



Facility Name & ID Number Marian Ctr for Adult Resid

# 0029876 Report Period Beginning: July 1, 2014 Ending: June 30, 2015

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds \_\_\_\_\_

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	153	Intermediate/DD	153	54,859	4
5		Sheltered Care (SC)			5
6	188	ICF/DD 16 or Less	188	68,130	6
7	341	TOTALS	341	122,989	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment			
		Medicaid Recipient	Private Pay	Other	
8	SNF				8
9	SNF/PED				9
10	ICF				10
11	ICF/DD	52,138	365		52,503
12	SC				12
13	DD 16 OR LESS	61,032	730		61,762
14	TOTALS	113,170	1,095		114,265

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.91%

D. How many bed-hold days during this year were paid by the Department? 8,724 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
Adult Vocational Training, 10 CILA homes, CLF and CCI

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES  NO

I. On what date did you start providing long term care at this location?  
Date started Various

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date \_\_\_\_\_ NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified \_\_\_\_\_ and days of care provided \_\_\_\_\_

Medicare Intermediary \_\_\_\_\_

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: June 30, 2015 Fiscal Year: June 30, 2015

\* All facilities other than governmental must report on the accrual basis.

Facility Name &amp; ID Number

Marian Ctr for Adult Resid

# 0029876

Report Period Beginning:

July 1, 2014

Ending:

June 30, 2015

**V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)**

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	607,574	267,169	38,406	913,149		913,149	(302,870)	610,279		1
2	Food Purchase		1,730,027		1,730,027		1,730,027	(479,617)	1,250,410		2
3	Housekeeping	647,880	226,970	333,028	1,207,878		1,207,878	(670,792)	537,086		3
4	Laundry	177,115	42,334		219,449		219,449	(101,033)	118,416		4
5	Heat and Other Utilities			1,145,095	1,145,095		1,145,095	(544,869)	600,226		5
6	Maintenance	936,181	213,380	1,110,845	2,260,406		2,260,406	(868,707)	1,391,699		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	2,368,750	2,479,880	2,627,374	7,476,004		7,476,004	(2,967,888)	4,508,116		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			25,000	25,000		25,000	(9,919)	15,081		9
10	Nursing and Medical Records	2,197,743	732,742	42,107	2,972,592		2,972,592	(349,914)	2,622,678		10
10a	Therapy	14,261,979	22,558	72,528	14,357,065		14,357,065	(2,638,462)	11,718,603		10a
11	Activities	460,412	29,112	12,129	501,653		501,653	(105,474)	396,179		11
12	Social Services	256,951	1,164	16,379	274,494		274,494	(12,078)	262,416		12
13	CNA Training	124,424	4,143		128,567		128,567	(44,331)	84,236		13
14	Program Transportation		138,933		138,933		138,933	(72,003)	66,930		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	17,301,509	928,652	168,143	18,398,304		18,398,304	(3,232,180)	15,166,124		16
	<b>C. General Administration</b>										
17	Administrative	501,571	1,137		502,708		502,708	(183,769)	318,939		17
18	Directors Fees										18
19	Professional Services			216,285	216,285		216,285	(77,247)	139,038		19
20	Dues, Fees, Subscriptions & Promotions			151,357	151,357		151,357	(104,414)	46,943		20
21	Clerical & General Office Expenses	1,299,527	218,055	107,002	1,624,584		1,624,584	(704,664)	919,920		21
22	Employee Benefits & Payroll Taxes			6,993,997	6,993,997		6,993,997	(2,467,544)	4,526,453		22
23	Inservice Training & Education										23
24	Travel and Seminar			17,667	17,667		17,667	(7,654)	10,013		24
25	Other Admin. Staff Transportation		1,527		1,527		1,527	(1,527)	0		25
26	Insurance-Prop.Liab.Malpractice			336,462	336,462		336,462	(325,360)	11,102		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	1,801,098	220,719	7,822,770	9,844,587		9,844,587	(3,872,178)	5,972,409		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	21,471,357	3,629,251	10,618,287	35,718,895		35,718,895	(10,072,246)	25,646,649		29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			3,526,934	3,526,934	3,526,934	(1,486,035)	2,040,899				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			15,395	15,395	15,395	(15,395)					32
33	Real Estate Taxes			9,719	9,719	9,719	(9,719)	(0)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			3,552,048	3,552,048	3,552,048	(1,511,149)	2,040,899				37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	4,556,256	873,474	6,789	5,436,519	5,436,519	(5,429,033)	7,486				39
40	Barber and Beauty Shops			1,869	1,869	1,869		1,869				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			1,368,334	1,368,334	1,368,334		1,368,334				42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>	4,556,256	873,474	1,376,992	6,806,722	6,806,722	(5,429,033)	1,377,689				44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	26,027,613	4,502,725	15,547,327	46,077,665	46,077,665	(17,012,428)	29,065,237				45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

**VI. ADJUSTMENT DETAIL**

**A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.**

**In column 2 below, reference the line on which the particular cost was included. (See instructions.)**

		1	2	3	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs	(109,979)	10a		3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	139,667	30		9
10	Interest and Other Investment Income	(15,395)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(845)	21		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ 13,448		\$	30

**B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)**

		1	2	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ 13,448		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

**C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)**

		1	2	3	4	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

<b>BHF USE ONLY</b>						
48		49		50		51
						52

## Marian Ctr for Adult Resid

ID# 0029876

Report Period Beginning: July 1, 2014

Ending: June 30, 2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Expenses reimbursed from other sources:	\$		1
2	Dietary Wages, supplies and other	(302,870)	1	2
3	Food Supplies	(479,617)	2	3
4	Housekeeping Wages, Supplies	(670,792)	3	4
5	Laundry supplies	(101,033)	4	5
6	Heat and Other Utilities	(544,869)	5	6
7	Maintenance Wages, Supplies and Other	(845,037)	6	7
8	Medical Director	(9,919)	9	8
9	Nursing/Med Records Wages, Supplies and Other	(349,914)	10	9
10	Therapy Wages, Supplies and Other	(2,528,483)	10a	10
11	Activities Wages, Supplies and Other	(105,474)	11	11
12	Social Services Wages, Supplies and Other	(12,078)	12	12
13	Training	(44,331)	13	13
14	Program Transportation Other	(72,003)	14	14
15	Administrative Wages, Supplies and other	(173,025)	17	15
16	Professional Services	(76,476)	19	16
17	Dues, Fees, Subscriptions & Promotions	(91,632)	20	17
18	Clerical Wages, Supplies and Other	(703,819)	21	18
19	Employee Benefits & Payroll Taxes	(2,460,270)	22	19
20	Travel & Seminar	(7,654)	24	20
21	Other Admin Staff Transportation	(1,527)	25	21
22	Insurance	(325,360)	26	22
23	Depreciation	(1,607,107)	30	23
24	Ancillary Service Centers Salaries and Supplies	(5,417,325)	39	24
25	Real Estate taxes	(9,719)	33	25
26	Other employee benefits	(7,274)	22	26
27	Donated Administrator's salary	(10,744)	17	27
28	Subscription	(967)	20	28
29	Off-site recreational facility costs	(9,732)	39	29
30	Off-site recreational facility depreciation	(1,886)	30	30
31	Loss on disposal	(6,284)	6	31
32	Investment fees	(7,752)	20	32

