Petty Cash	\$1,000.00
50-11610	Accounts Receivable-Tenants	\$336,921.75
50-11615	Accrued Accounts Receivable	\$187,501.40
50-12555	Other Assets	\$0.00
50-14180	IHDA Insurance Escrow	\$76,524.00
50-14181	IHDA Operating Reserve Escrow	\$137,964.55
50-14182	IHDA Real Estate Tax Escrow	\$471.13
50-14183	IHDA Replacement Reserve Escrow	\$80,729.20
50-14184	IHDA Rent Up Reserve	\$29,862.43
50-15575	Deferred Tax Credit Fees	\$35,991.00
50-15577	Accumulated Amortization	(\$41,789.76)
50-15578	Deferred Debt Costs	\$40,980.00
50-16240	Land	\$236,734.00
50-16258	Land Improvement	\$79,597.35
50-16566	Buildings	\$261,978.00
50-16651	Building Improvements	\$5,177,121.76
50-16873	Furniture & Fixtures	\$261,175.96
50-16887	Autos	\$58,436.29
50-17100	Accumulated Depreciation - Buildings	(\$1,152,961.58)
50-17150	A/D Autos	(\$58,436.29)
50-17215	Accumulated Depreciation - Land Improvements	(\$33,828.78)
50-17275	Accumulated Depreciation - Furniture & Equipment	(\$189,939.23)
	<b>T Total Assets</b>	<b>\$5,574,083.48</b>

**Liabilities and Fund Balance**

**Liabilities**

50-20125	Accrued Payroll	\$6,002.13
50-20140	Unpaid Construction Cost	\$64,000.00
50-20490	Accrued Vacation Payable	\$11,845.39
50-21010	Accounts Payable Trade	\$19,839.44
50-22110	Accrued Interest Payable	\$413,475.25
50-24130	CCHD Development Advance Account	\$121,752.00
50-26608	Due to CCHD 8/42 6.57%	\$184,630.00
50-26609	Due to CCHD 8/42 1.57%	\$559,776.00
50-26610	Notes Payable	\$750,000.00
50-26611	Due to CCHD 3/33 5.48%	\$423,000.00
50-29110	Due To/From Other Funds	\$1,732,321.48
	<b>Total Liabilities</b>	<b>\$4,286,641.69</b>

**Fund Balance**

50-30110	Managing Member Capital Account	\$105,691.00
50-30115	Investor Member Capital Account	\$4,092,203.00
50-30117	Syndication Costs	(\$90,106.00)
50-30200	Retained Surplus/(Deficit)	(\$2,820,346.21)
	<b>Total Fund Balance</b>	<b>\$1,287,441.79</b>

<b>Total Liabilities and Fund Balance</b>	<b>\$5,574,083.48</b>
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Page 3 - Adjustment Summary

Name: Bishop Edwin Conway Residence

Report Per Beginning: Jan. 1, 2011

Ending: Dec. 31, 2011

	Amount	Line Reference
Non Allowable Expenses		
Bank Fees	724	