

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.

<p><b>I. Facility ID Number:</b> <u>1000028</u></p> <p><b>Facility Name:</b> <u>Bishop Edwin Conway Residenc</u></p> <p><b>Address:</b> <u>1900 N Karlov</u> <u>Chicago</u> <u>60639</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>( 773 ) 252-9941</u> <b>Fax #</b> <u>(773) 252-9946</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> _____</p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td style="width:33%"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%"><input type="checkbox"/> PROPRIETARY</td> <td style="width:33%"><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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Christina Aro</u> <b>Telephone Number:</b> <u>( 312 ) 655-7329</u>  <b>Email Address:</b> _____</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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2016</u> to <u>12/31/2016</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%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) <u>Eileen Higgins</u> (Title) <u>Secretary, General Member, Cortland Manor Development Corp.</u></td> </tr> <tr> <td style="width:20%; vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Print Name and Title) _____ (Firm Name &amp; Address) _____ (Telephone) <u>( )</u> <b>Fax #</b> <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 <span style="float:right">Phone # (217) 782-1630</span></p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Eileen Higgins</u> (Title) <u>Secretary, General Member, Cortland Manor Development Corp.</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>( )</u> <b>Fax #</b> <u>( )</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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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			
<b>A. General Services</b>								
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	<b>TOTAL General Services</b>	177,639	167,032	200,643	545,314		545,314	5
<b>B. Health Care and Programs</b>								
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	<b>TOTAL Health Care and Programs</b>	178,872	4,641	88,575	272,089		272,089	9
<b>C. General Administration</b>								
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	<b>TOTAL General Administration</b>	309,831	4,334	56,566	370,730		370,730	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	666,342	176,008	345,784	1,188,133		1,188,133	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
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	<b>TOTAL Ownership</b>			248,496	248,496		248,496	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	666,342	176,008	594,280	1,436,629		1,436,629	24

Facility Name: Bishop Edwin Conway Residence

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	<b>Total (lines 1 thru 16)</b>	<b>18</b>	<b>\$ 175.25</b>	<b>17</b>

**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
				<b>Total</b>	<b>6</b>
				\$	

**VI. (B) Management fees paid to unrelated parties**

	Amount of Fee	
1	\$	1
2		2
<b>Total</b>		<b>3</b>
\$		

**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? \$ \_\_\_\_\_  
 (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:

01/01/2016

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 Resident

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	
		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	<b>TOTAL</b>				\$			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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
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	
		<b>Working Capital</b>										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 1,289,158	\$ 1,289,158			\$ 52,098	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 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 Residence

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	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
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	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 496,951	\$	10
	<b>B. Long-Term Assets</b>			
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	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 4,382,731	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,879,682	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
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
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 794,596	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	2,039,158		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	Intercompany Payable	2,749,954		42
43	Unpaid Construction Costs	64,000		43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 4,853,112	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 5,647,709	\$	45
46	<b>TOTAL EQUITY</b>	\$	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 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	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 968,596	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 968,596</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	641	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 641</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 969,238</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	545,314	19
20	Health Care/ Personal Care	272,089	20
21	General Administration	370,730	21
<b>B. Capital Expense</b>			
22	Ownership	248,496	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 1,436,629</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (467,391)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (467,391)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
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) <b>Tenant Rent and Services</b>	267,149	35
36	Other-(specify) <b>SNAP income</b>	44,284	36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 968,596</b>	<b>37</b>

**Catholic Charities of the Archdiocese of Chicago  
Bishop Conway Residence  
Trial Balance Report (Final)  
As of December 31, 2016**

Account Number	Description	Beginning Balance	Total Debits	Total Credits	Ending Balance
90-0000	MB Financial - Bishop Conway Residence	11,400	19,540	11,400	9,540
90-0026	MB Financial - Corland Manor LLC	28,361	46,428	44,442	39,547
90-0060	Bishop Conway Petty Cash	-	19,540	19,540	-
90-0090	Petty Cash	1,000	-	-	1,000
90-1000	Accounts Receivable-Tenants	264,540	483,225	907,525	191
90-1003	Accrued Accounts Receivable	-	1,448,329	1,448,329	423,734
90-1020	Prepaid Expenses	3,291	5,491	5,475	2,290
90-1100	IBDA Insurance Expense	115,429	5,519	1,903	117,846
90-1101	IBDA Operating Reserve Expense	18,009	349	-	18,258
90-1103	IBDA Replacement Reserve Expense	67,863	4,127	417	74,144
90-1104	IBDA Rent Up Reserve	29,964	54	-	29,917
90-1573	Deferred Tax Credit Fees	35,991	-	-	35,991
90-1577	Accumulated Depreciation	42,943	-	3,266	46,209
90-1578	Deferred Debt Costs	40,980	-	-	40,980
90-1600	Land	256,734	-	-	256,734
90-1626	Land Improvements	70,297	-	-	70,297
90-1656	Buildings	261,978	-	-	261,978
90-1661	Building Improvements	5,289,983	-	-	5,289,983
90-1667	Furniture & Fixtures	284,258	-	-	284,258
90-1687	Assets	38,426	-	-	38,426
90-1700	Accumulated Depreciation - Buildings	(1,734,691)	-	148,225	(1,586,466)
90-1710	A/D Assets	(8,846)	-	-	(8,846)
90-1711	Accumulated Depreciation - Land Improvements	(87,348)	-	3,969	(83,379)
90-1723	Accumulated Depreciation - Furniture & Equipment	(207,953)	-	18,746	(189,207)
90-2010	Accrued Accounts Payable	(33,499)	64,266	45,569	(12,702)
90-2012	Accrued Payroll	(14,699)	14,699	11,697	(17,699)
90-2040	Unpaid Construction Cost	(64,000)	-	-	(64,000)
90-2090	Accrued Vacation Payable	(18,799)	495	-	(18,304)
90-2100	Accounts Payable-Trade	(28,800)	454,269	483,823	407,147
90-2110	Accrued Interest Payable	(621,800)	-	53,098	(568,702)
90-2430	CEHD Development Advances Account	(121,792)	-	-	(121,792)
90-2608	Due to CEHD 8.42 4.7%	(184,640)	-	-	(184,640)
90-2609	Due to CEHD 8.42 1.57%	(590,770)	-	-	(590,770)
90-2610	Notes Payable	(750,000)	-	-	(750,000)
90-2611	Due to CEHD 3.00 5.46%	(457,800)	-	-	(457,800)
90-2910	Due To/From Other Funds	(2,272,048)	387,222	364,236	(2,589,054)
90-3010	Managing Member Capital Account	(109,691)	-	-	(109,691)
90-3011	Investor Member Capital Account	(4,002,226)	-	-	(4,002,226)
90-3017	Specialization Costs	90,006	-	-	90,006
90-3020	Retained Earnings (Deficit)	4,408,424	-	-	4,408,424
90-4100	Governmental Sources - State	707,899	1,887,857	11,108,558	12,604,314
90-4116	Vacancy Loss - Public Aid Subsidy	-	1,095,096	464,249	630,847
90-4120	Government Sources - Food Costs	-	5,846	49,779	(43,933)
90-4210	Program Fees - Individual	-	17,862	15,465	(2,397)
90-4213	Program Fees - Non-Govt	-	16,536	108,717	(92,181)
90-4245	Vacancy Loss - Rental Income	-	74,968	30,324	44,644
90-4260	Rental Income - On-Carrying	-	44,979	36,499	(8,480)
90-4310	Miscellaneous Income	-	1,544	1,544	-
90-4625	IBDA Interest Income	-	641	641	-
90-7100	Salaries & Wages	-	494,023	-	494,023
90-7110	Accrued Vacation Pay	-	445	-	445
90-7195	Salaries & Wages - Other	-	11,607	16,225	(4,618)
90-7205	Employee Benefits - Medical	-	124,929	-	124,929
90-7206	Employee Benefits - Disability	-	1,299	-	1,299
90-7207	Employee Benefits - Dental	-	6,178	-	6,178
90-7210	Employee Benefits - Life	-	1,475	-	1,475
90-7215	Employee Benefits - Pension	-	26,181	-	26,181
90-7217	Employee Benefits - Post-Retire	-	11,698	-	11,698
90-7220	Employee Benefits - Other	-	30	-	30
90-7230	Mat-Life Savings Plan Matching	-	2,489	-	2,489
90-7240	Mat-Life Savings Plan GR	-	3,522	1,768	1,754
90-7225	Employee Benefits - Other	-	563	-	563
90-7260	Payroll Taxes - FICA	-	71,813	-	71,813
90-7268	Payroll Taxes-SETA	-	3,666	-	3,666
90-7219	Payroll Taxes-Workman's Comp	-	5,017	-	5,017
90-7280	Payroll Taxes - Other	-	179	-	179
90-7405	Professional Fees-Program	-	6,524	211	6,313
90-7409	Professional Fee-Govt Liability	-	13,320	-	13,320
90-7415	Professional Fees-Admin	-	2,760	197	2,563
90-7418	Advertising Expense	-	56	-	56
90-7420	Audit/Accounting Fees	-	14,930	-	14,930
90-7427	State Registry	-	40,462	876	41,338
90-7431	Activities - Events & Programs	-	2,879	218	2,661
90-7433	Marketing Expense	-	551	115	436
90-7437	Grants-Comms	-	1,475	-	1,475
90-7438	Security Payroll-Contract	-	10,071	3,522	6,549
90-7265	Supplies - Office	-	1,407	83	1,324
90-7210	Supplies - Building & Grounds	-	5,295	656	4,639
90-7212	Janitor & Cleaning Supplies	-	17,489	908	16,581
90-7214	Exterminating Supplies	-	1,966	-	1,966
90-7215	Supplies - Medical	-	1,099	-	1,099
90-7217	Pharmacy - Health-Drugs	-	123	113	10
90-7230	Supplies - Recreation & Clubs	-	2,441	622	2,219
90-7270	Food Purchases	-	10,329	5,072	5,257
90-7280	Supplies-Other	-	4,843	297	4,546
90-7285	Telephone & Fax	-	5,347	1,142	4,205
90-7266	Cell Phones	-	4,421	1,972	2,449
90-7410	Computer Print Line Charge	-	1,754	767	987
90-7450	Postage & Shipping	-	193	38	155
90-7262	Rent - Storage Fees	-	6,056	-	6,056
90-7264	Rent - Outside Storage	-	1,880	-	1,880
90-7265	Building & Grounds	-	11,824	850	10,974
90-7267	HVAC Repairs	-	23,397	-	23,397
90-7268	Blk & Fixtures Repair & Maintenance	-	15,974	8,523	7,451
90-7269	Utilities-Gas	-	9,066	45	9,111
90-7265	Utilities-Electricity	-	36,114	2,130	33,984
90-7261	Garage & Truck Rental	-	5,762	454	4,308
90-7262	Electric Maintenance Contract	-	11,900	3,451	8,449
90-7260	Misc. Taxes Licenses & Permits	-	1,172	-	1,172
90-7105	Printing - Other	-	56	96	40
90-7210	Mitig. Rehabilitation	-	9,149	7,669	1,480
90-7230	Auto Operating Costs	-	20,929	15,837	5,092
90-7340	Bishop Conway Vehicle Insurance	-	961	181	780
90-7341	Auto Insurance-Boardmembers	-	168	-	168
90-7320	Other Transportation	-	307	51	256
90-7302	Subscriptions & Memberships	-	624	624	-
90-7305	Memberships Fees	-	1,014	-	1,014
90-7302	Class Support	-	90	-	90
90-7410	Services	-	980	980	-
90-7415	Auto Agency Training	-	60	-	60
90-7407	Computer & Related Equipment	-	2,186	-	2,186
90-7410	Equipment Capital Charges	-	760	-	760
90-7410	Depreciation - Building	-	126,966	-	126,966
90-7412	Depreciation - Building Improvements	-	11,229	-	11,229
90-7415	Depreciation - Land Improvement	-	3,980	-	3,980
90-7412	Depreciation - Furniture	-	18,746	-	18,746
90-7411	Management & General	-	14,000	0	14,000
90-7409	Bank Fees	-	515	2	513
90-7414	Amortization Of Deferred Debt	-	1,366	-	1,366
90-7400	IBDA Interest Expense	-	8,225	625	7,600
90-7402	Interest Expense-Cash Charity	-	52,098	-	52,098
<b>GRAND TOTAL</b>		<b>(0.00)</b>	<b>7,822,172.88</b>	<b>7,822,172.88</b>	<b>(0.00)</b>

666,141  
\$2,012.07 \$2,500.00 \$1,800.00

\$288.50 \$46.00 \$11.00  
\$326.10 \$297.50  
\$20.00 \$40.00  
\$986.61 \$1,199.86

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

50 - Cortland Manor LLC/Bishop Conway Residence

	Actual	Budget	Variance
<b>Revenues</b>			
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
<b>Total Revenues</b>	<b>999,238</b>	<b>1,071,064</b>	<b>(101,826)</b>
<b>Expenses</b>			
<b>Payroll Expense</b>			
Salaries and Wages	450,362	460,889	(10,527)
Employee Benefits	137,832	146,916	(9,084)
Retirement Benefits	37,780	75,747	(37,968)
Payroll Taxes	40,358	43,397	(3,039)
<b>Total Payroll Expense</b>	<b>666,341</b>	<b>726,949</b>	<b>(60,608)</b>
<b>Other Expenses</b>			
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	16,682	10,000	6,682
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	81,467	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 \$8000	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
50-73262 Subscriptions & Memberships	624	350	274
50-73485 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
<b>Total Other Expenses</b>	<b>770,287</b>	<b>744,124</b>	<b>26,163</b>
<b>Total Expenses</b>	<b>1,436,629</b>	<b>1,471,073</b>	<b>(34,444)</b>
<b>NET SURPLUS/(DEFICIT)</b>	<b>(467,391)</b>	<b>(400,009)</b>	<b>(67,382)</b>

**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)
	<b>Total Assets</b>	<b><u>4,879,682</u></b>

**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	2,749,954
	<b>Total Liabilities</b>	<b><u>5,647,709</u></b>

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

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