33	Depreciation on donated equipment	(16,709)	30	33
34	Donated services	(17,386)	6	34
35	Dental	(1,976)	39	35
36	IDPH fee	(4,063)	20	36
37	Legal fees for CILA program	(771)	19	37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(17,025,876)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Marian Ctr for Adult Resid# 0029876

Report Period Beginning:

July 1, 2014

Ending:

June 30, 2015

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(302,870)	0	0	0	0	0	0	0	0	0	0	(302,870)	1
2	Food Purchase	(479,617)	0	0	0	0	0	0	0	0	0	0	(479,617)	2
3	Housekeeping	(670,792)	0	0	0	0	0	0	0	0	0	0	(670,792)	3
4	Laundry	(101,033)	0	0	0	0	0	0	0	0	0	0	(101,033)	4
5	Heat and Other Utilities	(544,869)	0	0	0	0	0	0	0	0	0	0	(544,869)	5
6	Maintenance	(868,707)	0	0	0	0	0	0	0	0	0	0	(868,707)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(2,967,888)</b>	<b>0</b>	<b>(2,967,888)</b>	<b>8</b>									
	<b>B. Health Care and Programs</b>													
9	Medical Director	(9,919)	0	0	0	0	0	0	0	0	0	0	(9,919)	9
10	Nursing and Medical Records	(349,914)	0	0	0	0	0	0	0	0	0	0	(349,914)	10
10a	Therapy	(2,638,462)	0	0	0	0	0	0	0	0	0	0	(2,638,462)	10a
11	Activities	(105,474)	0	0	0	0	0	0	0	0	0	0	(105,474)	11
12	Social Services	(12,078)	0	0	0	0	0	0	0	0	0	0	(12,078)	12
13	CNA Training	(44,331)	0	0	0	0	0	0	0	0	0	0	(44,331)	13
14	Program Transportation	(72,003)	0	0	0	0	0	0	0	0	0	0	(72,003)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>(3,232,180)</b>	<b>0</b>	<b>(3,232,180)</b>	<b>16</b>									
	<b>C. General Administration</b>													
17	Administrative	(183,769)	0	0	0	0	0	0	0	0	0	0	(183,769)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(77,247)	0	0	0	0	0	0	0	0	0	0	(77,247)	19
20	Fees, Subscriptions & Promotions	(104,414)	0	0	0	0	0	0	0	0	0	0	(104,414)	20
21	Clerical & General Office Expenses	(704,664)	0	0	0	0	0	0	0	0	0	0	(704,664)	21
22	Employee Benefits & Payroll Taxes	(2,467,544)	0	0	0	0	0	0	0	0	0	0	(2,467,544)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(7,654)	0	0	0	0	0	0	0	0	0	0	(7,654)	24
25	Other Admin. Staff Transportation	(1,527)	0	0	0	0	0	0	0	0	0	0	(1,527)	25
26	Insurance-Prop.Liab.Malpractice	(325,360)	0	0	0	0	0	0	0	0	0	0	(325,360)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(3,872,178)</b>	<b>0</b>	<b>(3,872,178)</b>	<b>28</b>									
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(10,072,246)</b>	<b>0</b>	<b>(10,072,246)</b>	<b>29</b>									

## STATE OF ILLINOIS

Facility Name & ID Number Marian Ctr for Adult Resid# 0029876

Report Period Beginning:

July 1, 2014 Ending:

Summary B

June 30, 2015

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(1,486,035)	0	0	0	0	0	0	0	0	0	0	(1,486,035)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(15,395)	0	0	0	0	0	0	0	0	0	0	(15,395)	32
33	Real Estate Taxes	(9,719)	0	0	0	0	0	0	0	0	0	0	(9,719)	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(1,511,149)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,511,149)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(5,429,033)	0	0	0	0	0	0	0	0	0	0	(5,429,033)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>(5,429,033)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(5,429,033)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(17,012,428)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(17,012,428)</b>	<b>45</b>

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Monsignor Michael Boland	BOD					
S. Rosemary Connelly	BOD			The Catholic Bishop of Chicago, through provisions in Misericordia's		
Fr. John Clair	BOD			By-Laws and Catholic Charities, by virtue of a majority of		
John Dyer	BOD			Board membership, qualify as related organization because		
Rob Figliulo	BOD			each has the ability to influence Misericordia's Operating policy.		
Margaret Houlihan Smith	BOD			Misericordia Home, an equal opportunity employer and provider		
Robert Soudan	BOD			of service, is separately incorporated and independantly funded.		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.  YES  NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V			Certain costs, primarily related to insurance and/or construction, may				2
3	V			be paid to either Catholic Charities or the Archdiocese of Chicago. Such costs are paid to				3
4	V			these organizations on a pass-through basis, as part of our participation in collective purchasing				4
5	V			groups. Our share of costs are ultimately paid to external providers not related to us.				5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2	Philip O'Connor	BOD						2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Marian Ctr for Adult Resid # 0029876 Report Period Beginning: July 1, 2014 Ending: June 30, 2015

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	S. Rosemary Connelly	Executive Director	Oversees Misericordia			50	100.00	Salary	\$ 44,173	17
2										2
3										3
4	Note that S. Rosemary Connelly's salary is allocated between Development & Community Relations and Program MG&A ( MG&A portion is further allocated									4
5	between Misericordia North & McAuley).									5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$ 44,173	13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Marian Ctr for Adult Resid

# 0029876 Report Period Beginning: July 1, 2014

Ending: ne 30, 2015

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

Facility Name & ID Number

Marian Ctr for Adult Resid

# 0029876

Report Period Beginning:

July 1, 2014 Ending:

June 30, 2015

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

**A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

1	2	3	4	5	6		8	9	10									
					Name of Lender	Related**				Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
						YES							NO	Original				Balance
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1						\$				\$								
2																		
3																		
4																		
5																		
<b>Working Capital</b>																		
6																		
7																		
8																		
9	<b>TOTAL Facility Related</b>					\$	\$			\$								
<b>B. Non-Facility Related*</b>																		
10																		
11																		
12																		
13																		
14	<b>TOTAL Non-Facility Related</b>					\$	\$			\$								
15	<b>TOTALS (line 9+line14)</b>					\$	\$			\$								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ \_\_\_\_\_ Line # \_\_\_\_\_

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)**

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1.	Real Estate Tax accrual used on 2014 report.	\$			1
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$			2
3.	Under or (over) accrual (line 2 minus line 1).	\$			3
4.	Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)	\$			4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>	\$			5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>	\$			6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$			7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2010	_____	8	
		2011	_____	9	
		2012	_____	10	
		2013	_____	11	
		2014	_____	12	
<b>FOR BHF USE ONLY</b>					
		13	FROM R. E. TAX STATEMENT FOR 2014 \$		13
		14	PLUS APPEAL COST FROM LINE 5 \$		14
		15	LESS REFUND FROM LINE 6 \$		15
		16	AMOUNT TO USE FOR RATE CALCULATION \$		16

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

## 2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Marian Ctr for Adult Resid COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0029876

CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2014 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2014.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	_____	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		<b>TOTALS</b>	\$ <u>_____</u>	\$ <u>_____</u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?                 YES                 NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home.  
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

**PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.**

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 574,069 B. General Construction Type: Exterior Brick Frame Masonry Number of Stories \_\_\_\_\_

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Day Training Facility - approximately 69,164 square feet with 552 participants.

