

Facility Name & ID Number Bryn Mawr Care

0035618 Report Period Beginning: 01/01/09 Ending: 12/31/09

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 N/A

	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	<u>174</u>	Intermediate (ICF)	<u>174</u>	<u>63,510</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>174</u>	TOTALS	<u>174</u>	<u>63,510</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF	<u>59,518</u>	<u>351</u>		<u>59,869</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>59,518</u>	<u>351</u>		<u>59,869</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.27%

D. How many bed-hold days during this year were paid by the Department? 1,933 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

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 08/01/89

J. Was the facility purchased or leased after January 1, 1978?
YES Date 08/01/89 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 N/A

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/09 Fiscal Year: 12/31/09

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

Facility Name & ID Number Bryn Mawr Care # 0035618 Report Period Beginning: 01/01/09 Ending: 12/31/09

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	175,701	22,337	27,780	225,818		225,818	(13,043)	212,775		1
2	Food Purchase		232,737		232,737	(15,330)	217,407	(14)	217,393		2
3	Housekeeping	146,470	26,506		172,976		172,976	(1,325)	171,651		3
4	Laundry		13,470		13,470		13,470	(602)	12,868		4
5	Heat and Other Utilities			129,245	129,245		129,245	(25,892)	103,353		5
6	Maintenance	47,925	17,685	157,214	222,824		222,824	(3,777)	219,047		6
7	Other (specify):*							3,465	3,465		7
8	TOTAL General Services	370,096	312,735	314,239	997,070	(15,330)	981,740	(41,187)	940,553		8
	B. Health Care and Programs										
9	Medical Director			3,600	3,600		3,600		3,600		9
10	Nursing and Medical Records	1,141,110	26,632	52,042	1,219,784		1,219,784	(19,656)	1,200,128		10
10a	Therapy			18,792	18,792		18,792	(14,028)	4,764		10a
11	Activities	147,458	8,157	2,232	157,847		157,847		157,847		11
12	Social Services	259,572		7,200	266,772		266,772		266,772		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							3,753	3,753		15
16	TOTAL Health Care and Programs	1,548,140	34,789	83,866	1,666,795		1,666,795	(29,931)	1,636,864		16
	C. General Administration										
17	Administrative	69,495		420,908	490,403		490,403	(312,307)	178,096		17
18	Directors Fees										18
19	Professional Services			168,335	168,335	(17,500)	150,835	(113,982)	36,853		19
20	Dues, Fees, Subscriptions & Promotions			47,578	47,578		47,578	(29,280)	18,298		20
21	Clerical & General Office Expenses	94,086	13,823	102,195	210,104		210,104	45,528	255,632		21
22	Employee Benefits & Payroll Taxes			320,479	320,479	15,330	335,809		335,809		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,694	1,694		1,694	349	2,043		24
25	Other Admin. Staff Transportation			1,557	1,557		1,557	8,386	9,943		25
26	Insurance-Prop.Liab.Malpractice			131,946	131,946		131,946	31,724	163,670		26
27	Other (specify):*							37,031	37,031		27
28	TOTAL General Administration	163,581	13,823	1,194,692	1,372,096	(2,170)	1,369,926	(332,551)	1,037,375		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,081,817	361,347	1,592,797	4,035,961	(17,500)	4,018,461	(403,669)	3,614,792		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Bryn Mawr Care

#0035618

Report Period Beginning:

01/01/09

Ending:

12/31/09

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			78,431	78,431		78,431	133,158	211,589			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			23,065	23,065		23,065	829,859	852,924			32
33	Real Estate Taxes			267	267	17,500	17,767	112,753	130,520			33
34	Rent-Facility & Grounds			1,400,200	1,400,200		1,400,200	(1,400,200)				34
35	Rent-Equipment & Vehicles			5,578	5,578		5,578	8,290	13,868			35
36	Other (specify):*							39,515	39,515			36
37	TOTAL Ownership			1,507,541	1,507,541	17,500	1,525,041	(276,625)	1,248,416			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			95,265	95,265		95,265		95,265			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			95,265	95,265		95,265		95,265			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,081,817	361,347	3,195,603	5,638,767		5,638,767	(680,294)	4,958,473			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(1,896)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	55,231	30		9
10	Interest and Other Investment Income	(20,327)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(14)	02		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	(630)	20		18
19	Entertainment				19
20	Contributions	(3,961)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(22,503)	21		24
25	Fund Raising, Advertising and Promotional	(9,633)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(11,500)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(70,069)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (85,301)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(594,992)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (594,992)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (680,294)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

Bryn Mawr Care

ID# 0035618

Report Period Beginning: 01/01/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Misc. Income	\$ (52)	21	1
2	Bank Charges	(6,013)	21	2
3	Theft & Damage Loss	(50)	21	3
4	COPE Dues	(4,993)	20	4
5	Capitalized R&M	(26,067)	05	5
6	Alliance for Living- PAC	(10,221)	20	6
7	Annual Report	(100)	20	7
8				8
9	Building Co:			9
10	Fees	(10,304)	21	10
11	Office Expense	(1,410)	21	11
12	Professional Fees	(7,350)	19	12
13	Replacement Tax	(3,509)	21	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				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	(70,069)		49

