

		FOR BHF USE			

LL2

Supportive Living Facility

2016

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2016)

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 Residenc

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:

☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☒	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	Other		

In the event there are further questions about this report, please contact:

Name: Christina Aro Telephone Number: (312) 655-7329

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 01/01/2016 to 12/31/2016 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)	Eileen Higgins	
Paid Preparer	(Title)	Secretary, General Member, Cortland Manor Development Corp.	
	(Signed)		(Date)
	(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			

Facility Name **Bishop Edwin Conway Residenc**

Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	2,562	1		
2	15	Double Unit Apartment	15	5,490	2		
3		Other		5,490	3		
4	22	TOTALS	22	13,542	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	1,888		672	2,560	5
6	Double Unit	5,365	486	1,930	7,781	6
7	Other					7
8	TOTALS	7,253	486	2,602	10,341	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)	76.36%
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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*	☐	

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

Tax Year: 2016 **Fiscal Year:** 2016

* 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? _____
If no, explain.

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

STATE OF ILLINOIS

Page 3

Facility Name: Bishop Edwin Conway Residenc

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	74,311	90,241	3,527	168,079		168,079	1
2	Housekeeping, Laundry and Maintenance	103,328	76,791		180,119		180,119	2
3	Heat and Other Utilities			45,669	45,669		45,669	3
4	Other (specify):			151,447	151,447		151,447	4
5	TOTAL General Services	177,639	167,032	200,643	545,314		545,314	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	151,729	1,099	85,965	238,793		238,793	6
7	Activities and Social Services	27,143	3,543	2,610	33,296		33,296	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	178,872	4,641	88,575	272,089		272,089	9
	C. General Administration							
10	Administrative and Clerical	94,337	3,898	42,992	141,227		141,227	10
11	Marketing Materials, Promotions and Advertising		436	344	779		779	11
12	Employee Benefits and Payroll Taxes	215,494			215,494		215,494	12
13	Insurance-Property, Liability and Malpractice			13,230	13,230		13,230	13
14	Other (specify):							14
15	TOTAL General Administration	309,831	4,334	56,566	370,730		370,730	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	666,342	176,008	345,784	1,188,133		1,188,133	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			170,951	170,951		170,951	17
18	Interest			59,598	59,598		59,598	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			10,256	10,256		10,256	20
21	Rent -- Equipment			5,812	5,812		5,812	21
22	Other (specify):			1,879	1,879		1,879	22
23	TOTAL Ownership			248,496	248,496		248,496	23
24	GRAND TOTAL (Sum of lines 16 and 23)	666,342	176,008	594,280	1,436,629		1,436,629	24

Facility Name: Bishop Edwin Conway Residenc

Report Period Beginning 01/01/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 34.31	1
2	Licensed Practical Nurses	2	19.34	2
3	Certified Nurse Assistants	3	11.06	3
4	Activity Director & Assistants	1	14.62	4
5	Social Service Workers			5
6	Head Cook	2	11.79	6
7	Cook Helpers/Assistants	3	10.52	7
8	Dishwashers			8
9	Maintenance Workers	1	16.52	9
10	Housekeepers	3	11.22	10
11	Laundry			11
12	Managers	1	24.81	12
13	Other Administrative	1	21.06	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	18	\$ 175.25	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
Catholic Charities Housing Development Corporat		Chicago, Illinois		Corporation	

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? \$

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 Residenc

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 236,734 Year land was acquired 2003

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	\$	\$ (1,823,979)	1
2			2009	2009	34,817	1,887	20	1,887		(13,964)	2
3			2012	2012	87,500	8,693	10	8,693		(39,690)	3
4			2013	2013	43,270	4,327	10	4,327		(15,985)	4
5			2014	2014	56,503	5,650	10	5,650		(13,329)	5
	Improvement Type										
6			2003		79,597	3,980	20	3,980		(53,728)	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)				\$ 5,706,070	\$ 159,647		\$ 159,647	\$	\$ (1,960,674)	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	\$ 5,418	\$ 5,418	\$	10	\$ (241,129)	18
19	Vehicles	24,987	5,887	5,887		3	(21,540)	19
	Vehicles	58,436				5	(58,436)	
20	TOTAL (lines 18 and 19)	\$ 338,549	11,305	11,305	-		(321,105)	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 Residenc