Shannon Apartments- approximately 68,000 square feet with 54 participants.

10 CILAs - approximately 37,075 square feet with 60 participants.

CCI facilities - approximately 13,459 square feet with 7 residents.

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_

3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2					2
3	TOTALS			\$	3

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	48			2010	\$ 10,387,773	\$ 415,694	25	\$ 415,694	\$	\$ 1,937,790	4
5	32			2001	2,986,215	149,185	20	149,185		2,337,333	5
6	53			1998	3,355,398	161,836	20	161,836		2,950,808	6
7	99			1987	3,318,816		20	107,536	107,536	3,318,816	7
8	108			1983	2,947,366		30			2,947,366	8
	<b>Improvement Type**</b>										
9	<b>MCGOWAN</b>										
10				1998	38,093	847	10 20	847		35,975	9
11				1999	54,826	1,983	10 15 20 25	1,983		46,442	10
12				2000	138,885	4,615	5 15 25	4,615		137,679	11
13				2001	9,900		10			9,900	12
14				2003	2,584	185	15	185		2,121	13
15				2004	2,098	140	15	140		1,609	14
16				2005	21,731	1,110	10 15 20	1,110		13,022	15
17				2008	387	26	15	26		172	16
18				2009	5,768	270	20 25	270		1,513	17
19				2010	3,121	125	25	125		614	18
20				2012	166,537	11,102	15	11,102		34,232	19
21				2012	3,730	186	20	186		575	20
22				2013	77,295	4,006	20	4,006		11,313	21
23	<b>CONNELLY</b>										
24				2002	24,720	1,031	10 15 20	1,031		18,914	22
25				2003	35,159	2,034	10 15 20	2,034		26,361	23
26				2004	51,829	3,383	10 15	3,383		39,990	24
27				2005	15,937	1,125	10 15	1,125		11,672	25
28				2006	65,859	4,968	10 15	4,968		45,097	26
29				2007	5,660	377	15	377		3,113	27
30				2012	4,523	226	20	226		735	28
31				2012	12,448	622	20	622		1,919	29
32				2013	1,895	189	15	189		411	30
33				2014	5,470	547	10	547		957	31
34	<b>HOLBROOK</b>										
35				1999	204,093	9,816	10 20	9,816		169,737	32
36											33

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Marian Ctr for Adult Resid

# 0029876

Report Period Beginning:

July 1, 2014 Ending: June 30, 2015

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Carpentry Elevator Fire Alm Whirlpool Boiler Plmbg	2000	\$ 378,110	\$ 12,628	10 20	\$ 12,628	\$	\$ 367,142	37
38	Top Soil Seed Straw Rotate Fire Hydrant	2001	3,439	125	10 15	125		3,377	38
39	Wall Partitions Door Wallguard Replace Sel Priming	2002	4,846	305	15 20	305		4,120	39
40	Replace Roof-Downpayment Sprinkler	2003	20,029	432	10 15	432		18,950	40
41	Roof Replacement-Final Pyt Sprinkler Recall Cabinets	2004	58,578	779	10 15	779		55,853	41
42	Tile Saniglaze Planning Carpeting Labor	2005	32,685	1,848	5 10 15 20	1,848		19,120	42
43	Carpeting and labor	2006	8,585	403	5 15	403		6,437	43
44	Air Conditioning Improvement	2007	23,460	1,564	5 10	1,564		12,903	44
45	Tile Repairs and wallguards	2008	16,266	257	10	257		14,405	45
46	Install New Boiler-Replacement	2009	27,842	2,784	15	2,784		18,562	46
47	Vinyl Flooring Entrance Mat & Labor	2011	2,767	277	15	277		1,130	47
48	Flooring Lobby Mat & Labor	2011	560	37		37		152	48
49	Concrete Patio Mat & Labor	2012	3,000	200		200		800	49
50	<b>MARIAN CENTER</b>								50
51	Storm Screens Electrical Work Elevator Infirmary Renov	1988	43,957		10 15 20			43,957	51
52	Repairs Changes to Fire Protection	1991	17,102	542	10 15 20	542		16,831	52
53	Plumbing and Mechanical Renovation	1992	32,910		10 15 20			32,910	53
54	Plumbing and Mechanical Renovation	1993	11,890		10 15 20			11,890	54
55	Plumbing and Mechanical Renovation Insulation Work	1994	23,898	219	10 15 20	219		23,131	55
56	Insulation Work Wallpaper Painting Upholstery	1995	29,280	123	10 15 20	123		28,728	56
57	Insulation Work Heat Repair HVAC Shade Valance Camera	1996	16,882	305	10 15 20	305		15,981	57
58	Construction Clean Duct Fire Protection Elevator	1997	20,215	905	10 15 20	905		16,748	58
59	Wood Door Construction Mngt	1998	27,429	1,254	10 15 20	1,254		24,293	59
60	Flooring Hand Rail Wallcovering Construction Salaries	1999	232,174	500	10 15 20	500		230,424	60
61	Carpentry State Deficiencies Constr Boiler Repair	2000	314,439	10,310	10 15 20	10,310		307,774	61
62	Shower Boiler Repair Overhaul Fire Door Med Cart Cabinets	2001	35,077	1,301	10 15 20	1,301		30,540	62
63	Ejection Pump Repair State Deficiencies Renovation	2002	102,867	6,858	10 15 20	6,858		92,580	63
64	State Deficiencies Repairs	2003	7,536	502	10 15 20	502		6,280	64
65	Skylights Windows Wall Pads Door Rep Smk Detector	2004	40,378	1,010	10 15 20	1,010		33,094	65
66	Drywall Cabinets Vinyl Flooring Shower Install Plaster Labor	2005	39,430	1,613	10 15 20	1,613		37,960	66
67	Ductwork Plaster Repair Fire Panel Labor Woodplank Flooring	2006	28,002	1,814	10 15 20	1,814		16,375	67
68	Flooring Cabinets Kitchen Counter Tops Plastering Chiller H2O System	2007	260,802	18,547	10 15 20	18,547		151,586	68
69	Flooring Cabinets Kitchen Counter Tops	2008	116,350	8,284	10 15 20	8,284		57,119	69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 25,928,901	\$ 851,352		\$ 958,888	\$ 107,536	\$ 15,807,334	70

\*\*Improvement type must be detailed in order for the cost report to be considered complete

