

Facility Name & ID Number Marian Ctr Adult Residents

0029876 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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	100	Intermediate (ICF)	100	35,645	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6	264	ICF/DD 16 or Less	264	94,127	6
7	364	TOTALS	364	129,772	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	33,521	365		33,886	11
12	SC					12
13	DD 16 OR LESS	84,575	1,460		86,035	13
14	TOTALS	118,096	1,825		119,921	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.41%

D. How many bed reserve days during this year were paid by the Department?
9,851 (Do not include bed reserve 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 home and CLF

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 Various 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: 2017 Fiscal Year: 2017

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

Facility Name & ID Number Marian Ctr Adult Residents # 0029876 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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	656,752	304,765	39,261	1,000,778		1,000,778	(340,147)	660,631		1
2	Food Purchase		1,753,330		1,753,330		1,753,330	(254,445)	1,498,885		2
3	Housekeeping	748,443	267,092	319,702	1,335,237		1,335,237	(544,083)	791,154		3
4	Laundry	194,691	44,703		239,394		239,394	(61,079)	178,315		4
5	Heat and Other Utilities			1,068,513	1,068,513		1,068,513	(521,524)	546,989		5
6	Maintenance	1,044,685	258,977	1,447,335	2,750,997		2,750,997	(1,378,873)	1,372,124		6
7	Other (specify):*										7
8	TOTAL General Services	2,644,571	2,628,867	2,874,811	8,148,249		8,148,249	(3,100,151)	5,048,098		8
	B. Health Care and Programs										
9	Medical Director			30,000	30,000		30,000	(1,481)	28,519		9
10	Nursing and Medical Records	2,458,558	562,202	25,639	3,046,399		3,046,399	(518,108)	2,528,291		10
10a	Therapy	15,965,936	5,880	82,378	16,054,194		16,054,194	(2,288,827)	13,765,367		10a
11	Activities	494,801	26,942	3,365	525,108		525,108	(117,513)	407,595		11
12	Social Services	251,530	2,424	13,920	267,874		267,874	(59,848)	208,026		12
13	CNA Training	134,588	2,085		136,673		136,673	(44,859)	91,814		13
14	Program Transportation		135,676		135,676		135,676	(69,276)	66,400		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	19,305,413	735,209	155,302	20,195,924		20,195,924	(3,099,912)	17,096,012		16
	C. General Administration										
17	Administrative	638,487	1,816		640,303		640,303	(229,319)	410,984		17
18	Directors Fees										18
19	Professional Services			285,891	285,891		285,891	(111,694)	174,197		19
20	Dues, Fees, Subscriptions & Promotions			157,586	157,586		157,586	(89,285)	68,301		20
21	Clerical & General Office Expenses	1,465,174	231,247	107,442	1,803,863		1,803,863	(813,753)	990,110		21
22	Employee Benefits & Payroll Taxes			7,925,104	7,925,104		7,925,104	(2,595,137)	5,329,967		22
23	Inservice Training & Education										23
24	Travel and Seminar			18,447	18,447		18,447	(9,540)	8,907		24
25	Other Admin. Staff Transportation		969		969		969	(969)			25
26	Insurance-Prop.Liab.Malpractice			257,954	257,954		257,954	(134,447)	123,507		26
27	Other (specify):*										27
28	TOTAL General Administration	2,103,661	234,032	8,752,424	11,090,117		11,090,117	(3,984,144)	7,105,973		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	24,053,645	3,598,108	11,782,537	39,434,290		39,434,290	(10,184,207)	29,250,083		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 Adult Residents

#0029876

Report Period Beginning:

07/01/2016

Ending:

06/30/2017

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			4,243,018	4,243,018		4,243,018	(1,749,115)	2,493,903			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			28,471	28,471		28,471	(28,471)				32
33	Real Estate Taxes			(5,379)	(5,379)		(5,379)	5,379				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			4,266,110	4,266,110		4,266,110	(1,772,207)	2,493,903			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	5,290,191	803,655	3,934	6,097,780		6,097,780	(6,050,232)	47,548			39
40	Barber and Beauty Shops			2,378	2,378		2,378		2,378			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			1,206,575	1,206,575		1,206,575		1,206,575			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	5,290,191	803,655	1,212,887	7,306,733		7,306,733	(6,050,232)	1,256,501			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	29,343,836	4,401,763	17,261,534	51,007,133		51,007,133	(18,006,646)	33,000,488			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	(316,995)	10		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	54,449	30		9
10	Interest and Other Investment Income	(28,471)	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	(649)	25		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	(14,193)	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)	\$ (305,859)		\$	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))	\$ (305,859)		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 Adult Residents

