

		FOR BHF USE			

LL2

Supportive Living Facility
2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)

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: 1000028</p> <p>Facility Name: <u>Bishop Edwin Conway Residenc</u></p> <hr/> <p>Address: <u>1900 N Karlov</u> <u>Chicago</u> <u>60639</u></p> <p align="center">Number City Zip Code</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:</p> <p>Name: <u>Christina T. Aro</u> Telephone Number: (<u>312</u>) <u>655-7329</u></p> <p>Email Address: <u>caro@catholiccharities.net</u></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>01.01.2017</u> to <u>12.31.2017</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 border="1" style="width:100%"> <tr> <td rowspan="2" style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <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> </table> <table border="1" style="width:100%"> <tr> <td rowspan="4" style="width:20%; vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td>(Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____</td> <td></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:

01.01.2017

Ending: 12.31.2017

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	101,265	76,788	873	178,926		178,926	1
2	Housekeeping, Laundry and Maintenance	109,522	58,668	1,920	170,110		170,110	2
3	Heat and Other Utilities			36,978	36,978		36,978	3
4	Other (specify):			152,341	152,341		152,341	4
5	TOTAL General Services	210,787	135,456	192,112	538,355		538,355	5
B. Health Care and Programs								
6	Health Care/ Personal Care	148,743	1,303	86,721	236,766		236,766	6
7	Activities and Social Services	33,220	5,273	4,040	42,533		42,533	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	181,963	6,575	90,761	279,299		279,299	9
C. General Administration								
10	Administrative and Clerical	97,314	4,485	36,051	137,850		137,850	10
11	Marketing Materials, Promotions and Advertising		1,073	1,241	2,314		2,314	11
12	Employee Benefits and Payroll Taxes	185,062			185,062		185,062	12
13	Insurance-Property, Liability and Malpractice			13,230	13,230		13,230	13
14	Other (specify):							14
15	TOTAL General Administration	282,376	5,559	50,522	338,457		338,457	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	675,126	147,590	333,395	1,156,111		1,156,111	16
Capital Expenses								
D. Ownership								
17	Depreciation			179,277	179,277		179,277	17
18	Interest			59,598	59,598		59,598	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			8,809	8,809		8,809	20
21	Rent -- Equipment			3,900	3,900		3,900	21
22	Other: Bank fees+amort (\$2382) / bad debts (\$268,424)			270,806	270,806	(268,424)	2,382	22
23	TOTAL Ownership			522,391	522,391	(268,424)	253,967	23
24	GRAND TOTAL (Sum of lines 16 and 23)	675,126	147,590	855,785	1,678,502	(268,424)	1,410,078	24

Reclassifications and Adjustments

<u>Amount</u>	<u>Description</u>
\$ (268,424)	Bad Debt Expense

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning: 01.01.2017 Ending: 12.31.2017

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	21.47	2
3	Certified Nurse Assistants	4	12.38	3
4	Activity Director & Assistants	1	15.97	4
5	Social Service Workers			5
6	Head Cook	1	11.90	6
7	Cook Helpers/Assistants	3	11.10	7
8	Dishwashers			8
9	Maintenance Workers	1	17.32	9
10	Housekeepers	3	12.29	10
11	Laundry			11
12	Managers	1	25.31	12
13	Other Administrative	1	25.48	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	18	\$ 187.53	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 Corporation		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: _____ 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:

01.01.2017

Ending:

12.31.2017

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	\$	\$ (1,959,089)	1
2			2009	2009	34,817	1,887	20	1,887		(15,850)	2
3			2012	2012	87,500	8,693	10	8,693		(48,382)	3
4			2013	2013	43,270	4,327	10	4,327		(20,312)	4
5			2014	2014	56,503	5,650	10	5,650		(18,979)	5
Improvement Type											
6				2003	79,597	3,980	20	3,980		(57,708)	6
7		Tuckpointing		2017	193,280	9,664	10	9,664		(9,664)	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)				\$ 5,899,350	\$ 169,310		\$ 169,310	\$	\$ (2,129,984)	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	\$ (246,547)	18
	Movable Equipment	26,870	4,549	4,549	6,050	3	(20,039)	
19	Vehicles	58,436				5	(58,436)	19
20	TOTAL (lines 18 and 19)	\$ 340,432	\$ 9,967	\$ 9,967	6,050		\$ (325,022)	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: 01.01.2017

