

FOR BHF USE					

LL2

Supportive Living Facility

**2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)**

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I. Facility ID Number: 1000028

Facility Name: Bishop Edwin Conway Residence

Address: 1900 N Karlov Chicago 60639
Number City Zip Code

County: Cook

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

Federal Employer ID Number: _____

Date Current Owners were Certified: _____

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	
	<input checked="" type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

In the event there are further questions about this report, please contact:
Name: Amanda Anderson **Telephone Number:** (312) 655-7414
Email Address: _____

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2013 to 12/31/2013 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed) _____	(Date) _____
	(Type or Print Name) <u>Eileen Higgins</u>	
	(Title) <u>Vice President</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____	

MAIL TO: BUREAU OF HEALTH FINANCE
 IL DEPT OF HEALTHCARE AND FAMILY SERVICES
 201 S. Grand Avenue East
 Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name Bishop Edwin Conway Residence

Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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		4,015	3
4	22	TOTALS	22	12,045	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	2,491	62		2,553	5
6	Double Unit	8,875	6		8,881	6
7	Other					7
8	TOTALS	11,366	68		11,434	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.93%

D. Indicate the number of paid bed-hold days the SLF had during this year 0 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 2013 (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

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 2013 Fiscal Year: _____

* 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. _____

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning:

01/01/2013

Ending: 12/31/2013

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	95,796	107,524	7,782	211,102		211,102	1
2	Housekeeping, Laundry and Maintenance	46,974	106,687		153,661		153,661	2
3	Heat and Other Utilities			31,501	31,501		31,501	3
4	Other (specify):			134,925	134,925		134,925	4
5	TOTAL General Services	142,770	214,211	174,208	531,189		531,189	5
B. Health Care and Programs								
6	Health Care/ Personal Care	188,767	1,404		190,171		190,171	6
7	Activities and Social Services	30,710	7,994		38,704		38,704	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	219,477	9,398		228,875		228,875	9
C. General Administration								
10	Administrative and Clerical	105,733	9,602	57,269	172,604	(886)	171,718	10
11	Marketing Materials, Promotions and Advertising			6,002	6,002		6,002	11
12	Employee Benefits and Payroll Taxes	215,577			215,577		215,577	12
13	Insurance-Property, Liability and Malpractice							13
14	Other (specify):							14
15	TOTAL General Administration	321,310	9,602	63,271	394,183	(886)	393,297	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	683,557	233,211	237,479	1,154,247	(886)	1,153,361	16
Capital Expenses								
D. Ownership								
17	Depreciation			169,118	169,118		169,118	17
18	Interest			59,598	59,598		59,598	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			10,365	10,365		10,365	20
21	Rent -- Equipment							21
22	Other (specify):			4,351	4,351		4,351	22
23	TOTAL Ownership			243,432	243,432		243,432	23
24	GRAND TOTAL (Sum of lines 16 and 23)	683,557	233,211	480,911	1,397,679	(886)	1,396,793	24

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning 01/01/2013

Ending:

12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 25.50	1
2	Licensed Practical Nurses	1	21.35	2
3	Certified Nurse Assistants	6	10.59	3
4	Activity Director & Assistants	1	13.89	4
5	Social Service Workers			5
6	Head Cook	2	10.61	6
7	Cook Helpers/Assistants	3	8.85	7
8	Dishwashers			8
9	Maintenance Workers	1	15.96	9
10	Housekeepers	3	10.45	10
11	Laundry			11
12	Managers	1	23.97	12
13	Other Administrative	2	17.86	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	21	\$	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1				\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee		
1	\$	1	
2		2	
Total		\$	3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES NO

Name of related entity: _____ If yes, what is the value of those services? \$ _____
 (Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	\$	\$ (1,418,650)	1
2				2009	34,817	1,887	20	1,887	0	(8,304)	2
3											3
4											4
5											5
Improvement Type											
6				2003	79,597	3,980	20	3,980		(41,788)	6
7				2012	87,500	9,236	10	9,236		(13,611)	7
8							10				8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 5,606,297	\$ 150,212		\$ 150,213	\$ 0	\$ (1,482,353)	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	\$ 200,945	\$ 10,046	\$ 10,046	(0)	10	\$ (200,945)	18
	Movable Equipment	54,181	5,418	5,418		10	(23,930)	
	Movable Equipment	20,184	1,850	1,850		10	(1,850)	
	Movable Equipment	23,086	1,154	1,154		10	(1,154)	
	Movable Equipment	7,656	425	425		3	(425)	
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 306,052	\$ 18,893	\$ 18,893	(0)		\$ (228,304)	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning: 01/01/2013

