

FOR BHF USE					

LL2

Supportive Living Facility

**2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)**

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

<p>I. Facility ID Number: <u>1000028</u></p> <p>Facility Name: <u>Bishop Edwin Conway Residenc</u></p> <p>Address: <u>1900 N Karlov</u> <u>Chicago</u> <u>60639</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>773</u>) <u>252-9941</u> Fax # (<u>773</u>) <u>252-9946</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: _____</p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Christina Aro</u> Telephone Number: (<u>312</u>) <u>655-7329</u> Email Address: _____</p>	<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 type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01.01.2015</u> to <u>12.31.2015</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Eileen Higgins</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Secretary, General Member, Cortland Manor Development Corp.</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) (<u> </u>) _____</td> <td>Fax # (<u> </u>) _____</td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>Eileen Higgins</u>			(Title) <u>Secretary, General Member, Cortland Manor Development Corp.</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) (<u> </u>) _____	Fax # (<u> </u>) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Telephone) (<u> </u>) _____	Fax # (<u> </u>) _____																																												

Facility Name: Bishop Edwin Conway Residenc

Report Period Beginning:

01.01.2015

Ending: 12.31.2015

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	72,986	86,365	986	160,337		160,337	1
2	Housekeeping, Laundry and Maintenance	99,084	69,957		169,041		169,041	2
3	Heat and Other Utilities			38,941	38,941		38,941	3
4	Other (specify):			138,568	138,568		138,568	4
5	TOTAL General Services	172,070	156,322	178,495	506,887		506,887	5
B. Health Care and Programs								
6	Health Care/ Personal Care	172,263	3,848	44,626	220,737		220,737	6
7	Activities and Social Services	30,558	3,022		33,580		33,580	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	202,821	6,870	44,626	254,317		254,317	9
C. General Administration								
10	Administrative and Clerical	96,264	1,658	53,393	151,316		151,316	10
11	Marketing Materials, Promotions and Advertising		2,921		2,921		2,921	11
12	Employee Benefits and Payroll Taxes	220,375			220,375		220,375	12
13	Insurance-Property, Liability and Malpractice			13,520	13,520		13,520	13
14	Other (specify):							14
15	TOTAL General Administration	316,639	4,579	66,913	388,132		388,132	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	691,530	167,771	290,035	1,149,336		1,149,336	16
Capital Expenses								
D. Ownership								
17	Depreciation			171,377	171,377		171,377	17
18	Interest			59,598	59,598		59,598	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			9,638	9,638		9,638	20
21	Rent -- Equipment			5,783	5,783		5,783	21
22	Other (specify):			2,157	2,157		2,157	22
23	TOTAL Ownership			248,552	248,552		248,552	23
24	GRAND TOTAL (Sum of lines 16 and 23)	691,530	167,771	538,587	1,397,888		1,397,888	24

Facility Name: Bishop Edwin Conway Residenc

Report Period Beginning 01.01.2015 Ending: 12.31.2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 33.97	1
2	Licensed Practical Nurses	2	19.14	2
3	Certified Nurse Assistants	4	11.00	3
4	Activity Director & Assistants	1	14.35	4
5	Social Service Workers			5
6	Head Cook	2	10.69	6
7	Cook Helpers/Assistants	3	10.37	7
8	Dishwashers			8
9	Maintenance Workers	1	16.36	9
10	Housekeepers	3	11.10	10
11	Laundry			11
12	Managers	1	24.56	12
13	Other Administrative	1	20.85	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	19	\$	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
Catholic Charities Housing Development		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? \$ _____
 (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 Residenc

Report Period Beginning:

01.01.2015

Ending:

12.31.2015

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	\$	\$ (1,688,870)	1
2			2009	2009	34,817	1,887	20	1,887		(12,078)	2
3			2012	2012	87,500	8,693	10	8,693		(30,997)	3
4			2013	2013	43,270	4,327	10	4,327		(11,658)	4
5			2014	2014	56,503	5,650	10	5,650		(7,678)	5
Improvement Type											
6			2003		79,597	3,980	20	3,980		(49,748)	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	\$	\$ (1,801,029)	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	\$ (235,711)	18
	Movable Equipment	24,987	6,312	6,312		3	(15,653)	
19	Vehicles	58,436			\$	5	(58,436)	19
20	TOTAL (lines 18 and 19)	\$ 338,549	\$ 11,730	\$ 11,730	\$		\$ (309,800)	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 Resident