Bryn Mawr CareID# 0035618Report Period Beginning: 01/01/09Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
50		\$	1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
69			20
70			21
71			22
72			23
73			24
74			25
75			26
76			27
77			28
78			29
79			30
80			31
81			32
82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98			49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Bryn Mawr Care# 0035618

Report Period Beginning:

01/01/09

Ending:

12/31/09

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				(13,043)								(13,043)	1
2	Food Purchase	(14)											(14)	2
3	Housekeeping					(1,325)							(1,325)	3
4	Laundry					(602)							(602)	4
5	Heat and Other Utilities	(27,963)			2,071								(25,892)	5
6	Maintenance		8,546	(8,569)	(3,754)								(3,777)	6
7	Other (specify):*			821	2,644								3,465	7
8	TOTAL General Services	(27,977)	8,546	(7,748)	(12,082)	(1,927)							(41,187)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records			(24,287)	6,586	(1,955)							(19,656)	10
10a	Therapy				(14,028)								(14,028)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			2,005	1,748								3,753	15
16	TOTAL Health Care and Programs			(22,282)	(5,694)	(1,955)							(29,931)	16
	C. General Administration													
17	Administrative			(388,686)	76,379								(312,307)	17
18	Directors Fees													18
19	Professional Services	(7,350)	7,350	(127,314)	13,332								(113,982)	19
20	Fees, Subscriptions & Promotions	(29,538)		258									(29,280)	20
21	Clerical & General Office Expenses	(55,341)	15,223	85,586	60								45,528	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			349									349	24
25	Other Admin. Staff Transportation			8,386									8,386	25
26	Insurance-Prop.Liab.Malpractice		30,609	992	123								31,724	26
27	Other (specify):*			21,676	15,355								37,031	27
28	TOTAL General Administration	(92,229)	53,182	(398,753)	105,249								(332,551)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(120,206)	61,728	(428,783)	87,473	(3,881)							(403,669)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Bryn Mawr Care# 0035618

Report Period Beginning:

01/01/09

Ending:

12/31/09

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	55,231	68,005		9,922								133,158	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(20,327)	865,807	(22,110)	6,489								829,859	32
33	Real Estate Taxes		106,545		6,208								112,753	33
34	Rent-Facility & Grounds		(1,400,200)										(1,400,200)	34
35	Rent-Equipment & Vehicles			8,290									8,290	35
36	Other (specify):*		39,515										39,515	36
37	TOTAL Ownership	34,904	(320,328)	(13,820)	22,619								(276,625)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	TOTAL Special Cost Centers													44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(85,301)	(258,600)	(442,603)	110,092	(3,881)							(680,294)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached	See Attached			
			Bryn Mawr Care, LLC			Bldg Co.

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	34 Rental Income	\$ 1,400,200	Bryn Mawr Care, LLC	100.00%	\$	\$ (1,400,200)	1
2	V	32 Interest Income	105,017	Bryn Mawr Care, LLC	100.00%		(105,017)	2
3	V	36 Amort. Of Loan Fees		Bryn Mawr Care, LLC	100.00%	928	928	3
4	V	30 Depreciation - Base		Bryn Mawr Care, LLC	100.00%	68,005	68,005	4
5	V	21 Fees		Bryn Mawr Care, LLC	100.00%	10,304	10,304	5
6	V	32 Mortgage Interest		Bryn Mawr Care, LLC	100.00%	970,824	970,824	6
7	V	21 Office Expense		Bryn Mawr Care, LLC	100.00%	1,410	1,410	7
8	V	19 Professional Fees		Bryn Mawr Care, LLC	100.00%	7,350	7,350	8
9	V	33 Real Estate Taxes		Bryn Mawr Care, LLC	100.00%	106,545	106,545	9
10	V	36 Amort. Of HUD Fees		Bryn Mawr Care, LLC	100.00%	38,587	38,587	10
11	V	21 Replacement Tax		Bryn Mawr Care, LLC	100.00%	3,509	3,509	11
12	V	06 R & M		Bryn Mawr Care, LLC	100.00%	8,546	8,546	12
13	V	26 MIP		Bryn Mawr Care, LLC	100.00%	30,609	30,609	13
14	Total		\$ 1,505,217			\$ 1,246,617	\$ * (258,600)	14

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

VII. RELATED PARTIES (continued)

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)
15	V	6 REPAIRS AND MAINT.	\$ 18,792	S.I.R. MANAGEMENT, INC.	100.00%	\$ 10,223	\$ (8,569)
16	V	7 EMP. BEN.-GEN. SERV.		S.I.R. MANAGEMENT, INC.	100.00%	821	821
17	V	10 NURSING	37,584	S.I.R. MANAGEMENT, INC.	100.00%	13,297	(24,287)
18	V	15 EMP. BEN.-H.C.		S.I.R. MANAGEMENT, INC.	100.00%	2,005	2,005
19	V	19 PROFESSIONAL FEES	130,272	S.I.R. MANAGEMENT, INC.	100.00%	2,225	(128,047)
20	V	20 FEES,SUBSCRIPTIONS		S.I.R. MANAGEMENT, INC.	100.00%	258	258
21	V	21 CLERICAL & GENERAL	37,584	S.I.R. MANAGEMENT, INC.	100.00%	30,464	(7,120)
22	V	24 EDUCATION & SEMINAR		S.I.R. MANAGEMENT, INC.	100.00%	349	349
23	V	25 OTHER ADMIN. STAFF TRANS.		S.I.R. MANAGEMENT, INC.	100.00%	8,386	8,386
24	V	26 INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	992	992
25	V	27 EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	3,900	3,900
26	V	32 INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	(22,110)	(22,110)
27	V	35 EQUIPMENT RENTAL		S.I.R. MANAGEMENT, INC.	100.00%	8,290	8,290
28	V						
29	V	17 ADMINISTRATIVE	411,512	S.I.R. MANAGEMENT, INC.	100.00%	22,826	(388,686)
30	V	19 PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	733	733
31	V	21 CLERICAL & GENERAL		S.I.R. MANAGEMENT, INC.	100.00%	92,706	92,706
32	V	27 EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	17,776	17,776
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 635,744			\$ 193,141	\$ * (442,603)

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

Facility Name & ID Number Bryn Mawr Care# 0035618Report Period Beginning: 01/01/09Ending: 12/31/09

VII. RELATED PARTIES (continued)

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)		
15	V	1	DIETARY SALARIES	\$ 18,792	S.I.R. MANAGEMENT, INC.	100.00%	\$ 5,749	\$ (13,043)	15
16	V	7	EMP. BEN.-DIETARY		S.I.R. MANAGEMENT, INC.	100.00%	888	888	16
17	V	10	NURSING SALARIES		S.I.R. MANAGEMENT, INC.	100.00%	6,586	6,586	17
18	V	15	EMP. BEN.-NURSING		S.I.R. MANAGEMENT, INC.	100.00%	1,001	1,001	18
19	V	17	ADMIN./LEGAL SALARIES	9,396	S.I.R. MANAGEMENT, INC.	100.00%	85,775	76,379	19
20	V	19	FIN. CONSULT./REGL. DIR.		S.I.R. MANAGEMENT, INC.	100.00%	13,281	13,281	20
21	V	27	EMP. BEN.-ADMINISTRATIVE		S.I.R. MANAGEMENT, INC.	100.00%	15,355	15,355	21
22	V								22
23	V								23
24	V	10A	DIRECTOR OF SPECIAL REHAB	18,792	S.I.R. MANAGEMENT, INC.	100.00%	4,764	(14,028)	24
25	V	15	EMPLOYEE BENEFITS		S.I.R. MANAGEMENT, INC.	100.00%	747	747	25
26	V								26
27	V	6	MAINTENANCE SALARIES	13,984	S.I.R. MANAGEMENT, INC.	100.00%	9,637	(4,347)	27
28	V	7	EMPLOYEE BENEFITS		S.I.R. MANAGEMENT, INC.	100.00%	1,756	1,756	28
29	V								29
30	V	5	UTILITIES		S.I.R. MANAGEMENT, INC.	100.00%	2,071	2,071	30
31	V	6	REPAIRS AND MAINT.		S.I.R. MANAGEMENT, INC.	100.00%	593	593	31
32	V	19	PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	51	51	32
33	V	21	CLERICAL & GENERAL		S.I.R. MANAGEMENT, INC.	100.00%	60	60	33
34	V	26	INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	123	123	34
35	V	30	DEPRECIATION		S.I.R. MANAGEMENT, INC.	100.00%	9,922	9,922	35
36	V	32	INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	6,489	6,489	36
37	V	33	REAL ESTATE TAXES		S.I.R. MANAGEMENT, INC.	100.00%	6,208	6,208	37
38	V								38
39	Total		\$ 60,964				\$ 171,056	\$ * 110,092	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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)	
15	V	1 Dietary	\$	Xcel Supply, LLC	100.00%	\$		15
16	V	3 Housekeeping	14,431	Xcel Supply, LLC	100.00%	13,106	(1,325)	16
17	V	4 Laundry	6,551	Xcel Supply, LLC	100.00%	5,949	(602)	17
18	V	6 Repairs & Maintenance		Xcel Supply, LLC	100.00%			18
19	V	10 Nursing	21,284	Xcel Supply, LLC	100.00%	19,329	(1,955)	19
20	V	11 Activities		Xcel Supply, LLC	100.00%			20
21	V	12 Social Service		Xcel Supply, LLC	100.00%			21
22	V	20 Dues, Fees And Subscriptions		Xcel Supply, LLC	100.00%			22
23	V	21 Office And Clerical		Xcel Supply, LLC	100.00%			23
24	V	22 Employee Benefits		Xcel Supply, LLC	100.00%			24
25	V	24 Seminars & Education		Xcel Supply, LLC	100.00%			25
26	V	39 Ancillary		Xcel Supply, LLC	100.00%			26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 42,265			\$ 38,384	\$ * (3,881)	39

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

VII. RELATED PARTIES (continued)

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)	
15	V	22 Employee Health Insurance	\$	CCS Employee Benefits Group	100.00%	\$ 52,278	\$ 52,278	15
16	V							16
17	V							17
18	V							18
19	V	22 Employee Health Insurance	52,278	CCS Employee Benefits Group	100.00%		(52,278)	19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 52,278			\$ 52,278	\$ *	39

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

VII. RELATED PARTIES (continued)

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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

Facility Name & ID Number

Bryn Mawr Care

#

0035618

Report Period Beginning:

01/01/09

Ending:

12/31/09

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	Bryan Barrish	Shareholder	Administrative	13.51%	See Attached	2.23	5.58%	Alloc. Salary	\$ 14,481	17-7	1
2	Michael Giannini	Shareholder	Administrative	1.44%	See Attached	2.60	0.02%	Alloc. Salary	12,397	17-7	2
3	Eric Rothner	Shareholder	Administrative	46.55%	See Attached	0.52	1.12%	Alloc. Salary	7,426	17-7	3
4	Nenita Guzman	Relative	Dietary	0.00%	See Attached	3.71	7.42%	Alloc. Salary	5,749	1-7	4
5	Adam Vales	Relative	Clerical	0.00%	See Attached	0.30	0.75%	Alloc. Salary	548	22-7	5
6	Sarah Barrish	Relative	Administrative	2.87%	See Attached	2.97	7.43%	Alloc. Salary	7,572	17-7	6
7	Kirsten Barrish	Relative	Clerical	1.44%	See Attached	1.26	7.41%	Alloc. Salary	1,004	21-7	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 49,177		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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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.

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization S.I.R. MANAGEMENT, INC.
 Street Address 6840 N. LINCOLN
 City / State / Zip Code LINCOLNWOOD, IL. 60712
 Phone Number (847) 675 -7979
 Fax Number (847) 675 -0555

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	6	REPAIRS AND MAINT.	PATIENT DAYS	806,183	12	\$ 137,654	\$ 73,265	59,869	\$ 10,223	1
2	7	EMP. BEN.-GEN. SERV.	PATIENT DAYS	806,183	12	11,057		59,869	821	2
3	10	NURSING	PATIENT DAYS	806,183	12	179,054	179,054	59,869	13,297	3
4	15	EMP. BEN.-H.C.	PATIENT DAYS	806,183	12	27,001		59,869	2,005	4
5	19	PROFESSIONAL FEES	PATIENT DAYS	806,183	12	29,965	15,891	59,869	2,225	5
6	20	FEES,SUBSCRIPTIONS	PATIENT DAYS	806,183	12	3,480		59,869	258	6
7	21	CLERICAL & GENERAL	PATIENT DAYS	806,183	12	410,223	335,902	59,869	30,464	7
8	24	EDUCATION & SEMINAR	PATIENT DAYS	806,183	12	4,701		59,869	349	8
9	25	OTHER ADMIN. STAFF TRANS	PATIENT DAYS	806,183	12	112,924		59,869	8,386	9
10	26	INSURANCE	PATIENT DAYS	806,183	12	13,360		59,869	992	10
11	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	806,183	12	52,522		59,869	3,900	11
12	32	INTEREST	PATIENT DAYS	806,183	12	(297,734)		59,869	(22,110)	12
13	35	EQUIPMENT RENTAL	PATIENT DAYS	806,183	12	111,631		59,869	8,290	13
14										14
15	17	ADMINISTRATIVE	PATIENT DAYS	841,652	13	320,892	320,892	59,869	22,826	15
16	19	PROFESSIONAL FEES	PATIENT DAYS	841,652	13	10,309		59,869	733	16
17	21	CLERICAL & GENERAL	PATIENT DAYS	841,652	13	1,303,285	68,837	59,869	92,706	17
18	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	841,652	13	249,900		59,869	17,776	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 2,680,224	\$ 993,841		\$ 193,141	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care# 0035618

Report Period Beginning:

01/01/09Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

S.I.R. MANAGEMENT, INC.

Street Address

6840 N. LINCOLN

City / State / Zip Code

LINCOLNWOOD, IL. 60712

Phone Number

(847) 675 -7979

Fax Number

(847) 675 -0555A. 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.

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	DIETARY SALARIES	PATIENT DAYS	806,183	12	\$ 77,418	\$ 77,418	59,869	\$ 5,749	1
2	7	EMP. BEN.-DIETARY	PATIENT DAYS	806,183	12	11,962		59,869	888	2
3	10	NURSING SALARIES	PATIENT DAYS	806,183	12	88,682	88,682	59,869	6,586	3
4	15	EMP. BEN.-NURSING	PATIENT DAYS	806,183	12	13,479		59,869	1,001	4
5	17	ADMIN./LEGAL SALARIES	PATIENT DAYS	806,183	12	1,155,033	1,155,033	59,869	85,775	5
6	19	FIN. CONSULT./REGL. DIR.	PATIENT DAYS	806,183	12	178,836		59,869	13,281	6
7	27	EMP. BEN.-ADMINISTRATIVE	PATIENT DAYS	806,183	12	206,767		59,869	15,355	7
8										8
9										9
10	10A	DIRECTOR OF SPECIAL REHA	SPECIAL REHAB INC.	273,348	13	69,299	69,299	18,792	4,764	10
11	15	EMPLOYEE BENEFITS	SPECIAL REHAB INC.	273,348	13	10,868		18,792	747	11
12										12
13	6	MAINTENANCE SALARIES	MAINTENANCE INC.	257,623	9	177,531	177,531	13,984	9,637	13
14	7	EMPLOYEE BENEFITS	MAINTENANCE INC.	257,623	9	32,348		13,984	1,756	14
15										15
16	5	UTILITIES	ALLOCATED SQ FT	12,879	13	28,260		944	2,071	16
17	6	REPAIRS AND MAINT.	ALLOCATED SQ FT	12,879	13	8,091		944	593	17
18	19	PROFESSIONAL FEES	ALLOCATED SQ FT	12,879	13	689		944	51	18
19	21	CLERICAL & GENERAL	ALLOCATED SQ FT	12,879	13	822		944	60	19
20	26	INSURANCE	ALLOCATED SQ FT	12,879	13	1,678		944	123	20
21	30	DEPRECIATION	ALLOCATED SQ FT	12,879	13	135,367		944	9,922	21
22	32	INTEREST	ALLOCATED SQ FT	12,879	13	88,526		944	6,489	22
23	33	REAL ESTATE TAXES	ALLOCATED SQ FT	12,879	13	84,702		944	6,208	23
24										24
25	TOTALS					\$ 2,370,358	\$ 1,567,963		\$ 171,056	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/09

Ending: 12/31/09

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 Xcel Supply, LLC
 Street Address 2201 Main Street
 City / State / Zip Code Evanston, IL 60202
 Phone Number (847)328-7600
 Fax Number (847)328-7615

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	Dietary	Direct Allocation		\$	\$		\$	1
2	3	Housekeeping	Direct Allocation					13,106	2
3	4	Laundry	Direct Allocation					5,949	3
4	6	Repairs & Maintenance	Direct Allocation						4
5	10	Nursing	Direct Allocation					19,329	5
6	11	Activities	Direct Allocation						6
7	12	Social Service	Direct Allocation						7
8	20	Dues, Fees And Subscriptions	Direct Allocation						8
9	21	Office And Clerical	Direct Allocation						9
10	22	Employee Benefits	Direct Allocation						10
11	24	Seminars & Education	Direct Allocation						11
12	39	Ancillary	Direct Allocation						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				\$	\$		\$ 38,384	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization CCS Employee Benefits Group, Inc.
 Street Address 2201 Main Street
 City / State / Zip Code Evanston, Illinois 60202
 Phone Number (847)905-4000
 Fax Number (847)905-4040

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.

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	22	Employee Health Insurance	Direct Allocation		\$	\$		\$ 52,278	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				\$	\$		\$ 52,278	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/09

Ending: 12/31/09

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/09

Ending: 12/31/09

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/09

Ending: 12/31/09

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Bryn Mawr Care**

0035618 Report Period Beginning: **01/01/09** Ending: **12/31/09**

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/09

Ending: 12/31/09

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Bryn Mawr Care

0035618

Report Period Beginning:

01/01/09

Ending:

12/31/09

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	Private Bank		X	Mortgage			\$	\$ 18,365,400			\$ 970,824	1									
2	Operator	X		Note Payable				126,289				2									
3												3									
4												4									
5	See Supplemental Schedule											5									
	Working Capital																				
6	Lake Forest Bank		X	A/R Line				350,000			23,065	6									
7	Alloc.- S.I.R. Management	X									6,489	7									
8	See Supplemental Schedule											8									
9	TOTAL Facility Related						\$	\$ 18,841,689			\$ 1,000,378	9									
	B. Non-Facility Related*																				
10	Interest Income		X								(20,327)	10									
11	Interest Income- Bldg. Co.	X									(105,017)	11									
12	Interest Income- S.I.R. Mgmt	X									(22,110)	12									
13	See Supplemental Schedule											13									
14	TOTAL Non-Facility Related						\$	\$			\$ (147,454)	14									
15	TOTALS (line 9+line14)						\$	\$ 18,841,689			\$ 852,924	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 30,609 Line # 26

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

Bryn Mawr Care

0035618

Report Period Beginning:

01/01/09

Ending:

12/31/09

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

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										
6										6										
7	TOTAL Long-Term									7										
Working Capital																				
8										8										
9										9										
10										10										
11										11										
12										12										
13										13										
14	TOTAL Working Capital									14										
B. Non-Facility Related*																				
15										15										
16										16										
17										17										
18										18										
19										19										
20	TOTAL Non-Facility Related									20										

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

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/09

Ending:

12/31/09

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 39,120 B. General Construction Type: Exterior Brick Frame _____ Number of Stories 6

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).

None

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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1989</u>	<u>\$ 63,070</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 63,070	3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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				\$	\$		\$	\$	\$	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various		1989	3,323		20	130	130	2,639	9
10	Various		1990	21,607		20	1,032	1,032	20,160	10
11	Various		1991	99,075		20	4,955	4,955	90,974	11
12	Various		1992	37,297		20	1,865	1,865	33,159	12
13	Various		1993	18,516		20	926	926	15,548	13
14	Various		1994	33,458		20	919	919	29,259	14
15	Various		1995	64,419		20	3,221	3,221	49,197	15
16	Various		1996	130,280		20	6,513	6,513	88,087	16
17	Various		1997	192,708		20	9,089	9,089	118,118	17
18	Various		1998	163,775		20	8,189	8,189	94,452	18
19	Various		1999	29,826		20	1,491	1,491	15,036	19
20	Various		2000	120,434		20	6,021	6,021	58,961	20
21	Various		2001	121,537		20	7,217	7,217	61,019	21
22	Various		2002	697,409		20	67,912	67,912	501,115	22
23	Various		2003	33,644		20	1,963	1,963	12,926	23
24	Various		2004	67,643		20	3,367	3,367	18,558	24
25	Various		2005	96,040		20	4,964	4,964	21,718	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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67	Related Building Company (Pages 12F & 12G)	2,318,115	68,005		41,246	(26,759)	910,934	67
68	Related Party Allocations (Pages 12H & 12I)	117,464	4,822		3,793	(1,029)	53,930	68
69	Financial Statement Depreciation		78,431			(78,431)		69
70	TOTAL (lines 4 thru 69)	\$ 4,366,570	\$ 151,258		\$ 174,813	\$ 23,555	\$ 2,195,790	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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		\$ 4,366,570	\$ 151,258		\$ 174,813	\$ 23,555	\$ 2,195,790	1
2	Plumbing Work	2006	4,400		20	220	220	825	2
3	Fire Doors	2006	1,625		20	163	163	555	3
4	Flooring	2006	7,000		20	350	350	1,196	4
5	Exit Lights	2006	9,900		20	495	495	1,815	5
6	Boiler	2006	7,500		20	375	375	1,219	6
7	Plumbing Work	2006	2,875		20	144	144	575	7
8	Bathroom Remodel	2006	3,450		20	173	173	690	8
9	Fire Door	2006	1,175		20	118	118	362	9
10	Plumbing	2006	1,340		20	67	67	235	10
11	Flooring/Window Coverings	2006	7,134		20	357	357	1,159	11
12	Plumbing	2006	3,930		20	197	197	606	12
13	Plumbing	2006	4,350		20	218	218	779	13
14	Elevator	2006	2,600		20	130	130	444	14
15	Flooring	2006	28,241		20	1,412	1,412	5,648	15
16	Lighting	2006	5,504		20	275	275	1,101	16
17	Handrails	2007	3,755		20	188	188	563	17
18	Bathroom Remodel	2007	14,880		20	744	744	1,550	18
19	Fire Doors	2007	6,840		20	342	342	827	19
20	Roof Work	2007	4,600		20	460	460	1,150	20
21	Plumbing	2007	2,780		20	278	278	788	21
22	Plumbing	2007	2,630		20	263	263	745	22
23	Wall Replacement	2007	2,550		20	255	255	701	23
24	Flooring	2007	2,988		20	299	299	623	24
25	Fire Escape Counter Balance	2007	2,775		20	278	278	786	25
26	Flooring & Lockers	2008	5,617		20	281	281	468	26
27	Elevator Work	2008	14,430		20	722	722	1,203	27
28	Freezer Work	2008	11,549		20	2,310	2,310	3,080	28
29	Exhaust Fan	2008	7,962		20	398	398	431	29
30	Doors / Plumbing / Walls	2008	5,170		20	259	259	517	30
31	Fire Door	2008	7,570		20	379	379	757	31
32	Sewer Line	2008	4,800		20	240	240	420	32
33	Kitchen Work	2008	6,300		20	315	315	499	33
34	TOTAL (lines 1 thru 33)		\$ 4,564,790	\$ 151,258		\$ 187,518	\$ 36,260	\$ 2,228,107	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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		\$ 4,564,790	\$ 151,258		\$ 187,518	\$ 36,260	\$ 2,228,107	1
2	Freezer Repair	2008	5,080		20	254	254	381	2
3	Condenser For Cooler	2008	4,978		20	249	249	311	3
4	Phoenix Bathtubs	2008	4,000		20	200	200	233	4
5	Elevator Work	2008	4,644		20	232	232	271	5
6	Boiler Repair	2008	2,945		20	147	147	270	6
7	Heating Pipe, Radiator Valves, Connectors	2008	2,880		20	144	144	168	7
8	Nurse Call System	2009	13,768		20	574	574	574	8
9	Freezer Door	2009	5,540		20	139	139	139	9
10	New Grease Trap	2009	9,261		20	116	116	116	10
11	Bathtub Liners	2009	3,325		20	166	166	166	11
12	Boiler- Steam Traps, Controller	2009	4,876		20	244	244	244	12
13	Radiator, Piping, Valves	2009	6,879		20	344	344	344	13
14	Master Keylock System	2009	2,662		20	133	133	133	14
15	Elevator Keys- Brail	2009	5,650		20	283	283	283	15
16	Sprinkler System- Piping	2009	2,675		20	134	134	134	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)		\$ 4,643,953	\$ 151,258		\$ 190,876	\$ 39,618	\$ 2,231,873	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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	
1		\$ 4,643,953	\$ 151,258		\$ 190,876	\$ 39,618	\$ 2,231,873	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								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 4,643,953	\$ 151,258		\$ 190,876	\$ 39,618	\$ 2,231,873	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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
1		\$ 4,643,953	\$ 151,258		\$ 190,876	\$ 39,618	\$ 2,231,873
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)	\$ 4,643,953	\$ 151,258		\$ 190,876	\$ 39,618	\$ 2,231,873

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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	Building Company Information								1
2	Buildings:								2
3		1969	1,443,623			41,246	41,246	910,934	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Flooring 4th	2008	34,228						9
10	Flooring 3rd	2008	34,228						10
11	Flooring 2nd	2008	34,228						11
12	Flooring 6th	2008	34,228						12
13	Flooring 5th	2008	34,228						13
14	Handrails	2008	42,874						14
15	Resident Bathrooms	2008	57,600						15
16	Landscape Project	2008	23,553						16
17	Landscape Project	2008	21,011						17
18	Tile Flooring	2008	12,283						18
19	Resident Bathrooms	2008	57,600						19
20	HVAC Units	2008	22,516						20
21	Wall Work, Plumbing, Tiles, Painting	2009	43,200						21
22	Flooring	2009	38,573						22
23	Tub Liners	2009	7,425						23
24	Tub Liners	2009	3,325						24
25	Flooring	2009	14,250						25
26	Tub Liners	2009	92,742						26
27	Bathromm - Wall Work, Plumbing, Tiles, Painting	2009	266,400						27
28									28
29	Depreciation			68,005			(68,005)		29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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	
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								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (12F & 12G lines 1 thru 33)	\$	\$		\$	\$	\$	34
		2,318,115	68,005		41,246	(26,759)	910,934	

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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	Related Party Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	S.I.R. Properties - S.I.R. Management	1993	33,179	1,053	35	948	(105)	15,641	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Alloc.- S.I.R. Properties - S.I.R. Management	2009	1,992	1,138	20	80	(1,058)	182	9
10	Alloc.- S.I.R. Properties - S.I.R. Management	2007	581	84	20	29	(55)	199	10
11	Alloc.- S.I.R. Properties - S.I.R. Management	2002	131		20	7	7	113	11
12	Alloc.- S.I.R. Properties - S.I.R. Management	1999	4,204	210	20	210		5,046	12
13	Alloc.- S.I.R. Properties - S.I.R. Management	1998	2,009		20	100	100	2,641	13
14	Alloc.- S.I.R. Properties - S.I.R. Management	1997	125		20	6	6	193	14
15	Alloc.- S.I.R. Properties - S.I.R. Management	1994	316	8	20	16	8	559	15
16	Alloc.- S.I.R. Properties - S.I.R. Management	1993	538	3	20	27	24	1,015	16
17									17
18	Alloc.- S.I.R. Management	1993	8,412	234	20	417	183	7,089	18
19	Alloc.- S.I.R. Management	1994	26		20			26	19
20	Alloc.- S.I.R. Management	1995	192		20	10	10	139	20
21	Alloc.- S.I.R. Management	1997	12,926	289	20	646	357	8,278	21
22	Alloc.- S.I.R. Management	1999	10,751		20	51	51	10,256	22
23	Alloc.- S.I.R. Management	2000	1,200		20	60	60	572	23
24	Alloc.- S.I.R. Management	2007	3,855	687	20	193	(494)	423	24
25	Alloc.- S.I.R. Management	2008	10,625	1,063	20	670	(393)	1,235	25
26	Alloc.- S.I.R. Management	2009	26,402	53	20	323	270	323	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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		
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								25	
26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (12H & 12I lines 1 thru 33)		\$ 117,464	\$ 4,822		\$ 3,793	\$ (1,029)	\$ 53,930	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 457,323	\$ 4,943	\$ 17,679	\$ 12,736	10	\$ 260,855	71
72	Current Year Purchases	38,942	156	1,225	1,069	10	1,225	72
73	Fully Depreciated Assets	304,135		264	264	10	304,135	73
74								74
75	TOTALS	\$ 800,400	\$ 5,099	\$ 19,168	\$ 14,069		\$ 566,215	75

D. Vehicle Depreciation (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	Facility	1998 CHEVY VAN	2001	\$ 15,436	\$	\$ 1,544	\$ 1,544	5	\$ 12,992	76
77										77
78										78
79										79
80	TOTALS			\$ 15,436	\$	\$ 1,544	\$ 1,544		\$ 12,992	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)	\$ 5,522,859	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 156,357	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 211,588	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 55,231	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,811,080	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		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Sprinkler System	\$ 11,200	92
93	Renovation- Walls, Doors, Tiles	43,641	93
94			94
95		\$ 54,841	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.

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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: \$ 13,868 Description: See Attached Schedule

(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

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. _____/2009 \$ _____

13. _____/2010 \$ _____

14. _____/2011 \$ _____

* 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 type="checkbox"/> YES <input checked="" 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 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		Contract	Total
		1	2		
		Drop-outs	Completed		
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

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.
- SEE ACCOUNTANTS' COMPILATION REPORT**

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	N/A	hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							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): See Supplemental									13
14	TOTAL			\$		\$	\$		\$	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care# 0035618Report Period Beginning: 01/01/09Ending: 12/31/09

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 41,122	\$ 210,381	1
2	Cash-Patient Deposits	135,359	135,359	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	756,548	756,548	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	33,381	186,426	6
7	Other Prepaid Expenses	3,398	3,398	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	333,429	333,429	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,303,237	\$ 1,625,541	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		207,475	13
14	Buildings, at Historical Cost		1,327,223	14
15	Leasehold Improvements, at Historical Cost	1,480,008	2,308,431	15
16	Equipment, at Historical Cost	1,225,602	1,337,622	16
17	Accumulated Depreciation (book methods)	(1,509,593)	(2,412,809)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	54,841	1,840,712	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,250,858	\$ 4,608,654	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,554,095	\$ 6,234,195	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 109,355	\$ 303,753	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	139,771	139,771	28
29	Short-Term Notes Payable	350,000	350,000	29
30	Accrued Salaries Payable	126,066	126,066	30
31	Accrued Taxes Payable (excluding real estate taxes)	4,909	4,909	31
32	Accrued Real Estate Taxes(Sch.IX-B)		109,400	32
33	Accrued Interest Payable		73,462	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	36,000	36,000	35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>			36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 766,101	\$ 1,143,361	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		18,491,689	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Attached Schedule</u>		11,985	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 18,503,674	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 766,101	\$ 19,647,035	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,787,994	\$ (13,412,840)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,554,095	\$ 6,234,195	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,029,434	1
2	Restatements (describe):		2
3	Rounding	3	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,029,437	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	732,957	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	(974,400)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (241,443)	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)	\$ 1,787,994	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care# 0035618Report Period Beginning: 01/01/09Ending: 12/31/09

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	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 6,349,078	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,349,078	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		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)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	20,327	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 20,327	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	2,319	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,319	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,371,724	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	997,070	31
32	Health Care	1,666,795	32
33	General Administration	1,372,096	33
B. Capital Expense			
34	Ownership	1,507,541	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee	95,265	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,638,767	40
41	Income before Income Taxes (line 30 minus line 40)**	732,957	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 732,957	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Cash Basis 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. SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bryn Mawr Care**

0035618

Report Period Beginning:

01/01/09

Ending:

12/31/09

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	1,623	1,816	\$ 63,502	\$ 34.97	1
2	Assistant Director of Nursing	1,698	1,763	59,185	33.57	2
3	Registered Nurses	3,418	3,538	89,952	25.42	3
4	Licensed Practical Nurses	11,040	11,506	271,678	23.61	4
5	CNAs & Orderlies	52,023	55,930	578,458	10.34	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,805	2,086	30,583	14.66	9
10	Activity Assistants	10,523	11,428	106,103	9.28	10
11	Social Service Workers	16,033	17,253	259,572	15.05	11
12	Dietician					12
13	Food Service Supervisor	2,037	2,086	38,922	18.66	13
14	Head Cook	5,112	5,533	54,255	9.81	14
15	Cook Helpers/Assistants	8,459	8,886	82,524	9.29	15
16	Dishwashers					16
17	Maintenance Workers	3,428	3,569	47,925	13.43	17
18	Housekeepers	14,597	15,669	146,470	9.35	18
19	Laundry					19
20	Administrator	1,981	2,086	69,495	33.31	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,443	6,175	94,086	15.24	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,916	4,247	78,335	18.44	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	2,731	2,731	10,772	3.94	33
34	TOTAL (lines 1 - 33)	145,867	156,302	\$ 2,081,817 *	\$ 13.32	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	545	\$ 27,780	01-03	35
36	Medical Director	Monthly	3,600	09-03	36
37	Medical Records Consultant	Monthly	4,328	10-03	37
38	Nurse Consultant	Monthly	37,584	10-03	38
39	Pharmacist Consultant	Monthly	3,065	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	45	2,232	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	<u>Specialized Rehab Consultant</u>	Monthly	18,792	10a-03	47
48	<u>Psychiatric Director</u>	Monthly	7,200	12-03	48
49	TOTAL (lines 35 - 48)	590	\$ 104,581		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	945	7,065	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	945	\$ 7,065		53

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care# 0035618Report Period Beginning: 01/01/09Ending: 12/31/09**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. See Attached
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (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? N/A
- (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 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 1,136 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. \$ 95,265
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? No 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? N/A
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 15,330 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (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? 100% Ln 14
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
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? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.