Report Period Beginning: 01/01/2016

Ending: 2/31/2016

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		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		☐ YES ☐ NO
3	Original Building			/ /	\$			3	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.
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	

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	4/3/05	\$ 121,752	\$ 121,752	8/30/42	0.0657	\$ 7,999	1
2	CCHD	x		Subordinate Mortgage	8/30/02	184,630	184,630	8/30/42	0.0657	12,130	2
3	CCHD	x		Subordinate Mortgage	3/12/02	423,000	423,000	3/12/33	0.0548	23,180	3
4	CCHD	x		Subordinate Mortgage	8/30/02	559,776	559,776	8/30/42	0.0157	8,788	
	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					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 1,289,158	\$ 1,289,158			\$ 52,098	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 Residenc

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 70,796	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	423,945		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	2,210		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 496,951	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	316,331		13
14	Buildings, at Historical Cost	5,551,961		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	412,960		16
17	Accumulated Depreciation (book methods)	(2,281,780)		17
18	Deferred Charges	76,971		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(54,318)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify): Reserve Account:	360,605		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,382,731	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,879,682	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 91,477	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	29,153		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable	673,966		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 794,596	\$	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	Intercompany Payable	2,749,954		42
43	Unpaid Construction Costs	64,000		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 4,853,112	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,647,709	\$	45
46	TOTAL EQUITY	\$	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,647,709	\$	47

*(See instructions.)

Facility Name: Bishop Edwin Conway Residenc

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 968,596	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 968,596	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	641	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 641	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)	\$ 969,238	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	545,314	19
20	Health Care/ Personal Care	272,089	20
21	General Administration	370,730	21
	B. Capital Expense		
22	Ownership	248,496	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)	\$ 1,436,629	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (467,391)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (467,391)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 623,611	32
33	Private Pay - Net Inpatient Revenue	33,552	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Tenant Rent and Services</u>	267,149	35
36	Other-(specify) <u>SNAP income</u>	44,284	36
37	TOTAL (This total must agree to Line 3)	\$ 968,596	37

Catholic Charities of the Archdiocese of Chicago

Bishop Conway Residence

Trial Balance Report (Final)