Report Period Beginning: 01.01.2015

Ending: 2.31.2015

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
	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	IHDA		x	Mortgage	8/30/02	750,000	750,000	8/30/33	0.0100	7,500	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 Residenc

Report Period Beginning: 01.01.2015

Ending:

12.31.2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12.31.2015

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 60,810	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	284,340		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	2,391		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 347,541	\$	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	5,551,961		14
15	Leasehold Improvements, at Historical Cost	79,597		15
16	Equipment, at Historical Cost	412,960		16
17	Accumulated Depreciation (book methods)	(2,110,828)		17
18	Deferred Charges	76,971		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(52,952)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify): Reserve Accounts	350,365		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,544,808	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,892,349	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 62,334	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	32,686		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable	621,868		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)	\$ 716,888	\$	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	2,372,940		42
43	Unpaid Construction Costs	64,000		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 4,476,098	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,192,985	\$	45
46	TOTAL EQUITY	\$ (300,636)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,892,349	\$	47

*(See instructions.)

Facility Name: Bishop Edwin Conway Residenc

Report Period Beginning: 01.01.2015

Ending:

12.31.2015

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	\$ 875,845	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 875,845	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	1,055	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,055	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)	\$ 876,900	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	506,887	19
20	Health Care/ Personal Care	254,317	20
21	General Administration	388,132	21
B. Capital Expense			
22	Ownership	248,552	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)	\$ 1,397,888	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (520,988)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (520,988)	31

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

Account Number	Description	1/1/2015 to 12/31/2015			
		Beginning Balance	Total Debits	Total Credits	Ending Balance
50-10275	MB Financial - Bishop Conway Residence	\$ 76,228.38	\$ 1,313,256.51	\$ 1,358,035.72	\$ 31,449.17
50-10276	MB Financial - Cortland Manor LLC	18,339.28	43,458.80	33,436.92	28,361.16
50-10360	Bishop Conway Petty Cash	-	44,917.43	44,917.43	-
50-10550	Petty Cash	1,000.00	-	-	1,000.00
50-11610	Accounts Receivable-Tenants	263,054.30	1,437,792.81	1,416,506.79	284,340.32
50-11615	Accrued Accounts Receivable	60,826.28	19,575.80	80,402.08	-
50-12520	Prepaid Expense	-	2,390.58	-	2,390.58
50-14180	IHDA Insurance Escrow	102,198.06	13,231.16	-	115,429.22
50-14181	IHDA Operating Reserve Escrow	138,007.85	1.47	-	138,009.32
50-14183	IHDA Replacement Reserve Escrow	59,662.46	7,400.58	-	67,063.04
50-14184	IHDA Rent Up Reserve	29,863.36	0.30	-	29,863.66
50-15575	Deferred Tax Credit Fees	35,991.00	-	-	35,991.00
50-15577	Accumulated Amortization	(51,586.31)	-	1,365.99	(52,952.30)
50-15578	Deferred Debt Costs	40,980.00	-	-	40,980.00
50-16240	Land	236,734.00	-	-	236,734.00
50-16258	Land Improvement	79,597.35	-	-	79,597.35
50-16566	Buildings	261,978.00	-	-	261,978.00

