

FOR BHF USE							

LL2

Supportive Living Facility

2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2010)

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

County: Cook

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

Federal Employer ID Number:

Date Current Owners were Certified: 12/15/2003

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

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 Jan 1, 2010 to Dec 31, 2010 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)

(Type or Print Name) Wendy Seifert

(Title) Vice President - Senior Services & Healthcare

Paid Preparer

(Signed)

(Print Name and Title)

(Firm Name & Address)

(Telephone) () Fax # ()

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

HFS 3745C (N-4-05)

IL478-2471

Facility Name **Bishop Edwin Conway Residence**

Report Period Beginning: Jan 1, 2010 Ending: Dec 31, 2010

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units / /

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	7	Single Unit Apartment	7	2,555	1
2	15	Double Unit Apartment	15	5,475	2
3		Other		2,555	3
4	22	TOTALS	22	10,585	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	1,938			1,938	5
6	Double Unit	5,206	144		5,350	6
7	Other					7
8	TOTALS	7,144	144		7,288	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)	68.85%
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D. Indicate the number of paid bed-hold days the SLF had during this year

Also, indicate the number of unpaid bed-hold days the SLF had during this year. (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES ☐ NO ☒

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES ☐ NO ☒

**G. List all services provided by your facility for non-residents.
(E.g., day care, "meals on wheels", outpatient therapy)**

H. ACCOUNTING BASIS

ACCUAL		MODIFIED	
		CASH*	CASH*
	X		

I. Is your fiscal year identical to your tax year? ☐ YES ☐ NO

Tax Year: 2010 **Fiscal Year:** 2010

*** All facilities other than governmental must report on the accrual basis.**

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? yes If yes, did the facility make all of the

required payments of interest and principle? yes

If no, explain.

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? no If yes, did the facility make all of the

required payments of interest and principle?	n/a
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If no, explain.

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding?	no	If yes, did
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make all of the required payments of interest and principle?	n/a
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If no, explain.

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	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
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	TOTAL General Services	147,562	85,082	229,447	462,091		462,091	5
	B. Health Care and Programs							
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	TOTAL Health Care and Programs	29,235	2,039	159,306	190,580		190,580	9
	C. General Administration							
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	TOTAL General Administration	83,336	9,967	173,076	266,379	(927)	265,452	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	260,133	97,088	561,829	919,050	(927)	918,123	16
	Capital Expenses							
	D. Ownership							
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	TOTAL Ownership			255,651	255,651		255,651	23
24	GRAND TOTAL (Sum of lines 16 and 23)	260,133	97,088	817,480	1,174,701	(927)	1,173,774	24

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning Jan 1, 2010 Ending: Dec 31, 2010

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	Total (lines 1 thru 16)	10	\$	17

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).

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

Facility Name: Bishop Edwin Conway Residence Report Period Beginning: Jan 1, 2010 Ending: Dec 31, 2010

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
6	Improvement Type										
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

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning: Jan 1, 2010 Ending: ec 31, 2010

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? ☐ YES ☐ NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental?
☐ YES ☐ NO

9. Rental amount for movable equipment \$

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
	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				
	A. Directly Facility Related										
	Long-Term										
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
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 1,289,158	\$ 1,289,158			\$ 52,097	7
	B. Non-Facility Related										
8	IHDA		X	Mortgage	12/31/04	750,000	750,000	8/31/33	0.0100	7,500	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 2,039,158	\$ 2,039,158			\$ 59,597	10

* If there is an option to buy the building, please provide complete details on an attached schedule.
** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

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 Operating	2 After Consolidation*	
	A. Current Assets			
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	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 200,767	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	236,734		13
14	Buildings, at Historical Cost	261,978		14
15	Leasehold Improvements, at Historical Cost	5,256,719		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	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,163,899	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,364,665	\$	25

*(See instructions.)

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
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
	Other Current Liabilities(specify):			
35		1,278,081		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,655,539	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,039,158		38
39	Mortgage Payable			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)	\$ 3,694,697	\$	45
46	TOTAL EQUITY	\$ 1,669,969	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 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	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 703,616	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 703,616	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	3,572	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 3,572	14
	D. Other Revenue (specify):		
15			15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 707,188	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	462,091	19
20	Health Care/ Personal Care	190,580	20
21	General Administration	265,452	21
	B. Capital Expense		
22	Ownership	255,651	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 1,173,774	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (466,586)	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
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	Accrued Development Fee	64,000	
			36B	Due to Affiliates	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	\$76,521		43A			
IHDA Operating Reserve Escrow	\$137,959		43B			
IHDA Real Estate Tax Escrow	\$471		43C			
IHDA Replacement Reserve Escrow	\$72,578		43D			
IHDA Rent Up Reserve	\$29,861		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 Pr	\$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 Depu	(\$1,015,965.36)
50-17150	A/D Autos	(\$58,436.29)
50-17215	Accumulated Depu	(\$29,848.95)
50-17275	Accumulated Depu	(\$164,429.53)
Total Assets		\$5,364,665.45

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 Developm	\$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 Othr	\$1,214,080.77
Total Liabiliti		\$3,694,696.52

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)
Total Fund Ba		\$1,669,968.93

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

Page 1

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			Year-To-Date
			Actual
50 - Cortland Manor LLC./Bishop Conway Residence			
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 Apts Or Carrying	196,242	
50-43110	Unrestricted Contributions	750	
50-46725	IHDA Interest Income	3,572	
	Total Revenues	707,188	
Expenses			
Payroll Expense			
	Salaries and Wages	260,133	
	Employee Benefits	61,841	
	Retirement Benefits	34,689	
	Payroll Taxes	25,774	
	Total Payroll Expense	382,437	
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	4,844	
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	Egpt/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	792,264	
	Total Expenses	1,174,701	
NET SURPLUS/(DEFICIT)			-467,513

Page 3 - Adjustment Summary

Name: Bishop Edwin Conway Residence
Report Per Beginning: Jan. 1, 2010
Ending: Dec. 31, 2010

Non Allowable Expenses	Amount	Line Reference
Bank Fees	927	