

		FOR BHF USE			

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2018)

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 Residnce

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 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 checked="" 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: Christina T. 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 01.01.2018 to 12.31.2018 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) Elida Hernandez

(Title) Treasurer, General Member, Cortland Manor Development Corp.

Paid Preparer

(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

Report Period Beginning: 01.01.2018 Ending: 12.31.2018

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

/ /

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

YES ☐ **NO** ☒

YES ☐ NO ☒

(E.g., day care, "meals on wheels", outpatient therapy)

MODIFIED

CASH*	
-------	--

CASH*	
--------------	--

☒ YES ☐ NO

Fiscal Year:

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 principal? 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 principal?

If no, explain.

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did t

make all of the required payments of interest and principal?

If no, explain.

C. Percent Occupancy. (Column 5, line 8 divided by total certified

bed days on line 4, column 4.) 71.36%

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.)

STATE OF ILLINOIS

Page 3

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning:

01.01.2018

Ending:

12.31.2018

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	106,020	78,309	1,528	185,857		185,857	1
2	Housekeeping, Laundry and Maintenance	77,830	80,177	1,920	159,927		159,927	2
3	Heat and Other Utilities			42,282	42,282		42,282	3
4	Other (specify):			160,368	160,368		160,368	4
5	TOTAL General Services	183,850	158,486	206,098	548,434		548,434	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	113,540	1,054	133,099	247,693		247,693	6
7	Activities and Social Services	32,762	6,739	4,073	43,574		43,574	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	146,302	7,793	137,172	291,267		291,267	9
	C. General Administration							
10	Administrative and Clerical	111,791	6,679	38,424	156,893		156,893	10
11	Marketing Materials, Promotions and Advertising		458	70	529		529	11
12	Employee Benefits and Payroll Taxes	181,297			181,297		181,297	12
13	Insurance-Property, Liability and Malpractice			15,339	15,339		15,339	13
14	Other (specify):							14
15	TOTAL General Administration	293,088	7,137	53,833	354,058		354,058	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	623,240	173,416	397,103	1,193,759		1,193,759	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			197,515	197,515		197,515	17
18	Interest			59,598	59,598		59,598	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			8,774	8,774		8,774	20
21	Rent -- Equipment			3,188	3,188		3,188	21
22	Other (specify): bank fees, amortization, bad debt			392,297	392,297	(389,748)	2,549	22
23	TOTAL Ownership			661,372	661,372	(389,748)	271,624	23
24	GRAND TOTAL (Sum of lines 16 and 23)	623,240	173,416	1,058,475	1,855,131	(389,748)	1,465,383	24

<u>Reclassifications and Adjustments</u>	
<u>Amount</u>	<u>Description</u>
\$ (389,748)	Bad Debt Expense

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning: 01.01.2018 Ending: 12.31.2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 27.12	1
2	Licensed Practical Nurses	1	22.06	2
3	Certified Nurse Assistants	2	13.55	3
4	Activity Director & Assistants	1	15.75	4
5	Social Service Workers			5
6	Head Cook	1	17.26	6
7	Cook Helpers/Assistants	3	12.96	7
8	Dishwashers			8
9	Maintenance Workers	1	17.11	9
10	Housekeepers	3	12.63	10
11	Laundry			11
12	Managers	1	25.43	12
13	Other Administrative	1	21.59	13
14	Clerical	1	15.37	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	16	\$ 200.83	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	
National Equity Fund		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: Catholic Charities Housing Development Corporation 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:

01.01.2018

Ending:

12.31.2018

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	\$	\$ (2,094,198)	1
2			2009	2009	34,817	1,887	20	1,887		(17,737)	2
3			2012	2012	87,500	8,693	10	8,693		(57,075)	3
4			2013	2013	43,270	4,327	10	4,327		(24,639)	4
5			2014	2014	56,503	5,650	10	5,650		(24,629)	5
	Improvement Type										
6				2003	79,597	3,980	20	3,980		(61,688)	6
7		Tuckpointing		2017	193,280	19,328	10	19,328		(28,992)	7
8		Tuckpointing		2018	115,022	7,668	10	7,668		(7,668)	8
9		Domestic Hot Water Heater		2018	27,753	1,619	10	1,619		(1,619)	9
10		IVUE / HVAC Control System		2018	23,826	1,191	10	1,191		(1,191)	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 6,065,951	\$ 189,452		\$ 189,452	\$	\$ (2,319,437)	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	\$ (251,965)	18
	Movable Equipment	26,870	2,644	2,644	\$	3	(22,683)	
19	Vehicles	58,436				5	(58,436)	19
20	TOTAL (lines 18 and 19)		\$ 8,062	\$ 8,062	\$		\$ (333,085)	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

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	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	4
5	IHDA		X	Mortgage	8/30/02	750,000	750,000	8/30/32	0.0100	7,500	5
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 2,039,158	\$ 2,039,158			\$ 59,598	7
	B. Non-Facility Related										
8					/ /			/ /			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: 01.01.2018

Ending:

12.31.2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12.31.2018

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 37,465	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (575,197)	302,215		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	3,853		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 343,533	\$	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	5,888,115		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	438,669		16
17	Accumulated Depreciation (book methods)	(2,652,522)		17
18	Deferred Charges	76,971		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(57,050)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify): Reserve Account:	292,573		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,303,088	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,646,621	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 87,997	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	39,233		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable	778,163		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)	\$ 905,393	\$	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	4,046,395		42
43	Unpaid Construction Costs	64,000		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,149,553	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,054,946	\$	45
46	TOTAL EQUITY	\$ (2,408,324)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,646,621	\$	47

*(See instructions.)

Facility Name: Bishop Edwin Conway Residnce

Report Period Beginning: 01.01.2018

Ending:

12.31.2018

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	\$ 990,946	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 990,946	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	1,250	12
13	Interest and Other Investment Income	5,092	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 6,342	14
	D. Other Revenue (specify):		
15	Late payment interest from HFS	11,422	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 11,422	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,008,711	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	548,434	19
20	Health Care/ Personal Care	291,267	20
21	General Administration	354,058	21
	B. Capital Expense		
22	Ownership	271,624	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)	\$ 1,465,383	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (456,672)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (456,672)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 725,931	32
33	Private Pay - Net Inpatient Revenue		33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Tenant Rent/Services</u>	237,190	35
36	Other-(specify) <u>SNAP income</u>	27,825	36
37	TOTAL (This total must agree to Line 3)	\$ 990,946	37

Catholic Charities of the Archdiocese of Chicago - Bishop Conway
Trial Balance Report

		01/01/2014 to 12/31/2014			
Account Number	Description	Beginning Balance	Total Debits	Total Credits	Ending Balance
50-10275	MH Financial - Bishop Conway Invoice	18,500	50,120	345,515	201,885
50-10276	MH Financial - Cardinal Moore LLC	31,321	20,077	95,350	104,497
50-10360	Bishop Conway Petty Cash	-	19,200	19,200	-
50-10550	Petty Cash	1,980	-	-	1,980
50-10552	Accounts Receivable-Tenants	1,462	281,702	269,698	14,656
50-10615	Accrued Accounts Receivable	788,498	774,713	702,405	862,747
50-10996	Receivable/Deferred Accounts	424,957	324,127	474,537	575,357
50-12510	Prepaid Expense	4,132	3,895	4,174	3,853
50-14180	BIDA Insurance Reserve	28,580	900	404	29,055
50-14181	BIDA Operating Reserve Reserve	133,119	3,337	-	144,476
50-14181	BIDA Replacement Reserve Reserve	172,530	8,897	90,000	91,427
50-14184	BIDA Rent Up Reserve	30,112	501	-	30,614
50-15375	Deferred Tax Credit Fees	15,591	-	-	15,591
50-15377	Accumulated Amortization	(15,684)	-	1,366	(17,050)
50-15378	Deferred Debt Costs	40,980	-	-	40,980
50-16188	Construction In Progress	-	168,601	168,601	-
50-16240	Land	236,714	-	-	236,714
50-16258	Land Improvement	-	-	79,597	79,597
50-16566	Buildings	261,978	-	-	261,978
50-16851	Building Improvements	5,493,343	142,779	-	5,636,127
50-16871	Furniture & Fixtures	276,457	27,826	-	304,283
50-16887	Autos	58,436	-	-	58,436
50-17100	Accumulated Depreciation - Buildings	(2,094,805)	-	176,840	(2,217,645)
50-17105	AID Autos	-	-	104,436	104,436
50-17215	Accumulated Depreciation - Land Improvements	-	-	3,980	3,980
50-17275	Accumulated Depreciation - Furniture & Equipment	(298,057)	-	16,495	(314,552)
50-20110	Accrued Accounts Payable	51,985	(21,796)	94,417	124,607
50-20125	Accrued Payroll	(12,077)	25,588	-	13,511
50-20140	Unpaid Construction Cost	(84,000)	-	-	(84,000)
50-20190	Accrued Vacation Payable	(145,980)	1,452	111	(144,617)
50-22100	Accounts Payable Trade	(15,457)	688,174	697,842	(9,641)
50-22110	Accrued Interest Payable	(720,640)	-	50,598	(670,042)
50-24110	COVID Development Advance Account	-	-	-	-
50-26008	Due to CCHD B&B 4.57%	(184,430)	-	-	(184,430)
50-26009	Due to CCHD B&B 1.97%	(193,776)	-	-	(193,776)
50-26010	Notes Payable	(750,000)	-	-	(750,000)
50-26011	Due to CCHD B&B 3.48%	(421,000)	-	-	(421,000)
50-26110	Due To/From Other Funds	(1,646,177)	286,076	868,143	(1,502,208)
50-30110	Managing Member Capital Account	-	-	-	(105,691)
50-30115	Investing Member Capital Account	-	-	-	(60,022)
50-30117	Synthetic Cash	90,106	-	-	90,106
50-30200	Retained Surplus/Deficit	5,699,892	-	1,669,042	7,368,934
50-41210	Government Source - Rate	186,446	2,274,827	-	(2,088,381)
50-41216	Vacancy Loss - Public Aid Subsidy	-	502,546	100,137	402,412
50-41250	Government Source - Food Costs	-	-	27,825	(27,825)
50-41252	Program Fees - Non-Gov	-	388	71,244	(71,932)
50-42345	Vacancy Loss - Rental Income	-	68,994	7,647	76,641
50-42350	Rental Income Apts Or Carrying	-	8,289	213,629	(225,918)
50-44110	Residual Operating Life	-	-	1,200	(1,200)
50-45110	Miscellaneous Income	-	-	11,422	(11,422)
50-46100	Interest Managing Agency	-	-	301	(301)
50-46125	BIDA Interest Income	-	404	5,215	(4,791)
50-72105	Salaries & Wages	-	489,029	1,018	490,047
50-72108	Overtime	-	21,045	-	21,045
50-72110	Accrued Vacation Pay	-	111	1,452	(1,341)
50-72195	Salaries & Wages - Other	-	10,877	18,991	10,887
50-72205	Employee Benefits - Medical	-	181,061	610	181,671
50-72206	Employee Benefits - Disability	-	824	-	824
50-72207	Employee Benefits - Dental	-	5,578	-	5,578
50-72210	Employee Benefits - Life	-	1,204	111	1,113
