

Facility Name & ID Number Marian Ctr for Adult Resid

0029876 Report Period Beginning: 7/01/15 Ending: 6/30/16

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 01/25/2016 and 04/20/2016

	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	341	Intermediate/DD	364	123,393	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	341	TOTALS	364	123,393	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	113,311	1,329		114,640	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	113,311	1,329		114,640	14

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? 8,753 (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, 2016 Fiscal Year: June 30, 2016

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

Facility Name & ID Number Marian Ctr for Adult Resid # 0029876 Report Period Beginning: 7/01/15 Ending: 6/30/16

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
	A. General Services										
1	Dietary	686,388	287,646	42,669	1,016,703		1,016,703	(271,802)	744,901		1
2	Food Purchase		1,602,484		1,602,484		1,602,484	(308,006)	1,294,478		2
3	Housekeeping	699,143	250,749	334,393	1,284,285		1,284,285	(525,767)	758,518		3
4	Laundry	169,517	41,257		210,774		210,774	(58,950)	151,824		4
5	Heat and Other Utilities			1,034,452	1,034,452		1,034,452	(475,294)	559,158		5
6	Maintenance	957,115	367,857	1,342,566	2,667,538		2,667,538	(1,164,745)	1,502,793		6
7	Other (specify):*										7
8	TOTAL General Services	2,512,163	2,549,993	2,754,080	7,816,236		7,816,236	(2,804,564)	5,011,672		8
	B. Health Care and Programs										
9	Medical Director			33,333	33,333		33,333	(2,242)	31,091		9
10	Nursing and Medical Records	2,323,271	888,048	30,163	3,241,482		3,241,482	(219,168)	3,022,314		10
10a	Therapy	14,756,744	27,966	98,291	14,883,001		14,883,001	(2,972,903)	11,910,098		10a
11	Activities	495,279	18,269	13,320	526,868		526,868	(112,481)	414,387		11
12	Social Services	249,022	183		249,205		249,205	(16,790)	232,415		12
13	CNA Training	131,509	4,431		135,940		135,940	(40,970)	94,970		13
14	Program Transportation		114,810		114,810		114,810	(58,089)	56,721		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	17,955,825	1,053,707	175,107	19,184,639		19,184,639	(3,422,642)	15,761,997		16
	C. General Administration										
17	Administrative	589,467	15,840		605,307		605,307	(192,537)	412,770		17
18	Directors Fees										18
19	Professional Services			263,477	263,477		263,477	(100,650)	162,827		19
20	Dues, Fees, Subscriptions & Promotions			175,496	175,496		175,496	(121,681)	53,815		20
21	Clerical & General Office Expenses	1,372,813	263,669	104,510	1,740,992		1,740,992	(726,169)	1,014,823		21
22	Employee Benefits & Payroll Taxes			7,500,644	7,500,644		7,500,644	(2,506,110)	4,994,534		22
23	Inservice Training & Education										23
24	Travel and Seminar			22,082	22,082		22,082	(8,734)	13,348		24
25	Other Admin. Staff Transportation		1,052		1,052		1,052	(1,052)			25
26	Insurance-Prop.Liab.Malpractice			266,805	266,805		266,805	(137,258)	129,547		26
27	Other (specify):*										27
28	TOTAL General Administration	1,962,280	280,561	8,333,014	10,575,855		10,575,855	(3,794,191)	6,781,664		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	22,430,268	3,884,261	11,262,201	37,576,730		37,576,730	(10,021,397)	27,555,333		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.

Facility Name & ID Number

Marian Ctr for Adult Resid

#0029876

Report Period Beginning:

7/01/15

Ending:

6/30/16

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	
	D. Ownership											
30	Depreciation			3,669,533	3,669,533		3,669,533	(1,518,286)	2,151,247			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			23,134	23,134		23,134	(23,134)				32
33	Real Estate Taxes			9,893	9,893		9,893	(9,893)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			3,702,560	3,702,560		3,702,560	(1,551,313)	2,151,247			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	4,921,185	836,338	2,440	5,759,963		5,759,963	(5,730,152)	29,811			39
40	Barber and Beauty Shops			1,889	1,889		1,889		1,889			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			1,457,692	1,457,692		1,457,692		1,457,692			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	4,921,185	836,338	1,462,021	7,219,544		7,219,544	(5,730,152)	1,489,392			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	27,351,453	4,720,599	16,426,782	48,498,834		48,498,834	(17,302,862)	31,195,972			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	
	NON-ALLOWABLE EXPENSES	Amount	Refer-ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs	(378,639)	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	115,728	30		9
10	Interest and Other Investment Income	(23,134)	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	(16,233)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(1,897)	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	SUBTOTAL (A): (Sum of lines 1-29)	\$ (304,175)		\$	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	
		Amount	Reference	
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	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (304,175)		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	
		Yes	No	Amount	Reference	
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	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY							
48		49		50		51	

Marian Ctr for Adult Resid

ID# 0029876

Report Period Beginning: 7/01/15

Ending: 6/30/16

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Expenses reimbursed from other sources:	\$		1
2	Dietary Wages, supplies and other	(271,802)	1	2
3	Food Supplies	(305,756)	2	3
4	Housekeeping Wages, Supplies	(525,767)	3	4
5	Laundry supplies	(58,950)	4	5
6	Heat and Other Utilities	(475,294)	5	6
7	Maintenance Wages, Supplies and Other	(1,149,801)	6	7
8	Medical Director	(2,242)	9	8
9	Nursing/Med Records Wages, Supplies and Other	(218,848)	10	9
10	Therapy Wages, Supplies and Other	(2,594,264)	10a	10
11	Activities Wages, Supplies and Other	(112,481)	11	11
12	Social Services Wages, Supplies and Other	(16,790)	12	12
13	Training	(40,970)	13	13
14	Program Transportation Other	(58,089)	14	14
15	Administrative Wages, Supplies and other	(182,428)	17	15
16	Professional Services	(83,601)	19	16
17	Dues, Fees, Subscriptions & Promotions	(101,299)	20	17
18	Clerical Wages, Supplies and Other	(724,272)	21	18
19	Employee Benefits & Payroll Taxes	(2,501,294)	22	19
20	Travel & Seminar	(6,109)	24	20
21	Other Admin Staff Transportation	(1,052)	25	21
22	Insurance	(137,258)	26	22
23	Depreciation	(1,609,450)	30	23
24	Ancillary Service Centers Salaries and Supplies	(5,718,410)	39	24
25	Real Estate taxes	(9,893)	33	25
26	Other employee benefits	(4,816)	22	26
27	Donated Administrator's salary	(10,109)	17	27
28	Subscription	(1,551)	20	28
29	Off-site recreational facility costs	(11,742)	39	29
30	Off-site recreational facility depreciation	(740)	30	30
31	Loss on disposal	(8,655)	6	31
32	Investment fees	(9,230)	20	32
33	Depreciation on donated equipment	(23,824)	30	33
34	Donated services	(6,289)	6	34
35	Donated food	(2,250)	2	35
36	Donated computer license	(9,601)	20	36
37	Donated supplies	(320)	10	37
38	Legal fees for CILA program	(816)	19	38
39	Conferences	(2,625)	24	39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(16,998,687)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