50-16651	Building Improvements	5,289,982.76	-	-	5,289,982.76
50-16873	Furniture & Fixtures	354,524.00	-	-	354,524.00
50-16887	Autos	58,436.29	-	-	58,436.29
50-17100	Accumulated Depreciation - Buildings	(1,586,465.55)	-	148,225.16	(1,734,690.71)
50-17150	A/D Autos	(58,436.29)	-	-	(58,436.29)
50-17215	Accumulated Depreciation - Land Improvements	(45,768.33)	-	3,979.88	(49,748.21)
50-17275	Accumulated Depreciation - Furniture & Equipment	(248,781.68)	-	19,171.49	(267,953.17)
50-20110	Accrued Accounts Payable	(14,427.24)	17,045.05	36,027.22	(33,409.41)
50-20125	Accrued Payroll	(15,804.34)	15,804.34	14,095.46	(14,095.46)
50-20140	Unpaid Construction Cost	(64,000.00)	-	-	(64,000.00)
50-20490	Accrued Vacation Payable	(16,613.23)	-	1,977.07	(18,590.30)
50-21010	Accounts Payable Trade	(74,856.25)	476,533.91	430,601.92	(28,924.26)
50-22110	Accrued Interest Payable	(569,769.97)	-	52,098.24	(621,868.21)
50-24130	CCHD Development Advance Account	(121,752.00)	-	-	(121,752.00)
50-26608	Due to CCHD 8/42 6.57%	(184,630.00)	-	-	(184,630.00)
50-26609	Due to CCHD 8/42 1.57%	(559,776.00)	-	-	(559,776.00)
50-26610	Notes Payable	(750,000.00)	-	-	(750,000.00)
50-26611	Due to CCHD 3/33 5.48%	(423,000.00)	-	-	(423,000.00)
50-29110	Due To/From Other Funds	(2,101,384.16)	719,914.83	991,470.36	(2,372,939.69)
50-30110	Managing Member Capital Account	(105,691.00)	-	-	(105,691.00)

50-30115	Investor Member Capital Account	(4,092,203.00)	-	-	(4,092,203.00)
50-30117	Syndication Costs	90,106.00	-	-	90,106.00
50-30200	Retained Surplus/(Deficit)	3,887,435.98	-	-	3,887,435.98
50-41210	Government Sources - State	-	356,030.63	1,385,733.47	(1,029,702.84)
50-41216	Vacancy Loss - Public Aid Subsidy	-	602,098.89	139,268.66	462,830.23
50-41250	Government Sources - Food Costs	-	13,643.00	51,794.80	(38,151.80)
50-42110	Program Fees - Individual	-	6,870.00	26,578.91	(19,708.91)
50-42120	Program Fees - Non Govt	-	38,473.26	138,639.48	(100,166.22)
50-42345	Vacancy Loss - Rental Income	-	84,447.11	19,133.50	65,313.61
50-42350	Rental Income Apts Or Carrying	-	75,930.96	292,189.94	(216,258.98)
50-45110	Miscellaneous Income	-	-	1,051.61	(1,051.61)
50-46725	IHDA Interest Income	-	-	3.59	(3.59)
50-72105	Salaries & Wages	-	472,129.58	-	472,129.58
50-72107	Workers' Compensation Wages	-	151.18	2,517.20	(2,366.02)
50-72110	Accrued Vacation Pay	-	1,977.07	-	1,977.07
50-72195	Salaries & Wages - Offset	-	14,095.46	14,681.23	(585.77)
50-72205	Employee Benefits - Medical	-	125,415.80	-	125,415.80
50-72206	Employee Benefits - Disability	-	1,427.28	-	1,427.28
50-72207	Employee Benefits - Dental	-	6,795.96	-	6,795.96
50-72210	Employee Benefits - Life	-	1,522.90	-	1,522.90

50-72215	Employee Benefits-Pension	-	27,974.09	1,917.22	26,056.87
50-72217	Employee Benefits-Post Retire	-	11,655.76	392.49	11,263.27
50-72220	Employee Benefits - Other	-	7.63	-	7.63
50-72230	MetLife Savings Plan Matching	-	2,837.14	731.40	2,105.74
50-72240	MetLife Savings Plan Gift	-	3,952.45	-	3,952.45
50-72305	Payroll Taxes - Fica	-	33,363.23	-	33,363.23
50-72308	Payroll Taxes-SUTA	-	4,004.87	-	4,004.87
50-72310	Payroll Taxes-Workman's Comp	-	5,582.44	-	5,582.44
50-72395	Payroll Taxes - Offset	-	-	1,123.11	(1,123.11)
50-72405	Professional Fees-Program	-	1,485.85	500.00	985.85
50-72409	Professional Fee-Gen Liability	-	13,000.00	-	13,000.00
50-72413	Legal Expenses (Project)	-	520.00	-	520.00
50-72415	Professional Fees-Admin	-	1,458.27	-	1,458.27
50-72418	Advertising Expense	-	597.02	-	597.02
50-72420	Audit/Accounting Fees	-	37,168.25	3,628.25	33,540.00
50-72427	Nurse Registry	-	50,808.18	6,181.94	44,626.24
50-72431	Activities - Events & Programs	-	2,284.23	598.63	1,685.60
50-72433	Marketing Expense	-	3,328.30	1,154.58	2,173.72
50-72436	Janitor & Cleaning Contract	-	148.42	148.42	-
50-72438	Security Payroll/Contract	-	138,470.41	5,346.00	133,124.41