50-72215	Employee Benefits Pension	-	18,377	145	18,522
50-72217	Employee Benefits Post Retire	-	6,716	1,849	4,867
50-72220	Employee Benefits - Other	-	65	5	60
50-72220	Medical Savings Plan Matching	-	5,544	24	5,519
50-72240	Medical Savings Plan Glt	-	-	-	4,081
50-72295	Employee Benefits - Other	-	1,844	-	1,844
50-72305	Payroll Taxes - FICA	-	16,452	29	16,481
50-72306	Payroll Taxes - FUTA	-	1,046	-	1,046
50-72310	Payroll Taxes - Workers Comp	-	4,742	-	4,742
50-72395	Payroll Taxes - Other	-	2,603	1,793	811
50-72405	Professional Fees Program	-	6,280	426	5,854
50-72409	Professional Fee Gas Liability	-	15,109	-	15,109
50-72413	Legal Expenses (Project)	-	1,912	-	1,912
50-72415	Professional Fees Admin	-	1,681	118	1,563
50-72418	Advertising Expense	-	108	108	-
50-72420	Audit/Accounting Fees	-	16,300	-	16,300
50-72427	Name Registry	-	107,866	4,767	112,633
50-72411	Activities - Events & Programs	-	4,192	272	3,920
50-72413	Marketing Expense	-	372	114	486
50-72417	Ground Contract	-	1,617	-	1,617
50-72418	Security Payroll/Contract	-	107,280	608	107,888
50-72505	Supplies - Other	-	4,192	239	4,431
50-72510	Supplies - Building & Grounds	-	4,561	240	4,801
50-72511	Supplies - Other	-	27	27	-
50-72512	Janitor & Cleaning Supplies	-	17,703	277	17,980
50-72514	Externsourcing Supplies	-	2,123	-	2,123
50-72515	Supplies - Medical	-	1,053	9	1,062
50-72518	Medical Supplies - Chargeable	-	905	905	-
50-72520	Supplies - Recreation & Crafts	-	2,386	-	2,386
50-72520	Food Purchases	-	71,977	1,793	73,770
50-72580	Supplies-Other	-	5,713	188	5,901
50-72605	Telephone & Fax	-	4,773	-	4,773
50-72606	Cell Phones	-	2,144	2,229	4,373
50-72610	Computer Phone Line Charge	-	1,189	170	1,359
50-72650	Postage & Shipping	-	459	836	1,295
50-72652	Rent - Storage Fees	-	5,031	437	5,468
50-72614	Rent - Outside Lease	-	3,600	-	3,600
50-72615	Building & Grounds	-	7,719	-	7,719
50-72617	Major Repair Over \$500	-	29,946	-	29,946
50-72618	Bldg & Fixtures Repair & Maintenance	-	9,090	7	9,097
50-72630	Utilities Gas	-	10,940	991	11,931
50-72615	Utilities-Electricity	-	16,459	2,726	19,185
50-72641	Garbage & Trash Removal	-	3,906	-	3,906
50-72642	Disaster Maintenance Contract	-	1,794	855	2,649
50-72650	Misc. Taxes Licenses & Permits	-	1,951	-	1,951
50-72720	Mileage Reimbursement	-	1,590	152	1,742
50-72720	Auto Operating Costs	-	1,095	117	1,212
50-72740	Bishop Conway Vehicle Insurance	-	1,120	-	1,120
50-72750	Other Transportation	-	206	142	348
50-73110	Business Conference - Trip	-	612	612	-
50-73402	Subscriptions & Memberships	-	410	55	465
50-73405	Subscriptions & Reference	-	195	195	-
50-73410	Membership Dues	-	1,296	41	1,337
50-73502	Client Support	-	491	41	532
50-74010	Expenses Not Recaptured	-	23,800	23,800	-
50-74010	Seminars	-	2,344	170	2,514
50-74215	Intra Agency Training	-	221	126	347
50-74307	Computer & Related Equipment	-	2,482	487	2,969
50-74315	Equip/Furniture Rental Other	-	117	117	-
50-74320	Equipment Repair & Maintenance	-	1,051	441	1,492
50-74310	Depreciation - Building	-	18,796	-	18,796
50-74312	Depreciation - Building Improvements	-	39,844	-	39,844
50-74315	Depreciation - Land Improvement	-	3,980	-	3,980
50-74342	Depreciation - Contract	-	16,695	-	16,695
50-74611	Management & General	-	3,500	0	3,500
50-76010	Bank Fees	-	1,181	-	1,181
50-76014	Amortization Of Deferred Debt	-	1,396	-	1,396
50-76070	Bad Debts	-	602,111	212,165	389,946
50-76010	BIDA Interest Expense	-	7,500	-	7,500
50-76012	Interest Expense Cash Charity	-	12,086	-	12,086
GRAND TOTAL:		-	6,192,499	6,192,499	-