7/01/15

Ending:

6/30/16

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	(271,802)	0	0	0	0	0	0	0	0	0	0	(271,802)	1
2	Food Purchase	(308,006)	0	0	0	0	0	0	0	0	0	0	(308,006)	2
3	Housekeeping	(525,767)	0	0	0	0	0	0	0	0	0	0	(525,767)	3
4	Laundry	(58,950)	0	0	0	0	0	0	0	0	0	0	(58,950)	4
5	Heat and Other Utilities	(475,294)	0	0	0	0	0	0	0	0	0	0	(475,294)	5
6	Maintenance	(1,164,745)	0	0	0	0	0	0	0	0	0	0	(1,164,745)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(2,804,564)	0	(2,804,564)	8									
	B. Health Care and Programs													
9	Medical Director	(2,242)	0	0	0	0	0	0	0	0	0	0	(2,242)	9
10	Nursing and Medical Records	(219,168)	0	0	0	0	0	0	0	0	0	0	(219,168)	10
10a	Therapy	(2,972,903)	0	0	0	0	0	0	0	0	0	0	(2,972,903)	10a
11	Activities	(112,481)	0	0	0	0	0	0	0	0	0	0	(112,481)	11
12	Social Services	(16,790)	0	0	0	0	0	0	0	0	0	0	(16,790)	12
13	CNA Training	(40,970)	0	0	0	0	0	0	0	0	0	0	(40,970)	13
14	Program Transportation	(58,089)	0	0	0	0	0	0	0	0	0	0	(58,089)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(3,422,642)	0	(3,422,642)	16									
	C. General Administration													
17	Administrative	(192,537)	0	0	0	0	0	0	0	0	0	0	(192,537)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(100,650)	0	0	0	0	0	0	0	0	0	0	(100,650)	19
20	Fees, Subscriptions & Promotions	(121,681)	0	0	0	0	0	0	0	0	0	0	(121,681)	20
21	Clerical & General Office Expenses	(726,169)	0	0	0	0	0	0	0	0	0	0	(726,169)	21
22	Employee Benefits & Payroll Taxes	(2,506,110)	0	0	0	0	0	0	0	0	0	0	(2,506,110)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(8,734)	0	0	0	0	0	0	0	0	0	0	(8,734)	24
25	Other Admin. Staff Transportation	(1,052)	0	0	0	0	0	0	0	0	0	0	(1,052)	25
26	Insurance-Prop.Liab.Malpractice	(137,258)	0	0	0	0	0	0	0	0	0	0	(137,258)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(3,794,191)	0	(3,794,191)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(10,021,397)	0	(10,021,397)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

7/01/15

Ending:

6/30/16

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

	Capital Expense	PAGES	PAGE	SUMMARY TOTALS										
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(1,518,286)	0	0	0	0	0	0	0	0	0	0	(1,518,286)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(23,134)	0	0	0	0	0	0	0	0	0	0	(23,134)	32
33	Real Estate Taxes	(9,893)	0	0	0	0	0	0	0	0	0	0	(9,893)	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	TOTAL Ownership	(1,551,313)	0	(1,551,313)	37									
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(5,730,152)	0	0	0	0	0	0	0	0	0	0	(5,730,152)	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	TOTAL Special Cost Centers	(5,730,152)	0	(5,730,152)	44									
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(17,302,862)	0	(17,302,862)	45									

Facility Name & ID Number

Marian Ctr for Adult Resid

0029876

Report Period Beginning:

7/01/15

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6/30/16

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

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

Facility Name & ID Number

Marian Ctr for Adult Resid

0029876

Report Period Beginning:

7/01/15

Ending:

6/30/16

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	Kevin Connelly	BOD						3
4	Daniel Walsh	BOD						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:

7/01/15

Ending:

6/30/16

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				50	100.00	Salary	\$ 47,520	17	1
2	Kevin Connelly	CFO				50	100.00	Salary	70,015	17	2
3	Fr. John Clair	Assoc. Exec Director				50	100.00	Salary	52,479	17	3
4	Note that S. Rosemary Connelly's, Kevin Connelly and Fr. John Clair salaries are allocated between Development & Community Relations and ProgramMG&A portion is f										4
5	(MG&A is allocated to Misericordia North & McAuley).										5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 170,014		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:

7/01/15

Ending: 6/30/16

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Marian Ctr for Adult Resid

0029876

Report Period Beginning:

7/01/15

Ending:

6/30/16

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	Name of Lender	2		3	4	5	6		7	8	9	10						
		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			
	A. Directly Facility Related																	
	Long-Term																	
1							\$	\$				\$						
2																		
3																		
4																		
5																		
	Working Capital																	
6																		
7																		
8																		
9	TOTAL Facility Related						\$	\$				\$						
	B. Non-Facility Related*																	
10																		
11																		
12																		
13																		
14	TOTAL Non-Facility Related						\$	\$				\$						
15	TOTALS (line 9+line14)						\$	\$				\$						

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

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2015 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 2016 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. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	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. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	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:	2011	8	
	2012	9	
	2013	10	
	2014	11	
	2015	12	
			FOR BHF USE ONLY
	13	FROM R. E. TAX STATEMENT FOR 2015 \$	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:

- Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.**
- 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.**

2015 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 2015 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 2015.