50-72505	Supplies - Office	-	3,800.02	-	3,800.02
50-72507	Supplies - Toner	-	200.97	200.97	-
50-72510	Supplies - Building & Grounds	-	20,085.45	13,891.21	6,194.24
50-72512	Janitor & Cleaning Supplies	-	16,388.26	369.15	16,019.11
50-72514	Exterminating Supplies	-	3,470.44	-	3,470.44
50-72515	Supplies - Medical	-	3,455.78	701.75	2,754.03
50-72517	Pharmacy - House Drugs	-	1,093.98	-	1,093.98
50-72518	Medical Supplies - Chargeable	-	20.35	20.35	-
50-72520	Supplies - Recreation & Crafts	-	1,810.60	798.63	1,011.97
50-72570	Food Purchases	-	83,429.69	5,697.82	77,731.87
50-72580	Supplies-Other	-	8,677.60	44.49	8,633.11
50-72605	Telephone & Fax	-	4,576.46	232.18	4,344.28
50-72606	Cell Phones	-	6,768.38	1,579.84	5,188.54
50-72610	Computer Phone Line Charge	-	1,315.95	-	1,315.95
50-72650	Postage & Shipping	-	150.71	26.25	124.46
50-72812	Rent - Storage Fees	-	8,113.71	2,076.00	6,037.71
50-72814	Rent - Outside Lease	-	3,600.00	-	3,600.00
50-72815	Building & Grounds	-	15,927.46	3,585.41	12,342.05
50-72817	Major Repairs Over \$5000	-	20,258.05	11,417.17	8,840.88
50-72818	Bldg & Fixtures Repair & Maintenance	-	28,886.11	9,289.35	19,596.76

50-72830	Utilities-Gas	-	9,124.66	776.00	8,348.66
50-72835	Utilities-Electricity	-	28,869.66	-	28,869.66
50-72841	Garbage & Trash Removal	-	5,443.77	-	5,443.77
50-72842	Elevator Maintenance Contract	-	3,493.97	-	3,493.97
50-72850	Misc Taxes Licenses & Permits	-	1,440.00	-	1,440.00
50-73105	Printing - Outside	-	150.00	-	150.00
50-73210	Mileage Reimbursement	-	1,797.17	-	1,797.17
50-73230	Auto Operating Costs	-	4,599.04	-	4,599.04
50-73240	Bishop Conway Vehicle Insurance	-	836.00	-	836.00
50-73250	Other Transportation	-	573.00	225.00	348.00
50-73310	Business Conference - Staff	-	3,523.86	204.62	3,319.24
50-73402	Subscriptions & Memberships	-	1,871.55	1,547.50	324.05
50-73450	Membership Dues	-	2,153.00	1,163.00	990.00
50-73502	Client Support	-	13.69	13.69	-
50-74010	Expenses Not Receipted	-	4,112.60	4,112.60	-
50-74210	Seminars	-	420.51	420.51	-
50-74307	Computer & Related Equipment	-	2,246.80	2,246.80	-
50-74315	Eqpt/Furniture Rental-Other	-	1,722.51	-	1,722.51
50-74320	Equipment Repair & Maintenance	-	323.88	2,589.90	(2,266.02)
50-74510	Depreciation - Building	-	136,996.25	-	136,996.25