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 25,928,901	\$ 851,352		\$ 958,888	\$ 107,536	\$ 15,807,334	1
2	Flooring Mat&Labor, install paver, cabinetry	2009	233,168	17,063	10 15 20	17,063		105,795	2
3	Cabinetry and flooring	2010	153,989	10,682	10 15 20	10,682		54,710	3
4	Chamoise Drywall Vinyl Flooring Apt 104 1st Flr Office Labor Floor I	2011	11,446	1,438	10 15 20	1,438		6,364	4
5	Facility Management Fees-Renovation Labor	2011	12,945	863	10 15 20	863		3,542	5
6	Cabinetry Apt 205 Electrical Work Mat & Labor	2011	37,314	2,488	10 15 20	2,488		10,119	6
7	Mat&Labor Electrical Kitchen Sink Ceiling Tiles Apt 204	2011	16,785	905	10 15 20	905		3,534	7
8	F Mgmt Fees Renovation Fire Alarm Misc Labor Demolition Work	2011	17,515	1,190	10 15 20	1,190		4,518	8
9	Vinyl Flooring Mat&Labor Apt 204 Floor Extension in Hallway	2011	14,654	1,465	10 15 20	1,465		5,557	9
10	Facility Management Fees Renovation	2012	1,754	175	10 15 20	175		599	10
11	Additional Roofs Mat&Labor	2012	45,000	4,500	10 15 20	4,500		14,625	11
12	Install Conduit Apt 105&205	2012	3,955	198	10 15 20	198		626	12
13	Two Fire Ratef Steel Door Mat&Labor	2012	4,284	214	10 15 20	214		643	13
14	Cooling Upgrades and Delta Control Pumps	2012	117,106	11,711	10 15 20	11,711		36,108	14
15	MED CARTCABINETS MODIFICATION-MC (10 APT)	2013	2,900	290	10 15 20	290		870	15
16	Install Flooring	2013	27,335	2,733	10 15 20	2,733		7,111	16
17	New Window project	2013	283,791	18,919	10 15 20	18,919		47,299	17
18	Install vanity cabinets	2013	5,695	380	10 15 20	380		981	18
19	Fire Upgrade- Smoke Compartment	2013	54,702	5,474	10 15 20	5,474		13,188	19
20	Repair Roof using Elastromeric roof coating	2014	8,700	967	10 15 20	967		1,853	20
21	Sprinklers	2014	4,638	186	10 15 20	186		356	21
22	Tear off and replace shingels on roof	2014	18,500	1,850	10 15 20	1,850		2,158	22
23	<b>BRACH VILLAGE HOME</b>								23
24	Misc. Additions	1984	5,297		29			5,297	24
25	Misc. Additions	1985	1,222		28			1,222	25
26	Fire Sprinklers	1989	1,709		25			1,709	26
27	Alluminum Siding Fascua DownSpouts	1991	3,827		20			3,827	27
28	Alluminum Siding	1992	398		20			398	28
29	Redecoration	1995	13,014		10			13,014	29
30	Reupholstery	1997	895		10			895	30
31	Roofing Repairs Flooring Entrance	1999	4,182		10			4,182	31
32	Carpentry	2000	1,622	54	10	54		1,622	32
33	Install Remove Vanities Planning Cooktops Cabinets	2002	16,520	524	10 15	524		15,734	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 27,053,761	\$ 935,621		\$ 1,043,157	\$ 107,536	\$ 16,175,790	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