(A)	(B)	(C)	(D) <u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to Nursing Home</u>
1.	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____
6.	_____	\$ _____	\$ _____
7.	_____	\$ _____	\$ _____
8.	_____	\$ _____	\$ _____
9.	_____	\$ _____	\$ _____
10.	_____	\$ _____	\$ _____
	TOTALS	\$ <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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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.**

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

7/01/15

Ending:

6/30/16

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 627,665 B. General Construction Type: Exterior Brick Frame Masonry Number of Stories Various

C. Does the Operating Entity? [X] (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? [X] (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 converted to ICF/DD this FY.

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.

Table with 5 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and a final column with values 1, 2, 3. Row 3 contains 'TOTALS' and a dollar sign.

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	\$	\$ 2,353,484	4
5	48		2001	5,335,746	200,916	20	200,916		4,314,993	5
6	60		2016	14,360,259	95,735	25	95,735		95,735	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
Improvement Type**										
9	Holbrook Building- transferred to day training April 2016		1998	3,355,398	134,403	20	134,403		3,085,211	9
10	Wallguard Smoke Detector Locker Paging System		1999	204,093	11,124	10 20	11,124		180,863	10
11	Carpentry Elevator Fire Alrm Whirlpool Boiler Plmbg		2000	378,110	2,329	10 15	2,329		369,471	11
12	Top Soil Seed Straw Rotate Fire Hydrant		2001	3,439	62	15 20	62		3,439	12
13	Wall Partitions Door Wallguard Replace Sel Priming		2002	4,846	254	10 15	254		4,375	13
14	Replace Roof-Downpayment Sprinkler		2003	20,029	360	10 15	360		19,309	14
15	Roof Replacement-Final Pyt Sprinkler Recall Cabinets		2004	58,578	649	5 10 15 20	649		56,502	15
16	Tile Saniglaze Planning Carpeting Labor		2005	32,685	1,540	5 15	1,540		20,660	16
17	Carpeting and labor		2006	8,585	336	5 10	336		6,773	17
18	Air Conditioning Improvement		2007	23,460	1,303	10	1,303		14,206	18
19	Tile Repairs and wallguards		2008	16,266	214	15	214		14,619	19
20	Install New Boiler-Replacement		2009	27,842	1,160	15	1,160		19,722	20
21	Vinyl Flooring Entrance Mat & Labor		2011	3,327	262	15	262		1,544	21
22	Concrete Patio Mat & Labor		2012	3,000	167	15	167		967	22
23	Coleman House-Fire pump controller 480V		2014	1,300	59	22	59		167	23
24	Conrad House-Fire pump controller 480V		2014	1,300	59	22	59		167	24
25	McNerney House-Fire pump controller 480V		2014	1,300	59	22	59		167	25
26	Peterman House-Fire pump controller 480V		2014	1,300	59	11	59		167	26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

*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 & ID Number Marian Ctr for Adult Resid# 0029876

Report Period Beginning:

7/01/15

Ending:

6/30/16**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	<u>MCGOWAN</u>		\$	\$		\$	\$	\$	37
38	<u>Drapes Signs HVAC Mirror Fire Protection</u>	1998	38,093	847	10 20	847		36,822	38
39	<u>Caulking Water Htr Insulation Labor Fire Sys</u>	1999	54,826	1,983	10 15 20 25	1,983		48,425	39
40	<u>Carpentry Lockers Wallguard Countertops Therapy Tubs</u>	2000	138,885	127	5 15 25	127		137,806	40
41	<u>Install New Spa Tub</u>	2001	9,900		10			9,900	41
42	<u>Sprinkler Recall</u>	2003	2,584	185	15	185		2,306	42
43	<u>State Defficiencies Sprinkler Repairs</u>	2004	2,098	140	15	140		1,749	43
44	<u>Flooring Vinyl Tile Installation Labor</u>	2005	21,731	966	10 15 20	966		13,988	44
45	<u>Repair due to Lightning Strike-Protecting Panels</u>	2008	387	26	15	26		198	45
46	<u>Mat&Labor Sprinkler Fire Alarm and Life Safety</u>	2009	5,768	271	20 25	271		1,784	46
47	<u>Replace Deteriorated Soil Piping</u>	2010	3,121	125	25	125		739	47
48	<u>20 Ton Chiller Pump, steel doors</u>	2012	170,267	11,288	15 20	11,288		46,095	48
49	<u>Install Boiler</u>	2013	69,000	3,450	20	3,450		13,514	49
50	<u>Kitchen cabinets</u>	2013	8,295	556	15	556		1,806	50
51	<u>Door Operators</u>	2016	3,208	53	15	53		53	51
52	<u>ROSEMARY CONNELLY</u>								52
53	<u>Build Bsmnt Install Fire Alarm Door Painting Flooring Labor</u>	2002	44,446	2,062	10 15 20	2,062		34,897	53
54	<u>Labor Door Frames Ceiling tiles Sprinkler Revision</u>	2003	64,698	2,034	10 15 20	2,034		40,794	54
55	<u>IDPH Insp Prep Sprinkler Study</u>	2004	102,568	3,383	10 15	3,383		86,194	55
56	<u>Sprinkler Study Door Exterior/Interior Door Labor</u>	2005	29,999	1,125	10 15	1,125		23,437	56
57	<u>Fire Alarm Planning Carpentry Labor</u>	2006	72,185	4,968	10 15	4,968		55,775	57
58	<u>Air Conditioning Improvement</u>	2007	14,856	377	15	377		7,751	58
59	<u>Electrical Wiring Conduit Pull Wire.Wanderguard Security System</u>	2012	29,420	848	20	848		9,548	59
60	<u>Install flooring</u>	2013	3,790	189	15	189		1,200	60
61	<u>Furnish/Install Tajima sheet vinyl. Wel rod, sealer/prime</u>	2014	10,940	547	10	547		3,008	61
62									62
63									63
64	<u>MARIAN CENTER</u>								64
65	<u>Skylites</u>	2015	15,460	773	20	773		14,107	65
66	<u>Basement Floor</u>	2015	11,080	1,108	10	1,108		9,141	66
67	<u>Roof duct work</u>	2016	10,193	453	15	453		453	67
68	<u>Door installation</u>	2016	8,181	102	20	102		102	68
69	<u>Elevator deterrent device</u>	2016	3,678	15	20	15		15	69
70	TOTAL (lines 4 thru 69)		\$ 41,444,473	\$ 904,745		\$ 1,012,281	\$ 107,536	\$ 17,430,328	70