As of December 31, 2016

11/2016 to 12/31/2016				
Account Number	Description	Beginning Balance	Total Debits	Total Credits Ending Balance
50-10275	MB Financial - Bishop Conway Residence	51,449	51,449	51,449
50-10276	MB Financial - Cardinal Moore LLC	28,361	46,628	44,442
50-10300	Bishop Conway Petty Cash	-	19,540	19,540
50-10303	Petty Cash	1,000	-	1,000
50-11030	Accounts Receivable-Tenants	204,340	683,375	907,525
50-11035	Accrued Accounts Receivable	-	1,444,339	1,440,395
50-11038	Prepaid Expenses	3,301	3,691	3,675
50-11100	BIDA Interest Expense	115,459	3,519	1,903
50-11101	BIDA Operating Expense Expense	100,000	249	-
50-11103	BIDA Supplement Interest Expense	47,983	6,137	617
50-11104	BIDA Rent Up Reserve	29,964	54	-
50-10375	Deferred Tax Credit Item	35,901	-	-
50-10377	Accumulated Amortization	62,933	-	3,306
50-10378	Deferred Debt Costs	40,980	-	-
50-10340	Land	236,734	-	-
50-10328	Land Improvements	76,297	-	-
50-10356	Buildings	361,979	-	-
50-10051	Building Improvements	5,289,983	-	-
50-10073	Furniture & Fixtures	294,624	-	-
50-10087	Assets	38,435	-	-
50-17100	Accumulated Depreciation - Buildings	(1,734,691)	-	148,225
50-17150	AID Assets	(58,456)	-	-
50-17255	Accumulated Depreciation - Land Improvements	(87,740)	-	3,900
50-17275	Accumulated Depreciation - Furniture & Equipment	(307,920)	-	18,746
50-20110	Accrued Accounts Payable	(33,499)	54,248	45,100
50-20125	Accrued Payroll	(14,000)	14,000	11,047
50-20140	Unpaid Construction Cost	(64,000)	-	-
50-20000	Accrued Vacation Payable	(18,000)	485	-
50-21010	Accounts Payable Trade	(18,300)	44,439	40,632
50-21110	Accrued Interest Payable	(621,800)	-	53,088
50-24130	CCHD Development Advance Account	(11,750)	-	-
50-26008	Due to CCHD 84.2 0.57%	(184,600)	-	-
50-26009	Due to CCHD 84.2 1.57%	(550,770)	-	-
50-26010	Notes Payable	(750,000)	-	-
50-26011	Due to CCHD 313.5 0.48%	(653,000)	-	-
50-29110	Due To/From Other Funds	(2,272,948)	387,222	764,236
50-30110	Managing Member Capital Account	(105,693)	-	-
50-30112	Investor Member Capital Account	(4,002,200)	-	-
50-30117	Spinalization Costs	90,106	-	-
50-30000	Retained Surplus(Deficit)	4,408,424	-	-
50-41210	Government Sources - State	787,809	1,487,857	1,108,200
50-41216	Vacancy Loss - Public Aid Subsidy	-	1,003,196	446,249
50-41250	Government Sources - Food Costs	-	5,486	49,770
50-41210	Program Fees - Individual	-	17,862	15,445
50-41210	Program Fees - Non Cost	-	16,556	188,717
50-42345	Vacancy Loss - Rental Income	-	74,908	30,304
50-42350	Rental Income As Of Carrying	-	44,979	24,631
50-40110	Miscellaneous Income	-	1,544	1,544
50-40725	BIDA Interest Income	-	-	641
50-72105	Solution & Wages	-	450,051	-
50-72110	Accrued Vacation Pay	-	-	485
50-72105	Solution & Wages - Other	-	11,047	16,225
50-72205	Employee Benefits - Medical	-	124,029	-
50-72206	Employee Benefits - Disability	-	5,229	-
50-72207	Employee Benefits - Dental	-	6,178	-
50-72210	Employee Benefits - Life	-	1,475	-
50-72215	Employee Benefits-Pension	-	26,181	-
50-72217	Employee Benefits-Paid Rates	-	11,608	-
50-72220	Employee Benefits - Other	-	10	-
50-72230	Mat.Life Savings Plan Matching	-	2,489	-
50-72240	Mat.Life Savings Plan Gth	-	3,522	1,768
50-72205	Employee Benefits - Other	-	-	563
50-72205	Payroll Taxes - FICA	-	21,851	-
50-72208	Payroll Taxes-SETA	-	3,666	-
50-72210	Payroll Taxes-Workman's Comp	-	5,817	-
50-72205	Payroll Taxes - Other	-	1,179	-
50-74805	Professional Fees-Program	-	6,524	213
50-74809	Professional Fee-Gen Liability	-	13,330	-
50-74813	Professional Fees-Admns	-	1,780	197
50-74818	Advertising Expense	-	16	-
50-74810	Audit/Accounting Firm	-	14,500	0
50-74827	News Registry	-	80,842	876
50-74811	Activities - Events & Programs	-	2,479	219
50-74813	Marketing Expense	-	521	115
50-74827	Grants/Concess	-	1,425	-
50-74828	Security Payroll Contract	-	10,017	3,522
50-72205	Supplies - Office	-	3,467	85
50-72510	Supplies - Building & Grounds	-	5,205	636
50-72512	Janitor & Cleaning Supplies	-	17,189	508
50-72514	Exterminating Supplies	-	1,966	-
50-72515	Supplies - Medical	-	1,899	-
50-72517	Pharmacy - House Drugs	-	113	113
50-72520	Supplies - Recreation & Crafts	-	2,441	622
50-72570	Food Purchases	-	87,349	5,672
50-72580	Supplies-Other	-	6,881	397
50-72605	Telephone & Fax	-	5,347	1,143
50-72606	Cell Phones	-	4,431	1,972
50-72610	Computer Phone Line Charge	-	1,574	707
50-72650	Postage & Shipping	-	193	38
50-72612	Rent - Storage Fees	-	6,656	-
50-72614	Rent - Unrelated Loans	-	1,889	-
50-72615	Building & Grounds	-	11,614	850
50-72617	HVAC Repairs	-	23,327	-
50-72618	Wkg & Fixtures Repair & Maintenance	-	12,974	6,223
50-72630	Utilities-Gas	-	9,086	65
50-72635	Utilities-Electricity	-	36,118	2,130
50-72641	Garbage & Trash Removal	-	5,522	424
50-72642	Exterior Maintenance Contract	-	11,900	1,451
50-72650	Misc. Trans Licenses & Permits	-	1,172	-
50-73105	Printing - Check	-	50	38
50-73210	Mileage Reimbursement	-	9,149	7,609
50-73230	Auto Operating Costs	-	20,939	15,817
50-73400	Bishop Conway Vehicle Insurance	-	901	181
50-73411	Auto Insurance Reimbursement	-	189	-
50-73250	Other Transportation	-	307	51
50-73402	Subscriptions & Memberships	-	624	-
50-73450	Membership Dues	-	1,014	-
50-73502	Class Support	-	90	-
50-74210	Services	-	980	-
50-74215	Item Agency Training	-	60	40
50-74307	Computer & Related Equipment	-	2,186	-
50-74310	Equipment Capital Charges	-	300	-
50-74310	Depreciation - Building	-	126,996	-
50-74312	Depreciation - Building Improvements	-	11,229	-
50-74315	Depreciation - Land Improvements	-	3,900	-
50-74342	Depreciation - Furniture	-	18,746	-
50-74311	Management & General	-	14,000	0
50-76010	Bank Fees	-	555	2
50-76014	Amortization Of Deferred Debt	-	1,366	-
50-76010	BIDA Interest Expense	-	8,125	625
50-76012	Interest Expense-Cath Charity	-	53,088	-
GRAND TOTAL		(0.00)	7,522,172.36	7,522,172.36

