

# Corporate Accountability for Tax Expenditures Act 93-552

## Annual Project Progress Reports for 2015

Caidan Enterprises, Inc. and its subsidiaries

Chicago

### I. Development Assistance Agreements Awarded in 2013

	Assistance Amount	Agreement Number
EDGE Tax Credit	158,310.48	ZC ZCA833

### II. Organization/Project Site Information

Chief Officer or authorized designee	Michael Cotton
Title	President/COO
Address	1 Campus Martius, Suite 700
	Detroit, MI 48226
	USA
Phone	3133243700
E-mail	Michael.cotton@mhplan.com
Standard Industrial Classification Number (SIC#)	6321
North American Industry Classification System (NAICS)	524114

III. Did the recipient's use of the State Funding reduce employment at any other site in Illinois? No

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### IV. Job Creation and Retention Data

**Program Type** EDGE Tax Credit

**Agreement Number** ZC ZCA833

**Assistance Amount** 158,310.48

Report Header Definitions	
Wages	Average Annual Salary by Classifications
Full-Time	Permanent Full-Time
+/-	Gain or (Loss)

### Number of Employees At the Time of Application

Job Classification	Avg Annual Salary	Positions	Full-Time	Part-Time	Temporary
First/Mid-Level Officers & Managers	0.00	0	0	0	0
Administrative Support Workers	65000.00	1	1	0	0
Executive/Senior-Level Officers	165350.00	4	4	0	0
Insurance Professionals	72800.00	1	1	0	0
Care Coordinator-Team Leads	0.00	0	0	0	0
Care Coordinators	0.00	0	0	0	0
<b>Totals:</b>		<b>6</b>	<b>6</b>	<b>0</b>	<b>0</b>

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#### Number of Employees As of the Date of the Report (12/31/2015)

Job Classification	Avg Annual Salary	Positions	Full-Time	+/-	Part-Time	+/-	Temporary	+/-
First/Mid-Level Officers & Managers	81924.81	6	6	6	0	0	0	0
Administrative Support Workers	37284.00	2	2	1	0	0	0	0
Executive/Senior-Level Officers	182507.60	7	7	3	0	0	0	0
Insurance Professionals	54463.03	47	47	46	0	0	0	0
Care Coordinator-Team Leads	64227.33	9	9	9	0	0	0	0
Care Coordinators	49623.48	36	36	36	0	0	0	0
<b>Totals:</b>		<b>107</b>	<b>107</b>	<b>101</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### Number of Jobs Stated in the Agreement that would be Created at the Site as a Result of Assistance

Job Classification	Avg Annual Salary	Positions	Full-Time	Part-Time	Temporary
Executive/Senior-Level Officers	115000.00	3	3	0	0
First/Mid-Level Officers & Managers	62917.00	12	12	0	0
Administrative Support Workers	35000.00	2	2	0	0
Insurance Professionals	45260.00	25	25	0	0
Care Coordinator- Team Leads	45000.00	11	11	0	0
Care Coordinators	38000.00	34	34	0	0
Benefits Consultants	40000.00	10	10	0	0
<b>Totals:</b>		<b>97</b>	<b>97</b>	<b>0</b>	<b>0</b>

#### Number of Jobs Stated in the Agreement that would be Retained at the Site as a Result of Assistance

Job Classification	Avg Annual Salary	Positions	Full-Time	Part-Time	Temporary
NONE	0.00	0	0	0	0
<b>Totals:</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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### Number of Full-Time Permanent Employees Anticipated To Be Hired at this Site on 12/31/2015

Job Classification	Anticipated Starting Dates	Number of Positions to be Hired in this Category	Average Annual Wage per New Employee	Total New Payroll to be Created
First/Mid-Level Officers & Managers	12/1/2016	3	\$91,666.67	\$275,000.01
Insurance Professionals	12/1/2016	23	\$52,972.17	\$1,218,359.91
Care Coordinator-Team Leads	12/1/2016	3	\$48,833.33	\$146,499.99
Care Coordinators	12/1/2016	20	\$42,500.00	\$850,000.00
<b>Totals:</b>		<b>49</b>		<b>\$2,489,859.91</b>

### Job Creation Data Explanatory Notes

If the change (gain/loss) in the number of full-time permanent employees as of the date of the report plus the number of full-time permanent employees anticipated to be hired after date of the report does not equal the number of full-time permanent employees stated in the Agreement that would be created at the site as a result of the assistance, then please explain why not:

Our organization hired more employees than required by the agreement.

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I, Erin Howe, as the chief officer or authorized designee of the recipient, verify that the information in the progress report contains no knowing misrepresentation of material facts upon which eligibility for development assistance is based. I further certify that, to the best of my knowledge, the recipient is in compliance with the development assistance agreement(s) between, or on behalf of, the recipient and the Illinois Department of Commerce and Economic Opportunity and/or the Illinois Department of Transportation and/or the office of the Illinois State Treasurer

**Signature on File**

\_\_\_\_\_  
Signature

**5/11/2016**

\_\_\_\_\_  
Date

**Manager of Finance**

\_\_\_\_\_  
Title