Ending: 2.31.2017

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	
2	CCHD	X		Subordinate Mortgage	8/30/02	184,630	184,630	8/30/42	0.0657	12,130	
3	CCHD	X		Subordinate Mortgage	3/12/02	423,000	423,000	3/12/33	0.0548	23,180	
4	CCHD	X		Subordinate Mortgage	8/30/02	559,776	559,776	8/30/42	0.0157	8,788	
5	IHDA		X	Mortgage	8/30/02	750,000	750,000	8/30/32	0.0100	7,500	
	Working Capital										
4					/ /			/ /		4	
5					/ /			/ /		5	
6					/ /			/ /		6	
7	TOTAL Facility Related						\$ 2,039,158	\$ 2,039,158			\$ 59,598
	B. Non-Facility Related										
8					/ /			/ /		8	
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: 01.01.2017

Ending:

12.31.2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12.31.2017

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 52,191	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (213,906))	577,454		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	4,132		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 633,776	\$	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	5,745,341		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	414,843		16
17	Accumulated Depreciation (book methods)	(2,455,007)		17
18	Deferred Charges	76,971		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(55,684)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify): Reserve Account	370,382		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,413,177	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,046,953	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 75,193	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	27,064		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable	726,065		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)	\$ 828,321	\$	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	3,466,327		42
43	Unpaid Construction Costs	64,000		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,569,485	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,397,806	\$	45
46	TOTAL EQUITY	\$ (1,350,853)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,046,953	\$	47

*(See instructions.)

Facility Name: Bishop Edwin Conway Residenc

Report Period Beginning: 01.01.2017

Ending:

12.31.2017

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	\$ 1,084,560	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,084,560	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	8,300	12
13	Interest and Other Investment Income	2,816	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 11,116	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)	\$ 1,095,675	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	538,355	19
20	Health Care/ Personal Care	279,299	20
21	General Administration	338,457	21
B. Capital Expense			
22	Ownership	253,967	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)	\$ 1,410,078	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (314,403)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (314,403)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 789,383	32
33	Private Pay - Net Inpatient Revenue		33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Tenant rent/services</u>	258,302	35
36	Other-(specify) <u>SNAP income</u>	36,874	36
37	TOTAL (This total must agree to Line 3)	\$ 1,084,560	37

Catholic Charities of the Archdiocese of Chicago
Bishop Conway Residence
Trial Balance Report (Final)
at December 31, 2017