Catholic Charities of the Archdiocese of Chicago
Income Statement
For the year ending December 31, 2016

50 - Cortland Manor L.L.C./Bishop Conway Residence				
		Actual	Budget	Variance
Revenues				
50-41210	Government Sources - State	\$ 1,100,558	\$ 1,097,551	\$ 3,007
50-41216	Vacancy Loss - Public Aid Subsidy	(476,947)	(320,139)	(156,808)
50-41250	Government Sources - Food Costs	44,284	38,736	5,548
50-42110	Program Fees - Individual	33,552	-	33,552
50-42120	Program Fees - Non Govt	92,181	82,848	9,333
50-42345	Vacancy Loss - Rental Income	(44,644)	(43,296)	(1,348)
50-42350	Rental Income Apts Or Carrying	219,612	215,364	4,248
50-46725	IHDA Interest Income	641	-	641
Total Revenues		969,238	1,071,064	(101,826)
Expenses				
Payroll Expense				
	Salaries and Wages	450,362	460,889	(10,527)
	Employee Benefits	137,832	146,916	(9,084)
	Retirement Benefits	37,789	75,747	(37,958)
	Payroll Taxes	40,358	43,397	(3,039)
Total Payroll Expense		666,341	726,949	(60,608)
Other Expenses				
50-72405	Professional Fees-Program	6,312	4,380	1,932
50-72409	Professional Fee-Gen Liability	13,230	13,230	-
50-72413	Legal Expenses (Project)	-	1,000	(1,000)
50-72415	Professional Fees-Admin	1,583	1,421	162
50-72420	Audit/Accounting Fees	14,500	14,500	-
50-72427	Nurse Registry	85,965	47,616	38,349
50-72431	Activities - Events & Programs	2,660	2,521	139
50-72433	Marketing Expense	436	4,500	(4,064)
50-72437	Grounds Contract	1,455	3,600	(2,145)
50-72438	Security Payroll/Contract	146,548	145,500	1,048
50-72505	Supplies - Office	3,383	6,000	(2,617)
50-72510	Supplies - Building & Grounds	4,569	7,000	(2,431)
50-72512	Janitor & Cleaning Supplies	16,602	10,000	6,602
50-72514	Exterminating Supplies	1,966	3,500	(1,534)
50-72515	Supplies - Medical	1,999	2,500	(1,401)
50-72520	Supplies - Recreation & Crafts	2,219	3,500	(1,281)
50-72570	Food Purchases	81,657	63,510	18,147
50-72580	Supplies-Other	8,584	5,000	3,584
50-72605	Telephone & Fax	4,205	4,450	(245)
50-72606	Cell Phones	2,449	3,460	(1,011)
50-72610	Computer Phone Line Charge	807	1,020	(213)
50-72650	Postage & Shipping	155	200	(45)
50-72812	Rent - Storage Fees	6,656	6,600	56
50-72814	Rent - Outside Lease	3,600	3,600	-
50-72815	Building & Grounds	10,984	6,000	4,984
50-72817	Major Repairs Over \$5000	23,357	8,000	15,357
50-72818	Bldg & Fixtures Repair & Maintenance	7,451	10,000	(2,549)
50-72825	Utilities-Water	-	4,000	(4,000)
50-72830	Utilities-Gas	9,021	10,000	(979)
50-72835	Utilities-Electricity	33,988	24,000	9,988
50-72841	Garbage & Trash Removal	4,898	5,250	(352)
50-72842	Elevator Maintenance Contract	8,529	4,100	4,429
50-72850	Misc Taxes Licenses & Permits	1,172	1,500	(328)
50-73210	Mileage Reimbursement	2,080	1,900	180
50-73230	Auto Operating Costs	5,092	5,000	92
50-73240	Bishop Conway Vehicle Insurance	720	1,000	(280)
50-73241	Auto Insurance Reimbursements	168	500	(332)
50-73250	Other Transportation	346	300	46
50-73402	Subscriptions & Memberships	624	350	274
50-73405	Subscriptions & Reference	-	1,000	(1,000)
50-73460	Membership Dues	1,034	-	1,034
50-73502	Client Support	90	100	(10)
50-74210	Seminars	980	2,500	(1,520)
50-74215	Intra Agency Training	60	400	(340)
50-74307	Computer & Related Equipment	2,186	3,000	(814)
50-74310	Equipment-Copier Charges	360	-	360
50-74510	Depreciation - Building	136,996	188,971	(51,975)
50-74512	Depreciation - Building Improvements	11,229	11,229	(0)
50-74515	Depreciation - Land Improvement	3,980	3,980	(0)
50-74542	Depreciation - Cortland	18,746	19,172	(426)
50-74611	Management & General	14,000	11,300	2,700
50-78010	Bank Fees	513	1,000	(487)
50-78014	Amortization Of Deferred Debt	1,366	1,366	(0)
50-79010	IHDA Interest Expense	7,500	7,500	-
50-79012	Interest Expense-Cath Charity	52,098	52,098	0
Total Other Expenses		770,287	744,124	26,163
Total Expenses		1,436,629	1,471,073	(34,444)
NET SURPLUS/(DEFICIT)		(467,391)	(400,009)	(67,382)