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

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

7/01/15

Ending:

6/30/16

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	Totals from Page 12A, Carried Forward		\$ 41,444,473	\$ 904,745		\$ 1,012,281	\$ 107,536	\$ 17,430,328	1
2	MARIAN CENTER								2
3	Storm Screens Electrical Work Elevator Infirmery Renov	1988	43,957		10 15 20			43,957	3
4	Repairs Changes to Fire Protection	1991	17,102	271	10 15 20	271		17,102	4
5	Plumbing and Mechanical Renovation	1992	32,910		10 15 20			32,910	5
6	Plumbing and Mechanical Renovation	1993	11,890		10 15 20			11,890	6
7	Plumbing and Mechanical Renovation Insulation Work	1994	23,898	219	10 15 20	219		23,350	7
8	Insulation Work Wallpaper Painting Upholstery	1995	29,280	123	10 15 20	123		28,851	8
9	Insulation Work Heat Repair HVAC Shade Valance Camera	1996	16,882	227	10 15 20	227		16,208	9
10	Construction Clean Duct Fire Protection Elevator	1997	20,215	905	10 15 20	905		17,653	10
11	Wood Door Construction Mngt	1998	27,429	1,254	10 15 20	1,254		25,547	11
12	Flooring Hand Rail Wallcovering Construction Salaries	1999	232,174	500	10 15 20	500		230,924	12
13	Carpentry State Deficiencies Constr Boiler Repair	2000	314,439	1,481	10 15 20	1,481		307,844	13
14	Shower Boiler Repair Overhaul Fire Door Med Cart Cabinets	2001	35,077	1,039	10 15 20	1,039		31,579	14
15	Ejection Pump Repair State Deficiencies Renovation	2002	102,867	6,858	10 15 20	6,858		99,438	15
16	State Deficiencies Repairs	2003	7,536	502	10 15 20	502		6,782	16
17	Skylights Windows Wall Pads Door Rep Smk Detector	2004	40,378	1,010	10 15 20	1,010		34,104	17
18	Drywall Cabinets Vinyl Flooring Shower Install Plaster Labor	2005	39,430	327	10 15 20	327		38,287	18
19	Ductwork Plaster Repair Fire Panel Labor Woodplank Flooring	2006	28,002	1,077	10 15 20	1,077		17,452	19
20	Flooring Cabinets Kitchen Counter Tops Plastering Chiller H2O Syste	2007	260,802	18,631	10 15 20	18,631		170,217	20
21	Flooring Cabinets Kitchen Counter Tops	2008	116,350	8,284	10 15 20	8,284		65,403	21
22	Flooring Mat&Labor, install paver, cabinetry	2009	233,168	17,063	10 15 20	17,063		105,572	22
23	Cabinetry and flooring	2010	153,989	10,682	10 15 20	10,682		65,392	23
24	Chamoise Drywall Vinyl Flooring Apt 104 1st Flr Office Labor Floor	2011	110,659	8,349	10 15 20	8,349		41,984	24
25	Cooling Upgrades and Delta Control Pumps, steel doors, roof	2012	172,099	16,798	10 15 20	16,798		69,399	25
26	MED CARTCABINETS MODIFICATION-MC (10 APT)	2013	2,900	290	10 15 20	290		870	26
27	Install Flooring	2013	27,335	2,733	10 15 20	2,733		9,844	27
28	New Window project	2013	283,791	18,919	10 15 20	18,919		66,218	28
29	Install vanity cabinets	2013	5,695	380	10 15 20	380		1,361	29
30	Fire Upgrade- Smoke Compartment	2013	54,702	5,474	10 15 20	5,474		18,662	30
31	Repair Roof using Elastromeric roof coating	2014	8,700	967	10 15 20	967		1,853	31
32	Sprinklers	2014	4,638	186	10 15 20	186		541	32
33	Tear off and replace shingels on roof	2014	18,500	1,850	10	1,850		4,008	33
34	TOTAL (lines 1 thru 33)		\$ 43,921,266	\$ 1,031,145		\$ 1,138,681	\$ 107,536	\$ 19,035,530	34

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

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

7/01/15

Ending:

6/30/16

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	Totals from Page 12B, Carried Forward		\$ 43,921,266	\$ 1,031,145		\$ 1,138,681	\$ 107,536	\$ 19,035,530	1
2	BRACH VILLAGE HOME								2
3	Misc. Additions	1984	5,297					5,297	3
4	Misc. Additions	1985	1,222					1,222	4
5	Fire Sprinklers	1989	1,709					1,709	5
6	Alluminum Siding Fascua DownSpouts	1991	3,827					3,827	6
7	Alluminum Siding	1992	398					398	7
8	Redecoration	1995	13,014					13,014	8
9	Reupholstery	1997	895					895	9
10	Roofing Repairs Flooring Entrance	1999	4,182					4,182	10
11	Carpentry	2000	1,622					1,622	11
12	Install Remove Vanities Planning Cooktops Cabinets	2002	16,520	524	10 15	524		16,258	12
13	Cabinets Install Door/Frames Vinyl Flooring Countertops	2004	40,167	2,460	10 15	2,460		34,014	13
14	Install Vinyl Shutter Fiber Gls Door Carpet Kitchen Bath Rehab	2005	20,111	524	10 15	524		16,580	14
15	Bathroom Repair Labor	2006	2,188	146	10 15	146		1,495	15
16	Repair due to lightning Strike-Protecting Panel, computer wiring	2009	1,362	91	15	91		664	16
17	Flooring Stairwell Carpet Vinyl Living Dining 2nd Flr and Bathroom	2010	10,623	840	10 15	840		7,090	17
18	Electrical Wiring, roof, bathroom renovation	2011	48,364	4,274	5 10 15	4,274		22,423	18
19	Remodel Bathrooms & Electric Wiring	2012	19,215	1,533	20 15 10	1,533		6,453	19
20	Flooring	2013	4,245	425	10 15	425		1,557	20
21	MAHONEY VILLAGE HOME								21
22	Misc. Additions	1985	4,007		29			4,007	22
23	Fire Sprinklers	1989	1,709		25			1,709	23
24	Alluminum Siding Fascia Downspout	1991	3,827		20			3,827	24
25	Balance Siding	1992	398		20			398	25
26	Redecoration	1995	14,846		10			14,846	26
27	Repair Wood Post	1996	400		8			400	27
28	Drapes Repair Heater Plumbing Install Lights	1999	6,023	50	10 20	50		5,898	28
29	Carpentry	2000	1,622					1,622	29
30	Replace Flooring Roof Install/Remove Vanities Planning	2002	50,444	752	10 15	752		50,068	30
31	Replace Flooring Kitchen Cabinet Sink Countertops	2003	32,254	1,888	10 15 20	1,888		28,685	31
32	Kitchen Back Splashes Install Door/Frames	2004	17,942	1,196	15	1,196		14,952	32
33	Vinyl Shutters Decoria Fiber Gls Door Kitchen Bath Rehab	2005	17,392	635	20 15	635		14,033	33
34	TOTAL (lines 1 thru 33)		\$ 44,267,088	\$ 1,046,482		\$ 1,154,018	\$ 107,536	\$ 19,314,673	34

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

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

7/01/15

Ending:

6/30/16

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	Totals from Page 12C, Carried Forward		\$ 44,267,088	\$ 1,046,482		\$ 1,154,018	\$ 107,536	\$ 19,314,673	1
2	Repair Due to Lightning Strike Protecting Panels, computer wiring	2009	1,362	91	15	91	(0)	664	2
3	Bathroom Renovation, Vanities Cabinets, flooring, electrical	2011	21,123	1,541	15	1,541	0	8,255	3
4	Bathroom Renovation Vanities Cabinet	2012	26,294	2,323	10 15 20	2,323	0	10,652	4
5	Bathroom Renovation	2013	4,072	407	15	407		1,255	5
6	SHANNON VILLAGE HOME								6
7	Misc. Additions	1985	73,264					73,264	7
8	Misc. Additions	1987	3,000					3,000	8
9	Fire Sprinklers, repair on mech heating	1990	3,513					3,513	9
10	Alluminum Siding Fascia Downspout	1991	3,827					3,827	10
11	Siding	1992	398					398	11
12	Redecoration and install office	1995	21,503					21,503	12
13	Repair Wood Post	1996	400					400	13
14	Roof Repairs	1998	3,775					3,775	14
15	Flooring, Fire Dampers Repairs, Boiler	1999	5,732					5,732	15
16	Carpentry, Install Sprinklers Heads	2000	2,907	51	25	51		2,470	16
17	Flooring	2001	21,629					21,629	17
18	Replace Flooring, Install Cooktops, Fireproof Bathroom Reno	2002	45,916	594	15	594		45,619	18
19	Vanity Base Cabinet	2003	975	65	15	65		878	19
20	Vinyl shutters, window Replacement, Kitchen Cabinets, door	2004	31,413	1,896	10 15	1,896		26,673	20
21	Fiber Glass Door, Kitchen reno, cabinets, tiling, plumbing, Shutters	2005	44,191	2,171	10 15 20	2,171		33,334	21
22	Bathroom Renovation	2006	2,030	136	15	136		1,415	22
23	Flooring	2007	10,660	1,066	10 15	1,066		10,524	23
24	Condiut replacement	2008	2,641	132	20	132		1,178	24
25	Repair Due to Lightning Strike Protecting Panels, computer wiring	2009	1,362	91	15	91		664	25
26	Bathroom Renovation, Vanities Cabinet, flooring, roof replacement	2011	27,436	2,288	10 15	2,288		16,696	26
27	Wardrobe cabinets	2012	11,541	769	15	769		3,206	27
28	Tile flooring	2013	3,675	368		368		1,225	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 44,641,726	\$ 1,060,469		\$ 1,168,005	\$ 107,537	\$ 19,616,420	34

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

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

7/01/15

Ending:

6/30/16

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	Totals from Page 12D, Carried Forward		\$ 44,641,726	\$ 1,060,469		\$ 1,168,005	\$ 107,536	\$ 19,616,420	1
2	RICE VILLAGE HOME								2
3	Additions	1984	6,572					6,572	3
4	Additions	1985	1,222					1,222	4
5	Fire Sprinklers	1989	1,709					1,709	5
6	Alluminum Siding Fascia Downspouts	1991	3,827					3,827	6
7	Alluminum Siding	1992	398					398	7
8	Redecoration	1995	13,018					13,018	8
9	Flooring-Post Closing Entr	1999	525					525	9
10	Plaster Dining Rm Ceiling Install Door Frames/Doors Drapes&Rods	2002	14,989	244	10 15	244		14,867	10
11	Cabinets Ins Door Frame Flooring Kitchen Island Countertops	2004	43,076	2,659	10 15	2,659		36,429	11
12	Decoria Vinyl Wall Shutters Kitchen Bath Rehab Labor Door Fiber Gl	2005	22,641	410	5 10 15 20	410		19,507	12
13	Repair Due to Lightning Strike Protecting Panels, computer wiring	2009	7,493	678	10 15	678		5,735	13
14	Flooring, roof, bathroom reno, electrical wiring	2011	31,371	2,899	10 20	2,899		16,216	14
15	Wardrobe Cabinets, bathroom reno	2012	21,440	1,741	10 15	1,741		7,975	15
16	POLK VILLAGE HOME								16
17	Additions	1984	5,397					5,397	17
18	Additions	1985	1,222					1,222	18
19	Fire Sprinklers	1989	1,709					1,709	19
20	Alluminum Siding Fascia Downspouts	1991	3,827					3,827	20
21	Alluminum Siding	1992	398					398	21
22	Redecoration	1995	12,817					12,817	22
23	Flooring-Post Closing Roofing	1999	3,873					3,873	23
24	Carpeting Dining Rm Carpentry	2000	8,167					8,167	24
25	Install/Remove Vanities Planning Cooktops Fireproof	2002	23,645	692	15	692		23,299	25
26	Replace Flooring, Kitchen Floor Tiles, Kitchen reno,	2003	39,701	1,920	10 20	1,920		35,153	26
27	Faucets Drains Back Splashes, door frames, drape sheers	2004	23,953	1,300	15 25	1,300		19,637	27
28	Vinyl Shutters Fiber Glass Door Vinyl Wall Labor	2005	11,753	437	10 15 20	437		8,525	28
29	Kitchen reno construciton	2006	2,538	169	15	169		1,745	29
30	Repair due to LightningStrike-Protecting Panel, computer wiring	2009	1,362	91	15	91		664	30
31	Flooring, bathroom reno	2010	7,549	714	15	714		4,629	31
32	Electrical Wiring, floors, roof, bathroom renovation	2011	45,245	3,980	15 20	3,980		21,157	32
33	Wardrobe Cabinets, bathroom reno	2012	15,811	1,196	15	1,196		5,091	33
34	TOTAL (lines 1 thru 33)		\$ 45,018,973	\$ 1,079,598		\$ 1,187,135	\$ 107,536	\$ 19,901,729	34

