

Facility Name & ID Number Marian Ctr Adult Residents

0029876 Report Period Beginning: 07/01/2017 Ending: 06/30/2018

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	364	Intermediate (ICF)	364	129,886	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	364	TOTALS	364	129,886	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	117,461	1,825		119,286	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	117,461	1,825		119,286	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.84%

D. How many bed reserve days during this year were paid by the Department?
10,600 (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: 2018 Fiscal Year: 06/30/2018

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

Facility Name & ID Number Marian Ctr Adult Residents # 0029876 Report Period Beginning: 07/01/2017 Ending: 06/30/2018

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	750,005	303,552	47,116	1,100,673		1,100,673	(344,293)	756,380		1
2	Food Purchase		1,894,285		1,894,285		1,894,285	(434,307)	1,459,978		2
3	Housekeeping	884,377	261,148	296,310	1,441,835		1,441,835	(696,550)	745,285		3
4	Laundry	215,744	53,952		269,696		269,696	(67,668)	202,028		4
5	Heat and Other Utilities			1,066,255	1,066,255		1,066,255	(342,782)	723,473		5
6	Maintenance	1,047,486	237,136	1,584,303	2,868,925		2,868,925	(1,368,628)	1,500,297		6
7	Other (specify):*										7
8	TOTAL General Services	2,897,612	2,750,073	2,993,984	8,641,669		8,641,669	(3,254,228)	5,387,441		8
	B. Health Care and Programs										
9	Medical Director			30,000	30,000		30,000	(1,480)	28,520		9
10	Nursing and Medical Records	2,592,312	703,372	26,616	3,322,300		3,322,300	(213,360)	3,108,940		10
10a	Therapy	17,517,514	8,407	236,151	17,762,072		17,762,072	(2,926,728)	14,835,344		10a
11	Activities	558,185	37,547	642	596,374		596,374	(163,467)	432,907		11
12	Social Services	252,680	2,044	16,530	271,254		271,254	(58,884)	212,370		12
13	CNA Training	196,871	10,031		206,902		206,902	(70,566)	136,336		13
14	Program Transportation		156,512		156,512		156,512	(79,765)	76,747		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	21,117,562	917,913	309,939	22,345,414		22,345,414	(3,514,248)	18,831,166		16
	C. General Administration										
17	Administrative	642,981	3,147		646,128		646,128	(228,348)	417,780		17
18	Directors Fees										18
19	Professional Services			300,087	300,087		300,087	(108,495)	191,592		19
20	Dues, Fees, Subscriptions & Promotions			246,132	246,132		246,132	(181,132)	65,000		20
21	Clerical & General Office Expenses	1,602,262	144,181	142,551	1,888,994		1,888,994	(835,992)	1,053,002		21
22	Employee Benefits & Payroll Taxes			8,338,645	8,338,645		8,338,645	(2,725,509)	5,613,136		22
23	Inservice Training & Education										23
24	Travel and Seminar			33,963	33,963		33,963	(16,494)	17,469		24
25	Other Admin. Staff Transportation		489		489		489	(489)	0		25
26	Insurance-Prop.Liab.Malpractice			243,381	243,381		243,381	(127,984)	115,397		26
27	Other (specify):*										27
28	TOTAL General Administration	2,245,243	147,817	9,304,759	11,697,819		11,697,819	(4,224,443)	7,473,376		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	26,260,417	3,815,803	12,608,682	42,684,902		42,684,902	(10,992,919)	31,691,983		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:

07/01/2017

Ending:

06/30/2018

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			4,054,284	4,054,284		4,054,284	(1,741,620)	2,312,664			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			27,288	27,288		27,288	(27,288)				32
33	Real Estate Taxes			1,448	1,448		1,448	(1,448)	0			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			4,083,020	4,083,020		4,083,020	(1,770,356)	2,312,664			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	5,894,431	865,011	4,088	6,763,530		6,763,530	(6,714,949)	48,581			39
40	Barber and Beauty Shops			2,386	2,386		2,386	(1,318)	1,068			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			1,447,276	1,447,276		1,447,276		1,447,276			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	5,894,431	865,011	1,453,750	8,213,192		8,213,192	(6,716,267)	1,496,925			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	32,154,848	4,680,814	18,145,452	54,981,114		54,981,114	(19,479,542)	35,501,572			45