ID# 0029876

Report Period Beginning: 07/01/2016

Ending: 06/30/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Expenses reimbursed from other sources:	\$		1
2	Dietary Wages, supplies and other	(340,147)	1	2
3	Food Supplies	(254,445)	2	3
4	Housekeeping Wages, Supplies	(544,083)	3	4
5	Laundry supplies	(61,079)	4	5
6	Heat and Other Utilities	(521,524)	5	6
7	Maintenance Wages, Supplies and Other	(1,353,213)	6	7
8	Nursing/Med Records Wages, Supplies and Other	(198,192)	10	8
9	Therapy Wages, Supplies and Other	(2,288,827)	10a	9
10	Activities Wages, Supplies and Other	(117,513)	11	10
11	Social Services Wages, Supplies and Other	(59,848)	12	11
12	Training	(44,859)	13	12
13	Program Transportation Other	(69,276)	14	13
14	Administrative Wages, Supplies and other	(219,708)	17	14
15	Professional Services	(97,107)	19	15
16	Dues, Fees, Subscriptions & Promotions	(87,946)	20	16
17	Clerical Wages, Supplies and Other	(799,560)	21	17
18	Employee Benefits & Payroll Taxes	(2,589,969)	22	18
19	Travel & Seminar	(7,346)	24	19
20	Other Admin Staff Transportation	(320)	25	20
21	Insurance	(134,447)	26	21
22	Depreciation	(1,784,661)	30	22
23	Ancillary Service Centers Salaries and Supplies	(6,037,991)	39	23
24	Real Estate taxes	5,379	33	24
25	Other employee benefits	(5,168)	22	25
26	Donated Administrator's salary	(9,611)	17	26
27	Subscription	(1,339)	20	27
28	Off-site recreational facility costs	(12,241)	39	28
29	Off-site recreational facility depreciation	(735)	30	29
30	Loss on disposal	(2,032)	6	30
31	Depreciation on donated equipment	(18,168)	30	31
32	Donated services	(13,275)	19	32
33	Donated services	(23,628)	6	33
34	Donated supplies	(2,921)	10	34
35	Conferences	(2,194)	24	35
36	Medical Director	(1,481)	9	36
37	Appraisal on CILA	(1,312)	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	Total	(17,700,787)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Marian Ctr Adult Residents# 0029876

Report Period Beginning:

07/01/2016

Ending:

06/30/2017

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	(340,147)	0	0	0	0	0	0	0	0	0	0	(340,147)	1
2	Food Purchase	(254,445)	0	0	0	0	0	0	0	0	0	0	(254,445)	2
3	Housekeeping	(544,083)	0	0	0	0	0	0	0	0	0	0	(544,083)	3
4	Laundry	(61,079)	0	0	0	0	0	0	0	0	0	0	(61,079)	4
5	Heat and Other Utilities	(521,524)	0	0	0	0	0	0	0	0	0	0	(521,524)	5
6	Maintenance	(1,378,873)	0	0	0	0	0	0	0	0	0	0	(1,378,873)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(3,100,151)	0	(3,100,151)	8									
	B. Health Care and Programs													
9	Medical Director	(1,481)	0	0	0	0	0	0	0	0	0	0	(1,481)	9
10	Nursing and Medical Records	(518,108)	0	0	0	0	0	0	0	0	0	0	(518,108)	10
10a	Therapy	(2,288,827)	0	0	0	0	0	0	0	0	0	0	(2,288,827)	10a
11	Activities	(117,513)	0	0	0	0	0	0	0	0	0	0	(117,513)	11
12	Social Services	(59,848)	0	0	0	0	0	0	0	0	0	0	(59,848)	12
13	CNA Training	(44,859)	0	0	0	0	0	0	0	0	0	0	(44,859)	13
14	Program Transportation	(69,276)	0	0	0	0	0	0	0	0	0	0	(69,276)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(3,099,912)	0	(3,099,912)	16									
	C. General Administration													
17	Administrative	(229,319)	0	0	0	0	0	0	0	0	0	0	(229,319)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(111,694)	0	0	0	0	0	0	0	0	0	0	(111,694)	19
20	Fees, Subscriptions & Promotions	(89,285)	0	0	0	0	0	0	0	0	0	0	(89,285)	20
21	Clerical & General Office Expenses	(813,753)	0	0	0	0	0	0	0	0	0	0	(813,753)	21
22	Employee Benefits & Payroll Taxes	(2,595,137)	0	0	0	0	0	0	0	0	0	0	(2,595,137)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(9,540)	0	0	0	0	0	0	0	0	0	0	(9,540)	24
25	Other Admin. Staff Transportation	(969)	0	0	0	0	0	0	0	0	0	0	(969)	25
26	Insurance-Prop.Liab.Malpractice	(134,447)	0	0	0	0	0	0	0	0	0	0	(134,447)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(3,984,144)	0	(3,984,144)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(10,184,207)	0	(10,184,207)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Marian Ctr Adult Residents# 0029876

Report Period Beginning:

07/01/2016 Ending:06/30/2017

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)	
	D. Ownership													
30	Depreciation	(1,749,115)	0	0	0	0	0	0	0	0	0	0	(1,749,115)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(28,471)	0	0	0	0	0	0	0	0	0	0	(28,471)	32
33	Real Estate Taxes	5,379	0	0	0	0	0	0	0	0	0	0	5,379	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	(1,772,207)	0	0	0	0	0	0	0	0	0	0	(1,772,207)	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	(6,050,232)	0	0	0	0	0	0	0	0	0	0	(6,050,232)	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	(6,050,232)	0	0	0	0	0	0	0	0	0	0	(6,050,232)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(18,006,646)	0	0	0	0	0	0	0	0	0	0	(18,006,646)	45

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			The Catholic Bishop of Chicago, through provisions in Misericordia's		
S. Rosemary Connelly	BOD			By-Laws and Catholic Charities, by virtue of a majority of		
Fr. John Clair	BOD			Board membership, qualify as related organization because		
John Dyer	BOD			each has the ability to influence Misericordia's Operating policy.		
Rob Figliulo	BOD			Misericordia Home, an equal opportunity employer and provider		
Margaret Houlihan Smith	BOD			of service, is separately incorporated and independantly funded.		
Robert Soudan	BOD					

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		\$	Certain costs, primarily related to insurance and/or construction, may		\$	\$	1
2	V			be paid to either Catholic Charities or the Archdiocese of Chicago. Such costs are paid to				2
3	V			these organizations on a pass-through basis, as part of our participation in collective purchasing				3
4	V			groups. Our share of costs are ultimately paid to external providers not related to us.				4
5	V							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.

Facility Name & ID Number

Marian Ctr Adult Residents

0029876

Report Period Beginning:

07/01/2016

Ending:

06/30/2017

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	Philip O'Connor	BOD						1
2	Kevin Connelly	BOD						2
3	Daniel Walsh	BOD						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 Adult Residents

0029876

Report Period Beginning:

07/01/2016

Ending:

06/30/2017

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	\$ 47,823	17	1
2	Kevin Connelly	CFO				50	100.00	Salary	82,482	17	2
3	Fr. John Clair	Assoc. Exec Director				50	100.00	Salary	55,107	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	\$ 185,412		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 Adult Residents

0029876

Report Period Beginning: 07/01/2016

07/01/2016

Ending: 6/30/2017

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 Adult Residents

0029876

Report Period Beginning:

07/01/2016

Ending:

06/30/2017

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 2016 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 2017 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:	2012	8	
	2013	9	
	2014	10	
	2015	11	
	2016	12	
			FOR BHF USE ONLY
	13	FROM R. E. TAX STATEMENT FOR 2016 \$	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.

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Marian Ctr Adult Residents 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 2016 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 2016.

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

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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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: 630,865 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.

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

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

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [] YES [X] 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'.

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	\$	\$ 2,769,178	4
5	48		2001	5,335,746	266,633	20	266,633		4,574,162	5
6	60		2016	14,281,972	573,330	25	573,330		830,021	6
7	99		1987	3,318,816		20	54,449	54,449	3,318,816	7
8	108		1983	2,947,366		30			2,947,366	8
Improvement Type**										
9	Coleman House-Fire pump controller 480V		2014	1,300	59	22	59		226	9
10	Conrad House-Fire pump controller 480V		2014	1,300	59	22	59		226	10
11	McNerney House-Fire pump controller 480V		2014	1,300	59	22	59		226	11
12	Peterman House-Fire pump controller 480V		2014	1,300	59	22	59		226	12
13	Quinlan Laundry-HVAC (formerly Holbrook)		1999	157,876	7,930	20	7,930		11,895	13
14	Quinlan Laundry-Electric work, boiler repairs, plumbing repairs		2000	35,825	1,791	20	1,791		4,478	14
15	Quinlan Hartemeyer basement office construction		2017	13,505	367	25	367		367	15
16	Quinlan -Walsh basement contructions		2017	42,526	1,157	25	1,157		1,157	16
17	Quinlan -Walsh basement Nursing clinic, fire door, ceiling tiles		2017	3,063	32	25	32		32	17
18	Quinlan Jacobs basement office construction		2017	10,044	273	25	273		273	18
19	Quinlan Jacobs Sensory Room		2017	15,488	474	25	474		474	19
20	MCGOWAN									20
21	Drapes Signs HVAC Mirror Fire Protection		1998	38,093	847	10 20	847		37,670	21
22	Caulking Water Htr Insulation Labor Fire Sys		1999	54,826	1,983	10 15 20 25	1,983		50,408	22
23	Carpentry Lockers Wallguard Countertops Therapy Tubs		2000	138,885	127	5 15 25	127		137,934	23
24	Install New Spa Tub		2001	9,900		10			9,900	24
25	Sprinkler Recall		2003	2,584	185	15	185		2,493	25
26	State Defficiencies Sprinkler Repairs		2004	2,098	140	15	140		1,883	26
27	Flooring Vinyl Tile Installation Labor		2005	21,731	966	10 15 20	966		12,860	27
28	Repair due to Lightning Strike-Protecting Panels		2008	387	26	15	26		224	28
29	Mat&Labor Sprinkler Fire Alarm and Life Safety		2010	5,768	271	20 25	271		2,055	29
30	Replace Deteriorated Soil Piping		2010	3,121	125	25	125		864	30
31	20 Ton Chiller Pump, steel doors		2012	170,267	11,288	15 20	11,288		57,383	31
32	Install Boiler, Kitchen Cabinets		2013	77,295	4,006	15 20	4,006		19,326	32
33	Door Operators		2016	3,208	214	15	214		2,362	33
34	Ceramic tile in bathroom		2017	3,175	146	20	146		146	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 Adult Residents# 0029876

Report Period Beginning:

07/01/2016 Ending: 06/30/2017**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>MARIAN CENTER</u>		\$	\$		\$	\$	\$	37
38	<u>Skylites</u>	2015	15,460	773	20	773		2,126	38
39	<u>Basement Floor</u>	2015	11,080	1,108	10	1,108		3,047	39
40	<u>Roof duct work</u>	2016	10,193	680	15	680		1,133	40
41	<u>Door installation</u>	2016	8,181	409	20	409		511	41
42	<u>Elevator deterrent device</u>	2016	3,678	184	20	184		199	42
43	<u>Storm Screens Electrical Work Elevator Infirmiry Renov</u>	1988	43,957		10 15 20			43,957	43
44	<u>Repairs Changes to Fire Protection</u>	1991	17,102		10 15 20			17,102	44
45	<u>Plumbing and Mechanical Renovation</u>	1992	32,910		10 15 20			32,910	45
46	<u>Plumbing and Mechanical Renovation</u>	1993	11,890		10 15 20			11,890	46
47	<u>Plumbing and Mechanical Renovation Insulation Work</u>	1994	23,898	219	10 15 20	219		23,570	47
48	<u>Insulation Work Wallpaper Painting Upholstery</u>	1995	29,279	123	10 15 20	123		28,974	48
49	<u>Insulation Work Heat Repair HVAC Shade Valance Camera</u>	1996	16,882	150	10 15 20	150		16,359	49
50	<u>Construction Clean Duct Fire Protection Elevator</u>	1997	20,215	664	10 15 20	664		18,316	50
51	<u>Wood Door Construction Mngt</u>	1998	27,429	1,254	10 15 20	1,254		26,802	51
52	<u>Flooring Hand Rail Wallcovering Construction Salaries</u>	1999	232,174	500	10 15 20	500		231,418	52
53	<u>Carpentry State Deficiencies Constr Boiler Repair</u>	2000	314,439	1,481	10 15 20	1,481		310,736	53
54	<u>Shower Boiler Repair Overhaul Fire Door Med Cart Cabinets</u>	2001	35,077	777	10 15 20	777		32,357	54
55	<u>Ejection Pump Repair State Deficiencies Renovation</u>	2002	102,867	3,429	10 15 20	3,429		102,867	55
56	<u>State Deficiencies Repairs</u>	2003	7,536	502	10 15 20	502		7,284	56
57	<u>Skylights Windows Wall Pads Door Rep Smk Detector</u>	2004	40,378	1,010	10 15 20	1,010		35,114	57
58	<u>Drywall Cabinets Vinyl Flooring Shower Install Plaster Labor</u>	2005	39,430	327	10 15 20	327		38,614	58
59	<u>Ductwork Plaster Repair Fire Panel Labor Woodplank Flooring</u>	2006	28,002	1,569	10 15 20	1,569		19,758	59
60	<u>Flooring Cabinets Kitchen Counter Tops Plastering Chiller H2O Syste</u>	2007	260,802	18,456	10 15 20	18,456		188,589	60
61	<u>Flooring Cabinets Kitchen Counter Tops</u>	2008	116,350	8,284	10 15 20	8,284		73,687	61
62	<u>Flooring Mat&Labor, install paver, cabinetry</u>	2009	233,168	17,102	10 15 20	17,102		140,194	62
63	<u>Cabinetry and flooring</u>	2010	153,989	10,468	10 15 20	10,468		75,480	63
64	<u>Chamoise Drywall Vinyl Flooring Apt 104 1st Flr Office Labor Floor</u>	2011	110,659	7,336	10 15 20	7,336		48,814	64
65	<u>Cooling Upgrades and Delta Control Pumps, steel doors, roof</u>	2012	172,099	16,798	10 15 20	16,798		86,197	65
66	<u>Med cart, new windows, install vanity cabinets, flooring, fire alarm up</u>	2013	374,423	27,797	10 15 20	27,797		125,043	66
67	<u>Repair Roof using Elastomeric roof coating/tear off roof shingles</u>	2014	27,200	2,817	10 15 20	2,817	0	9,647	67
68	<u>Sprinklers</u>	2014	4,638	186	10 15 20	186		727	68
69	<u>Insulate mechanical room</u>	2017	8,432	47	15	47		47	69
70	TOTAL (lines 4 thru 69)		\$ 39,620,354	\$ 1,412,691		\$ 1,467,140	\$ 54,449	\$ 16,548,101	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	Totals from Page 12A, Carried Forward		\$ 39,620,354	\$ 1,412,691		\$ 1,467,140	\$ 54,449	\$ 16,548,101	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	Carpentry	2000	1,622					1,622	8
9	Install Remove Vanities Planning Cooktops Cabinets	2002	12,012	113	10 15	113		12,012	9
10	Cabinets Install Door/Frames Vinyl Flooring Countertops	2004	40,167	2,610	10 15	2,610	(0)	36,474	10
11	Install Vinyl Shutter Fiber Gls Door Carpet Kitchen Bath Rehab	2005	20,111	524	10 15	524		17,104	11
12	Bathroom Repair Labor	2006	2,188	146	10 15	146		1,641	12
13	Repair due to lightning Strike-Protecting Panel, computer wiring	2009	1,362	91	15	91		755	13
14	Flooring Stairwell Carpet Vinyl Living Dining 2nd Flr and Bathroom	2010	10,623	840	10 15	840	(0)	7,930	14
15	Electrical Wiring, roof, bathroom renovation	2011	48,364	4,274	5 10 15	4,274	(0)	26,697	15
16	Remodel Bathrooms & Electric Wiring	2012	19,215	1,533	20 15 10	1,533	0	7,986	16
17	Flooring	2013	4,245	425	10 15	425		1,982	17
18	MAHONEY VILLAGE HOME								18
19	Misc. Additions	1985	4,007					4,007	19
20	Fire Sprinklers	1989	1,709					1,709	20
21	Alluminum Siding Fascia Downspout	1991	3,827					3,827	21
22	Balance Siding	1992	398					398	22
23	Drapes Repair Heater Plumbing Install Lights	1999	995	50	10 20	50		995	23
24	Carpentry	2000	1,622					1,622	24
25	Replace Flooring Roof Install/Remove Vanities Planning	2002	42,515	111	10 15	111		42,515	25
26	Replace Flooring Kitchen Cabinet Sink Countertops	2003	32,254	1,888	10 15 20	1,888		30,498	26
27	Kitchen Back Splashes Install Door/Frames	2004	17,942	1,196	15	1,196		16,148	27
28	Vinyl Shutters Decoria Fiber Gls Door Kitchen Bath Rehab	2005	17,392	635	20 15	635		14,668	28
29	Repair Due to Lightning Strike Protecting Panels, computer wiring	2009	1,362	91	15	91		755	29
30	Bathroom Renovation, Vanities Cabinets, flooring, electical	2011	21,123	1,541	15	1,541		9,796	30
31	Bathroom Renovation Vanities Cabinet	2012	26,294	2,587	10 15 20	2,587	(0)	12,975	31
32	Bathroom Renovation	2013	4,072	407	15	407		1,662	32
33	Bathroom Renovation	2017	8,722	97	15	97		97	33
34	TOTAL (lines 1 thru 33)		\$ 39,976,947	\$ 1,431,849		\$ 1,486,297	\$ 54,449	\$ 16,816,426	34

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

Facility Name & ID Number Marian Ctr Adult Residents

0029876

Report Period Beginning:

07/01/2016 Ending: 06/30/2017

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		\$ 39,976,947	\$ 1,431,849		\$ 1,486,297	\$ 54,449	\$ 16,816,426	1
2	SHANNON VILLAGE HOME								2
3	Misc. Additions	1985	73,264					73,264	3
4	Misc. Additions	1987	3,000					3,000	4
5	Fire Sprinklers, repair on mech heating	1990	3,513					3,513	5
6	Alluminum Siding Fascia Downspout	1991	3,827					3,827	6
7	Siding	1992	398					398	7
8	Install office	1995	5,919					5,919	8
9	Carpentry, Install Sprinklers Heads	2000	2,907	51	25	51		2,522	9
10	Flooring	2001	20,909					20,909	10
11	Replace Flooring, Install Cooktops, Fireproof Bathroom Reno	2002	40,362	112	15	112		40,362	11
12	Vanity Base Cabinet	2003	975	65	15	65		942	12
13	Vinyl shutters, window Replacement, Kitchen Cabinets, door	2004	31,413	1,896	10 15	1,896	(0)	28,569	13
14	Fiber Glass Door, Kitchen reno, cabinets, tiling, plumbing, Shutters	2005	44,191	2,356	10 15 20	2,356	(0)	35,505	14
15	Bathroom Renovation	2006	2,030	136	15	136		1,551	15
16	Flooring	2007	10,660	136	10 15	136	0	10,660	16
17	Conduit replacement	2008	2,641	132	20	132		1,310	17
18	Repair Due to Lightning Strike Protecting Panels, computer wiring	2009	1,362	91	10 15	91	0	755	18
19	Bathroom Renovation, Vanities Cabinet, flooring, roof replacement	2011	27,436	2,288	10 15	2,288	0	18,984	19
20	Wardrobe cabinets	2012	11,541	769	15	769		3,975	20
21	Tile flooring	2013	3,675	368	10 15	368		1,593	21
22	Bathroom renovation	2017	3,717	41	15	41		41	22
23	RICE VILLAGE HOME								23
24	Additions	1984	6,572					6,572	24
25	Additions	1985	1,222					1,222	25
26	Fire Sprinklers	1989	1,709					1,709	26
27	Alluminum Siding Fascia Downspouts	1991	3,827					3,827	27
28	Alluminum Siding	1992	398					398	28
29	Plaster Dining Rm Ceiling Install Door Frames/Doors Drapes&Rods	2002	14,989	123	10 15	123		14,989	29
30	Cabinets Ins Door Frame Flooring Kitchen Island Countertops	2004	43,076	2,893	10 15	2,893	(0)	39,088	30
31	Decoria Vinyl Wall Shutters Kitchen Bath Rehab Labor Door Fiber Gl	2005	22,641	410	5 10 15 20	410		19,917	31
32	Repair Due to Lightning Strike Protecting Panels, computer wiring	2009	7,880	678	10 15	678		6,413	32
33	Flooring, roof, bathroom reno, electrical wiring	2011	40,091	3,684	10 20	3,684		22,804	33
34	TOTAL (lines 1 thru 33)		\$ 40,413,091	\$ 1,448,077		\$ 1,502,526	\$ 54,449	\$ 17,190,962	34

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

Facility Name & ID Number Marian Ctr Adult Residents

0029876

Report Period Beginning:

07/01/2016 Ending: 06/30/2017

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		\$ 40,413,091	\$ 1,448,077		\$ 1,502,526	\$ 54,449	\$ 17,190,962	1
2	Wardrobe Cabinets, bathroom reno	2012	11,541	769	15	769		3,975	2
3	POLK VILLAGE HOME								3
4	Additions	1984	5,397					5,397	4
5	Additions	1985	1,222					1,222	5
6	Fire Sprinklers	1989	1,709					1,709	6
7	Alluminum Siding Fascia Downspouts	1991	3,827					3,827	7
8	Alluminum Siding	1992	398					398	8
9	Carpeting Dining Rm Carpentry	2000	1,622					1,622	9
10	Install/Remove Vanities Planning Cooktops Fireproof	2002	16,616	112	15	112		16,616	10
11	Replace Flooring, Kitchen Floor Tiles, Kitchen reno,	2003	39,667	1,920	10 20	1,920		37,078	11
12	Faucets Drains Back Splashes, door frames, drape sheers	2004	20,562	1,434	15 25	1,434	0	17,540	12
13	Vinyl Shutters Fiber Glass Door Vinyl Wall Labor	2005	10,862	437	10 15 20	437		8,035	13
14	Kitchen reno construciton	2006	2,538	169	15	169		1,914	14
15	Repair due to LightningStrike-Protecting Panel, computer wiring	2009	1,362	91	15	91		754	15
16	Flooring, bathroom renvo	2010	7,549	714	15	714		5,343	16
17	Electrical Wiring, floors, roof, bathroom renovation	2011	45,245	3,980	15 20	3,980		25,136	17
18	Wardrobe Cabinets, bathroom reno	2012	15,811	1,196	15	1,196		6,288	18
19	Bathroom Renovation	2014	5,689	381	15	381		1,176	19
20	Shower surrround and shower caddy, field measure, delivery and insta	2016	3,175	212	15	212		318	20
21	MAZZA VILLAGE HOME								21
22	Additions	1984	11,588					11,588	22
23	Additions	1985	1,222					1,222	23
24	Fire sprinklers	1989	1,709					1,709	24
25	Alluminum Siding Fascia Downspouts	1991	6,338					6,338	25
26	Mechanical Plumbing Repair	1993	7,003					7,003	26
27	Mechanical Plumbing Repair	1994	4,533					4,533	27
28	Install shower, carpentry	2000	3,851	106	15 20	106		3,585	28
29	Install Vanities Cabinets Cooktops Fire Proof Planning Carpentry	2002	12,754	425	15	425		12,754	29
30	Flooring Repair Labor and door frames, drapes and kitchen cabinets	2004	13,688	1,294	10 15	1,294		11,748	30
31	Entry Door Fiber Glass, kitchen cabinets, vinyl shutters, plumbing	2005	44,927	2,288	20	2,288		36,731	31
32	Wall panels	2006	2,429	68	10 15 20	68		2,207	32
33	Flooring	2008	14,705	1,471	10 15	1,471		13,882	33
34	TOTAL (lines 1 thru 33)		\$ 40,732,629	\$ 1,465,144		\$ 1,519,593	\$ 54,449	\$ 17,442,610	34

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

Facility Name & ID Number Marian Ctr Adult Residents# 0029876

Report Period Beginning:

07/01/2016 Ending: 06/30/2017**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		\$ 40,732,629	\$ 1,465,144		\$ 1,519,593	\$ 54,449	\$ 17,442,610	1
2	Repair due to LightningStrike-Protecting Panel, computer wiring	2009	1,362	91	15	91		755	2
3	Electrical repairs, roof replacement	2011	21,916	1,873	10 20	1,873		11,654	3
4	Wadrobe cabinets	2012	11,541	769	15	769		3,975	4
5	Basement Floor	2017	10,067	155	10	155		155	5
6	Bedroom Floors	2017	9,633	148	10	148		148	6
7	MINIAT VILLAGE HOME								7
8	Misc. Additions	1985	4,007					4,007	8
9	Fire Sprinklers	1989	1,709					1,709	9
10	Alluminim Siding Fascia Downspout	1991	3,827					3,827	10
11	Balance Siding	1994	398					398	11
12	Carpentry	2000	1,622					1,622	12
13	Replace roof, flooring, vanities	2002	36,784	112	10 15	112		36,784	13
14	Renovate Kitchen	2003	25,543	1,654	15 20	1,654		23,978	14
15	Renovate Kitchen	2004	20,322	1,168	10 15	1,168		18,570	15
16	Renovate Bathrooms and install new vinyl shutters	2005	44,665	1,617	10 15 20	1,617	0	28,938	16
17	Renovate Bathrooms	2006	3,150	285	10	285		11,429	17
18	Vinyl flooring	2007	4,373	36	15	36		4,373	18
19	Flooring, wiring for internet and repair to fire panel; counter tops and s	2009	8,710	321	15	321		5,341	19
20	Vinyl Flooring; electrical wiring;	2010	9,811	633	5 10 20	633		7,855	20
21	Electrical wiring	2011	22,261	1,818	20	1,818		11,424	21
22	Wardrobe Cabinets, bathroom reno	2012	15,038	1,212	10 15	1,212		6,319	22
23	Flooring	2013	4,900	490		490		2,287	23
24	Bathroom remodel	2014	4,890	326		326		978	24
25	O'DONNELL VILLAGE HOME								25
26	Additions, fire sprinklers	1989	5,716					5,716	26
27	Alluminim Siding Fascia Downspout	1991	3,827					3,827	27
28	Siding	1992	398					398	28
29	Carpentry	2000	1,622					1,622	29
30	Flooring Install/Remove Vanities Cooktops Planning	2002	28,497	112	10 15	112		28,497	30
31	Kitchen Cabinet Flooring Install Door/Frames Countertops	2004	42,792	2,333	5 15 20	2,333	0	39,495	31
32	Vinyl Shutter Install Fiber Gls Door Kitchen Bath Rehab	2005	9,884	316	15	316		8,008	32
33	Repair Due to Lightning Strike Protecting Panels, Computer wiring	2009	1,362	91	20	91		754	33
34	TOTAL (lines 1 thru 33)		\$ 41,093,254	\$ 1,480,703		\$ 1,535,152	\$ 54,449	\$ 17,717,453	34

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

Facility Name & ID Number Marian Ctr Adult Residents# 0029876

Report Period Beginning:

07/01/2016 Ending: 06/30/2017**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		\$ 41,093,254	\$ 1,480,703		\$ 1,535,152	\$ 54,449	\$ 17,717,453	1
2	Install Lightings, roof, bathroom reno and flooring	2011	35,796	3,022	20 15 10	3,022		18,586	2
3	Wardrobe Cabinets, bathroom renovation	2012	12,480	960	15	960		5,053	3
4	Flooring	2013	2,600	260	10	260		1,213	4
5	HERBSTTRITT VILLAGE HOME								5
6	Misc Additions	1985	4,007					4,007	6
7	Fire Sprinklers	1989	1,709					1,709	7
8	Alluminim Siding Fascia Downspout	1991	3,827					3,827	8
9	Balance Siding	1992	398					398	9
10	Flooring Cabinets	1999	7,345					7,345	10
11	Replace Flooring Roof Cooktops Fireproof Planning	2002	42,153	112	10 15	112		42,153	11
12	Install Countertops Doors/Frames Flooring Recon Sink	2004	21,249	1,349	10 15 20	1,349		19,109	12
13	Vinyl Shutters Decoria Fiber Gls Door Kitchen Bath Rehab	2005	24,805	1,194	5 15 20	1,194		20,461	13
14	Wiring Internet Connection, electric repairs	2009	1,362	91	15	91		755	14
15	Bathroom renovation, flooring, electrical wiring, installation of lights	2011	26,186	2,503	10 20	2,503		16,363	15
16	Wardrobe Cabinets, bathroom renovation	2012	13,015	1,013	10 15	1,013		5,343	16
17	Shower Base, shower surround, vanity top	2015	8,915	595	15	595		1,372	17
18	ROSEMARY CONNELLY								18
19	Build Bsmnt Install Fire Alarm Door Painting Flooring Labor	2002	57,088	1,883	10 15 20	1,883		49,421	19
20	Labor Door Frames Ceiling tiles Sprinkler Revision	2003	65,639	3,804	10 15 20	3,804		57,044	20
21	IDPH Insp Prep Sprinkler Study	2004	103,658	6,765	10 15	6,765		93,510	21
22	Sprinkler Study Door Exterior/Interior Door Labor	2005	31,624	1,875	10 15	1,875		26,937	22
23	Fire Alarm Planning Carpentry Labor	2006	71,220	3,402	10 15	3,402		58,212	23
24	Air Conditioning Improvement	2007	18,701	1,248	15	1,248		12,843	24
25	Electrical Wiring Conduit Pull Wire.Wanderguard Security System	2012	29,420	1,471	20	1,471		7,516	25
26	Install flooring	2013	3,790	378	15	378		1,579	26
27	Furnish/Install Tajima sheet vinyl. Wel rod, sealer/prime	2014	10,940	1,094	10	1,094		4,102	27
28	Village Homes								28
29	Build 2 sheds	2017	30,000	875	20	875		875	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 41,721,181	\$ 1,514,597		\$ 1,569,046	\$ 54,449	\$ 18,177,185	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	Totals from Page 12F, Carried Forward		\$ 41,721,181	\$ 1,514,597		\$ 1,569,046	\$ 54,449	\$ 18,177,185	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		443,927	11,455		11,455		140,660	3
4	Resource Center allocated based on # of residents		493,968	27,912		27,912		375,853	4
5									5
6	Food Services allocated based on # of meals		911,877	19,855		19,855		792,334	6
7	Nursing allocation based on meds passed.		625,769	23,216		23,216		557,141	7
8	Building Operations allocated based on square footage		11,704,666	391,021		391,021		7,660,529	8
9	Purchasing dept allocated based on # of requisitions		77,566	3,610		3,610		57,963	9
10	Therapy dept allocation based on staff hours		559,093	25,407		25,407		286,156	10
11	Pool & Fitness based on # of residents.		1,981,709	100,663		100,663		1,834,984	11
12	Religious- based on # of residents		3,699,276	119,104		119,104		844,414	12
13									13
14	MGA alloc- Finance Dept alloc based on direct exp		500,607	15,746		15,746		163,451	14
15	MGA alloc HR, Admin & Reception based # of employees		871,896	76,976		76,976		717,975	15
16	MGA alloc- IT Dept alloc based on direct exp		86,124	3,131		3,131		68,452	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)		\$ 63,677,658	\$ 2,332,693		\$ 2,387,142	\$ 54,449	\$ 31,677,098	34

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

Facility Name & ID Number Marian Ctr Adult Residents

0029876

Report Period Beginning:

07/01/2016

Ending:

06/30/2017

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	\$ 772,972	\$ 85,456	\$ 85,456	\$	10	\$ 444,503	71
72	Current Year Purchases	83,320	1,562	1,562		10	5,023	72
73	Fully Depreciated Assets	2,930,105					2,488,813	73
74								74
75	TOTALS	\$ 3,786,397	\$ 87,018	\$ 87,018	\$		\$ 2,938,339	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			\$ 598,898	\$ 19,743	\$ 19,743	\$	4	\$ 527,343	76
77										77
78										78
79										79
80	TOTALS			\$ 598,898	\$ 19,743	\$ 19,743	\$		\$ 527,343	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)	\$ 68,062,953	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 2,439,454	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 2,493,903	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 54,449	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 35,142,780	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	\$ 89,577,318	\$ 2,815,309	\$ 50,732,023	86
87	Auto alloc to other prog	851,700	51,914	740,673	87
88					88
89	Land	1,572,172			89
90					90
91	TOTALS	\$ 92,001,190	\$ 2,867,223	\$ 51,472,696	91

G. Construction-in-Progress

	Description	Cost	
92	Purch CILAs/on campus home	\$ 755,899	92
93	Main entrance reno	517,915	93
94	Bldg improvements campus	206,274	94
95		\$ 1,480,088	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 Adult Residents

0029876

Report Period Beginning: 07/01/2016

Ending: 06/30/2017

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.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

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>
--	--	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		2,085		2,085
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)		134,588		134,588
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 136,673	\$	\$ 136,673
10	SUM OF line 9, col. 1 and 2 (e)	\$	136,673		

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	34,160					34,160	6
7	Work Related Program	1106	hrs	13,388					13,388	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			\$ 47,548		\$	\$		\$ 47,548	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 **06/30/2017**

(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	\$ 14,828,158	\$	1
2	Cash-Patient Deposits	463,190		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>35,000</u>)	8,458,218		3
4	Supply Inventory (priced at <u>cost</u>)	246,286		4
5	Short-Term Investments	17,734,174		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	674,488		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Contribution Receivable</u>	9,553,215		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 51,957,729	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,572,172		13
14	Buildings, at Historical Cost	145,608,726		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	12,883,245		16
17	Accumulated Depreciation (book methods)	(86,615,476)		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 wCIP)	1,480,088		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 74,928,755	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 126,886,484	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 867,783	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	425,844		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	3,618,548		30
31	Accrued Taxes Payable (excluding real estate taxes)			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	379,274		35
	Other Current Liabilities(specify):			
36	<u>Deferred Revenue</u>	501,504		36
37	<u>Other Liabilities and ARO</u>	1,465,533		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 7,258,486	\$	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)	\$ 7,258,486	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 119,627,998	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 126,886,484	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 128,241,839	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 128,241,839	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(12,531,591)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	41,237,999	11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment	407,148	14
15	Other (describe) Net Loss from Misericordia McAuley	(5,284,192)	15
16	Other (describe) Development & Community Relations	(2,544,315)	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 21,285,049	17
	B. Transfers (Itemize):		
18	Investment activity/insurance proceeds	388,213	18
19	Transfer to Quasi-Endowment	(30,287,103)	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (29,898,890)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 119,627,998	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	\$ 28,338,725	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 28,338,725	3
B. Ancillary Revenue			
4	Day Care	9,799,476	4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 9,799,476	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	337,341	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)	\$ 337,341	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)	\$ 38,475,542	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	8,148,249	31
32	Health Care	20,195,924	32
33	General Administration	11,090,117	33
B. Capital Expense			
34	Ownership	4,266,110	34
C. Ancillary Expense			
35	Special Cost Centers	6,100,158	35
36	Provider Participation Fee	1,206,575	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 51,007,133	40
41	Income before Income Taxes (line 30 minus line 40)**	(12,531,591)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (12,531,591)	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 Adult Residents