Catholic Charities of the Archdiocese of Chicago - Bishop Conway
Income Statement

For the period ending December 31, 2018

		Year-To-Date		
		Actual	Budget	Variance
50 - Cortland Manor LLC/Bishop Conway Residence				
Revenues				
50-41210	Government Sources - State	1,128,343	1,128,343	(0)
50-41216	Vacancy Loss - Public Aid Subsidy	(402,412)	(292,220)	(110,192)
50-41250	Government Sources - Food Costs	27,825	40,092	(12,267)
50-42120	Program Fees - Non Govt	72,996	78,750	(5,754)
50-42345	Vacancy Loss - Rental Income	(61,347)	(39,690)	(21,657)
50-42350	Rental Income Apts Or Carrying	225,540	225,540	-
50-43310	Restricted Operating Gifts	1,250	-	1,250
50-45110	Miscellaneous Income	11,422	455	10,967
50-46150	Interest-Managing Agency	301	-	301
50-46725	IHDA Interest Income	4,792	1,608	3,184
Total Revenues		1,008,711	1,142,878	(134,167)
Expenses				
Payroll Expense				
	Salaries and Wages	440,602	526,906	(86,304)
	Employee Benefits	119,243	147,481	(28,238)
	Retirement Benefits	23,079	56,804	(33,725)
	Payroll Taxes	40,316	51,380	(11,064)
Total Payroll Expense		623,241	782,571	(159,330)
Other Expenses				
50-72405	Professional Fees-Program	5,857	4,300	1,557
50-72409	Professional Fee-Gen Liability	15,339	15,339	-
50-72413	Legal Expenses (Project)	1,912	2,000	(89)
50-72415	Professional Fees-Admin	1,557	1,510	47
50-72418	Advertising Expense	-	-	-
50-72420	Audit/Accounting Fees	15,350	14,500	850
50-72427	Nurse Registry	133,099	56,200	76,899
50-72431	Activities - Events & Programs	3,920	4,200	(280)
50-72433	Marketing Expense	458	3,700	(3,242)
50-72437	Grounds Contract	3,617	2,250	1,367
50-72438	Security Payroll/Contract	156,462	159,000	(2,538)
50-72505	Supplies - Office	3,953	4,000	(47)
50-72510	Supplies - Building & Grounds	4,323	5,000	(677)
50-72511	Supplies - Other	-	-	-
50-72512	Janitor & Cleaning Supplies	17,426	17,000	426
50-72514	Exterminating Supplies	2,123	2,845	(722)
50-72515	Supplies - Medical	1,054	2,000	(946)
50-72518	Medical Supplies - Chargeable	-	-	-
50-72520	Supplies - Recreation & Crafts	2,386	3,500	(1,114)
50-72570	Food Purchases	71,784	73,913	(2,129)
50-72580	Supplies-Other	6,525	7,000	(475)
50-72605	Telephone & Fax	4,773	4,308	465
50-72606	Cell Phones	4,904	2,727	2,177
50-72610	Computer Phone Line Charge	1,019	1,039	(20)
50-72650	Postage & Shipping	123	200	(77)
50-72812	Rent - Storage Fees	5,174	5,380	(206)
50-72814	Rent - Outside Lease	3,600	3,600	-
50-72815	Building & Grounds	7,719	7,500	219
50-72817	Major Repairs Over \$5000	29,946	8,000	21,946
50-72818	Bldg & Fixtures Repair & Maintenance	9,083	11,000	(1,917)
50-72825	Utilities-Water	-	3,000	(3,000)
50-72830	Utilities-Gas	10,349	9,300	1,049
50-72835	Utilities-Electricity	31,933	30,200	1,733
50-72841	Garbage & Trash Removal	3,906	3,619	287
50-72842	Elevator Maintenance Contract	5,939	6,000	(61)
50-72850	Misc Taxes Licenses & Permits	1,953	1,500	453
50-73210	Mileage Reimbursement	1,439	1,800	(361)
50-73230	Auto Operating Costs	1,868	4,000	(2,132)
50-73240	Bishop Conway Vehicle Insurance	1,320	800	520
50-73250	Other Transportation	64	300	(236)
50-73310	Business Conference - Staff	-	-	-
50-73402	Subscriptions & Memberships	375	360	15
50-73405	Subscriptions & Reference	-	-	-
50-73450	Membership Dues	1,252	1,100	152
50-73502	Client Support	433	100	333
50-74010	Expenses Not Receipted	-	-	-
50-74210	Seminars	1,964	3,100	(1,136)
50-74215	Intra Agency Training	95	400	(305)
50-74307	Computer & Related Equipment	1,995	3,000	(1,005)
50-74315	Eqpt/Furniture Rental-Other	-	-	-
50-74320	Equipment Repair & Maintenance	608	-	608
50-74510	Depreciation - Building	136,996	136,996	0
50-74512	Depreciation - Building Improvements	39,844	11,229	28,615
50-74515	Depreciation - Land Improvement	3,980	3,980	(0)
50-74542	Depreciation - Cortland	16,695	16,620	75
50-74611	Management & General	3,500	11,882	(8,382)
50-78010	Bank Fees	1,183	1,260	(77)
50-78014	Amortization Of Deferred Debt	1,366	1,536	(170)
50-78070	Bad Debts	389,748	33,025	356,723
50-79010	IHDA Interest Expense	7,500	7,500	-
50-79012	Interest Expense-Cath Charity	52,098	52,099	(1)
Total Other Expenses		1,231,890	766,717	465,173
Total Expenses		1,855,131	1,549,288	305,843
NET SURPLUS/(DEFICIT)		(846,420)	(406,410)	(440,010)