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

Marian Ctr Adult ResidentsID# 0029876Report Period Beginning: 07/01/2017Ending: 06/30/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Expenses reimbursed from other sources:	\$		1
2	Dietary Wages, supplies and other	(344,293)	1	2
3	Food Supplies	(434,307)	2	3
4	Housekeeping Wages, Supplies	(696,550)	3	4
5	Laundry supplies	(67,668)	4	5
6	Heat and Other Utilities	(342,782)	5	6
7	Maintenance Wages, Supplies and Other	(1,358,415)	6	7
8	Nursing/Med Records Wages, Supplies and Other	(213,360)	10	8
9	Therapy Wages, Supplies and Other	(2,723,264)	10a	9
10	Activities Wages, Supplies and Other	(163,467)	11	10
11	Social Services Wages, Supplies and Other	(58,884)	12	11
12	Training	(70,566)	13	12
13	Program Transportation Other	(79,765)	14	13
14	Administrative Wages, Supplies and other	(220,369)	17	14
15	Professional Services	(106,353)	19	15
16	Dues, Fees, Subscriptions & Promotions	(144,634)	20	16
17	Clerical Wages, Supplies and Other	(810,519)	21	17
18	Employee Benefits & Payroll Taxes	(2,724,861)	22	18
19	Travel & Seminar	(13,421)	24	19
20	Other Admin Staff Transportation	(489)	25	20
21	Insurance	(127,984)	26	21
22	Depreciation	(1,719,215)	30	22
23	Ancillary Service Centers Salaries and Supplies	(6,695,604)	39	23
24	Real Estate taxes	(1,448)	33	24
25	Barber shop	(1,318)	40	25
26	Medical Director	(1,480)	9	26
27	Other employee benefits	(648)	22	27
28	Donated Administrator's salary	(7,980)	17	28
29	Subscription	(1,147)	20	29
30	Off-site recreational facility costs	(19,345)	39	30
31	Off-site recreational facility depreciation	(756)	30	31
32	Loss on disposal	(2,066)	6	32
33	Depreciation on donated equipment	(21,649)	30	33
34	Donated services	(487)	19	34
35	Donated services	(8,147)	6	35
36	Donated licensing	(35,351)	20	36
37	Conferences out of state	(3,073)	24	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	(19,221,662)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Marian Ctr Adult Residents# 0029876

Report Period Beginning:

07/01/2017

Ending:

06/30/2018

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	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	(344,293)	0	0	0	0	0	0	0	0	0	0	(344,293)	1
2	Food Purchase	(434,307)	0	0	0	0	0	0	0	0	0	0	(434,307)	2
3	Housekeeping	(696,550)	0	0	0	0	0	0	0	0	0	0	(696,550)	3
4	Laundry	(67,668)	0	0	0	0	0	0	0	0	0	0	(67,668)	4
5	Heat and Other Utilities	(342,782)	0	0	0	0	0	0	0	0	0	0	(342,782)	5
6	Maintenance	(1,368,628)	0	0	0	0	0	0	0	0	0	0	(1,368,628)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(3,254,228)	0	0	0	0	0	0	0	0	0	0	(3,254,228)	8
	B. Health Care and Programs													
9	Medical Director	(1,480)	0	0	0	0	0	0	0	0	0	0	(1,480)	9
10	Nursing and Medical Records	(213,360)	0	0	0	0	0	0	0	0	0	0	(213,360)	10
10a	Therapy	(2,926,728)	0	0	0	0	0	0	0	0	0	0	(2,926,728)	10a
11	Activities	(163,467)	0	0	0	0	0	0	0	0	0	0	(163,467)	11
12	Social Services	(58,884)	0	0	0	0	0	0	0	0	0	0	(58,884)	12
13	CNA Training	(70,566)	0	0	0	0	0	0	0	0	0	0	(70,566)	13
14	Program Transportation	(79,765)	0	0	0	0	0	0	0	0	0	0	(79,765)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(3,514,248)	0	0	0	0	0	0	0	0	0	0	(3,514,248)	16
	C. General Administration													
17	Administrative	(228,348)	0	0	0	0	0	0	0	0	0	0	(228,348)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(108,495)	0	0	0	0	0	0	0	0	0	0	(108,495)	19
20	Fees, Subscriptions & Promotions	(181,132)	0	0	0	0	0	0	0	0	0	0	(181,132)	20
21	Clerical & General Office Expenses	(835,992)	0	0	0	0	0	0	0	0	0	0	(835,992)	21
22	Employee Benefits & Payroll Taxes	(2,725,509)	0	0	0	0	0	0	0	0	0	0	(2,725,509)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(16,494)	0	0	0	0	0	0	0	0	0	0	(16,494)	24
25	Other Admin. Staff Transportation	(489)	0	0	0	0	0	0	0	0	0	0	(489)	25
26	Insurance-Prop.Liab.Malpractice	(127,984)	0	0	0	0	0	0	0	0	0	0	(127,984)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(4,224,443)	0	0	0	0	0	0	0	0	0	0	(4,224,443)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(10,992,919)	0	0	0	0	0	0	0	0	0	0	(10,992,919)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Marian Ctr Adult Residents# 0029876

Report Period Beginning:

07/01/2017 Ending:06/30/2018

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	(1,741,620)	0	0	0	0	0	0	0	0	0	0	(1,741,620) 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(27,288)	0	0	0	0	0	0	0	0	0	0	(27,288) 32
33	Real Estate Taxes	(1,448)	0	0	0	0	0	0	0	0	0	0	(1,448) 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	(1,770,356)	0	0	0	0	0	0	0	0	0	0	(1,770,356) 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	(6,714,949)	0	0	0	0	0	0	0	0	0	0	(6,714,949) 39
40	Barber and Beauty Shops	(1,318)	0	0	0	0	0	0	0	0	0	0	(1,318) 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	(6,716,267)	0	0	0	0	0	0	0	0	0	0	(6,716,267) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(19,479,542)	0	0	0	0	0	0	0	0	0	0	(19,479,542) 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: 07/01/2017 Ending: 06/30/2018

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					50	100.00	salary	\$ 48,390	17	1
2	Kevin Connelly					50	100.00	salary	78,188	17	2
3	Fr. John Clair					50	100.00	salary	53,219	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	\$ 179,797		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:

07/01/2017

Ending: 6/30/2018

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:

07/01/2017

Ending:

06/30/2018

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

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

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 2017 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 2018 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:	2013	8	
	2014	9	
	2015	10	
	2016	11	
	2017	12	
			FOR BHF USE ONLY
	13	FROM R. E. TAX STATEMENT FOR 2017 \$	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.