Facility Name &amp; ID Number Marian Ctr for Adult Resid

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 27,053,761	\$ 935,621		\$ 1,043,157	\$ 107,536	\$ 16,175,790	1
2	Cabinets Install Door/Frames Vinyl Flooring Countertops	2004	40,167	2,461	10 15	2,461		31,553	2
3	Install Vinyl Shutter Fiber Gls Door Carpet Kitchen Bath Rehab	2005	20,111	524	10 15	524		16,056	3
4	Bathroom Repair Labor	2006	2,188	146	10 15	146		1,349	4
5	Repair due to lightning Strike-Protecting Panel	2008	387	26	15	26		172	5
6	Computer wiring	2009	1,253	83	15	83		503	6
7	Flooring Stairwell Carpet Vinyl Living Dining 2nd Flr and Bathroom r	2010	23,674	2,078	5 10 15	2,078		11,230	7
8	Electrical Wiring	2011	791	40	20	40		172	8
9	Replace Roof Mat & Labor	2011	10,700	1,070	10	1,070		4,369	9
10	Flooring	2011	7,640	509	15	509		2,164	10
11	Bathroom Renovation	2011	15,905	1,590	10	1,590		6,362	11
12	Facility Management Fees	2011	124	8	15	8		30	12
13	Remodel Bathroom Replace Trim Electric Wiring	2012	7,550	755	10	755		2,454	13
14	Wardrobe Cabinets in 4 bedrooms	2012	11,541	769	15	769		2,436	14
15	Renovation of Laundry room and Bathroom	2013	4,245	425	10	425		1,132	15
16	<b>MAHONEY VILLAGE HOME</b>								16
17	Misc. Additions	1985	4,007		29			4,007	17
18	Fire Sprinklers	1989	1,709		25			1,709	18
19	Alluminum Siding Fascia Downspout	1991	3,827		20			3,827	19
20	Balance Siding	1992	398		20			398	20
21	Redecoration	1995	14,846		10			14,846	21
22	Repair Wood Post	1996	400		8			400	22
23	Drapes Repair Heater Plumbing Install Lights	1999	6,023	50	10 20	50		5,848	23
24	Carpentry	2000	1,622	54	15	54		1,622	24
25	Replace Flooring Roof Install/Remove Vanities Planning	2002	50,444	752	10 15	752		49,316	25
26	Replace Flooring Kitchen Cabinet Sink Countertops	2003	32,254	1,888	10 15 20	1,888		26,797	26
27	Kitchen Back Splashes Install Door/Frames	2004	17,942	1,196	15	1,196		13,755	27
28	Vinyl Shutters Decoria Fiber Gls Door Kitchen Bath Rehab	2005	17,392	695	5 10 15 20	695		13,398	28
29	Repair Due to Lightning Strike Protecting Panels	2008	387	26	15	26		172	29
30	Wiring Internet Connection	2009	975	65	15	65		401	30
31	Bathroom Renovation Vanities Cabinet	2010	5,136	514	10	514		2,482	31
32	Electrical Feed Wiring	2011	2,337	117	20	117		516	32
33	Flooring	2011	13,650	910	15	910		3,716	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 27,373,382	\$ 952,372		\$ 1,059,908	\$ 107,536	\$ 16,398,983	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 27,373,382	\$ 952,372		\$ 1,059,908	\$ 107,536	\$ 16,398,983	1
2	Bathroom Renovation	2011	13,228	1,305	10 15	1,305		4,995	2
3	Bathroom Remodelling	2012	4,410	441	10	441		1,507	3
4	Wardrobe Cabinets	2012	8,655	577	15	577		1,827	4
5	Bathroom Renovation	2013	4,072	407	10	407		848	5
6	<b>SHANNON VILLAGE HOME</b>								6
7	Misc. Additions	1985	73,264		29			73,264	7
8	Misc. Additions	1987	3,000		27			3,000	8
9	Fire Sprinklers, repair on mech heating	1990	3,513		25			3,513	9
10	Alluminum Siding Fascia Downspout	1991	3,827		20			3,827	10
11	Balance Siding	1992	398		20			398	11
12	Redecoration and install office	1995	21,503	148	20	148		21,503	12
13	Repair Wood Post	1996	400		8			400	13
14	Roof Repairs	1998	3,775		10			3,775	14
15	Flooring Fire Dampers Repairs Boiler	1999	5,732		10			5,732	15
16	Carpentry Install Sprinklers Heads	2000	2,907	105	15	105		2,419	16
17	Floor Repl Water Dam Rep Carpet Construction	2001	21,629		10			21,629	17
18	Replace Flooring Install Cooktops Fireproof Bathroom Rep	2002	45,916	594	10 15	594		45,025	18
19	Vanity Base Cabinet	2003	975	65	15	65		813	19
20	Vinyl Flooring Window Rep Kitchen Cabinets	2004	31,413	1,896	10 15	1,896		24,778	20
21	Fiber Glass Door Kitchen Cabinets Tiles Plumbing V Shutters	2005	44,471	2,275	5 10 15 20 25	2,275		31,347	21
22	Bathroom Renov Labor Vinyl Flooring Floor Wall Base	2006	12,410	1,183	10 15	1,183		10,553	22
23	Replace Conduit Damage	2007	2,641	132	20	132		1,046	23
24	Repair due to LightningStrike-Protecting Panel	2008	387	26	15	26		172	24
25	Wiring Internet Connection	2009	975	65	15	65		401	25
26	Bathroom Renovation Vanities Cabinet	2010	7,426	743	10	743		3,589	26
27	Misc. Labor	2011	560	37	15	37		165	27
28	Roof Replacement Mat&Labor	2011	15,080	1,508	10	1,508		6,283	28
29	Bathroom Renovation	2011	4,370					4,370	29
30	Wardrobe Cabinets in 4 Bedrooms	2012	11,541	769	15	769		2,436	30
31	Install bathroom shower	2013	3,675	368	10	368		858	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 27,725,535	\$ 965,016		\$ 1,072,552	\$ 107,536	\$ 16,679,455	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 27,725,535	\$ 965,016		\$ 1,072,552	\$ 107,536	\$ 16,679,455	1
2	<b>RICE VILLAGE HOME</b>								2
3	Additions	1984	6,572		29			6,572	3
4	Additions	1985	1,222		28			1,222	4
5	Fire Sprinklers	1989	1,709		25			1,709	5
6	Alluminum Siding Fascia Downspouts	1991	3,827		20			3,827	6
7	Alluminum Siding	1992	398		20			398	7
8	Redecoration	1995	13,018		10			13,018	8
9	Flooring-Post Closing Entr	1999	525		10			525	9
10	Plaster Dining Rm Ceiling Install Door Frames/Doors Drapes&Rods	2002	14,989	244	10 15	244		14,623	10
11	Cabinets Ins Door Frame Flooring Kitchen Island Countertops	2004	43,076	2,659	10 15	2,659		33,770	11
12	Decoria Vinyl Wall Shutters Kitchen Bath Rehab Labor Door Fiber Gl	2005	22,641	1,046	5 10 15 20	1,046		19,097	12
13	Repair due to LightningStrike-Protecting Panel	2008	387	26	15	26		172	13
14	Wiring Internet Connection Mat and Labor	2009	7,493	652	10	652		4,886	14
15	Electrical Wiring	2010	686	34	20	34		160	15
16	Vinyl Flooring Carpet Stairwell F Mgmt Fees	2011	20,317	2,110	5 10 15 20	2,110		8,872	16
17	Electrical Wiring Install Lightings	2011	3,648	182	20	182		821	17
18	Roof Replacement Mat&Labor	2011	11,050	1,105	10	1,105		4,604	18
19	Bathroom Renovation	2011	6,255	626	10	626		2,658	19
20	Wardrobe Cabinets in 4 Bedrooms	2012	11,541	769	15	769		2,436	20
21	<b>POLK VILLAGE HOME</b>								21
22	Additions	1984	5,397		29			5,397	22
23	Additions	1985	1,222		28			1,222	23
24	Fire Sprinklers	1989	1,709		25			1,709	24
25	Alluminum Siding Fascia Downspouts	1991	3,827		20			3,827	25
26	Alluminum Siding	1992	398		20			398	26
27	Redecoration	1995	12,817		10			12,817	27
28	Flooring-Post Closing Roofing	1999	3,873		5 10			3,873	28
29	Carpeting Dining Rm Carpentry	2000	8,167	54	5 10 15	54		8,167	29
30	Install/Remove Vanities Planning Cooktops Fireproof	2002	10,382	692	15	692		9,344	30
31	Replace Flooring Vinyl	2002	13,262		10			13,262	31
32	Replace Flooring Vinyl Kitchen Floor Tiles	2003	12,182	147	10	147		11,076	32
33	Removal/Ins Kitchen CabinetsSink Faucets	2003	27,519	1,772	15 20	1,772		22,157	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 27,995,644	\$ 977,135		\$ 1,084,671	\$ 107,536	\$ 16,892,074	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 27,995,644	\$ 977,135		\$ 1,084,671	\$ 107,536	\$ 16,892,074	1
2	Faucets Drains Back Splashes	2004	3,877	187	15 25	187		2,155	2
3	Install Door Frames Drape Sheers	2004	20,076	1,112	5 15	1,112		16,183	3
4	Vinyl Shutters Fiber Glass Door Vinyl Wall Labor	2005	11,753	483	10 15	483		8,088	4
5	Construction	2006	2,538	169	15	169		1,575	5
6	Repair due to LightningStrike-Protecting Panel	2008	387	26	15	26		172	6
7	Wiring Internet Connection Labor	2009	975	65	15	65		401	7
8	Vinyl Flooring Bedroom Living Room	2010	6,325	633	10	633		3,479	8
9	Facility Management Fees Floor Plan Renovation	2010	4,899	449	10 15	449		2,151	9
10	Electrical Wiring	2010	6,586	329	20	329		1,513	10
11	Electrical Wiring Install Lightings Misc. Labor	2011	4,663	250	15 20	250		1,120	11
12	Roof Replacement	2011	10,820	1,082	10	1,082		4,508	12
13	Flooring	2011	2,048	205	10	205		904	13
14	Bathroom Renovation	2011	17,453	1,745	10	1,745		7,417	14
15	Bathroom Renovation	2012	4,270	427	10	427		1,459	15
16	Wardrobe Cabinets in 4 Bedrooms	2012	11,541	769	15	769		2,436	16
17	Bathroom Renovation	2014	5,689	355	15	355		413	17
18	<b>MAZZA VILLAGE HOME</b>								18
19	Additions	1984	11,588		29			11,588	19
20	Additions	1985	1,222		28			1,222	20
21	Fire sprinklers	1989	1,709		25			1,709	21
22	Alluminum Siding Fascia Downspouts	1991	6,338		20			6,338	22
23	Mechanical Plumbing Repair	1993	7,003		20			7,003	23
24	Mechanical Plumbing Repair	1994	4,533		20			4,533	24
25	Redecoration	1995	13,006		10			13,006	25
26	Roof Repairs	1998	3,775		5			3,775	26
27	Flooring, drapes, fire damper, counter tops	1999	13,355		10 15			13,355	27