Account Number	Description	11/29/17 to 12/31/2017		
		Beginning Balance	Total Debits	Ending Balance
50-10275	MB Financial - Bishop Conway Residence	35,245.55	874,841.39	839,595.84
50-10276	MB Financial - Combined Member LLC	50,546.95	26,874.43	23,672.52
50-10280	Bishop Conway Payroll Cash	-	19,200.00	-
50-10550	Payroll Cash	1,000.00	-	1,000.00
50-10550	Accounts Receivable-Trustees	100.87	285,763.24	285,662.37
50-10515	Accrued Accounts Receivable	423,754.12	973,528.15	604,184.05
50-11086	Revenue/Unallocated Accounts	-	-	213,950.28
50-12320	Prepaid Expenses	2,210.14	4,131.68	2,321.46
50-14180	HDA Insurance Expense	117,846.04	733.53	80,000.00
50-14181	HDA Operating Reserve Expense	138,257.82	39.39	138,297.43
50-14183	HDA Replacement Reserve Expense	74,553.57	87,845.78	172,399.35
50-14184	HDA Rent Up Reserve	29,817.47	185.01	30,112.48
50-15375	Deferred Tax Credit Fees	35,391.00	-	35,391.00
50-15377	Accumulated Amortization	54,378.00	-	1,365.90
50-15378	Deferred Debt Costs	40,960.00	-	40,960.00
50-16340	Construction in Progress	-	201,212.90	201,212.90
50-16340	Land	236,734.00	-	236,734.00
50-16258	Land Improvements	79,597.35	-	79,597.35
50-16565	Buildings	261,979.30	-	261,979.30
50-16551	Building Improvements	5,283,662.75	193,380.00	5,483,302.75
50-16973	Furniture & Fixtures	354,524.00	7,932.00	6,050.00
50-16987	Assets	50,450.28	-	58,490.28
50-17100	Accumulated Depreciation - Buildings	(1,882,915.88)	-	157,888.16
50-17150	AD Assets	(58,439.29)	-	(58,439.29)
50-17215	Accumulated Depreciation - Land & Equipment	523,728.10	-	3,979.88
50-17275	Accumulated Depreciation - Furniture & Equipment	(266,659.33)	6,050.00	17,497.97
50-20110	Accrued Accounts Payable	(24,289.86)	73,467.80	73,694.84
50-20121	Accrued Payroll	(11,647.41)	11,647.20	(12,077.36)
50-20140	Unpaid Construction Cost	(64,000.00)	-	(64,000.00)
50-20490	Accrued Interest Payable	(18,102.26)	3,110.00	(14,992.26)
50-21010	Accounts Payable-Trade	(87,187.18)	(672,110.48)	(656,379.89)
50-22110	Accrued Interest Payable	(873,566.45)	-	(828,284.24)
50-24130	CCRD Development Assistance Account	(121,752.00)	-	(121,752.00)
50-26008	Due to CCHD @ 42.57%	(184,630.00)	-	(184,630.00)
50-26009	Due to CCHD @ 42.57%	(259,776.00)	-	(259,776.00)
50-26010	Notes Payable	(792,000.00)	-	(792,000.00)
50-26011	Due to CCHD @ 33.54%	(423,000.00)	-	(423,000.00)
50-26110	Due To/From Other Funds	(2,743,654.41)	259,091.67	979,440.00
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	Dividends Costs	80,168.50	-	80,168.50
50-30300	Retained Surplus/Deficit	4,875,815.01	-	4,875,815.01
50-41010	Government Sources - State	-	243,846.00	1,258,919.64
50-41016	Vocancy Loan - Public Job Subsidy	-	212,848.00	202,848.00
50-41050	Government Sources - Flood Costs	-	5,829.00	42,703.43
50-42030	Program Fees - Non Govt	-	441.61	80,181.53
50-42045	Vocancy Loan - Home Income	-	62,469.00	21,062.00
50-42300	Rental Income Appl Or Carrying	-	21,062.00	241,382.00
50-43010	Revised Operating Gifts	-	-	3,300.00
50-45110	Maintenance Income	-	-	5,000.00
50-45150	Interest-Managing Agency	-	-	438.74
50-45725	HDA Interest Income	-	-	3,376.76
50-72100	Salaries & Wages	-	480,137.49	480,137.49
50-72110	Accrued Vacation Pay	-	3,118.00	(3,118.00)
50-72155	Salaries & Wages - Other	-	22,655.30	(2,265.30)
50-72205	Employee Benefits - Medical	-	97,720.08	97,720.08
50-72206	Employee Benefits - Disability	-	1,323.33	1,323.33
50-72207	Employee Benefits - Dental	-	4,597.82	4,597.82