2017 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 2017 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 2017.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	_____	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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 Adult Residents

0029876 Report Period Beginning:

07/01/2017 Ending:

06/30/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 675,564 B. General Construction Type: Exterior Brick Frame Masonry Number of Stories Various

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

Day Training Facility - approximately 69,164 square feet with 610 participants.

CLF, Shannon Apartments- approximately 68,000 square feet with 52 participants.

11 CILAs - approximately 39,245 square feet with 66 participants.

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

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

Facility Name & ID Number Marian Ctr Adult Residents# 0029876

Report Period Beginning:

07/01/2017

Ending:

06/30/2018**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	\$	\$ 3,184,870	4
5	48			2001	5,335,746	238,028	20	238,028		4,812,190	5
6	60			2016	14,281,972	571,171	25	571,171		1,240,236	6
7	99			1987	3,318,816		20			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		286	9
10		Conrad House-Fire pump controller 480V		2014	1,300	59	22	59		286	10
11		McNerney House-Fire pump controller 480V		2014	1,300	59	22	59		286	11
12		Peterman House-Fire pump controller 480V		2014	1,300	59	22	59		286	12
13		Quinlan Laundry-HVAC (formerly Holbrook)		1999	157,876	7,930	20	7,930		154,647	13
14		Quinlan Laundry-Electric work, boiler repairs, plumbing repairs		2000	35,825	1,791	20	1,791		33,137	14
15		Quinlan Hartemeyer basement office construction		2017	19,155	782	25	782		1,303	15
16		Quinlan -Walsh basement Nursing clinic, fire door, ceiling tiles		2017	53,778	2,155	25	2,155		3,498	16
17		Quinlan Jacobs Sensory Room		2017	15,694	641	25	641		1,068	17
18		Quinlan Jacobs basement office construction		2017	15,488	632	25	632		1,106	18
19		Quinlan Walsh - floor repairs		2018	5,530	507	10	507		507	19
20		MCGOWAN									20
21		Drapes Signs HVAC Mirror Fire Protection		1998	38,093	424	10 20	424		38,093	21
22		Caulking Water Htr Insulation Labor Fire Sys		1999	54,826	1,983	10 15 20 25	1,983		52,391	22
23		Carpentry Lockers Wallguard Countertops Therapy Tubs		2000	138,885	127	5 15 25	127		138,060	23
24		Install New Spa Tub		2001	9,900		10			9,900	24
25		Sprinkler Recall		2003	2,584	92	15	92		2,584	25
26		State Defficiencies Sprinkler Repairs		2004	2,098	140	15	140		2,028	26
27		Flooring Vinyl Tile Installation Labor		2005	21,731	966	10 15 20	966		15,919	27
28		Repair due to Lightning Strike-Protecting Panels		2008	387	26	15	26		249	28
29		Mat&Labor Sprinkler Fire Alarm and Life Safety		2010	5,768	271	20 25	271		2,326	29
30		Replace Deteriorated Soil Piping		2010	3,121	125	25	125		988	30
31		20 Ton Chiller Pump, steel doors		2012	170,267	11,288	15 20	11,288		68,674	31
32		Install Boiler, Kitchen Cabinets		2013	77,295	4,006	15 20	4,006		23,331	32
33		Door Operators		2016	3,208	214	15	214		481	33
34		Ceramic tile in bathroom		2017	3,175	146	20	146		304	34
35		Vinyl flooring in bedrooms		2018	12,911	108	10	108		108	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:

07/01/2017 Ending: 06/30/2018**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>ROSEMARY CONNELLY</u>		\$	\$		\$	\$	\$	37
38	<u>Build Bsmnt Install Fire Alarm Door Painting Flooring Labor</u>	2002	57,088	1,704	10 15 20	1,704		51,125	38
39	<u>Labor Door Frames Ceiling tiles Sprinkler Revision</u>	2003	66,560	2,633	10 15 20	2,633		60,506	39
40	<u>IDPH Insp Prep Sprinkler Study</u>	2004	102,735	6,663	10 15	6,663		99,385	40
41	<u>Sprinkler Study Door Exterior/Interior Door Labor</u>	2005	27,874	1,875	10 15	1,875		25,062	41
42	<u>Fire Alarm Planning Carpentry Labor</u>	2006	74,970	3,402	10 15	3,402		65,364	42
43	<u>Air Conditioning Improvement</u>	2007	18,701	1,247	15	1,247		14,090	43
44	<u>Electrical Wiring Conduit Pull Wire.Wanderguard Security System</u>	2012	29,420	1,471	20	1,471		8,987	44
45	<u>Install flooring</u>	2013	3,790	378	15	378		1,958	45
46	<u>Furnish/Install Tajima sheet vinyl. Wel rod, sealer/prime</u>	2014	10,940	1,094	10	1,094		5,196	46
47	<u>MARIAN CENTER</u>								47
48	<u>Skylites</u>	2015	15,460	773	20	773		2,899	48
49	<u>Basement Floor</u>	2015	11,080	1,108	10	1,108		4,155	49
50	<u>Roof duct work</u>	2016	10,193	680	15	680		1,812	50
51	<u>Door installation</u>	2016	8,181	409	20	409		920	51
52	<u>Elevator deterrent device</u>	2016	3,678	184	20	184		383	52
53	<u>Storm Screens Electrical Work Elevator Infirmary Renov</u>	1988	43,957		10 15 20			43,957	53
54	<u>Repairs Changes to Fire Protection</u>	1991	17,102		10 15 20			17,102	54
55	<u>Plumbing and Mechanical Renovation</u>	1992	32,910		10 15 20			32,910	55
56	<u>Plumbing and Mechanical Renovation</u>	1993	11,890		10 15 20			11,890	56
57	<u>Plumbing and Mechanical Renovation Insulation Work</u>	1994	23,898	219	10 15 20	219		23,789	57
58	<u>Insulation Work Wallpaper Painting Upholstery</u>	1995	29,279	123	10 15 20	123		29,097	58
59	<u>Insulation Work Heat Repair HVAC Shade Valance Camera</u>	1996	16,882	150	10 15 20	150		16,509	59
60	<u>Construction Clean Duct Fire Protection Elevator</u>	1997	20,215	422	10 15 20	422		18,738	60
61	<u>Wood Door Construction Mngt</u>	1998	27,429	627	10 15 20	627		27,429	61
62	<u>Flooring Hand Rail Wallcovering Construction Salaries</u>	1999	232,174	500	10 15 20	500		231,918	62
63	<u>Carpentry State Deficiencies Constr Boiler Repair</u>	2000	314,439	1,481	10 15 20	1,481		312,217	63
64	<u>Shower Boiler Repair Overhaul Fire Door Med Cart Cabinets</u>	2001	35,077	777	10 15 20	777		33,134	64
65	<u>Ejection Pump Repair State Deficiencies Renovation</u>	2002	102,867		10 15 20			102,867	65
66	<u>State Deficiencies Repairs</u>	2003	7,536	251	10 15 20	251		7,536	66
67	<u>Skylights Windows Wall Pads Door Rep Smk Detector</u>	2004	40,378	1,010	10 15 20	1,010		36,124	67
68	<u>Drywall Cabinets Vinyl Flooring Shower Install Plaster Labor</u>	2005	39,430	327	10 15 20	327		38,941	68
69	<u>Ductwork Plaster Repair Fire Panel Labor Woodplank Flooring</u>	2006	28,002	1,395	10 15 20	1,395	0	21,153	69
70	TOTAL (lines 4 thru 69)		\$ 38,588,603	\$ 1,290,384		\$ 1,290,384	\$ 0	\$ 17,402,477	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		\$ 38,588,603	\$ 1,290,384		\$ 1,290,384	\$ 0	\$ 17,402,477	1
2	Flooring Cabinets Kitchen Counter Tops Plastering Chiller H2O Syste	2007	260,802	15,312	10 15 20	15,312		204,048	2
3	Flooring Cabinets Kitchen Counter Tops	2008	116,350	8,284	10 15 20	8,284		81,971	3
4	Flooring Mat&Labor, install paver, cabinetry	2009	111,827	8,669	10 15 20	8,669	(0)	83,632	4
5	Cabinetry and flooring	2010	205,341	14,308	10 15 20	14,308		122,697	5
6	Chamoise Drywall Vinyl Flooring Apt 104 1st Flr Office Labor Floor	2011	111,316	7,011	10 15 20	7,011		59,287	6
7	Cooling Upgrades and Delta Control Pumps, steel doors, roof	2012	241,429	21,716	10 15 20	21,716		136,773	7
8	Med cart, new windows, install vanity cabinets, flooring, fire alarm up	2013	374,423	27,797	10 15 20	27,797	0	152,840	8
9	Repair Roof using Elastromeric roof coating/tear off roof shingles, spr	2014	31,838	3,002	10 15 20	3,002		13,373	9
10	Insulate mechanical room	2017	8,432	562	10 15 20	562		609	10
11	Replace 8" cast iron roof drain piping-MC	2018	6,100	203	25	203		203	11
12	Replace VAV box	2018	3,562	267	10	267		267	12
13	Vinyl tile	2018	7,495	312		312		312	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
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 40,067,519	\$ 1,397,826		\$ 1,397,827	\$ 0	\$ 18,258,489	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:

07/01/2017 Ending: 06/30/2018**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		\$ 40,067,519	\$ 1,397,826		\$ 1,397,827	\$ 0	\$ 18,258,489	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					12,012	9
10	Cabinets Install Door/Frames Vinyl Flooring Countertops	2004	40,167	2,461	10 15	2,461		38,935	10
11	Install Vinyl Shutter Fiber Gls Door Carpet Kitchen Bath Rehab	2005	20,111	524	10 15	524		17,628	11
12	Bathroom Repair Labor	2006	2,188	146	10 15	146		1,787	12
13	Repair due to lightning Strike-Protecting Panel, computer wiring	2009	1,362	91	15	91		846	13
14	Flooring Stairwell Carpet Vinyl Living Dining 2nd Flr and Bathroom	2010	10,623	840	10 15	840		8,770	14
15	Electrical Wiring, roof, bathroom renovation	2011	48,364	4,274	5 10 15	4,274		30,971	15
16	Remodel Bathrooms & Electric Wiring	2012	19,215	1,533	20 15 10	1,533		9,519	16
17	Flooring	2013	4,245	425	10 15	425		2,407	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		50		970	23
24	Carpentry	2000	1,622					1,622	24
25	Replace Flooring Roof Install/Remove Vanities Planning	2002	42,515					42,515	25
26	Replace Flooring Kitchen Cabinet Sink Countertops	2003	32,254	1,017	10 15 20	1,017		31,590	26
27	Kitchen Back Splashes Install Door/Frames	2004	17,942	1,196	15	1,196		17,344	27
28	Vinyl Shutters Decoria Fiber Gls Door Kitchen Bath Rehab	2005	17,392	635	20 15	635		15,302	28
29	Repair Due to Lightning Strike Protecting Panels, computer wiring	2009	1,362	91	15	91		845	29
30	Bathroom Renovation, Vanities Cabinets, flooring, electical	2011	21,123	1,541	15	1,541		11,336	30
31	Bathroom Renovation Vanities Cabinet	2012	26,294	2,323	10 15 20	2,323		15,297	31
32	Bathroom Renovation	2013	4,072	407	15	407		2,070	32
33	Bathroom Renovation	2017	8,722	582	15	582		679	33
34	TOTAL (lines 1 thru 33)		\$ 40,424,112	\$ 1,415,961		\$ 1,415,961	\$ 0	\$ 18,544,948	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:

07/01/2017 Ending: 06/30/2018

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		\$ 40,424,112	\$ 1,415,961		\$ 1,415,961	\$ 0	\$ 18,544,948	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		2,709	9
10	Flooring	2001	20,909					20,909	10
11	Replace Flooring, Install Cooktops, Fireproof Bathroom Reno	2002	40,362					40,362	11
12	Vanity Base Cabinet	2003	975	32	15	32		975	12
13	Vinyl shutters, window Replacement, Kitchen Cabinets, door	2004	31,413	1,896	10 15	1,896		30,465	13
14	Fiber Glass Door, Kitchen reno, cabinets, tiling, plumbing, Shutters	2005	44,191	2,171	10 15 20	2,171		37,676	14
15	Bathroom Renovation	2006	2,030	136	15	136		1,551	15
16	Flooring	2007	10,660					10,660	16
17	Condiut replacement	2008	2,641	132	20	132		1,442	17
18	Repair Due to Lightning Strike Protecting Panels, computer wiring	2009	1,362	91	10 15	91		846	18
19	Bathroom Renovation, Vanities Cabinet, flooring, roof replacement	2011	27,436	2,288	10 15	2,288		21,272	19
20	Wadrobe cabinets	2012	11,541	769	15	769		4,744	20
21	Tile flooring	2013	3,675	368	10 15	368		1,960	21
22	Bathroom renovation	2017	3,717	248	15	248		289	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					14,989	29
30	Cabinets Ins Door Frame Flooring Kitchen Island Countertops	2004	43,076	2,659	10 15	2,659		41,746	30
31	Decoria Vinyl Wall Shutters Kitchen Bath Rehab Labor Door Fiber Gl	2005	22,641	410	5 10 15 20	410		20,328	31
32	Repair Due to Lightning Strike Protecting Panels, computer wiring	2009	7,880	678	10 15	678		7,090	32
33	Flooring, roof, bathroom reno, electrical wiring	2011	30,192	2,712	10 20	2,712		19,775	33
34	TOTAL (lines 1 thru 33)		\$ 40,850,357	\$ 1,430,602		\$ 1,430,602	\$ 0	\$ 18,928,383	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:

07/01/2017 Ending: 06/30/2018

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		\$ 40,850,357	\$ 1,430,602		\$ 1,430,602	\$ 0	\$ 18,928,383	1
2	Wardrobe Cabinets, bathroom reno	2012	21,440	1,741	15	1,741		11,458	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					16,616	10
11	Replace Flooring, Kitchen Floor Tiles, Kitchen reno,	2003	39,667	1,126	10 20	1,126		38,205	11
12	Faucets Drains Back Splashes, door frames, drape sheers	2004	20,562	1,300	15 25	1,300		18,840	12
13	Vinyl Shutters Fiber Glass Door Vinyl Wall Labor	2005	10,862	437	10 15 20	437		8,472	13
14	Kitchen reno construcion	2006	2,538	169	15	169		2,083	14
15	Repair due to LightningStrike-Protecting Panel, computer wiring	2009	1,362	91	15	91		845	15
16	Flooring, bathroom renvo	2010	7,549	714	15	714		6,057	16
17	Electrical Wiring, floors, roof, bathroom renovation	2011	45,245	3,980	15 20	3,980		29,116	17
18	Wardrobe Cabinets, bathroom reno	2012	15,811	1,196	15	1,196		7,484	18
19	Bathroom Renovation	2014	5,689	381	15	381		1,557	19
20	Shower surrround and shower caddy, field measure, delivery and insta	2016	3,175	212	15	212		530	20
21	MAZZA VILLAGE HOME								21
22	Additions	1984	4,615					4,615	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		3,691	28
29	Install Vanities Cabinets Cooktops Fire Proof Planning Carpentry	2002	12,754					12,754	29
30	Flooring Repair Labor and door frames, drapes and kitchen cabinets	2004	20,660	1,294	10 15	1,294		20,015	30
31	Entry Door Fiber Glass, kitchen cabinets, vinyl shutters, plumbing	2005	40,406	2,288	20	2,288		34,498	31
32	Wall panels	2006	2,429	68	10 15 20	68		2,275	32
33	Flooring	2008	14,705	823	10 15	823		14,705	33
34	TOTAL (lines 1 thru 33)		\$ 41,175,272	\$ 1,446,529		\$ 1,446,529	\$ 0	\$ 19,197,178	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:

07/01/2017 Ending: 06/30/2018**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		\$ 41,175,272	\$ 1,446,529		\$ 1,446,529	\$ 0	\$ 19,197,178	1
2	Repair due to LightningStrike-Protecting Panel, computer wiring	2009	1,362	91	15	91		845	2
3	Electrical repairs, roof replacement	2011	21,916	1,873	10 20	1,873		13,527	3
4	Wadrobe cabinets	2012	11,541	769	15	769		4,744	4
5	Basement Floor	2017	10,067	1,008	10	1,008		1,163	5
6	Bedroom Floors	2017	9,633	965	10	965		1,113	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					36,784	13
14	Renovate Kitchen	2003	25,543	901	15 20	901		24,879	14
15	Renovate Kitchen	2004	20,322	1,168	10 15	1,168		19,738	15
16	Renovate Bathrooms and install new vinyl shutters	2005	44,665	1,545	10 15 20	1,545		30,483	16
17	Renovate Bathrooms	2006	3,150	489	10	489		11,714	17
18	Vinyl flooring	2007	4,373		15			4,373	18
19	Flooring, wiring for internet and repair to fire panel; counter tops and s	2009	8,710	321	15	321		5,662	19
20	Vinyl Flooring; electrical wiring;	2010	9,811	633	5 10 20	633		8,488	20
21	Electrical wiring	2011	22,261	1,818	20	1,818		13,242	21
22	Wardrobe Cabinets, bathroom reno	2012	15,038	1,212	10 15	1,212		7,531	22
23	Flooring	2013	4,900	490		490		2,777	23
24	Bathroom remodel	2014	4,890	326		326		1,304	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					28,497	30
31	Kitchen Cabinet Flooring Install Door/Frames Countertops	2004	42,792	2,198	5 15 20	2,198		41,693	31
32	Vinyl Shutter Install Fiber Gls Door Kitchen Bath Rehab	2005	10,021	316	15	316		8,323	32
33	Repair Due to Lightning Strike Protecting Panels, Computer wiring	2009	1,362	91	20	91		845	33
34	TOTAL (lines 1 thru 33)		\$ 41,536,033	\$ 1,462,741		\$ 1,462,741	\$ 0	\$ 19,488,029	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:

07/01/2017 Ending: 06/30/2018**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		\$ 41,536,033	\$ 1,462,741		\$ 1,462,741	\$ 0	\$ 19,488,029	1
2	Install Lightings, roof, bathroom reno and flooring	2011	35,796	3,022	20 15 10	3,022		21,608	2
3	Wardrobe Cabinets, bathroom renovation	2012	12,480	960	15	960		6,013	3
4	Flooring	2013	2,600	260	10	260		1,473	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					42,153	11
12	Install Countertops Doors/Frames Flooring Recon Sink	2004	21,249	1,347	10 15 20	1,347		20,454	12
13	Vinyl Shutters Decoria Fiber Gls Door Kitchen Bath Rehab	2005	24,671	1,194	5 15 20	1,194		21,655	13
14	Wiring Internet Connection, electric repairs	2009	1,362	91	15	91		846	14
15	Bathroom renovation, flooring, electrical wiring, installation of lights	2011	26,186	2,503	10 20	2,503		18,866	15
16	Wardrobe Cabinets, bathroom renovation	2012	13,015	1,013	10 15	1,013		6,356	16
17	Shower Base, shower surround, vanity top	2015	8,915	595	15	595		1,967	17
18									18
19	Mazza kitchen floor	2018	4,110	103	10	103		103	19
20									20
21	Build 2 sheds	2017	30,000	1,500	20	1,500		2,375	21
22	Replace 9 dedector check valves-fire regs	2018	33,610	3,081	10	3,081		3,081	22
23									23
24	Rosemary Connelly steel door	2018	2,549	42	20	42		42	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)		\$ 41,812,016	\$ 1,478,452		\$ 1,478,452	\$ 0	\$ 19,652,306	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 12G, Carried Forward		\$ 41,812,016	\$ 1,478,452		\$ 1,478,452	\$ 0	\$ 19,652,306	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		475,604	11,493		11,493		159,586	3
4	Resource Center allocated based on # of residents		489,916	19,900		19,900		377,157	4
5	Food Services allocated based on # of meals		890,902	20,053		20,053		794,162	5
6	Nursing allocation based on meds passed.		861,716	14,030		14,030		778,827	6
7	Building Operations allocated based on square footage		11,849,042	383,926		383,926		7,880,709	7
8	Purchasing dept allocated based on # of requisitions		78,086	3,616		3,616		61,968	8
9	Therapy dept allocation based on staff hours		504,236	5,919		5,919		467,210	9
10	Pool & Fitness based on # of residents.		1,952,768	54,535		54,535		1,867,052	10
11	Religious- based on # of residents		4,406,108	115,776		115,776		1,121,062	11
12	Driskill based on # of volunteers		207,358	8,350		8,350		61,087	12
13									13
14	MGA alloc- Finance Dept alloc based on direct exp		568,119	14,256		14,256		200,331	14
15	MGA alloc HR, Admin & Reception based # of employees		1,951,176	46,495		46,495		924,658	15
16	MGA alloc- IT Dept alloc based on direct exp		87,923	2,621		2,621		71,582	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)		\$ 66,134,970	\$ 2,179,423		\$ 2,179,423	\$ 0	\$ 34,417,699	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:

07/01/2017

Ending:

06/30/2018

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	\$ 1,331,311	\$ 109,557	\$ 109,557	\$	10	\$ 887,380	71
72	Current Year Purchases	40,774	2,173	2,173			2,173	72
73	Fully Depreciated Assets	2,278,884				10	2,278,884	73
74								74
75	TOTALS	\$ 3,650,969	\$ 111,730	\$ 111,730	\$		\$ 3,168,437	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			\$ 388,453	\$ 21,511	\$ 21,511	\$	4	\$ 332,252	76
77										77
78										78
79										79
80	TOTALS			\$ 388,453	\$ 21,511	\$ 21,511	\$		\$ 332,252	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)	\$ 70,174,392	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 2,312,664	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 2,312,664	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 0	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 37,918,388	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	\$ 88,586,517	\$ 2,713,531	\$ 52,349,455	86
87	Auto alloc to other prog & donated	1,266,277	70,205	1,084,387	87
88	Land	10,897,519			88
89					89
90					90
91	TOTALS	\$ 100,750,313	\$ 2,783,736	\$ 53,433,842	91

G. Construction-in-Progress

	Description	Cost	
92	CILA/campus expansion	\$ 2,974,250	92
93	Elevator, roof, Marian reno	788,149	93
94	Bakery programs, etc.	563,135	94
95		\$ 4,325,534	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: 07/01/2017

Ending: 06/30/2018

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.	_____ /2019	\$ _____
13.	_____ /2020	\$ _____
14.	_____ /2021	\$ _____

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			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		10,031		10,031
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)		196,871		196,871
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 206,902	\$	\$ 206,902
10	SUM OF line 9, col. 1 and 2 (e)	\$	206,902		

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	35,180					35,180	6
7	Work Related Program	919	hrs	13,401					13,401	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			\$ 48,581		\$	\$		\$ 48,581	14

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

Facility Name & ID Number Marian Ctr Adult Residents

0029876

Report Period Beginning: 07/01/2017

Ending:

06/30/2018

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2018

(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	\$ 15,132,002	\$	1
2	Cash-Patient Deposits	506,410		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 35,000)	9,704,585		3
4	Supply Inventory (priced at cost)	284,660		4
5	Short-Term Investments	26,757,919		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	660,525		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Contribution/Pledges Receivable</u>	4,009,723		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 57,055,824	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	10,897,519		13
14	Buildings, at Historical Cost	147,027,451		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	12,999,735		16
17	Accumulated Depreciation (book methods)	(91,352,230)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify <u>CIP</u>)	4,325,534		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 83,898,009	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 140,953,833	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 908,904	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	475,003		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	4,410,889		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			35
	Other Current Liabilities(specify):			
36	<u>Deferred Revenue</u>	434,738		36
37	<u>Other Liabilities and ARO</u>	2,160,130		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,389,664	\$	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)	\$ 8,389,664	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 132,564,169	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 140,953,833	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 119,627,998	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 119,627,998	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(14,271,628)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	34,829,709	11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Net Loss from Misericordia McAuley	(5,791,159)	15
16	Other (describe) Development & Community Relations	(2,915,492)	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 11,851,430	17
	B. Transfers (Itemize):		
18	Investment activity/insurance proceeds	1,084,741	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 1,084,741	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 132,564,169	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	\$ 30,206,867	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 30,206,867	3
B. Ancillary Revenue			
4	Day Care	10,278,446	4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 10,278,446	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	224,173	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)	\$ 224,173	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)	\$ 40,709,486	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	8,641,669	31
32	Health Care	22,345,414	32
33	General Administration	11,697,819	33
B. Capital Expense			
34	Ownership	4,083,020	34
C. Ancillary Expense			
35	Special Cost Centers	6,765,916	35
36	Provider Participation Fee	1,447,276	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 54,981,114	40
41	Income before Income Taxes (line 30 minus line 40)**	(14,271,628)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (14,271,628)	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: 07/01/2017