28	Install shower, carpentry	2000	3,851	164	15 20	164		3,373	28
29	Install Vanities Cabinets Cooktops Fire Proof Planning Carpentry	2002	12,994	850	15	850		11,719	29
30	Flooring Repair Labor and door frames, drapes and kitchen cabinets	2004	25,249	1,294	10 15	1,294		20,720	30
31	Entry Door Fiber Glass, kitchen cabinets, vinyl shutters, plumbing	2005	44,927	2,632	20	2,632		32,155	31
32	Wall panels	2006	2,429	68	10 15 20	68		2,071	32
33	Flooring	2008	14,705	1,471	10 15	1,471		10,941	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 28,276,228	\$ 991,901		\$ 1,099,437	\$ 107,536	\$ 17,089,556	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 28,276,228	\$ 991,901		\$ 1,099,437	\$ 107,536	\$ 17,089,556	1
2	Electrical repairs, internet wiring	2009	1,362	91		91		573	2
3	Electrical repairs, roof replacement	2011	21,916	1,873		1,873		7,908	3
4	Wadrobe cabinets	2012	11,541	769		769		2,436	4
5	<b>MINIAT VILLAGE HOME</b>								5
6	Misc. Additions	1985	4,007		29			4,007	6
7	Fire Sprinklers	1989	1,709		25			1,709	7
8	Alluminum Siding Fascia Downspout	1991	3,827		20			3,827	8
9	Balance Siding	1994	398		20			398	9
10	Redecoration	1995	13,021		10			13,021	10
11	Repair Wood Post	1996	600		8			600	11
12	Wall Furnace	1997	635		15			635	12
13	Flooring-Post Closing Entrance	1998	666		5			666	13
14	Drapes	1999	1,013		10			1,013	14
15	Carpentry, dining room and carpeting	2000	12,733	54	15	54		12,733	15
16	Replace roof, flooring, vanities	2002	38,929	367	10 15	367		38,379	16
17	Renovate Kitchen	2003	25,543	1,654	15 20	1,654		20,671	17
18	Renovate Kitchen	2004	22,273	1,168	10 15	1,168		18,184	18
19	Renovate Bathrooms and install new vinyl shutters	2005	44,665	1,883	10 15 20	1,883		34,730	19
20	Renovate Bathrooms	2006	3,150	210	10	210		1,978	20
21	Vinyl flooring	2007	4,373	437	15	437		3,899	21
22	Flooring, wiring for internet and repair to fire panel; counter tops and s	2009	8,885	333	15	333		4,763	22
23	Vinyl Flooring; electrical wiring;	2010	17,040	1,533	5 10 20	1,533		9,057	23
24	Electrical wiring	2011	4,315	216	20	216		953	24
25	Electric work	2011	10,632	1,060	20	1,060		4,327	25
26	Bathroom Renovation	2011	6,293	629	10	629		2,045	26
27	Wardrobe Cabinets in 3 Bedrooms	2012	8,655	577	15	577		1,827	27
28	Vinyl flooring	2013	4,900	490	10	490		1,307	28
29	Bathroom Renovation	2014	4,890	326	15	326		326	29
30	Coleman House-Fire pump controller 480V	2014	1,300	59	22	59		108	30
31	Conrad House-Fire pump controller 480V	2014	1,300	59	22	59		108	31
32	McNerney House-Fire pump controller 480V	2014	1,300	59	22	59		108	32
33	Peterman House-Fire pump controller 480V	2014	1,300	59	22	59		108	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 28,559,396	\$ 1,005,807		\$ 1,113,343	\$ 107,536	\$ 17,281,960	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12G, Carried Forward</b>		\$ 28,559,396	\$ 1,005,807		\$ 1,113,343	\$ 107,536	\$ 17,281,960	1
2	<b>O'DONNELL VILLAGE HOME</b>								2
3	Additions, fire sprinklers	1989	5,716		25			5,716	3
4	Alluminum Siding Fascia Downspout	1991	3,827		20			3,827	4
5	Balance Siding	1992	398		20			398	5
6	Redecoration	1995	15,048		10			15,048	6
7	Repair Wood Post	1996	400		8			400	7
8	Roofing Repairs Water Heater	1999	5,572		10			5,572	8
9	Carpentry	2000	1,622	54	15	54		1,622	9
10	Flooring Install/Remove Vanities Cooktops Planning	2002	32,545	493	10 15	493		31,805	10
11	Kitchen Cabinet Flooring Install Door/Frames Countertops	2004	42,792	2,198	10 15	2,198		35,099	11
12	Vinyl Shutter Install Fiber Gls Door Kitchen Bath Rehab	2005	10,021	316	5 15 20	316		7,377	12
13	Repair Due to Lightning Strike Protecting Panels	2008	387	26	15	26		172	13
14	Wiring Internet Connection	2009	975	65	15	65		401	14
15	Electrical Wirings	2010	686	34	20	34		160	15
16	Install Lightings	2011	1,582	79	20	79		349	16
17	Replace Roof Mat&Labor	2011	10,700	1,070	10	1,070		4,369	17
18	Bathroom Renovation	2011	9,489	949	10	949		4,033	18
19	Flooring	2011	13,340	889	15	889		3,631	19
20	Bathroom Remodelling	2012	3,825	383	10	383		1,307	20
21	Wardrobe Cabinets in 3 bedrooms	2012	8,655	577	15	577		1,827	21
22	Vinyl flooring	2013	2,600	260	10	260		693	22
23	<b>HERBSTTRITT VILLAGE HOME</b>								23
24	Misc Additions	1985	4,007		29			4,007	24
25	Fire Sprinklers	1989	1,709		25			1,709	25
26	Alluminum Siding Fascia Downspout	1991	3,827		20			3,827	26
27	Balance Siding	1992	398		20			398	27
28	Redecoration	1995	16,162		10			16,162	28
29	Repair Wood Post	1996	400		8			400	29
30	Flooring Cabinets	1999	8,709		10 15			8,709	30
31	Replace Flooring Roof Cooktops Fireproof Planning	2002	46,173	492	10 15	492		45,435	31
32	Install Countertops Doors/Frames Flooring Recon Sink	2004	21,249	1,349	10 15 20	1,349		16,410	32
33	Vinyl Shutters Decoria Fiber Gls Door Kitchen Bath Rehab	2005	24,671	1,194	5 15 20	1,194		18,073	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 28,856,878	\$ 1,016,235		\$ 1,123,771	\$ 107,536	\$ 17,520,894	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12H, Carried Forward</b>		\$ 28,856,878	\$ 1,016,235		\$ 1,123,771	\$ 107,536	\$ 17,520,894	1
2	Wiring Internet Connection, electric repairs	2009	1,362	91	15	91		573	2
3	Bathroom Renovation Vanities Cabinet	2010	6,120	612	10	612		2,958	3
4	Floor Renovation	2010	7,700	771	10	771		3,593	4
5	Electrical Wirings	2010	686	34	20	34		160	5
6	Install Lightings	2011	1,582	79	20	79		349	6
7	Bathroom Renovation Vanities Cabinet	2011	10,099	1,010	10	1,010		4,292	7
8	Bathroom Remodelling	2012	4,360	436	10	436		1,490	8
9	Wardrobe Cabinets	2012	8,655	577	15	577		1,827	9
10	Shower Base, shower surround, vanity top, delivery	2015	8,915	182	15	182		182	10
11	<b>MARIAN CENTER</b>								11
12	Skylights	2015	15,460	580	20	580		580	12
13	Basement Floor	2015	11,080	831	10	831		831	13
14	<b>Allocated support and MGA departments not included in the capital component of rate:</b>								
15	Connolly Center Laundry allocated based on weight of laund		370,456	9,434		9,434	(0)	98,759	15
16	Resource Center allocated based on # of residents		593,412	38,424		38,424	0	382,993	16
17	Housekeeping allocation based on squ feet of areas cleaned		31,925	148		148	(0)	31,739	17
18	Food Services allocated based on # of meals		899,559	23,127		39,185	16,058	743,954	18
19	Nursing allocation based on meds passed.		942,202	40,511		40,511		784,807	19
20	Building Operations allocated based on square footage		10,126,629	333,348		337,638	4,290	6,644,678	20
21	Purchasing dept allocated based on # of requisitions		71,305	3,368		3,368	(0)	46,680	21
22	Therapy dept allocation based on staff hours		296,678	13,603		13,603	0	253,422	22
23	Pool & Fitness based on # of residents.		1,799,988	90,594		90,594	(0)	1,511,268	23
24	Religious- based on # of residents & Driskill based on volunteers		4,493,275	118,068		118,068		789,893	24
25	Driskill Home based on volunteers		324,256	13,298		13,298		58,467	25
26	MGA alloc- Finance Dept alloc based on direct exp		403,931	10,594		10,594	(0)	111,126	26
27	MGA alloc HR, Admin & Reception based # of employees		2,164,553	56,252		68,036	11,784	835,222	27
28	MGA alloc- IT Dept alloc based on direct exp		57,360	2,323		2,323		42,213	28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 51,508,425	\$ 1,774,530		\$ 1,914,197	\$ 139,668	\$ 29,872,948	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 986,969	\$ 109,169	\$ 109,169	\$	10	\$ 658,026	71
72	Current Year Purchases	91,467	3,145	3,145			3,145	72
73	Fully Depreciated Assets	1,773,482					1,773,482	73
74								74
75	TOTALS	\$ 2,851,918	\$ 112,314	\$ 112,314	\$		\$ 2,434,653	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	campus alloc from bldg operations			\$ 546,606	\$ 14,388	\$ 14,388	\$	3	\$ 500,292	76
77										77
78										78
79										79
80	TOTALS			\$ 546,606	\$ 14,388	\$ 14,388	\$		\$ 500,292	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 54,906,949	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,901,232	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 2,040,899	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 139,668	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 32,807,893	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Furn & Equip alloc to other program	\$ 8,670,814	\$ 333,563	\$ 7,215,702	86
87	Auto alloc to other prog	789,349	46,474	725,382	87
88	Bldg & Improv alloc to other prog	75,405,571	2,366,964	37,250,501	88
89	Land	1,497,957			89
90					90
91	TOTALS	\$ 86,363,691	\$ 2,747,001	\$ 45,191,585	91