50-74512	Depreciation - Building Improvements	-	11,228.91	-	11,228.91		
50-74515	Depreciation - Land Improvement	-	3,979.88	-	3,979.88		
50-74542	Depreciation - Cortland	-	19,171.49	-	19,171.49		
50-74611	Management & General	-	6,546.44	6,546.44	-		
50-78010	Bank Fees	-	790.76	-	790.76		
50-78014	Amortization Of Deferred Debt	-	1,365.99	-	1,365.99		
50-79010	IHDA Interest Expense	-	7,500.00	-	7,500.00		
50-79012	Interest Expense-Cath Charity	-	52,098.24	-	52,098.24		
GRAND TOTALS:		\$	(0.00)	\$ 6,795,402.79	\$ 6,795,402.79	\$	0.00

Catholic Charities of the Archdiocese of Chicago
Income Statement
For the Year Ending December 31, 2015

50 - Cortland Manor LLC./Bishop Conway Residence

		<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Revenues				
50-41210	Government Sources - State	1,029,703	1,097,551	(67,848)
50-41216	Vacancy Loss - Public Aid Subsidy	(462,830)	(228,657)	(234,173)
50-41250	Government Sources - Food Costs	38,152	41,088	(2,936)
50-42110	Program Fees - Individual	19,709	-	19,709
50-42120	Program Fees - Non Govt	100,166	75,000	25,166
50-42345	Vacancy Loss - Rental Income	(65,314)	(27,600)	(37,714)
50-42350	Rental Income Apts Or Carrying	216,259	219,612	(3,353)
50-45110	Miscellaneous Income	1,052	-	1,052
50-46725	IHDA Interest Income	4	-	4
	Total Revenues	876,900	1,176,994	(300,094)
Expenses				
Payroll Expense				
	Salaries and Wages	471,155	555,804	(84,649)
	Employee Benefits	141,228	84,763	56,465
	Retirement Benefits	37,320	69,200	(31,880)
	Payroll Taxes	41,827	56,414	(14,587)
	Total Payroll Expense	691,530	766,181	(74,651)
Other Expenses				
50-72405	Professional Fees-Program	986	2,600	(1,614)
50-72409	Professional Fee-Gen Liability	13,000	-	13,000
50-72413	Legal Expenses (Project)	520	1,000	(480)
50-72415	Professional Fees-Admin	1,458	-	1,458
50-72418	Advertising Expense	597	4,000	(3,403)
50-72420	Audit/Accounting Fees	33,540	15,000	18,540
50-72427	Nurse Registry	44,626	4,000	40,626
50-72431	Activities - Events & Programs	1,686	1,980	(294)

50-72433	Marketing Expense	2,174	1,000	1,174
50-72438	Security Payroll/Contract	133,124	135,400	(2,276)
50-72505	Supplies - Office	3,800	5,000	(1,200)
50-72507	Supplies - Toner	-	1,000	(1,000)
50-72510	Supplies - Building & Grounds	6,194	7,000	(806)
50-72512	Janitor & Cleaning Supplies	16,019	12,000	4,019
50-72514	Exterminating Supplies	3,470	1,500	1,970
50-72515	Supplies - Medical	2,754	-	2,754
50-72517	Pharmacy - House Drugs	1,094	1,000	94
50-72520	Supplies - Recreation & Crafts	1,012	3,000	(1,988)
50-72570	Food Purchases	77,732	70,080	7,652
50-72580	Supplies-Other	8,633	2,500	6,133
50-72605	Telephone & Fax	4,344	3,500	844
50-72606	Cell Phones	5,189	3,500	1,689
50-72610	Computer Phone Line Charge	1,316	1,000	316
50-72650	Postage & Shipping	124	500	(376)
50-72812	Rent - Storage Fees	6,038	3,200	2,838
50-72814	Rent - Outside Lease	3,600	3,600	-
50-72815	Building & Grounds	12,342	5,000	7,342
50-72817	Major Repairs Over \$5000	8,841	-	8,841
50-72818	Bldg & Fixtures Repair & Maintenance	19,597	8,000	11,597
50-72825	Utilities-Water	-	1,000	(1,000)
50-72830	Utilities-Gas	8,349	10,000	(1,651)
50-72835	Utilities-Electricity	28,870	22,000	6,870
50-72841	Garbage & Trash Removal	5,444	3,500	1,944
50-72842	Elevator Maintenance Contract	3,494	3,500	(6)
50-72850	Misc Taxes Licenses & Permits	1,440	1,300	140
50-73105	Printing - Outside	150	-	150
50-73210	Mileage Reimbursement	1,797	500	1,297
50-73230	Auto Operating Costs	4,599	5,000	(401)
50-73240	Bishop Conway Vehicle Insurance	836	1,000	(164)
50-73250	Other Transportation	348	500	(152)
50-73310	Business Conference - Staff	3,319	500	2,819
50-73402	Subscriptions & Memberships	324	120	204
50-73405	Subscriptions & Reference	-	200	(200)
50-73450	Membership Dues	990	800	190