Catholic Charities of the Archdiocese of Chicago - Bishop Conway
Balance Sheet

As of December 31, 2018

50 - Cortland Manor LLC./Bishop Conway Residence

Assets		
50-10275	M8 Financial - Bishop Conway Residence	26,018.44
50-10276	M8 Financial - Cortland Manor LLC	10,446.52
50-10550	Petty Cash	1,000.00
50-11610	Accounts Receivable-Tenants	14,666.00
50-11615	Accrued Accounts Receivable	862,746.55
50-11896	Reserve/Uncollected Accounts	(575,197.45)
50-12520	Prepaid Expense	3,852.87
50-14180	IHDA Insurance Escrow	29,055.46
50-14181	IHDA Operating Reserve Escrow	141,476.43
50-14183	IHDA Replacement Reserve Escrow	91,427.42
50-14184	IHDA Rent Up Reserve	30,613.87
50-15575	Deferred Tax Credit Fees	35,991.00
50-15577	Accumulated Amortization	(57,050.27)
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	5,626,137.47
50-16873	Furniture & Fixtures	380,232.90
50-16887	Autos	58,436.29
50-17100	Accumulated Depreciation - Buildings	(2,217,645.26)
50-17150	A/D Autos	(58,436.29)
50-17215	Accumulated Depreciation - Land Improvements	(61,687.87)
50-17275	Accumulated Depreciation - Furniture & Equipment	(314,752.11)
Total Assets		<u><u>4,646,621.32</u></u>

Liabilities and Fund Balance

Liabilities		
50-20110	Accrued Accounts Payable	23,872.00
50-20125	Accrued Payroll	25,588.19
50-20140	Unpaid Construction Cost	64,000.00
50-20490	Accrued Vacation Payable	13,644.67
50-21010	Accounts Payable Trade	64,125.09
50-22110	Accrued Interest Payable	778,162.93
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	4,046,394.65
Total Liabilities		<u><u>7,054,945.53</u></u>

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)	(6,516,112.21)
Total Fund Balance		<u><u>(2,408,324.21)</u></u>

Total Liabilities and Fund Balance		<u><u><u>4,646,621.32</u></u></u>
------------------------------------	--	-----------------------------------