G. Construction-in-Progress

	Description	Cost	
92	Quinlan homes	\$ 14,465,555	92
93	CILA reno	85,644	93
94	Building Operations reno and misc	101,473	94
95		\$ 14,652,672	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Marian Ctr for Adult Resid

# 0029876

Report Period Beginning: July 1, 2014

Ending: June 30, 2015

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

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? \_\_\_\_\_

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ _____			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$ _____			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12. \_\_\_\_\_ /2016 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2017 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2018 \$ \_\_\_\_\_

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized

by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental?  YES  NO

16. Rental Amount for movable equipment: \$ \_\_\_\_\_ Description: \_\_\_\_\_

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$ _____	\$ _____	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$ _____	\$ _____	21

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Marian Ctr for Adult Resid # 0029876 Report Period Beginning: July 1, 2014 Ending: June 30, 2015  
 XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

**A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)**

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	---

**B. EXPENSES**

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		4,143		4,143
3	Classroom Wages (a)		124,424		124,424
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 128,567	\$	\$ 128,567
10	SUM OF line 9, col. 1 and 2 (e)	\$	128,567		

**C. CONTRACTUAL INCOME**

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

**D. NUMBER OF CNAs TRAINED**

<b>COMPLETED</b>	
1. From this facility	
2. From other facilities (f)	
<b>DROP-OUTS</b>	
1. From this facility	
2. From other facilities (f)	
<b>TOTAL TRAINED</b>	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

**XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)**

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)		Total Units (Column 2 + 4)		Total Cost (Col. 3 + 5 + 6)					
			Units of Service	Cost	Units	Cost										
1	Licensed Occupational Therapist		hrs	\$		\$										1
2	Licensed Speech and Language Development Therapist		hrs													2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist		hrs													4
5	Physician Care		visits													5
6	Dental Care		visits													6
7	Work Related Program	1369	hrs	7,486											7,486	7
8	Habilitation		hrs													8
9	Pharmacy		# of prescrpts													9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify):															12
13	Other (specify):															13
14	<b>TOTAL</b>			\$ 7,486		\$		\$						\$ 7,486		14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Marian Ctr for Adult Resid# 0029876Report Period Beginning: July 1, 2014Ending: June 30, 2015

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of June 30, 2015 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 14,313,443	\$	1
2	Cash-Patient Deposits	364,257		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>35,000</u> )	6,810,312		3
4	Supply Inventory (priced at <u>cost</u> )	250,592		4
5	Short-Term Investments	22,306,959		5
6	Prepaid Insurance	572,617		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	1,760,552		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 46,378,732	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,497,957		13
14	Buildings, at Historical Cost	126,913,996		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	12,858,687		16
17	Accumulated Depreciation (book methods)	(77,999,478)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>CIP</u>	14,652,672		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 77,923,834	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 124,302,566	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 799,719	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	349,685		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	3,047,843		30
31	Accrued Taxes Payable (excluding real estate taxes)	258,399		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Deferred Revenue</u>	704,757		36
37	<u>Other Liabilities and ARO</u>	2,461,373		37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 7,621,776	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 7,621,776	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 116,680,790	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 124,302,566	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 108,821,703	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 108,821,703	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(9,552,141)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	25,114,452	11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) <u>Net Loss from McAuley</u>	(3,897,115)	15
16	Other (describe) <u>Development &amp; Community Relations</u>	(2,580,689)	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 9,084,507	17
<b>B. Transfers (Itemize):</b>			
18	<u>Investment activity/insurance proceeds</u>	260,128	18
19	<u>Net Asset Reclassification</u>	(1,485,548)	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (1,225,420)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 116,680,790	24 *

\* This must agree with page 17, line 47.