Catholic Charities of the Archdiocese of Chicago
Balance Sheet
As of December 31, 2016

50 - Cortland Manor LLC./Bishop Conway Residence

Assets

50-10275	MB Financial - Bishop Conway Residence	\$	39,249
50-10276	MB Financial - Cortland Manor LLC		30,547
50-10550	Petty Cash		1,000
50-11610	Accounts Receivable-Tenants		191
50-11615	Accrued Accounts Receivable		423,754
50-12520	Prepaid Expense		2,210
50-14180	IHDA Insurance Escrow		117,846
50-14181	IHDA Operating Reserve Escrow		138,258
50-14183	IHDA Replacement Reserve Escrow		74,584
50-14184	IHDA Rent Up Reserve		29,917
50-15575	Deferred Tax Credit Fees		35,991
50-15577	Accumulated Amortization		(54,318)
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		5,289,983
50-16873	Furniture & Fixtures		354,524
50-16887	Autos		58,436
50-17100	Accumulated Depreciation - Buildings		(1,882,916)
50-17150	A/D Autos		(58,436)
50-17215	Accumulated Depreciation - Land Improvements		(53,728)
50-17275	Accumulated Depreciation - Furniture & Equipment		(286,699)
Total Assets			<u><u>4,879,682</u></u>

Liabilities and Fund Balance

Liabilities

50-20110	Accrued Accounts Payable		24,290
50-20125	Accrued Payroll		11,047
50-20140	Unpaid Construction Cost		64,000
50-20490	Accrued Vacation Payable		18,105
50-21010	Accounts Payable Trade		67,187
50-22110	Accrued Interest Payable		673,966
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		<u>2,749,954</u>
Total Liabilities			<u>5,647,709</u>

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)		<u>(4,875,815)</u>
Total Fund Balance			<u>(768,027)</u>

Total Liabilities and Fund Balance			<u><u>4,879,682</u></u>
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