Ending: 2/31/2013

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	8/30/02	0.0657	\$ 12,130	
2	CCHD	X		Subordinate Mortgage	4/30/02	121,752	121,752	4/30/02	0.0657	7,999	
3	CCHD	X		Subordinate Mortgage	4/30/02	559,776	559,776	4/30/02	0.0657	8,789	
4	CCHD	X		Subordinate Mortgage	3/12/02	423,000	423,000	3/12/02	0.0657	23,180	
	Working Capital										
4					/ /			/ /		4	
5					/ /			/ /		5	
6					/ /			/ /		6	
7	TOTAL Facility Related						\$ 1,289,158	\$ 1,289,158			\$ 52,098
	B. Non-Facility Related										
8	IHDA		x	Mortgage	12/31/04	750,000	750,000	8/31/33	0.0100	7,500	
9					/ /			/ /		9	
10	TOTALS (lines 7, 8 and 9)						\$ 2,039,158	\$ 2,039,158			\$ 59,598

* 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: 01/01/2013

Ending:

12/31/2013

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 35,387	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	365,224		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	946		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 401,557	\$	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	5,526,600		14
15	Leasehold Improvements, at Historical Cost	79,597		15
16	Equipment, at Historical Cost	370,537		16
17	Accumulated Depreciation (book methods)	(1,775,145)		17
18	Deferred Charges			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): Reserve Accounts	336,442		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,774,765	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,176,322	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 72,126	\$	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	517,672		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35		2,022,081		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,611,879	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	2,039,158		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 2,039,158	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,651,037	\$	45
46	TOTAL EQUITY	\$ 525,285	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,176,322	\$	47

*(See instructions.)

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

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	\$ 1,038,987	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,038,987	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	4	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 4	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)	\$ 1,038,991	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	531,189	19
20	Health Care/ Personal Care	228,875	20
21	General Administration	394,183	21
B. Capital Expense			
22	Ownership	243,432	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)	\$ 1,397,679	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (358,688)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (358,688)	31

Catholic Charities of the Archdiocese of Chicago Income Statement

For The Period Ending December 31, 2013

		<u>Year-To-Date</u>			
		<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Annual Budget</u>
50 - Cortland Manor LLC./Bishop Conway Residence					
Revenues					
50-41210	Government Sourc	1,008,283	1,008,283	0	1,008,283
50-41216	Vacancy Loss - Pu	-291,866	-80,663	-211,203	-80,663
50-41250	Government Sourc	42,679	39,414	3,265	39,414
50-41810	Gov't Contract Ad	-46,097	0	-46,097	0
50-42110	Program Fees - In	6,300	0	6,300	0
50-42120	Program Fees - Ne	141,169	0	141,169	0
50-42345	Vacancy Loss - Re	-33,041	-16,585	-16,456	-16,585
50-42350	Rental Income Ap	211,560	207,312	4,248	207,312
50-46725	IHDA Interest Inc	4	0	4	0
	Total Revenues	1,038,991	1,157,761	-118,770	1,157,761
Expenses					
Payroll Expense					
	Salaries and	497,275	524,665	-27,390	524,665
	Employee B	89,587	49,797	39,790	49,797
	Retirement	39,185	73,453	-34,268	73,453
	Payroll Tax	44,879	50,630	-5,751	50,630
	Total Payroll E	670,925	698,545	-27,620	698,545
Other Expenses					
50-72405	Professional Fees-	9,297	2,600	6,697	2,600
50-72409	Professional Fee-C	0	12,000	-12,000	12,000
50-72413	Legal Expenses (P	0	1,000	-1,000	1,000

50-72415	Professional Fees-	1,410	0	1,410	0
50-72418	Advertising Exper	875	500	375	500
50-72420	Audit/Accounting	14,483	15,000	-517	15,000
50-72427	Nurse Registry	12,635	6,000	6,635	6,000
50-72431	Activities - Events	3,117	0	3,117	0
50-72433	Marketing Expens	5,126	1,000	4,126	1,000
50-72438	Security Payroll/C	131,372	135,400	-4,028	135,400
50-72505	Supplies - Office	7,202	5,000	2,202	5,000
50-72506	Supplies - Paper	172	0	172	0
50-72507	Supplies - Toner	2,228	0	2,228	0
50-72510	Supplies - Buildin	11,875	7,000	4,875	7,000
50-72512	Janitor & Cleaning	21,469	15,000	6,469	15,000
50-72514	Exterminating Sup	1,473	2,500	-1,027	2,500
50-72515	Supplies - Medica	132	0	132	0
50-72517	Pharmacy - House	1,272	1,000	272	1,000
50-72520	Supplies - Recreat	3,156	400	2,756	400
50-72570	Food Purchases	100,994	76,000	24,994	76,000
50-72580	Supplies-Other	6,530	1,500	5,030	1,500
50-72605	Telephone & Fax	3,936	6,000	-2,064	6,000
50-72606	Cell Phones	3,755	2,500	1,255	2,500
50-72610	Computer Phone I	1,141	1,000	141	1,000
50-72650	Postage & Shippir	170	500	-330	500
50-72812	Rent - Storage Fee	3,130	0	3,130	0
50-72814	Rent - Outside Lea	7,235	3,600	3,635	3,600
50-72815	Building & Groun	14,599	5,000	9,599	5,000
50-72818	Bldg & Fixtures R	49,937	10,000	39,937	10,000
50-72825	Utilities-Water	0	2,000	-2,000	2,000
50-72830	Utilities-Gas	10,562	10,000	562	10,000
50-72835	Utilities-Electricit	20,939	30,000	-9,061	30,000
50-72841	Garbage & Trash l	3,553	3,500	53	3,500
50-72842	Elevator Maintena	290	3,500	-3,210	3,500
50-72850	Misc Taxes Licens	985	1,300	-315	1,300
50-73210	Mileage Reimburs	573	500	73	500
50-73230	Auto Operating C	338	5,000	-4,662	5,000
50-73240	Bishop Conway V	639	2,000	-1,361	2,000
50-73250	Other Transportati	396	0	396	0

50-73306	Office Expense	11	0	11	0
50-73310	Business Conferer	466	1,000	-534	1,000
50-73402	Subscriptions & M	1,153	0	1,153	0
50-73405	Subscriptions & R	129	0	129	0
50-73450	Membership Dues	967	800	167	800
50-73502	Client Support	56	0	56	0
50-73530	Activity Fees	1,665	0	1,665	0
50-74010	Expenses Not Rec	0	0	0	0
50-74195	Miscellaneous Exj	1,160	300	860	300
50-74210	Seminars	1,235	0	1,235	0
50-74215	Intra Agency Trai	0	100	-100	100
50-74305	Equipment Purcha	1,200	0	1,200	0
50-74307	Computer & Relat	4,185	500	3,685	500
50-74315	Eqpt/Furniture Re	1,980	3,000	-1,020	3,000
50-74320	Equipment Repair	3,486	0	3,486	0
50-74510	Depreciation - Bui	136,996	137,000	-4	137,000
50-74512	Depreciation - Bui	9,236	8,750	486	8,750
50-74515	Depreciation - Lar	3,980	3,980	0	3,980
50-74542	Depreciation - Coi	18,906	25,509	-6,603	25,509
50-74611	Management & G	19,000	15,500	3,500	15,500
50-78010	Bank Fees	886	1,000	-114	1,000
50-78014	Amortization Of I	3,465	4,966	-1,501	4,966
50-79010	IHDA Interest Exj	7,500	7,500	0	7,500
50-79012	Interest Expense-C	52,098	52,068	30	52,068
	Total Other Exj	726,755	630,273	96,482	630,273
	Total Expenses	1,397,679	1,328,818	68,861	1,328,818
	NET SURPLUS/(-358,689	-171,057	-187,632	-171,057

Balance Sheet

as of December 31, 2013

		12/31/13	12/31/12	Change
50 - Cortland Manor LLC./Bishop Conway Residence				
Assets				
50-10275	Cole Taylor - Bish	\$12,533.07	\$67,922.14	(\$55,389.07)
50-10276	Cole Taylor - Cort	\$21,853.83	\$6,675.02	\$15,178.81
50-10550	Petty Cash	\$1,000.00	\$1,000.00	\$0.00
50-11610	Accounts Receiva	\$302,231.90	\$423,906.40	(\$121,674.50)
50-11615	Accrued Accounts	\$62,992.53	\$31,753.30	\$31,239.23
50-12520	Prepaid Expense	\$946.00	\$0.00	\$946.00
50-14180	IHDA Insurance E	\$89,597.04	\$76,995.89	\$12,601.15
50-14181	IHDA Operating F	\$137,967.41	\$137,965.93	\$1.48
50-14183	IHDA Replaceme	\$52,261.94	\$88,130.11	(\$35,868.17)
50-14184	IHDA Rent Up Re	\$29,863.05	\$29,862.74	\$0.31
50-15575	Deferred Tax Crec	\$35,991.00	\$35,991.00	\$0.00
50-15577	Accumulated Amc	(\$50,220.32)	(\$46,754.85)	(\$3,465.47)
50-15578	Deferred Debt Co:	\$40,980.00	\$40,980.00	\$0.00
50-16240	Land	\$236,734.00	\$236,734.00	\$0.00
50-16258	Land Improvemen	\$79,597.35	\$79,597.35	\$0.00
50-16566	Buildings	\$261,978.00	\$261,978.00	\$0.00
50-16651	Building Improver	\$5,264,621.76	\$5,264,621.76	\$0.00
50-16873	Furniture & Fixtur	\$312,101.05	\$261,175.96	\$50,925.09
50-16887	Autos	\$58,436.29	\$58,436.29	\$0.00
50-17100	Accumulated Dep:	(\$1,440,565.14)	(\$1,294,332.82)	(\$146,232.32)
50-17150	A/D Autos	(\$58,436.29)	(\$58,436.29)	\$0.00
50-17215	Accumulated Dep:	(\$41,788.44)	(\$37,808.61)	(\$3,979.83)
50-17275	Accumulated Dep:	(\$234,354.72)	(\$215,448.93)	(\$18,905.79)
	Total Assets	\$5,176,321.31	\$5,450,944.39	(\$274,623.08)

Liabilities and Fund Balance**Liabilities**

50-20110	Accrued Accounts	\$2,904.88	\$0.00	\$2,904.88
50-20125	Accrued Payroll	\$18,050.15	\$13,038.95	\$5,011.20
50-20135	Client Funds Paya	\$0.00	\$45.00	(\$45.00)
50-20140	Unpaid Constructi	\$64,000.00	\$64,000.00	\$0.00
50-20490	Accrued Vacation	\$22,919.50	\$16,986.71	\$5,932.79
50-21010	Accounts Payable	\$28,251.18	\$40,725.97	(\$12,474.79)
50-22110	Accrued Interest P	\$517,671.73	\$465,573.49	\$52,098.24
50-24130	CCHD Developm	\$121,752.00	\$121,752.00	\$0.00
50-26608	Due to CCHD 8/4	\$184,630.00	\$184,630.00	\$0.00
50-26609	Due to CCHD 8/4	\$559,776.00	\$559,776.00	\$0.00
50-26610	Notes Payable	\$750,000.00	\$750,000.00	\$0.00
50-26611	Due to CCHD 3/3	\$423,000.00	\$423,000.00	\$0.00
50-29110	Due To/From Oth	\$1,958,081.37	\$1,927,443.13	\$30,638.24
	Total Liabiliti	\$4,651,036.81	\$4,566,971.25	\$84,065.56

Fund Balance

50-30110	Managing Membe	\$105,691.00	\$105,691.00	\$0.00
50-30115	Investor Member t	\$4,092,203.00	\$4,092,203.00	\$0.00
50-30117	Syndication Costs	(\$90,106.00)	(\$90,106.00)	\$0.00
50-30200	Retained Surplus/((\$3,582,503.50)	(\$3,223,814.86)	(\$358,688.64)
	Total Fund Ba	\$525,284.50	\$883,973.14	(\$358,688.64)

Total Liabilities :	\$5,176,321.31	\$5,450,944.39	(\$274,623.08)
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