0029876

Report Period Beginning: 07/01/2016

Ending: 06/30/2017

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	1,798	2,080	\$ 80,460	\$ 38.68	1
2	Assistant Director of Nursing					2
3	Registered Nurses	48,821	54,897	1,717,940	31.29	3
4	Licensed Practical Nurses	19,097	21,654	580,661	26.82	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist	9,729	11,265	376,992	33.47	7
8	Rehab/Therapy Aides	14,214	16,277	350,094	21.51	8
9	Activity Director	1,662	2,022	66,310	32.79	9
10	Activity Assistants	20,583	22,781	428,491	18.81	10
11	Social Service Workers	11,450	13,260	251,530	18.97	11
12	Dietician	935	1,078	39,149	36.32	12
13	Food Service Supervisor	1,295	1,436	88,227	61.44	13
14	Head Cook	3,737	4,387	118,181	26.94	14
15	Cook Helpers/Assistants	24,247	26,395	411,195	15.58	15
16	Dishwashers					16
17	Maintenance Workers	52,493	56,844	1,044,685	18.38	17
18	Housekeepers	42,115	46,650	748,443	16.04	18
19	Laundry	11,501	13,158	194,691	14.80	19
20	Administrator	8,033	9,048	607,113	67.10	20
21	Assistant Administrator	716	817	31,374	38.40	21
22	Other Administrative	37,298	41,642	1,099,099	26.39	22
23	Office Manager	1,010	1,612	27,619	17.13	23
24	Clerical	18,360	20,596	366,075	17.77	24
25	Vocational Instruction	266,871	287,234	5,290,191	18.42	25
26	Academic Instruction	4,412	5,006	134,588	26.89	26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	92,746	103,562	2,335,091	22.55	28
29	Resident Services Coordinator	69,723	79,516	1,701,123	21.39	29
30	Habilitation Aides (DD Homes)	661,677	721,325	11,175,017	15.49	30
31	Medical Records	3,268	3,846	79,497	20.67	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	1,427,791	1,568,388	\$ 29,343,836 *	\$ 18.71	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	1,148	\$ 39,261	1	35
36	Medical Director		30,000	9	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant		18,080	10	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	298	13,939	10a	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	743	41,334	10a	43
44	Activity Consultant		3,365	11	44
45	Social Service Consultant		13,920	12	45
46	Other(specify) <u>Rehab/Hab aide</u>		7,073	10a	46
47	<u>Medical Waster</u>		7,559	10	47
48	<u>Psychology/Behavior Therapist</u>		20,032	10a	48
49	TOTAL (lines 35 - 48)	2,189	\$ 194,563		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			Ownership	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%	Amount	Description	Amount	Description	Amount	
S. Rosemary Connelly	Executive Director	N/A	\$ 47,823	Workers' Compensation Insurance	\$ 323,426	IDPH License Fee	\$	
Mary Pat O'Brien/L. Gate	Asst. Executive Directro	N/A	132,057	Unemployment Compensation Insurance	33,323	Advertising: Employee Recruitment	5,931	
Denise Tigges/C. Krackenberger	Administrator	N/A	107,998	FICA Taxes	1,419,093	Health Care Worker Background Check (Indicate # of checks performed _____)		
K. Golden/G. Connelly	Administrator	N/A	89,854	Employee Health Insurance	2,355,042	Patient Background Checks	18,462	
Joseph Ferrara/Mike Diaz	Administrator	N/A	91,792	Employee Meals		License fees-Computer lic, Dept of Financial I	12,728	
Tina Stendardo	Asst. Admin	N/A	31,374	Illinois Municipal Retirement Fund (IMRF)*		Membership Dues	18,103	
Kevin Connelly/Fr. Jack Clair	CFO/Asst Exe Dir	N/A	137,589	Emp Tuition Reimbursement/Other	147,307	Bank fees	10,637	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 638,487	Dental Insurance	25,898	Subscriptions	2,440	
B. Administrative - Other				401K Match	911,910			
Description			Amount	Long-Term Disability and Life Insurance	113,969	Less: Public Relations Expense	()	
			\$			Non-allowable advertising	()	
						Yellow page advertising	()	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 5,329,967	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 68,301	
TOTAL (agree to Schedule V, line 17, col. 3) (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			\$	Out-of-State Travel	\$
Deloitte & Touche	Audit		\$ 75,378					
ADP Processing	Payroll Service		161,321				In-State Travel	
LaPointe Law	Legal		16,065					
Correll	Admin for 401K plan		25,095				Seminar Expense	
R4 (donation, not included in allowab	Record destruction		6,068				Various see schedule	8,907
CBRE (not included in allow)	Appraisal		1,964					
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 285,891	TOTAL		\$	TOTAL	\$ 8,907

* Attach copy of IMRF notifications

**See instructions.

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. \$ 101,887 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. \$ 1,206,575
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? No 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. \$ _____ 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? N/A
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? 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