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

**Note:** This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 29,472,270	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 29,472,270</b>	3
<b>B. Ancillary Revenue</b>			
4	Day Care	6,941,590	4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 6,941,590</b>	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	111,664	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 111,664</b>	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>		26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28			28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>		29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 36,525,524</b>	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	7,476,004	31
32	Health Care	18,398,304	32
33	General Administration	9,844,587	33
<b>B. Capital Expense</b>			
34	Ownership	3,552,048	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	5,438,388	35
36	Provider Participation Fee	1,368,334	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 46,077,665</b>	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(9,552,141)</b>	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (9,552,141)</b>	43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$</b>	49

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? \_\_\_\_\_ If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Marian Ctr for Adult Resid

# 0029876

Report Period Beginning: July 1, 2014

Ending: June 30, 2015

**XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)**

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,869	2,080	\$ 76,800	\$ 36.92	1
2	Assistant Director of Nursing					2
3	Registered Nurses	44,987	51,458	1,578,711	30.68	3
4	Licensed Practical Nurses	16,021	17,738	476,777	26.88	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist	10,107	11,451	381,498	33.32	7
8	Rehab/Therapy Aides	15,450	17,705	301,763	17.04	8
9	Activity Director	1,752	2,154	69,300	32.17	9
10	Activity Assistants	17,667	19,902	391,112	19.65	10
11	Social Service Workers	9,944	11,338	256,951	22.66	11
12	Dietician	919	1,078	37,504	34.79	12
13	Food Service Supervisor	1,281	1,447	79,649	55.04	13
14	Head Cook	3,952	4,702	119,856	25.49	14
15	Cook Helpers/Assistants	23,969	25,906	370,566	14.30	15
16	Dishwashers					16
17	Maintenance Workers	35,970	40,193	936,181	23.29	17
18	Housekeepers	41,000	45,498	647,880	14.24	18
19	Laundry	10,056	13,428	177,115	13.19	19
20	Administrator	7,913	8,908	501,571	56.31	20
21	Assistant Administrator					21
22	Other Administrative	25,936	30,137	905,763	30.05	22
23	Office Manager	1,183	1,369	30,314	22.14	23
24	Clerical	20,603	23,116	393,764	17.03	24
25	Vocational Instruction	253,940	272,564	4,556,256	16.72	25
26	Academic Instruction	4,372	4,984	124,424	24.96	26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	95,014	105,456	2,227,375	21.12	28
29	Resident Services Coordinator	56,309	63,641	1,314,309	20.65	29
30	Habilitation Aides (DD Homes)	627,483	688,496	10,006,720	14.53	30
31	Medical Records	1,345	1,553	26,337	16.96	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Medical Secretary</u>	1,722	2,080	39,117	18.81	33
34	TOTAL (lines 1 - 33)	1,330,764	1,468,382	\$ 26,027,613 *	\$ 17.73	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

**B. CONSULTANT SERVICES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	1,130	\$ 38,406	1	35
36	Medical Director		25,000	9	36
37	Medical Records Consultant		590	10	37
38	Nurse Consultant				38
39	Pharmacist Consultant		24,250	10	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	407	18,756	10a	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	490	28,260	10a	43
44	Activity Consultant		12,129	11	44
45	Social Service Consultant		16,379	12	45
46	Other(specify) <u>psych</u>		12,000	10a	46
47	<u>Behavior Therapist/DSP stipend/Vocational</u>		20,301	10a 39	47
48	<u>Medical waste/lab/doctor</u>		17,267	10	48
49	TOTAL (lines 35 - 48)	2,027	\$ 213,338		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
S. Rosemary Connelly	Executive Director	N/A	\$ 44,173	Workers' Compensation Insurance	\$ 389,010	IDPH License Fee	\$ 123	
Mary Pat O'Brien	Asst. Executive Director	N/A	56,928	Unemployment Compensation Insurance	39,979	Advertising: Employee Recruitment	2,647	
Denise Tigges/M. Diaz	Administrato	N/A	86,735	FICA Taxes	1,214,123	Health Care Worker Background Check		
K. Golden/G. Connelly	Administrato	N/A	71,301	Employee Health Insurance	1,894,691	(Indicate # of checks performed _____)		
Lois Gates	Asst. Executive Director	N/A	56,208	Employee Meals		Patient Background Checks	15,065	
Chris Hegg/Joe Ferrera	Administrator	N/A	82,202	Illinois Municipal Retirement Fund (IMRF)*		License fees-Computer lic, Dept of Financial	12,873	
Kevin Connelly/Fr. Jack Clair	CFO/Asst Exe Dir	N/A	104,024	Emp Tuition Reimbursement/Other	54,326	Subscription	2,232	
TOTAL (agree to Schedule V, line 17, col. 1)				Dental Insurance	26,192	Membership Dues	6,483	
(List each licensed administrator separately.)			\$ 501,571	401K Match	816,955	Bank fees	7,520	
B. Administrative - Other				Long-Term Disability and Life Insurance	91,177			
Description			Amount			Less: Public Relations Expense	( )	
			\$			Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V, line 22, col.8)	\$ 4,526,453	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 46,943	
(Attach a copy of any management service agreement)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
C. Professional Services				Description	Line #	Amount	Description	Amount
Vendor/Payee	Type		Amount			\$		
Deloitte & Touche	Audit		\$ 80,186				Out-of-State Travel	\$
ADP Processing	Payroll Service		91,516					
LaPointe Law	Legal		9,253				In-State Travel	
Correll	Admin for 401K plan		26,684					
Benefit and Compensation Resource	Admin recruitment		7,478				Seminar Expense	
Mahoney, Crowe & Goldrick	Legal		1,168				See Attached schedule	10,013
							Entertainment Expense	( )
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	TOTAL	\$ 10,013
(For legal fee disclosure, see page 39 of instructions)			\$ 216,285					

\* Attach copy of IMRF notifications

\*\*See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? No  
If YES, give association name and amount. \_\_\_\_\_
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? \_\_\_\_\_
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 84,603 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 1,368,334  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? Yes If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? \_\_\_\_\_ Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation
  - a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
  - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_
  - c. What percent of all travel expense relates to transportation of nurses and patients? 0
  - d. Have vehicle usage logs been maintained? Yes
  - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
  - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
  - g. Does the facility transport residents to and from day training? N/A**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: Deloitte
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees.