

		FOR BHF USE					

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: <u>0029876</u>					II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																																															
Facility Name: <u>Marian Ctr for Adult Resid</u>					I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/2019</u> to <u>06/30/2020</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.																																															
Address: <u>6300 North Ridge Ave</u> <u>Chicago</u> <u>60660</u>																																																				
Number City Zip Code																																																				
County: <u>Cook</u>																																																				
Telephone Number: <u>773 273-3033</u> Fax # <u>773 743-5439</u>																																																				
HFS ID Number: _____					<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Type or Print Name) <u>Kevin Connelly</u></td><td></td></tr><tr><td>(Title) <u>Chief Financial Officer</u></td><td></td></tr><tr><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Print Name and Title) _____</td><td></td></tr><tr><td>(Firm Name & Address) _____</td><td></td></tr><tr><td>(Telephone) <u>()</u></td><td>Fax # <u>()</u></td></tr><tr><td colspan="2">MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</td></tr></table>					Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) <u>Kevin Connelly</u>		(Title) <u>Chief Financial Officer</u>		(Signed) _____	(Date) _____	Paid Preparer	(Print Name and Title) _____		(Firm Name & Address) _____		(Telephone) <u>()</u>	Fax # <u>()</u>	MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630																										
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Date of Initial License for Current Owners: <u>Various</u>																																																				
Type of Ownership:																																																				
<table><tr><td>☐</td><td>VOLUNTARY, NON-PROFIT</td><td>☐</td><td>PROPRIETARY</td><td>☐</td><td>GOVERNMENTAL</td></tr><tr><td>☒</td><td>Charitable Corp.</td><td>☐</td><td>Individual</td><td>☐</td><td>State</td></tr><tr><td>☐</td><td>Trust</td><td>☐</td><td>Partnership</td><td>☐</td><td>County</td></tr><tr><td>☐</td><td></td><td>☐</td><td>Corporation</td><td>☐</td><td>Other _____</td></tr><tr><td>☐</td><td></td><td>☐</td><td>"Sub-S" Corp.</td><td>☐</td><td>_____</td></tr><tr><td>☐</td><td></td><td>☐</td><td>Limited Liability Co.</td><td>☐</td><td>_____</td></tr><tr><td>☐</td><td></td><td>☐</td><td>Trust</td><td>☐</td><td>_____</td></tr><tr><td>☐</td><td></td><td>☐</td><td>Other</td><td>☐</td><td>_____</td></tr></table>					☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL	☒	Charitable Corp.	☐	Individual	☐	State	☐	Trust	☐	Partnership	☐	County	☐		☐	Corporation	☐	Other _____	☐		☐	"Sub-S" Corp.	☐	_____	☐		☐	Limited Liability Co.	☐	_____	☐		☐	Trust	☐	_____	☐		☐	Other	☐	_____
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☐		☐	Other	☐	_____																																															
IRS Exemption Code <u>501c3</u>																																																				
In the event there are further questions about this report, please contact:																																																				
Name: <u>Carolyn Sheehan</u> Telephone Number: <u>773 273-3033</u>																																																				
Email Address: _____																																																				

Facility Name & ID Number Marian Ctr for Adult Resid

0029876 Report Period Beginning: 07/01/2019 Ending: 06/30/2020

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	33,399	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6	264	ICF/DD 16 or Less	264	94,899	6
7	364	TOTALS	364	128,298	7

B. Census-For the entire report period.					
	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment			
		Medicaid Recipient	Private Pay	Other	Total
8	SNF				8
9	SNF/PED				9
10	ICF				10
11	ICF/DD	30,745	366		31,111
12	SC				12
13	DD 16 OR LESS	81,773	1,464		83,237
14	TOTALS	112,518	1,830		114,348

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.13%

D. How many bed reserve days during this year were paid by the Department?
13,950 (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, 12 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 _____ 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

ACCUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 06/30/2020 Fiscal Year: 06/30/2020
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Marian Ctr for Adult Resid # 0029876 Report Period Beginning: 07/01/2019 Ending: 06/30/2020
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	808,979	273,284	38,788	1,121,051		1,121,051	(98,326)	1,022,725			1
2	Food Purchase		1,989,840		1,989,840		1,989,840	(587,977)	1,401,863			2
3	Housekeeping	986,646	238,217	381,807	1,606,670		1,606,670	(701,967)	904,703			3
4	Laundry	248,259	39,365		287,624		287,624	(60,758)	226,866			4
5	Heat and Other Utilities			1,084,622	1,084,622		1,084,622	(537,395)	547,227			5
6	Maintenance	1,218,005	267,530	1,645,715	3,131,250		3,131,250	(1,622,383)	1,508,867			6
7	Other (specify):*											7
8	TOTAL General Services	3,261,889	2,808,236	3,150,932	9,221,057		9,221,057	(3,608,806)	5,612,251			8
	B. Health Care and Programs											
9	Medical Director			30,000	30,000		30,000	(1,438)	28,562			9
10	Nursing and Medical Records	3,155,234	863,765	34,318	4,053,317		4,053,317	(313,488)	3,739,829			10
10a	Therapy	21,573,347	13,968	78,414	21,665,729		21,665,729	(4,144,746)	17,520,983			10a
11	Activities	580,123	23,592	1,236	604,951		604,951	(152,408)	452,543			11
12	Social Services	335,259	158	4,952	340,369		340,369	(91,530)	248,839			12
13	CNA Training	282,125	15,169		297,294		297,294	(115,779)	181,515			13
14	Program Transportation		147,440		147,440		147,440	(75,928)	71,512			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	25,926,088	1,064,092	148,920	27,139,100		27,139,100	(4,895,317)	22,243,783			16
	C. General Administration											
17	Administrative	841,946	7,603		849,549		849,549	(330,852)	518,697			17
18	Directors Fees											18
19	Professional Services			409,606	409,606		409,606	(165,717)	243,889			19
20	Dues, Fees, Subscriptions & Promotions			166,349	166,349		166,349	(106,089)	60,260			20
21	Clerical & General Office Expenses	1,767,784	133,523	167,981	2,069,288		2,069,288	(917,399)	1,151,889			21
22	Employee Benefits & Payroll Taxes			10,177,569	10,177,569		10,177,569	(3,351,659)	6,825,910			22
23	Inservice Training & Education											23
24	Travel and Seminar			24,206	24,206		24,206	(14,753)	9,453			24
25	Other Admin. Staff Transportation		1,136		1,136		1,136	(829)	307			25
26	Insurance-Prop.Liab.Malpractice			290,663	290,663		290,663	(154,167)	136,496			26
27	Other (specify):*											27
28	TOTAL General Administration	2,609,730	142,262	11,236,374	13,988,366		13,988,366	(5,041,465)	8,946,901			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	31,797,707	4,014,590	14,536,226	50,348,523		50,348,523	(13,545,588)	36,802,935			29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			4,015,033	4,015,033		4,015,033	(1,768,538)	2,246,495			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			26,641	26,641		26,641	(26,641)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			4,041,674	4,041,674		4,041,674	(1,795,179)	2,246,495			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	5,653,034	841,103	10,828	6,504,965		6,504,965	(6,492,675)	12,290			39
40	Barber and Beauty Shops		287	21,260	21,547		21,547	(4,571)	16,976			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			1,556,317	1,556,317		1,556,317		1,556,317			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	5,653,034	841,390	1,588,405	8,082,829		8,082,829	(6,497,246)	1,585,583			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	37,450,741	4,855,980	20,166,305	62,473,026		62,473,026	(21,838,013)	40,635,013			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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs	(223,745)	10a		3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(27,028)	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)	\$ (250,773)		\$	30

BHF USE ONLY								
48		49		50		51		52

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 Amount	2 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
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (250,773)		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 Yes	2 No	3 Amount	4 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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Expenses reimbursed from other sources:	\$		1
2	Dietary Wages, supplies and other	(98,326)	1	2
3	Food Supplies	(587,977)	2	3
4	Housekeeping Wages, Supplies	(701,967)	3	4
5	Laundry supplies	(60,758)	4	5
6	Heat and Other Utilities	(537,395)	5	6
7	Maintenance Wages, Supplies and Other	(1,618,178)	6	7
8	Nursing/Med Records Wages, Supplies and Other	(313,488)	10	8
9	Therapy Wages, Supplies and Other	(3,921,001)	10a	9
10	Activities Wages, Supplies and Other	(152,408)	11	10
11	Social Services Wages, Supplies and Other	(91,530)	12	11
12	Training	(115,779)	13	12
13	Program Transportation Other	(75,928)	14	13
14	Administrative Wages, Supplies and other	(330,852)	17	14
15	Professional Services	(164,907)	19	15
16	Dues, Fees, Subscriptions & Promotions	(105,347)	20	16
17	Clerical Wages, Supplies and Other	(890,371)	21	17
18	Employee Benefits & Payroll Taxes	(3,345,713)	22	18
19	Travel & Seminar	(13,088)	24	19
20	Other Admin Staff Transportation	(829)	25	20
21	Insurance	(154,167)	26	21
22	Depreciation	(1,768,538)	30	22
23	Ancillary Service Centers Salaries and Supplies	(6,492,675)	39	23
24	Real Estate taxes	(26,641)	33	24
25	Barber shop	(4,571)	40	25
26	Medical Director	(1,438)	9	26
27	Other employee benefits	(5,946)	22	27
28	Subscription	(742)	20	28
29	Conferences out of state	(1,665)	24	29
30	Loss on disposal	(4,205)	6	30
31	Attorney fees exempt property for CILA program	(810)	19	31
32				32
33				33
34				34
35				35
36				36
37				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	(21,587,240)		49

STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

07/01/2019

Ending:

06/30/2020

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	(98,326)	0	0	0	0	0	0	0	0	0	0	(98,326)	1
2	Food Purchase	(587,977)	0	0	0	0	0	0	0	0	0	0	(587,977)	2
3	Housekeeping	(701,967)	0	0	0	0	0	0	0	0	0	0	(701,967)	3
4	Laundry	(60,758)	0	0	0	0	0	0	0	0	0	0	(60,758)	4
5	Heat and Other Utilities	(537,395)	0	0	0	0	0	0	0	0	0	0	(537,395)	5
6	Maintenance	(1,622,383)	0	0	0	0	0	0	0	0	0	0	(1,622,383)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(3,608,806)	0	0	0	0	0	0	0	0	0	0	(3,608,806)	8
	B. Health Care and Programs													
9	Medical Director	(1,438)	0	0	0	0	0	0	0	0	0	0	(1,438)	9
10	Nursing and Medical Records	(313,488)	0	0	0	0	0	0	0	0	0	0	(313,488)	10
10a	Therapy	(4,144,746)	0	0	0	0	0	0	0	0	0	0	(4,144,746)	10a
11	Activities	(152,408)	0	0	0	0	0	0	0	0	0	0	(152,408)	11
12	Social Services	(91,530)	0	0	0	0	0	0	0	0	0	0	(91,530)	12
13	CNA Training	(115,779)	0	0	0	0	0	0	0	0	0	0	(115,779)	13
14	Program Transportation	(75,928)	0	0	0	0	0	0	0	0	0	0	(75,928)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(4,895,317)	0	0	0	0	0	0	0	0	0	0	(4,895,317)	16
	C. General Administration													
17	Administrative	(330,852)	0	0	0	0	0	0	0	0	0	0	(330,852)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(165,717)	0	0	0	0	0	0	0	0	0	0	(165,717)	19
20	Fees, Subscriptions & Promotions	(106,089)	0	0	0	0	0	0	0	0	0	0	(106,089)	20
21	Clerical & General Office Expenses	(917,399)	0	0	0	0	0	0	0	0	0	0	(917,399)	21
22	Employee Benefits & Payroll Taxes	(3,351,659)	0	0	0	0	0	0	0	0	0	0	(3,351,659)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(14,753)	0	0	0	0	0	0	0	0	0	0	(14,753)	24
25	Other Admin. Staff Transportation	(829)	0	0	0	0	0	0	0	0	0	0	(829)	25
26	Insurance-Prop.Liab.Malpractice	(154,167)	0	0	0	0	0	0	0	0	0	0	(154,167)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(5,041,465)	0	0	0	0	0	0	0	0	0	0	(5,041,465)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(13,545,588)	0	0	0	0	0	0	0	0	0	0	(13,545,588)	29

STATE OF ILLINOIS

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS
													(to Sch V, col.7)
30	Depreciation	(1,768,538)	0	0	0	0	0	0	0	0	0	0	(1,768,538) 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0 32
33	Real Estate Taxes	(26,641)	0	0	0	0	0	0	0	0	0	0	(26,641) 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	(1,795,179)	0	0	0	0	0	0	0	0	0	0	(1,795,179) 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	(6,492,675)	0	0	0	0	0	0	0	0	0	0	(6,492,675) 39
40	Barber and Beauty Shops	(4,571)	0	0	0	0	0	0	0	0	0	0	(4,571) 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	(6,497,246)	0	0	0	0	0	0	0	0	0	0	(6,497,246) 44
	GRAND TOTAL COST												
45	(sum of lines 29, 37 & 44)	(21,838,013)	0	0	0	0	0	0	0	0	0	0	(21,838,013) 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
Kathleen Donahue (acting)	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:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$	Certain costs, primarily related to insurance and/or construction, may		\$	\$	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.

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	Kevin Connelly	BOD						1
2	Daniel Walsh	BOD						2
3	Mary Dempsey	BOD						3
4	Sharon O'Keefe	BOD						4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Marian Ctr for Adult Resid # 0029876 Report Period Beginning: 07/01/2019 Ending: 06/30/2020

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	\$ 42,508	17	1
2	Kevin Connelly					50	100.00	salary	99,916	17	2
3	Fr. John Clair					50	100.00	salary	64,721	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 1										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	\$ 207,145		13

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

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

Facility Name & ID Number Marian Ctr for Adult Resid# 0029876 Report Period Beginning: 07/01/2019 Ending: 6/30/2020

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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

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	7	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 2019 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 2020 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:		2015		8	
		2016		9	
		2017		10	
		2018		11	
		2019		12	
				FOR BHF USE ONLY	
		13	FROM R. E. TAX STATEMENT FOR 2019	\$	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.

FACILITY NAME	<u>Marian Ctr for Adult Resid</u>	COUNTY	<u>Cook</u>
---------------	-----------------------------------	--------	-------------

CONTACT PERSON REGARDING THIS REPORT _____

A. Summary of Real Estate Tax Cost

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	

B. Real Estate Tax Cost Allocations

C. Tax Bills

Page 10A

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 691,841

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 54 participants.

12 CILAs - approximately 43,431 square feet with 71 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	Campus/CILA			\$ 11,001,462	1
2					2
3	TOTALS			\$ 11,001,462	3

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		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	\$	\$ 4,016,258	4
5	48			2001	5,361,755	217,400	20	217,400		5,252,984	5
6	60			2016	14,281,972	571,171	25	571,171		2,382,578	6
7	99			1987	3,362,773					3,362,773	7
8	108			1983	3,066,428					3,066,428	8
	Improvement Type**										
9	Quinlan Laundry-HVAC (formerly Holbrook)			1999	157,876					157,876	9
10	Quinlan Laundry-Electric work, boiler repairs, plumbing repairs			2000	24,518	613	20	613		24,518	10
11	Build 2 sheds-Village homes			2017	30,000	1,500	20	1,500		5,375	11
12	Replace 9 dedector check valves-fire regs-Village homes			2018	33,610	3,361	10	3,361		9,803	12
13											13
14	Quinlan Hartemeyer basement office construction			2017	19,155	782	25	782		2,867	14
15	Quinlan -Walsh basement Nursing clinic, fire door, ceiling tiles			2017	53,778	2,200	25	2,200		7,899	15
16	Quinlan Kaperl Sensory Room			2017	15,694	641	25	641		2,349	16
17	Quinlan Kaperl basement office construction			2017	15,488	632	25	632		2,371	17
18	Quinlan Walsh - floor repairs			2018	5,530	553	10	553		1,613	18
19	Quinlan electric due to IDPH corrections			2017	32,971	1,343	25	1,343		4,824	19
20	Coleman House-Fire pump controller 480V			2014	1,300	59	22	59		404	20
21	Conrad House-Fire pump controller 480V			2014	1,300	59	22	59		404	21
22	McNerney House-Fire pump controller 480V			2014	1,300	59	22	59		404	22
23	Peterman House-Fire pump controller 480V			2014	1,300	59	22	59		404	23
24	Coleman basement-sensory room, break room and nursing			2019	33,361	1,668	20	1,668		1,807	24
25	Coleman House- Bathroom renovation, shower surround, vanity, etc.			2020	6,950	318	20	318		318	25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

07/01/2019 Ending:

06/30/2020

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

1	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 MARIAN CENTER		\$	\$		\$	\$	\$	37
38								38
39 <u>Repairs Changes to Fire Protection</u>	1991	17,102					17,102	39
40 <u>Plumbing and Mechanical Renovation</u>	1992	32,910					32,910	40
41 <u>Plumbing and Mechanical Renovation</u>	1993	11,890					11,890	41
42 <u>Plumbing and Mechanical Renovation Insulation Work</u>	1994	23,898					23,898	42
43 <u>Insulation Work Wallpaper Painting Upholstery</u>	1995	29,279	61	10 15 20	61		29,279	43
44 <u>Insulation Work Heat Repair HVAC Shade Valance Camera</u>	1996	16,882	150	10 15 20	150		16,808	44
45 <u>Construction Clean Duct Fire Protection Elevator</u>	1997	20,215	422	10 15 20	422		19,582	45
46 <u>Wood Door Construction Mngt</u>	1998	27,429		10 15 20			27,429	46
47 <u>Flooring Hand Rail Wallcovering Construction Salaries</u>	1999	232,174					232,174	47
48 <u>Carpentry State Deficiencies Constr Boiler Repair</u>	2000	310,176	634	10 15 20	634		310,176	48
49 <u>Shower Boiler Repair Overhaul Fire Door Med Cart Cabinets</u>	2001	33,470	697	10 15 20	697		33,122	49
50 <u>Ejection Pump Repair State Deficiencies Renovation</u>	2002	102,867		10 15 20			102,867	50
51 <u>State Deficiencies Repairs</u>	2003	7,536		10 15 20			7,536	51
52 <u>Skylights Windows Wall Pads Door Rep Smk Detector</u>	2004	36,505	750	10 15 20	750		33,880	52
53 <u>Drywall Cabinets Vinyl Flooring Shower Install Plaster Labor</u>	2005	33,231	163	10 15 20	163		33,231	53
54 <u>Ductwork Plaster Repair Fire Panel Labor Woodplank Flooring</u>	2006	25,263	1,078	10 15 20	1,078		21,554	54
55 <u>Flooring Cabinets Kitchen Counter Tops Plastering Chiller H2O System</u>	2007	199,824	12,436	10 15 20	12,436		176,664	55
56 <u>Flooring Cabinets Kitchen Counter Tops</u>	2008	129,339	5,296	10 15 20	5,296		109,592	56
57 <u>Flooring Mat&Labor, install paver, cabinetry</u>	2009	171,385	6,803	10 15 20	6,803		144,096	57
58 <u>Cabinetry and flooring</u>	2010	220,306	13,750	10 15 20	13,750		159,734	58
59 <u>Chamoise Drywall Vinyl Flooring Apt 104 1st Flr Office Labor Floor Pl</u>	2011	96,351	6,013	10 15 20	6,013		63,332	59
60 <u>Cooling Upgrades and Delta Control Pumps, steel doors, roof</u>	2012	241,429	21,716	10 15 20	21,716		180,207	60
61 <u>Med cart, new windows, install vanity cabinets, flooring, fire alarm upgr</u>	2013	374,423	27,797	10 15 20	27,797		208,434	61
62 <u>Repair Roof using Elastomeric roof coating/tear off roof shingles, sprin</u>	2014	31,838	3,002	10 15 20	3,002		19,378	62
63 <u>Skylites, basement floor</u>	2015	26,540	1,881	10 20	1,881		10,816	63
64 <u>Roof duct work, door installation, elevator deterrent device</u>	2016	22,052	1,272	15 20	1,272		5,661	64
65 <u>Insulate mechanical room</u>	2017	8,432	562	10 15 20	562		1,733	65
66 <u>Replace 8" cast iron roof drain piping-MC</u>	2018	6,100	244	25	244		691	66
67 <u>Replace VAV box</u>	2018	3,562	356	10	356		979	67
68 <u>Vinyl tile</u>	2018	7,495	750	10	750		1,811	68
69 <u>Flooring</u>	2019	7,415	618	1	618		738	69
70 TOTAL (lines 4 thru 69)		\$ 39,402,148	\$ 1,324,561		\$ 1,324,561	\$	\$ 20,341,559	70

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

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

07/01/2019

Ending:

06/30/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 39,402,148	\$ 1,324,561		\$ 1,324,561	\$	\$ 20,341,559	1
2	Bathroom re-model, new vanities, new showers, new toilets	2019	131,353	8,757	15	8,757		14,723	2
3	Repair of 1000 GPM fire sprinkler	2019	7,908	316	25	316		461	3
4	Fire alarm design and installation	2019	21,200	2,120	10	2,120		2,473	4
5	Automatic door and installation	2020	2,848	131	20	131		131	5
6	Bathroom re-model, new vanities, new showers, new toilets	2020	25,331	354	20	354		354	6
7	Repair generator	2020	11,602	258	15	258		258	7
8	BRACH VILLAGE HOME								8
9	Fire Sprinklers	1989	1,709					1,709	9
10	Cabinets Install Door/Frames Vinyl Flooring Countertops	2004	34,341					34,341	10
11	Install Fiber Gls Door Carpet Kitchen Bath Rehab	2005	14,711	432	10 15	432		13,183	11
12	Bathroom Repair Labor	2006	2,188	146		146		2,078	12
13	Repair due to lightning Strike-Protecting Panel, computer wiring	2009	1,362	109	10 15	109		1,221	13
14	Flooring Stairwell Carpet Vinyl Living Dining 2nd Flr and Bathroom re	2010	10,623	459	15	459		9,894	14
15	Electrical Wiring, roof, bathroom renovation	2011	48,364	4,274	10 15	4,274		39,519	15
16	Remodel Bathrooms & Electric Wiring	2012	19,215	1,533	5 10 15	1,533		12,584	16
17	Flooring	2013	4,245	425	20 15 10	425		3,255	17
18	Installaion of siding and flashing	2019	8,355	836	10 15	836		1,253	18
19	Kichen renovation - corian countertops, sink, new flooring	2019	5,368	397	10	397		640	19
20	MAHONEY VILLAGE HOME								20
21	Siding, flashing	2019	9,720	972	10	972		1,458	21
22	Bathroom Renovation Vanities Cabinet	2017	8,722	582	15	582		1,841	22
23	Fire Sprinklers	1989	1,709					1,709	23
24	Drapes Repair Heater Plumbing Install Lights	1999	995					995	24
25	Carpentry	2000	1,622					1,622	25
26	Replace Flooring Roof Install/Remove Vanities Planning	2002	41,075					41,075	26
27	Replace Flooring Kitchen Cabinet Sink Countertops	2003	32,254	148	10 15 20	148		31,886	27
28	Kitchen Back Splashes Install Door/Frames	2004	17,942					17,942	28
29	Decoria Fiber Gls Door Kitchen Bath Rehab	2005	15,922	431	10 15 20	431		14,897	29
30	Repair Due to Lightning Strike Protecting Panels, computer wiring	2009	1,362	91	15	91		1,027	30
31	Bathroom Renovation, Vanities Cabinets, flooring, electical	2011	21,123	1,540	15	1,540		14,417	31
32	Bathroom Renovation Vanities Cabinet	2012	26,294	2,323	10 15 20	2,323		19,943	32
33	Bathroom Renovation	2013	4,072	407	10	407		2,884	33
34	TOTAL (lines 1 thru 33)		\$ 39,935,683	\$ 1,351,601		\$ 1,351,601	\$	\$ 20,631,332	34

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

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

07/01/2019 Ending:

06/30/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 39,935,683	\$ 1,351,601		\$ 1,351,601	\$	\$ 20,631,332	1
2	Ceramic tile flooring in bathroom	2020	2,920	122	20	122		122	2
3	SHANNON VILLAGE HOME								3
4	Fire Sprinklers	1989	1,709					1,709	4
5	Repair Sprinklers, repair on mech heating	1991	1,804					1,804	5
6	Install office	1995	5,919					5,919	6
7	Carpentry, Install Sprinklers Heads	2000	2,907	51	25	51		2,676	7
8	Flooring	2001	20,909					20,909	8
9	Replace Flooring, Install Cooktops, Fireproof Bathroom Reno	2002	38,922					38,922	9
10	Vanity Base Cabinet	2003	975					975	10
11	Window Replacement, Kitchen Cabinets, door	2004	31,413	948	10 15	948		31,413	11
12	Fiber Glass Door, Kitchen reno, cabinets, tiling, plumbing	2005	35,932	2,171	10 15 20	2,171		32,942	12
13	Bathroom Renovation	2006	2,030	136	15	136		1,958	13
14	Flooring	2007	10,660					10,660	14
15	Condiut replacement	2008	2,641	132	20	132		2,007	15
16	Repair Due to Lightning Strike Protecting Panels, computer wiring	2009	1,362	91	10 15	91		726	16
17	Bathroom Renovation, Vanities Cabinet, flooring, roof replacement	2011	27,436	2,288	10 15	2,288		25,847	17
18	Wadrobe cabinets	2012	11,541	769	15	769		6,283	18
19	Tile flooring	2013	3,675	368	10 15	368		2,695	19
20	Bathroom renovation	2017	3,717	248	15	248		785	20
21	Siding, flashing	2019	10,158	1,016	10	1,016		1,524	21
22	Kitchen tile	2019	4,190	210	20	210		349	22
23	Bathroom renovations, shower, vanity, etc.	2020	12,087	430		430		430	23
24	RICE VILLAGE HOME								24
25	Fire Sprinklers	1989	1,709					1,709	25
26	Bathroom renovations, shower, vanity, etc.	2019	35,825	125	20	125		125	26
27	Cabinets Ins Door Frame Flooring Kitchen Island Countertops	2004	43,076					43,076	27
28	Decoria Vinyl Wall Shutters Kitchen Bath Rehab Labor Door Fiber Gla	2005	21,241	375	5 10 15 20	375		19,713	28
29	Repair Due to Lightning Strike Protecting Panels, computer wiring	2009	7,880	26	10 15	26		7,794	29
30	Flooring, roof, bathroom reno, electrical wiring	2011	30,192	2,712	10 20	2,712		25,199	30
31	Wardrobe Cabinets, bathroom reno	2012	21,440	1,741	15	1,741		14,940	31
32	Siding, flashing	2019	9,365	936	10	936		1,405	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 40,339,319	\$ 1,366,496		\$ 1,366,496	\$	\$ 20,935,946	34

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

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

07/01/2019

Ending:

06/30/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 40,339,319	\$ 1,366,496		\$ 1,366,496	\$	\$ 20,935,946	1
2	POLK VILLAGE HOME								2
3	Fire Sprinklers	1989	1,709					1,709	3
4	Install/Remove Vanities Planning Cooktops Fireproof	2002	15,176					15,176	4
5	Replace Flooring, Kitchen Floor Tiles, Kitchen reno,	2003	30,449					30,449	5
6	Faucets Drains Back Splashes, door frames, drape sheers	2004	20,562	107	10 20	107		19,657	6
7	Fiber Glass Door Vinyl Wall Labor	2005	8,340	388	15 25	388		6,812	7
8	Kitchen reno construciton	2006	2,538	169	10 15 20	169		2,421	8
9	Repair due to LightningStrike-Protecting Panel, computer wiring	2009	1,362	91	15	91		1,027	9
10	Flooring, bathroom renvo	2010	7,549	398	15	398		7,169	10
11	Electrical Wiring, floors, roof, bathroom renovation	2011	45,245	3,979	15	3,979		37,073	11
12	Wardrobe Cabinets, bathroom reno	2012	15,811	1,196	15 20	1,196		9,877	12
13	Bathroom Renovation	2014	5,689	381	15	381		2,320	13
14	Shower surrouond and shower caddy, field measure, delivery and install	2016	3,175	212	15	212		953	14
15	Siding, flashing	2019	17,485	1,749	10	1,749		2,623	15
16	Kitchen floor	2019	2,573	257	15	257		407	16
17	Corian countertops	2019	2,950	147	20	147		246	17
18	MAZZA VILLAGE HOME								18
19	Fire sprinklers	1989	1,709					1,709	19
20	Mechanical Plumbing Repair	1993	9,117					9,117	20
21	Mechanical Plumbing Repair	1994	4,533					4,533	21
22	Bathroom Renovation	2020	18,913	446	20	446		446	22
23	Kitchen flooring	2018	4,110	411		411		925	23
24	Flooring Repair Labor and door frames, drapes and kitchen cabinets	2004	20,660					20,660	24
25	Entry Door Fiber Glass, kitchen cabinets, plumbing	2005	32,468	1,244	10 15	1,244		30,239	25
26	Wall panels	2006	1,405					1,405	26
27	Flooring	2008	14,705					14,705	27
28	Repair due to LightningStrike-Protecting Panel, computer wiring	2009	1,362	91	15	91		1,027	28
29	Electrical repairs, roof replacement	2011	21,916	1,873	10 20	1,873		17,273	29
30	Wadrobe cabinets	2012	11,541	769	15	769		6,283	30
31	Basement Floor	2017	10,067	1,008	10	1,008		3,179	31
32	Bedroom Floors	2017	9,633	965	10	965		3,042	32
33	Siding, flashing	2018	10,048	980	10	980		1,720	33
34	TOTAL (lines 1 thru 33)		\$ 40,692,118	\$ 1,383,358		\$ 1,383,358	\$	\$ 21,190,127	34

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

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

07/01/2019 Ending:

06/30/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 40,692,118	\$ 1,383,358		\$ 1,383,358	\$	\$ 21,190,127	1
2	MINIAT VILLAGE HOME								2
3	Fire Sprinklers	1989	1,709					1,709	3
4	Replace roof	2002	10,500					10,500	4
5	Renovate Kitchen	2002	22,593					22,593	5
6	Renovate Kitchen	2004	20,322					20,322	6
7	Renovate Kitchen, bathroom, tiling	2005	33,933	1,033	10 15	1,033		31,592	7
8	Renovate Bathrooms , tiling	2006	12,412	285	10 15 20	285		12,283	8
9	Vinyl flooring	2007	4,373					4,373	9
10	Flooring, wiring for internet and repair to fire panel; counter tops and si	2009	8,710	321	15	321		6,304	10
11	Vinyl Flooring; electrical wiring;	2010	9,811	353	15	353		9,474	11
12	Electrical wiring	2011	22,261	1,818	5 10 20	1,818		16,878	12
13	Wardrobe Cabinets, bathroom reno	2012	15,038	1,212	20	1,212		9,956	13
14	Flooring	2013	4,900	490	10 15	490		3,757	14
15	Bathroom remodel	2014	4,890	326	10	326		1,956	15
16	Siding, flashing	2019	17,615	1,761	10	1,761		2,642	16
17	Kitchen flooring	2019	2,808	281	10	281		398	17
18	Ceramic tile	2020	3,046	127	10	127		127	18
19	O'DONNELL VILLAGE HOME								19
20	Fire Sprinklers	1989	1,709					1,709	20
21	Flooring Install/Remove Vanities Cooktops Planning	2002	27,057					27,057	21
22	Kitchen Cabinet Flooring Install Door/Frames Countertops	2004	42,792					42,792	22
23	Install Fiber Gls Door Kitchen Bath Rehab	2005	8,551	280	15	280		7,449	23
24	Repair Due to Lightning Strike Protecting Panels, Computer wiring	2009	1,362	91	20	91		1,027	24
25	Install Lightings, roof, bathroom reno and flooring	2011	35,796	3,022	20 15 10	3,022		27,651	25
26	Wardrobe Cabinets, bathroom renovation	2012	12,480	960	15	960		7,932	26
27	Vinyl flooring	2018	2,600	260	10	260		1,993	27
28	Siding, flashing	2019	7,890	789	10	789		1,184	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 41,027,275	\$ 1,396,765		\$ 1,396,765	\$	\$ 21,463,783	34

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

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

07/01/2019 Ending:

06/30/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 41,027,275	\$ 1,396,765		\$ 1,396,765	\$	\$ 21,463,783	1
2	HERBSTTRITT VILLAGE HOME								2
3	Fire Sprinklers	1989	1,709					1,709	3
4	Replace roof	2002	10,500					10,500	4
5	Install Countertops Doors/Frames Flooring Recon Sink	2004	18,673	24	10 15 20	24		18,591	5
6	Vinyl Shutters Decoria Fiber Gls Door Kitchen Bath Rehab	2005	15,611	600	5 15 20	600		14,509	6
7	Wiring Internet Connection, electric repairs	2009	1,362	91	15	91		1,027	7
8	Bathroom renovation, flooring, electrical wiring, installation of lights	2011	26,186	2,505	10 20	2,505		23,878	8
9	Wardrobe Cabinets, bathroom renovation	2012	13,015	1,013	10 15	1,013		8,382	9
10	Shower Base, shower surround, vanity top	2015	8,915	595	15	595		3,159	10
11	Siding, flashing	2019	17,420	1,742	10	1,742		2,613	11
12	Kitchen floor	2019	3,175	318	10	318		397	12
13	Bathroom shower surround	2019	3,645	182	20	182		304	13
14	Kitchen renovation, new cabinets	2020	25,857	862	20	862		862	14
15	Vinyl flooring in basement	2020	10,270	856	10	856		856	15
16	MCGOWAN								16
17	Caulking Water Htr Insulation Labor Fire Sys	1999	54,826	289	10 15 20 25	289		53,816	17
18	Carpentry Lockers Wallguard Countertops Therapy Tubs	2000	138,885	127	5 15 25	127		138,314	18
19	Install New Spa Tub	2001	9,900					9,900	19
20	Sprinkler Recall	2003	2,584					2,584	20
21	State Defficiencies Sprinkler Repairs	2004	2,098					2,098	21
22	Flooring Vinyl Tile Installation Labor	2005	21,731	919	10 15 20	919		17,804	22
23	Repair due to Lightning Strike-Protecting Panels	2009	387	26	15	26		301	23
24	Mat&Labor Sprinkler Fire Alarm and Life Safety	2010	5,768	271	20 25	271		2,868	24
25	Replace Deteriorated Soil Piping	2010	3,121	125	25	125		1,238	25
26	20 Ton Chiller Pump, steel doors	2012	173,322	10,815	15 20	10,815		90,778	26
27	Install Boiler, Kitchen Cabinets	2013	69,000	3,450	15 20	3,450		27,313	27
28	Door Operators	2016	3,208	214	15	214		909	28
29	Ceramic tile in bathroom	2017	3,175	159	20	159		622	29
30	Vinyl flooring in bedrooms	2018	12,911	1,291	10	1,291		2,690	30
31	Installation of tile in tub area	2019	3,805	190	20	190		222	31
32	Kitchen cabinets	2020	20,930	116	15	116		116	32
33	Dining room cabinets	2020	10,633	59	15	59		59	33
34	TOTAL (lines 1 thru 33)		\$ 41,719,897	\$ 1,423,604		\$ 1,423,604	\$	\$ 21,902,201	34

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

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning:

07/01/2019 Ending:

06/30/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 41,719,897	\$ 1,423,604		\$ 1,423,604	\$	\$ 21,902,201	1
2	ROSEMARY CONNELLY								2
3	Build Bsmnt Install Fire Alarm Door Painting Flooring Labor	2002	55,678	1,633	10 15 20	1,633		53,228	3
4	Labor Door Frames Ceiling tiles Sprinkler Revision	2003	65,639	1,338	10 15	1,338		62,292	4
5	IDPH Insp Prep Sprinkler Study	2004	103,658					103,658	5
6	Sprinkler Study Door Exterior/Interior Door Labor	2005	27,874	47	10 15	47		27,874	6
7	Fire Alarm Planning Carpentry Labor	2006	74,970	3,402	15	3,402		72,168	7
8	Air Conditioning Improvement	2007	18,701	1,247	20	1,247		16,583	8
9	Electrical Wiring Conduit Pull Wire.Wanderguard Security System	2012	29,420	1,471	15	1,471		11,928	9
10	Install flooring	2013	3,790	379	10	379		2,716	10
11	Furnish/Install Tajima sheet vinyl. Wel rod, sealer/prime	2014	10,940	1,094	10	1,094		7,384	11
12	Rosemary Connelly steel door	2019	2,549	127	20	127		297	12
13									13
14	Allocated support and MGA deparments not included in the capital component of rate:								14
15	Connolly Center Laundry allocated based on weight of laund		540,676	14,553		14,553		207,047	15
16	Resource Center allocated based on # of residents		518,442	19,893		19,893		351,811	16
17	Food Services allocated based on # of meals		1,378,679	18,651		18,651		1,267,290	17
18	Nursingallocation based on meds passed.		3,033,616	15,838		15,838		2,791,269	18
19	Building Operations allocated based on square footage		11,467,214	374,165		374,165		7,788,868	19
20	Purchasing dept allocated based on # of requisitions		77,590	3,593		3,593		68,761	20
21	Driskill based on # of volunteers		443,273	20,088		20,088		160,673	21
22	Pool & Fitness based on # of residents.		2,280,678	23,187		23,187		2,168,485	22
23	Religious- based on # of residents		3,739,896	93,505		93,505		1,138,482	23
24	Hair Salon based on # of residents utilizing the salon		191,636	5,453		5,453		113,724	24
25	Behavior Therapy - based on Therapy hours.		47,881	2,282		2,282		43,593	25
26	MGA alloc- Finance Dept alloc based on direct exp		593,944	15,366		15,366		235,492	26
27	MGA alloc HR, Admin & Reception based # of employees		2,709,860	54,655		54,655		2,317,446	27
28	MGA alloc- IT Dept alloc based on direct exp		105,841	3,024		3,024		67,306	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 69,242,341	\$ 2,098,595		\$ 2,098,595	\$	\$ 40,980,579	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,062,450	\$ 88,813	\$ 88,813	\$	10	\$ 695,907	71
72	Current Year Purchases	32,751	2,200	2,200		10	2,200	72
73	Fully Depreciated Assets	2,486,884					2,486,884	73
74								74
75	TOTALS	\$ 3,582,085	\$ 91,013	\$ 91,013	\$		\$ 3,184,991	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			\$ 745,113	\$ 56,886	\$ 56,886	\$		\$ 647,165	76
77										77
78										78
79										79
80	TOTALS			\$ 745,113	\$ 56,886	\$ 56,886	\$		\$ 647,165	80

E. Summary of Care-Related Assets				1	2	
		Reference			Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)			\$ 84,571,001	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$ 2,246,495	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$ 2,246,495	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$ 44,812,736	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, auto alloc to other prog	\$ 82,946,285	\$ 2,755,846	\$ 55,772,513	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 82,946,285	\$ 2,755,846	\$ 55,772,513	91

G. Construction-in-Progress			
	Description	Cost	
92	CILA/Besser/Bakery/Unity	\$ 11,281,494	92
93	Campus expansion/WIFI/Roof	745,481	93
94	Bakery program construction	2,125,984	94
95		\$ 14,152,959	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.

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

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.

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.	/2021	\$
13.	/2022	\$
14.	/2023	\$

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☒ YES

☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM☒

IN OTHER FACILITY☐

COMMUNITY COLLEGE☐

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM☐

IN OTHER FACILITY☐

HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

		1		2		3	4
		Facility		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$		\$		\$	
2	Books and Supplies				15,169		15,169
3	Classroom Wages (a)				282,125		282,125
4	Clinical Wages (b)						
5	In-House Trainer Wages (c)						
6	Transportation						
7	Contractual Payments						
8	CNA Competency Tests						
9	TOTALS	\$		\$	297,294	\$	297,294
10	SUM OF line 9, col. 1 and 2 (e)	\$	297,294				

- (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.

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	

- (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.)

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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.

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	\$ 11,986,469	\$	1
2	Cash-Patient Deposits	966,100		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 35,000)	8,183,893		3
4	Supply Inventory (priced at)	369,581		4
5	Short-Term Investments	36,748,690		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	880,168		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Contribution/Pledges Receivable	7,080,893		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 66,215,794	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	11,001,462		13
14	Buildings, at Historical Cost	153,783,651		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	13,733,635		16
17	Accumulated Depreciation (book methods)	(100,585,249)		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 CIP	14,152,959		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 92,086,458	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 158,302,252	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,390,432	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	951,340		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	5,700,741		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	Deferred Revenue	160,320		36
37	Other Liabilities and ARO	2,758,759		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 10,961,592	\$	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)	\$ 10,961,592	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 147,340,660	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 158,302,252	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 138,074,239	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 138,074,239	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	10,998,745	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		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	(1,732,324)	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 9,266,421	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 147,340,660	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Marian Ctr for Adult Resid

0029876

Report Period Beginning: 07/01/2019

Ending:

06/30/2020

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	\$ 34,139,077	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 34,139,077	3
	B. Ancillary Revenue		
4	Day Care	11,067,147	4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 11,067,147	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	256,569	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	4,750	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)	\$ 261,319	23
	D. Non-Operating Revenue		
24	Contributions	30,099,300	24
25	Interest and Other Investment Income***	1,186,989	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 31,286,289	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)	4,107	27
28	Contributions-goods/services	64,670	28
28a	Rebates, Fed wrk stdy, state int inc, reim med recds	39,494	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 108,271	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 76,862,103	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	9,221,057	31
32	Health Care	27,139,100	32
33	General Administration	13,988,366	33
	B. Capital Expense		
34	Ownership	4,041,674	34
	C. Ancillary Expense		
35	Special Cost Centers	6,526,512	35
36	Provider Participation Fee	1,556,317	36
	D. Other Expenses (specify):		
37	Development & Community Relations	3,390,332	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 65,863,358	40
41	Income before Income Taxes (line 30 minus line 40)**	10,998,745	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 10,998,745	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 24,121,399	44
45	Private Pay - Net Inpatient Revenue	3,790,741	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) DHS Inpatient Revenue	4,493,046	47
48	Other-(specify) Private Pay- DHS	1,733,891	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 34,139,077	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? No 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.

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	3,304	4,160	\$ 167,753	\$ 40.33	1
2	Assistant Director of Nursing					2
3	Registered Nurses	59,697	65,656	2,279,165	34.71	3
4	Licensed Practical Nurses	17,835	20,071	593,617	29.58	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist	9,592	11,165	434,354	38.90	7
8	Rehab/Therapy Aides	20,655	23,519	524,841	22.32	8
9	Activity Director	3,427	3,860	129,529	33.56	9
10	Activity Assistants	19,493	21,905	450,594	20.57	10
11	Social Service Workers	10,835	12,872	335,259	26.05	11
12	Dietician	808	1,076	43,003	39.97	12
13	Food Service Supervisor	5,308	5,944	229,677	38.64	13
14	Head Cook	15,054	17,283	335,356	19.40	14
15	Cook Helpers/Assistants	11,217	12,263	200,942	16.39	15
16	Dishwashers					16
17	Maintenance Workers	41,319	46,498	1,218,005	26.19	17
18	Housekeepers	49,274	55,838	986,646	17.67	18
19	Laundry	11,984	13,362	248,259	18.58	19
20	Administrator	9,392	10,667	841,946	78.93	20
21	Assistant Administrator					21
22	Other Administrative	20,918	23,564	902,722	38.31	22
23	Office Manager	1,128	1,288	31,239	24.25	23
24	Clerical	32,835	37,341	865,062	23.17	24
25	Vocational Instruction	239,485	269,731	5,653,035	20.96	25
26	Academic Instruction	7,120	9,155	282,125	30.82	26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	112,744	125,475	3,164,984	25.22	28
29	Resident Services Coordinator	68,448	77,168	2,020,743	26.19	29
30	Habilitation Aides (DD Homes)	746,973	825,659	15,397,186	18.65	30
31	Medical Records	4,222	5,041	114,699	22.75	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	1,523,067	1,700,561	\$ 37,450,741 *	\$ 22.02	34

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	1,108	\$ 38,787	1	35
36	Medical Director		30,000	9	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant		17,204	10	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	694	41,662	10a	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	260	14,743	10a	43
44	Activity Consultant		1,236	11	44
45	Social Service Consultant		4,952	12	45
46	Other(specify) Medical records sftw/medical waste		17,114	10	46
47	Psychiatrist/Pyschologist		16,025	10a	47
48	Rehab Aide		5,984	10a	48
49	TOTAL (lines 35 - 48)	2,063	\$ 187,707		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

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

** See instructions.

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.R.C/Fr. Clair/MPO/L Gates		Executive Director		\$ 280,467	Workers' Compensation Insurance		\$ 393,876	IDPH License Fee		\$	
Denise Tigges		Adminstrator		75,221	Unemployment Compensation Insurance		32,052	Advertising: Employee Recruitment			
Chris Krackenberger		Adminstrator		67,431	FICA Taxes		1,835,810	Health Care Worker Background Check			
Michael Diaz		Adminstrator		59,317	Employee Health Insurance		3,064,347	(Indicate # of checks performed _____)			
Joseph Ferrara		Adminstrator		68,465	Employee Meals			Patient Background Checks		24,373	
Tina Stendardo/G. Connelly		Adminstrator		122,821	Illinois Municipal Retirement Fund (IMRF)*			License fees-Dept of Financial Regulation, De		1,472	
Kevin Connelly/AMurray/K Golden		CFO/Chief HR		168,224	Emp Tuition Reimbursement/Other		145,148	Membership Dues		12,369	
TOTAL (agree to Schedule V, line 17, col. 1)					Dental Insurance		22,696	Bank fees		7,061	
(List each licensed administrator separately.)				\$ 841,946	401K Match		1,207,117	Subscriptions		3,457	
B. Administrative - Other					Long-Term Disablility and Life Insurance		124,864	Recruiting		11,528	
Description				Amount				Less: Public Relations Expense (			
				\$				Non-allowable advertising (			
								Yellow page advertising (			
					TOTAL (agree to Schedule V, line 22, col.8)		\$ 6,825,910	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 60,260	
TOTAL (agree to Schedule V, line 17, col. 3)				\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees				G. Schedule of Travel and Seminar**		
(Attach a copy of any management service agreement)					Description		Line #	Amount	Description		Amount
C. Professional Services									Out-of-State Travel		\$
Vendor/Payee		Type	Amount								
Deloitte & Touche		Audit	\$ 94,333								
ADP Processing		Payroll Service	195,086								
LaPointe Law		Legal	35,055								
Correll		Admin for 401K plan	36,508					In-State Travel			
Kelly Schroeder		Migration of email	37,699								
Accufund		Accounting software/licensing	10,925								
								Seminar Expense			
								See attached schedule		9,453	
								Entertainment Expense (			
								(agree to Sch. V, line 24, col. 8)			
TOTAL (agree to Schedule V, line 19, column 3)					TOTAL		\$	TOTAL		\$ 9,453	
(For legal fee disclosure, see page 39 of instructions)				\$ 409,606							

*** 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. \$

106,957

 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. \$

1,556,317

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?

0

d. Have vehicle usage logs been maintained?

Yes

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

Yes

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

g. Does the facility transport residents to and from day training?

No

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 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.