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

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

7/01/15

Ending:

6/30/16

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	Totals from Page 12E, Carried Forward		\$ 45,018,973	\$ 1,079,598		\$ 1,187,135	\$ 107,536	\$ 19,901,729	1
2	Bathroom Renovation	2014	5,689	381	15	381		794	2
3	Shower renovation	2016	3,175	106	15	106		106	3
4	MAZZA VILLAGE HOME								4
5	Additions	1984	11,588					11,588	5
6	Additions	1985	1,222					1,222	6
7	Fire sprinklers	1989	1,709					1,709	7
8	Alluminum Siding Fascia Downspouts	1991	6,338					6,338	8
9	Mechanical Plumbing Repair	1993	7,003					7,003	9
10	Mechanical Plumbing Repair	1994	4,533					4,533	10
11	Redecoration	1995	13,006					13,006	11
12	Roof Repairs	1998	3,775					3,775	12
13	Flooring, drapes, fire damper, counter tops	1999	13,355					13,355	13
14	Install shower, carpentry	2000	3,851	106	15 20	106		3,479	14
15	Install Vanities Cabinets Cooktops Fire Proof Planning Carpentry	2002	12,994	850	15	850		12,569	15
16	Flooring Repair Labor and door frames, drapes and kitchen cabinets	2004	25,249	1,294	10 15	1,294		22,014	16
17	Entry Door Fiber Glass, kitchen cabinets, vinyl shutters, plumbing	2005	44,927	2,288	20	2,288		34,443	17
18	Wall panels	2006	2,429	68	10 15 20	68		2,139	18
19	Flooring	2008	14,705	1,471	10 15	1,471		12,411	19
20	Repair due to LightningStrike-Protecting Panel, computer wiring	2009	1,362	91	15	91		664	20
21	Electrical repairs, roof replacement	2011	21,916	1,873	10 20	1,873		9,781	21
22	Wadrobe cabinets	2012	11,541	769	15	769		3,206	22
23	MINIAT VILLAGE HOME								23
24	Misc. Additions	1985	4,007					4,007	24
25	Fire Sprinklers	1989	1,709					1,709	25
26	Alluminum Siding Fascia Downspout	1991	3,827					3,827	26
27	Balance Siding	1994	398					398	27
28	Redecoration	1995	13,021					13,021	28
29	Repair Wood Post	1996	600					600	29
30	Wall Furnace	1997	635					635	30
31	Flooring-Post Closing Entrance	1998	666					666	31
32	Drapes	1999	1,013					1,013	32
33	Carpentry, dining room and carpeting	2000	12,733					12,733	33
34	TOTAL (lines 1 thru 33)		\$ 45,267,947	\$ 1,088,896		\$ 1,196,432	\$ 107,536	\$ 20,104,472	34

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

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

Report Period Beginning:

7/01/15

Ending:

6/30/16**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	Totals from Page 12F, Carried Forward		\$ 45,267,947	\$ 1,088,896		\$ 1,196,432	\$ 107,536	\$ 20,104,472	1
2	Replace roof, flooring, vanities	2002	38,929	367	10 15	367		38,746	2
3	Renovate Kitchen	2003	25,543	1,654	15 20	1,654		22,325	3
4	Renovate Kitchen	2004	22,273	1,168	10 15	1,168		19,352	4
5	Renovate Bathrooms and install new vinyl shutters	2005	44,665	1,545	10 15 20	1,545		27,393	5
6	Renovate Bathrooms	2006	3,150	285	10	285		11,144	6
7	Vinyl flooring	2007	4,373	437	15	437		4,336	7
8	Flooring, wiring for internet and repair to fire panel; counter tops and s	2009	8,710	321	15	321		5,020	8
9	Vinyl Flooring; electrical wiring;	2010	9,811	633	5 10 20	633		7,222	9
10	Electrical wiring	2011	22,261	1,824	20	1,824		9,606	10
11	Wardrobe Cabinets, bathroom reno	2012	15,038	1,206		1,206		5,107	11
12	Flooring	2013	4,900	490		490		1,797	12
13	Bathroom remodel	2013	4,890	326		326		652	13
14	O'DONNELL VILLAGE HOME								14
15	Additions, fire sprinklers	1989	5,716					5,716	15
16	Alluminum Siding Fascia Downspout	1991	3,827					3,827	16
17	Siding	1992	398					398	17
18	Redecoration	1995	15,048					15,048	18
19	Repair Wood Post	1996	400					400	19
20	Roofing Repairs Water Heater	1999	5,572					5,572	20
21	Carpentry	2000	1,622		10 15			1,622	21
22	Flooring Install/Remove Vanities Cooktops Planning	2002	32,545	493	10 15	493		32,298	22
23	Kitchen Cabinet Flooring Install Door/Frames Countertops	2004	42,792	2,198	5 15 20	2,198		37,297	23
24	Vinyl Shutter Install Fiber Gls Door Kitchen Bath Rehab	2005	10,021	316	15	316		7,693	24
25	Repair Due to Lightning Strike Protecting Panels, Computer wiring	2009	1,362	91	20	91		664	25
26	Install Lightings, roof, bathroom reno and flooring	2011	35,796	3,022	20 10 15	3,022		15,564	26
27	Wardrobe Cabinets, bathroom renovation	2012	12,480	960	15	960		4,094	27
28	Flooring	2013	2,600	260	10	260		953	28
29	Flooring								29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 45,642,666	\$ 1,106,490		\$ 1,214,026	\$ 107,536	\$ 20,388,316	34

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

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

7/01/15

Ending:

6/30/16

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	Totals from Page 12G, Carried Forward		\$ 45,642,666	\$ 1,106,490		\$ 1,214,026	\$ 107,536	\$ 20,388,316	1
2	HERBSTTRITT VILLAGE HOME								2
3	Misc Additions	1985	4,007					4,007	3
4	Fire Sprinklers	1989	1,709					1,709	4
5	Alluminum Siding Fascia Downspout	1991	3,827					3,827	5
6	Balance Siding	1992	398					398	6
7	Redecoration	1995	16,162					16,162	7
8	Repair Wood Post	1996	400					400	8
9	Flooring Cabinets	1999	8,709					8,709	9
10	Replace Flooring Roof Cooktops Fireproof Planning	2002	46,173	492	10 15	492		45,927	10
11	Install Countertops Doors/Frames Flooring Recon Sink	2004	21,249	1,349	10 15 20	1,349		17,759	11
12	Vinyl Shutters Decoria Fiber Gls Door Kitchen Bath Rehab	2005	24,671	1,194	5 15 20	1,194		19,267	12
13	Wiring Internet Connection, electric repairs	2009	1,362	91	15	91		664	13
14	Bathroom renovation, flooring, electrical wiring, installation of lights	2011	26,186	2,505	10 20	2,505		13,858	14
15	Wardrobe Cabinets, bathroom renovation	2012	13,015	1,013	10 15	1,013		4,330	15
16	Shower Base, shower surround, vanity top	2015	8,915	595	15	595		777	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
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 45,819,449	\$ 1,113,729		\$ 1,221,265	\$ 107,536	\$ 20,526,109	34

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

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

7/01/15

Ending:

6/30/16

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	Totals from Page 12H, Carried Forward		\$ 45,819,449	\$ 1,113,729		\$ 1,221,265	\$ 107,536	\$ 20,526,109	1
2	Allocated support and MGA departments not included in the capital component of rate:								2
3	Connolly Center Laundry allocated based on weight of laund		396,580	10,255		10,255		278,964	3
4	Resource Center allocated based on # of residents		635,446	33,275		33,275		480,783	4
5	Housekeeping allocation based on squ feet of areas cleaned		60,854	622		622		57,901	5
6	Food Services allocated based on # of meals		1,751,577	51,421		51,421		1,474,429	6
7	Nursing allocation based on meds passed.		1,025,459	39,239		39,239		868,588	7
8	Building Operations allocated based on square footage		25,920,705	377,450		379,159	1,709	21,598,257	8
9	Purchasing dept allocated based on # of requisitions		76,071	3,523		3,523		53,323	9
10	Therapy dept allocation based on staff hours		81,477	21,513		21,513		70,660	10
11	Pool & Fitness based on # of residents.		1,950,496	95,957		95,957		1,736,267	11
12	Religious- based on # of residents & Driskill based on volunteers		1,862,454	137,054		137,054		2,107,930	12
13	Driskill Home based on volunteers		403,603	16,552		16,552		89,326	13
14	MGA alloc- Finance Dept alloc based on direct exp		457,809	12,141		12,141		161,353	14
15	MGA alloc HR, Admin & Reception based # of employees		2,414,273	71,700		78,183	6,483	1,791,329	15
16	MGA alloc- IT Dept alloc based on direct exp		156,278	2,771		2,771		150,390	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
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 83,012,533	\$ 1,987,202		\$ 2,102,930	\$ 115,728	\$ 51,445,610	34

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

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

7/01/15

Ending:

6/30/16

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	\$ 457,820	\$ 31,788	\$ 31,788	\$	10	\$ 291,568	71
72	Current Year Purchases	21,257	2,121	2,121		10	2,121	72
73	Fully Depreciated Assets	707,394					707,394	73
74								74
75	TOTALS	\$ 1,186,471	\$ 33,909	\$ 33,909	\$		\$ 1,001,083	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			\$ 272,444	\$ 14,408	\$ 14,408	\$	4	\$ 247,413	76
77										77
78										78
79										79
80	TOTALS			\$ 272,444	\$ 14,408	\$ 14,408	\$		\$ 247,413	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)	\$ 84,471,448	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 2,035,519	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 2,151,247	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 115,728	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 52,694,106	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	Bldg & Equip alloc to other prog	\$ 72,164,283	\$ 2,556,273	\$ 28,777,849	86
87	Auto alloc to other prog	1,149,663	60,799	1,044,037	87
88					88
89	Land	1,497,957			89
90					90
91	TOTALS	\$ 74,811,903	\$ 2,617,072	\$ 29,821,886	91

G. Construction-in-Progress

	Description	Cost	
92	CILA reno	\$ 581,514	92
93	Main entrance reno	408,033	93
94	Bldg improvements campus	134,440	94
95		\$ 1,123,987	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: 7/01/15

Ending: 6/30/16

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	TOTAL				\$ _____			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.	_____ /2017	\$ _____
13.	_____ /2018	\$ _____
14.	_____ /2019	\$ _____

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	TOTAL		\$ _____	\$ _____	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.

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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
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B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		4,431		4,431
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)		131,509		131,509
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 135,940	\$	\$ 135,940
10	SUM OF line 9, col. 1 and 2 (e)	\$	135,940		

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

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

- (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	Schedule V Line & Column Reference	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	20,829					20,829	6
7	Work Related Program	898	hrs	8,982					8,982	7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							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	TOTAL			\$ 29,811		\$	\$		\$ 29,811	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.

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **6/30/16**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 15,153,893	\$	1
2	Cash-Patient Deposits	367,847		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>35,000</u>)	6,179,505		3
4	Supply Inventory (priced at <u>cost</u>)	221,951		4
5	Short-Term Investments	31,488,671		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	677,850		7
8	Accounts Receivable (owners or related parties)	3,093,090		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 57,182,807	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,497,957		13
14	Buildings, at Historical Cost	144,691,094		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	13,094,300		16
17	Accumulated Depreciation (book methods)	(82,515,992)		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 (spe <u>CIP</u>)	1,123,987		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 77,891,346	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 135,074,153	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 961,548	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	353,264		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	3,283,008		30
31	Accrued Taxes Payable (excluding real estate taxes)	333,952		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
	Other Current Liabilities(specify):			
36	<u>Deferred Revenue</u>	283,167		36
37	<u>Other Liabilities and ARO</u>	1,617,375		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,832,314	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,832,314	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 128,241,839	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 135,074,153	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 116,680,790	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 116,680,790	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(11,482,273)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	30,134,757	11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment	66,207	14
15	Other (describe) <u>Net Loss from Misericordia McAuley</u>	(4,538,219)	15
16	Other (describe) <u>Development & Community Relations</u>	(2,790,598)	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 11,389,874	17
	B. Transfers (Itemize):		
18	<u>Investment activity/insurance proceeds</u>	171,175	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 171,175	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 128,241,839	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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 27,384,704	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 27,384,704	3
B. Ancillary Revenue			
4	Day Care	9,244,821	4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 9,244,821	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	387,036	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	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 387,036	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 37,016,561	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	7,816,236	31
32	Health Care	19,184,639	32
33	General Administration	10,575,855	33
B. Capital Expense			
34	Ownership	3,702,560	34
C. Ancillary Expense			
35	Special Cost Centers	5,761,852	35
36	Provider Participation Fee	1,457,692	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 48,498,834	40
41	Income before Income Taxes (line 30 minus line 40)**	(11,482,273)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (11,482,273)	43

III. Net Inpatient Revenue detailed by Payer Source			
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	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$	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:

7/01/15

Ending:

6/30/16

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	1,815	2,080	\$ 79,044	\$ 38.00	1
2	Assistant Director of Nursing					2
3	Registered Nurses	47,385	52,977	1,676,777	31.65	3
4	Licensed Practical Nurses	16,261	18,293	497,939	27.22	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist	9,062	10,211	354,734	34.74	7
8	Rehab/Therapy Aides	20,707	23,211	425,278	18.32	8
9	Activity Director	1,827	2,051	65,781	32.07	9
10	Activity Assistants	20,815	23,437	429,498	18.33	10
11	Social Service Workers	9,660	11,287	249,022	22.06	11
12	Dietician	970	1,064	37,975	35.69	12
13	Food Service Supervisor	1,388	1,528	91,976	60.19	13
14	Head Cook	3,946	4,655	127,094	27.30	14
15	Cook Helpers/Assistants	26,141	28,718	429,343	14.95	15
16	Dishwashers					16
17	Maintenance Workers	35,309	39,313	957,115	24.35	17
18	Housekeepers	45,625	50,493	699,143	13.85	18
19	Laundry	11,846	12,405	169,517	13.67	19
20	Administrator	7,478	8,350	589,467	70.59	20
21	Assistant Administrator					21
22	Other Administrative	31,297	34,950	1,018,332	29.14	22
23	Office Manager	1,273	1,452	35,807	24.66	23
24	Clerical	18,603	20,746	354,481	17.09	24
25	Vocational Instruction	249,755	267,861	4,921,185	18.37	25
26	Academic Instruction	4,324	5,075	131,509	25.91	26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	85,947	96,479	2,090,653	21.67	28
29	Resident Services Coordinator	68,525	77,020	1,605,882	20.85	29
30	Habilitation Aides (DD Homes)	622,586	678,867	10,244,390	15.09	30
31	Medical Records	1,325	1,560	28,147	18.04	31
32	Other Health C: <u>Medical Secretary</u>	1,831	2,080	41,364	19.89	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	1,345,701	1,476,163	\$ 27,351,453 *	\$ 18.53	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	1,255	\$ 42,669	1	35
36	Medical Director		33,333	9	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant		23,129	10	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	257	15,403	10a	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	737	44,222	10a	43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify) <u>medical waste</u>		7,034	10	46
47	<u>Psych</u>		28,846	10a	47
48	<u>Hab Aides</u>		9,820	10a	48
49	TOTAL (lines 35 - 48)	2,249	\$ 204,456		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

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning: 7/01/15

Ending: 6/30/16

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	\$ 47,520	Workers' Compensation Insurance	\$ 361,807	IDPH License Fee	\$	
Mary Pat O'Brien/L. Gate	Asst. Executive Directro	N/A	130,531	Unemployment Compensation Insurance	34,631	Advertising: Employee Recruitment	4,194	
Denise Tigges/C. Krackenberg	Admistrator	N/A	110,441	FICA Taxes	1,295,900	Health Care Worker Background Check		
K. Golden/G. Connelly	Admistrator	N/A	87,633	Employee Health Insurance	2,204,054	(Indicate # of checks performed 559)	18,827	
Joseph Ferrara	Admistrator	N/A	46,073	Employee Meals		Patient Background Checks		
Mike Diaz/Tina Stendardo	Admistrator	N/A	44,774	Illinois Municipal Retirement Fund (IMRF)*		Title XX allocation	5,162	
Kevin Connelly/Fr. Jack Clair	CFO/Asst Exe Dir	N/A	122,495	Emp Tuition Reimbursement/Other	66,400	License fees-Computer lic, Dept of Financial I	12,037	
TOTAL (agree to Schedule V, line 17, col. 1)				Dental Insurance	42,822	Membership Dues	3,588	
(List each licensed administrator separately.)			\$ 589,467	401K Match	886,758	Bank fees	7,820	
B. Administrative - Other				Long-Term Disability and Life Insurance	102,162	Subscriptions	2,187	
Description			Amount	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
			\$	\$ 4,994,534		\$ 53,815		
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees				
(Attach a copy of any management service agreement)				Description		Line #	Amount	
C. Professional Services				G. Schedule of Travel and Seminar**				
Vendor/Payee	Type	Amount	Description		Line #	Amount	Description	Amount
Deloitte & Touche	Audit	\$ 80,800	Out-of-State Travel			\$		\$
ADP Processing	Payroll Service	122,358						
LaPointe Law	Legal	10,679						
Correll	Admin for 401K plan	24,746					In-State Travel	
Holland & Knight	Unallowable legal	23,784						13,348
Mahoney, Crowe, Goldrick	Legal alloc to other prog	1,110						
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	Seminar Expense	
(For legal fee disclosure, see page 39 of instructions)			\$ 263,477					
							Entertainment Expense	()
							TOTAL (agree to Sch. V, line 24, col. 8)	
							\$ 13,348	

* Attach copy of IMRF notifications

**See instructions.

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

Report Period Beginning:

7/01/15

Ending:

6/30/16**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? Yes If YES, what is the capacity? 264
- (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. \$ 91,288 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. \$ 1,457,692
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 & Touche
- (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