50-72210	Employee Benefits - Life	-	1,404.57	1,404.57
50-72215	Employee Benefits-Pension	-	26,204.74	26,204.74
50-72217	Employee Benefits-Paid From	-	9,400.99	1,623.87
50-72220	Employee Benefits - Other	-	17.51	17.51
50-72230	Medical Savings Plan-Matching	-	2,443.25	874.47
50-72240	Medical Savings Plan-Gr	-	3,481.16	1,911.25
50-72305	Payroll Taxes - Fca	-	35,265.61	35,265.61
50-72380	Payroll Taxes-SSA	-	4,889.78	4,889.78
50-72310	Payroll Taxes-Workmark Comp	-	5,266.78	5,266.78
50-72395	Payroll Taxes - Other	-	1,961.30	858.61
50-72405	Professional Fees-Program	-	6,587.38	434.46
50-72409	Professional Fees-Gen Liability	-	13,230.00	-
50-72413	Legal Expenses (Project)	-	87.00	87.00
50-72415	Professional Fees-Admin	-	1,237.43	173.61
50-72418	Advertising Expense	-	578.00	578.00
50-72420	Audit/Accounting Fees	-	16,000.00	16,000.00
50-72427	Notes Payable	-	8,844.54	8,844.52
50-72431	Activities - Events & Programs	-	3,373.54	27.68
50-72433	Marketing Expense	-	462.00	462.00
50-72437	Graphic Contract	-	1,423.24	1,027.90
50-72438	Security Payroll/Contract	-	162,702.52	148,083.41
50-72505	Supplies - Office	-	4,400.00	378.60
50-72510	Supplies - Building & Grounds	-	4,109.86	381.08
50-72512	Janitor & Cleaning Supplies	-	18,433.40	499.30
50-72514	Examination Supplies	-	1,603.48	1,603.48
50-72515	Supplies - Medical	-	1,381.50	88.74
50-72520	Supplies - Recreation & Crafts	-	1,711.88	87.01
50-72570	Food Purchases	-	74,845.57	5,853.02
50-72580	Supplies Other	-	8,448.59	611.71
50-72605	Telephone & Fax	-	5,741.40	779.84
50-72606	Cell Phones	-	6,879.86	2,691.81
50-72810	Computer Phone Line Charge	-	1,163.70	84.80
50-72850	Printing & Shipping	-	281.46	281.46
50-72812	Rent - Storage Fees	-	5,200.40	5,200.40
50-72814	Rent - Office Lease	-	4,627.00	1,027.00
50-72815	Building & Grounds	-	10,820.91	4,963.07
50-72817	Major Repairs Over \$5000	-	13,089.88	-
50-72818	Bltg & Furnire Repair & Maintenance	-	10,927.73	700.00
50-72830	Utilities-Cable	-	10,230.88	721.05
50-72835	Utilities-Electricity	-	37,208.59	8,839.78
50-72835	Utilities-Electricity	-	4,604.50	406.85
50-72842	Travel Maintenance Contract	-	910.26	910.26
50-72850	Misc Taxes Licenses & Permits	-	1,254.00	-
50-72910	Printing - Outside	-	100.00	100.00
50-72912	Minor Repairs/Replacement	-	14,290.65	1,065.46
50-72930	Auto Operating Costs	-	3,413.23	845.31
50-72940	Bishop Conway Vehicle Insurance	-	1,814.79	483.05
50-72950	Other Transportation	-	138.65	21.70
50-73040	Subscriptions & Memberships	-	393.35	393.35
50-73045	Subscriptions & Retiremen	-	1,079.00	1,079.00
50-73049	Membership Dues	-	1,236.65	1,236.65
50-73050	Char Support	-	293.87	391.87
50-74010	Expenses Not Reported	-	24,245.40	24,245.40
50-74210	Services	-	1,805.76	1,805.76
50-74215	HRM Agency Training	-	160.68	160.68
50-74297	Computer & Related Equipment	-	439.50	439.50
50-74330	Equipment Repair & Maintenance	-	41.95	41.95
50-74510	Depreciation - Building	-	188,988.25	188,988.25
50-74512	Depreciation - Building Improvements	-	30,822.01	30,822.01
50-74515	Depreciation - Land Improvement	-	3,937.88	3,937.88
50-74540	Depreciation - Contract	-	17,407.97	17,407.97
50-74611	Management & General	-	3,500.04	3,500.04
50-78010	Bank Fees	-	1,212.76	190.30
50-78014	Amortization Of Deferred Debt	-	1,260.99	1,260.99
50-78070	Bad Debt	-	303,787.52	35,343.77
50-79010	HDA Interest Expense	-	7,500.00	-
50-79012	Revised Expenses-Cash Charity	-	52,088.24	-
		0.00	6,431,389.61	6,431,389.61

Catholic Charities of the Archdiocese of Chicago
Income Statement
For the period ending December 31, 2017

50 - Cortland Manor LLC/Bishop Conway Residence

	Actual	Budget	Variance
Revenues			
50-41210 Government Sources - State	\$ 1,113,074	\$ 1,097,551	\$ 15,523
50-41216 Vacancy Loss - Public Aid Subsidy	(323,690)	(290,691)	(32,999)
50-41250 Government Sources - Food Costs	36,874	40,092	(3,218)
50-42120 Program Fees - Non Govt	79,770	83,046	(3,276)
50-42345 Vacancy Loss - Rental Income	(41,788)	(38,766)	(3,022)
50-42350 Rental Income Apts Or Caring	220,320	220,320	-
50-43310 Restricted Operating Gifts	3,300	-	3,300
50-45110 Miscellaneous Income	5,000	-	5,000
50-46150 Interest-Managing Agency	439	-	439
50-46725 IHDA Interest Income	2,377	558	1,819
Total Revenues	1,095,675	1,112,110	(16,435)
Expenses			
Payroll Expense			
Salaries and Wages	486,946	492,752	(5,806)
Employee Benefits	108,198	171,894	(63,696)
Retirement Benefits	34,118	77,569	(43,451)
Payroll Taxes	45,865	46,811	(946)
Total Payroll Expense	675,128	789,026	(113,900)
Other Expenses			
50-72405 Professional Fees-Program	6,173	5,202	971
50-72409 Professional Fee-Gen Liability	13,230	13,230	-
50-72413 Legal Expenses (Project)	875	750	125
50-72415 Professional Fees-Admin	1,528	1,510	18
50-72418 Advertising Expense	578	-	578
50-72420 Audit/Accounting Fees	15,000	14,500	500
50-72427 Nurse Registry	86,721	55,830	30,891
50-72431 Activities - Events & Programs	3,346	3,400	(54)
50-72433 Marketing Expense	495	3,700	(3,205)
50-72437 Grounds Contract	(1,703)	2,250	(3,953)
50-72438 Security Payroll/Contract	148,093	148,500	(407)
50-72505 Supplies - Office	3,845	4,000	(155)
50-72510 Supplies - Building & Grounds	3,729	7,000	(3,271)
50-72512 Janitor & Cleaning Supplies	17,934	15,000	2,934
50-72514 Exterminating Supplies	1,663	2,961	(1,298)
50-72515 Supplies - Medical	1,303	2,000	(697)
50-72520 Supplies - Recreation & Crafts	1,625	3,500	(1,875)
50-72570 Food Purchases	68,952	66,795	2,157
50-72580 Supplies-Other	7,857	7,000	857
50-72605 Telephone & Fax	4,361	5,550	811
50-72606 Cell Phones	4,286	2,880	1,406
50-72610 Computer Phone Line Charge	1,019	1,039	(20)
50-72660 Postage & Shipping	200	200	0
50-72812 Rent - Storage Fees	5,209	5,278	(69)
50-72814 Rent - Outside Lease	3,600	3,600	-
50-72815 Building & Grounds	5,522	9,000	(3,478)
50-72817 Major Repairs Over \$5000	13,090	12,000	1,090
50-72818 Bldg & Fixtures Repair & Maintenance	9,328	11,000	(1,672)
50-72825 Utilities-Water	-	3,000	(3,000)
50-72830 Utilities-Gas	9,609	8,719	890
50-72835 Utilities-Electricity	27,369	24,128	3,241
50-72841 Garbage & Trash Removal	4,248	5,000	(752)
50-72842 Elevator Maintenance Contract	9,104	5,200	3,904
50-72880 Misc Taxes Licenses & Permits	1,554	1,500	54
50-73210 Mileage Reimbursement	2,125	1,800	325
50-73230 Auto Operating Costs	2,567	7,000	(4,433)
50-73240 Bishop Conway Vehicle Insurance	1,333	800	533
50-73250 Other Transportation	117	350	(233)
50-73402 Subscriptions & Memberships	364	325	39
50-73450 Membership Dues	1,227	1,100	127
50-73502 Client Support	302	100	202
50-74210 Seminars	1,806	2,500	(694)
50-74215 Intra Agency Training	191	400	(209)
50-74307 Computer & Related Equipment	440	3,000	(2,560)
50-74510 Depreciation - Building	136,096	136,096	0
50-74512 Depreciation - Building Improvements	20,893	11,229	9,664
50-74514 Depreciation - Land Improvement	3,980	3,980	(0)
50-74542 Depreciation - Cortland	17,408	19,172	(1,764)
50-74611 Management & General	3,500	11,723	(8,223)
50-78010 Bank Fees	1,016	750	266
50-78014 Amortization Of Deferred Debt	1,366	1,366	(0)
50-78070 Bad Debts	268,424	-	268,424
50-79010 IHDA Interest Expense	7,500	7,500	-
50-79012 Interest Expense-Cath Charity	52,098	52,098	0
Total Other Expenses	1,003,375	715,411	287,964
Total Expenses	1,678,503	1,504,437	174,064
NET SURPLUS/(DEFICIT)	\$ (582,828)	\$ (392,327)	\$ (190,499)

Catholic Charities of the Archdiocese of Chicago
Balance Sheet
As of December 31, 2017

50 - Cortland Manor LLC./Bishop Conway Residence

Assets

50-10275	MB Financial - Bishop Conway Residence	\$ 18,669
50-10276	MB Financial - Cortland Manor LLC	32,521
50-10550	Petty Cash	1,000
50-11610	Accounts Receivable-Tenants	1,862
50-11615	Accrued Accounts Receivable	789,498
50-11896	Reserve/Uncollected Accounts	(213,906)
50-12520	Prepaid Expense	4,132
50-14180	IHDA Insurance Escrow	28,580
50-14181	IHDA Operating Reserve Escrow	139,159
50-14183	IHDA Replacement Reserve Escrow	172,530
50-14184	IHDA Rent Up Reserve	30,112
50-15575	Deferred Tax Credit Fees	35,991
50-15577	Accumulated Amortization	(55,684)
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	5,483,363
50-16873	Furniture & Fixtures	356,407
50-16887	Autos	58,436
50-17100	Accumulated Depreciation - Buildings	(2,040,805)
50-17150	A/D Autos	(58,436)
50-17215	Accumulated Depreciation - Land Improvements	(57,708)
50-17275	Accumulated Depreciation - Furniture & Equipment	(298,057)
Total Assets		<u>\$ 5,046,953</u>

Liabilities and Fund Balance

Liabilities

50-20110	Accrued Accounts Payable	\$ 23,736
50-20125	Accrued Payroll	12,077
50-20140	Unpaid Construction Cost	64,000
50-20490	Accrued Vacation Payable	14,986
50-21010	Accounts Payable Trade	51,457
50-22110	Accrued Interest Payable	726,065
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	3,466,327
Total Liabilities		<u>6,397,806</u>

Fund Balance

50-30110	Managing Member Capital Account	105,691
50-30115	Investor Member Capital Account	4,092,203
50-30117	Syndication Costs	(90,106)
50-30200	Retained Surplus/(Deficit)	(5,458,641)
Total Fund Balance		<u>(1,350,853)</u>

Total Liabilities and Fund Balance		<u>\$ 5,046,953</u>
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