50-73502	Client Support	-	100	(100)
50-74195	Miscellaneous Expense	-	300	(300)
50-74210	Seminars	-	3,000	(3,000)
50-74215	Intra Agency Training	-	100	(100)
50-74307	Computer & Related Equipment	-	1,000	(1,000)
50-74315	Eqpt/Furniture Rental-Other	1,723	3,000	(1,277)
50-74320	Equipment Repair & Maintenance	(2,266)	-	(2,266)
50-74510	Depreciation - Building	136,996	136,992	4
50-74512	Depreciation - Building Improvements	11,229	8,688	2,541
50-74515	Depreciation - Land Improvement	3,980	3,980	(0)
50-74542	Depreciation - Cortland	19,171	12,276	6,895
50-74611	Management & General	-	9,750	(9,750)
50-78010	Bank Fees	791	1,000	(209)
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	<u>706,358</u>	<u>587,430</u>	<u>118,928</u>
	Total Expenses	<u>1,397,888</u>	<u>1,353,611</u>	<u>44,277</u>
	NET SURPLUS/(DEFICIT)	<u>\$ (520,988)</u>	<u>\$ (176,617)</u>	<u>\$ (344,371)</u>

Catholic Charities of the Archdiocese of Chicago
Balance Sheet
As of December 31, 2015

50 - Cortland Manor LLC./Bishop Conway Residence

Assets

50-10275	MB Financial - Bishop Conway Residence	\$ 31,449.17
50-10276	MB Financial - Cortland Manor LLC	28,361.16
50-10360	Bishop Conway Petty Cash	-
50-10550	Petty Cash	1,000.00
50-11610	Accounts Receivable-Tenants	284,340.32
50-11615	Accrued Accounts Receivable	-
50-12520	Prepaid Expense	2,390.58
50-14180	IHDA Insurance Escrow	115,429.22
50-14181	IHDA Operating Reserve Escrow	138,009.32
50-14183	IHDA Replacement Reserve Escrow	67,063.04
50-14184	IHDA Rent Up Reserve	29,863.66
50-15575	Deferred Tax Credit Fees	35,991.00
50-15577	Accumulated Amortization	(52,952.30)
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	5,289,982.76
50-16873	Furniture & Fixtures	354,524.00
50-16887	Autos	58,436.29
50-17100	Accumulated Depreciation - Buildings	(1,734,690.71)
50-17150	A/D Autos	(58,436.29)
50-17215	Accumulated Depreciation - Land Improvements	(49,748.21)
50-17275	Accumulated Depreciation - Furniture & Equipment	(267,953.17)
	Total Assets	<u><u>4,892,349.19</u></u>

Liabilities and Fund Balance

Liabilities

50-20110	Accrued Accounts Payable	33,409.41
50-20125	Accrued Payroll	14,095.46
50-20140	Unpaid Construction Cost	64,000.00
50-20490	Accrued Vacation Payable	18,590.30
50-21010	Accounts Payable Trade	28,924.26
50-22110	Accrued Interest Payable	621,868.21
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	2,372,939.69
	Total Liabilities	<u>5,192,985.33</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)	(4,408,424.14)
	Total Fund Balance	<u>(300,636.14)</u>

Total Liabilities and Fund Balance **\$ 4,892,349.19**