Ending: 06/30/2018

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	1,796	2,080	\$ 82,715	\$ 39.77	1
2	Assistant Director of Nursing					2
3	Registered Nurses	46,394	52,865	1,696,048	32.08	3
4	Licensed Practical Nurses	20,333	22,814	633,337	27.76	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist	9,551	10,923	353,535	32.37	7
8	Rehab/Therapy Aides	15,650	17,537	325,506	18.56	8
9	Activity Director	3,796	4,360	129,841	29.78	9
10	Activity Assistants	19,993	24,167	428,344	17.72	10
11	Social Service Workers	8,789	10,053	252,680	25.13	11
12	Dietician	939	1,080	40,665	37.65	12
13	Food Service Supervisor	3,610	4,111	178,557	43.43	13
14	Head Cook	7,175	8,461	169,364	20.02	14
15	Cook Helpers/Assistants	20,179	22,090	361,419	16.36	15
16	Dishwashers					16
17	Maintenance Workers	36,798	41,357	1,047,486	25.33	17
18	Housekeepers	44,261	50,157	884,377	17.63	18
19	Laundry	11,547	12,702	215,744	16.99	19
20	Administrator	8,942	9,912	604,642	61.00	20
21	Assistant Administrator	739	814	38,339	47.10	21
22	Other Administrative	33,923	38,592	1,252,925	32.47	22
23	Office Manager	770	864	17,497	20.25	23
24	Clerical	22,001	24,611	482,859	19.62	24
25	Vocational Instruction	277,632	301,983	5,894,431	19.52	25
26	Academic Instruction	6,117	6,879	196,871	28.62	26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	76,496	86,032	1,768,382	20.55	28
29	Resident Services Coordinator	87,397	100,639	2,357,998	23.43	29
30	Habilitation Aides (DD Homes)	678,784	748,445	12,561,074	16.78	30
31	Medical Records	1,401	1,655	33,777	20.41	31
32	Other Health Care: <u>Nurse Practitioner</u>	1,890	2,239	101,789	45.46	32
33	Other(specify) <u>Medical Secretary</u>	1,809	2,080	44,646	21.46	33
34	TOTAL (lines 1 - 33)	1,448,712	1,609,501	\$ 32,154,848 *	\$ 19.98	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	1,202	\$ 47,116	1	35
36	Medical Director		30,000	9	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	278	18,656	10	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	2,792	136,493	10a	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	798	45,188	10a	43
44	Activity Consultant				44
45	Social Service Consultant		16,530	12	45
46	Other(specify) <u>Rehab/Hab aide</u>		9,487	10a	46
47	<u>Medical waste</u>		7,960	10	47
48	<u>Psychology/Behavior Therapist</u>		44,983	10a	48
49	TOTAL (lines 35 - 48)	5,070	\$ 356,412		49

C. CONTRACT NURSES

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
S. Rosemary Connelly	Executive Director	N/A	\$ 48,390	Workers' Compensation Insurance	\$ 319,692	IDPH License Fee	\$		
Mary Pat O'Brien/L. Gate	Asst. Executive Directro	N/A	131,766	Unemployment Compensation Insurance	34,748	Advertising: Employee Recruitment		6,342	
Denise Tigges/C. Krackenberger	Administrator	N/A	109,924	FICA Taxes	1,556,293	Health Care Worker Background Check		16,317	
K. Golden/G. Connelly	Administrator	N/A	90,494	Employee Health Insurance	2,316,840	(Indicate # of checks performed _____)			
Joseph Ferrara/Mike Diaz	Administrator	N/A	92,661	Employee Meals		Patient Background Checks			
Tina Stendardo	Asst. Admin	N/A	38,339	Illinois Municipal Retirement Fund (IMRF)*		License fees-Computer lic, Dept of Financial I		18,294	
Kevin Connelly/Fr. Jack Clair	CFO/Asst Exe Dir	N/A	131,407	Emp Tuition Reimbursement/Other	135,033	Membership Dues		12,900	
TOTAL (agree to Schedule V, line 17, col. 1)				Dental Insurance	40,438	Bank fees		7,681	
(List each licensed administrator separately.)			\$ 642,981	401K Match	1,086,994	Subscriptions		3,466	
B. Administrative - Other				Long-Term Disability and Life Insurance	123,098				
Description			Amount			Less: Public Relations Expense	(
			\$			Non-allowable advertising	(
						Yellow page advertising	(
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V, line 22, col.8)	\$ 5,613,136	TOTAL (agree to Sch. V, line 20, col. 8)	\$	65,000	
(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		\$ 77,498						
ADP Processing	Payroll Service		188,730						
LaPointe Law	Legal		7,168						
Correll	Admin for 401K plan		25,885				In-State Travel		
HKM	Donated svc Chgo eletric bench deducted from allowable		806						
							Seminar Expense		
								17,469	
							Entertainment Expense	(
TOTAL (agree to Schedule V, line 19, column 3)			\$ 300,087	TOTAL		\$	(agree to Sch. V, line 24, col. 8)		
(For legal fee disclosure, see page 39 of instructions)							TOTAL	\$ 17,469	

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Marian Ctr Adult Residents# 0029876Report Period Beginning: 07/01/2017Ending: 06/30/2018**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. \$ 127,543 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 No NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO _____ 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. \$ 1,447,276
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. \$ _____ 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? _____
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