

Facility Name & ID Number Bryn Mawr Care

0035618 Report Period Beginning: 01/01/10 Ending: 12/31/10

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>60,073</u>	<u>355</u>		<u>60,428</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>60,073</u>	<u>355</u>		<u>60,428</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 95.15%

D. How many bed-hold days during this year were paid by the Department? 1,458 (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: 12/31/10 Fiscal Year: 12/31/10

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

Facility Name & ID Number Bryn Mawr Care # 0035618 Report Period Beginning: 01/01/10 Ending: 12/31/10

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	182,094	22,648	27,859	232,601		232,601	(12,116)	220,485		1
2	Food Purchase		242,449		242,449	(15,841)	226,608	(14)	226,594		2
3	Housekeeping	143,114	26,807		169,921		169,921	(1,626)	168,295		3
4	Laundry		12,478		12,478		12,478	(294)	12,184		4
5	Heat and Other Utilities			108,175	108,175		108,175	497	108,672		5
6	Maintenance	51,769	24,017	127,329	203,115		203,115	35,608	238,723		6
7	Other (specify):*							4,306	4,306		7
8	TOTAL General Services	376,977	328,399	263,363	968,739	(15,841)	952,898	26,361	979,259		8
	B. Health Care and Programs										
9	Medical Director			3,600	3,600		3,600		3,600		9
10	Nursing and Medical Records	1,167,660	28,047	52,858	1,248,565		1,248,565	(18,739)	1,229,826		10
10a	Therapy			18,792	18,792		18,792	(12,737)	6,055		10a
11	Activities	154,462	9,229	2,652	166,343		166,343		166,343		11
12	Social Services	265,910		7,200	273,110		273,110		273,110		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							4,216	4,216		15
16	TOTAL Health Care and Programs	1,588,032	37,276	85,102	1,710,410		1,710,410	(27,260)	1,683,150		16
	C. General Administration										
17	Administrative	72,854		423,373	496,227		496,227	(326,478)	169,749		17
18	Directors Fees										18
19	Professional Services			170,296	170,296	(4,108)	166,188	(113,487)	52,701		19
20	Dues, Fees, Subscriptions & Promotions			57,469	57,469		57,469	(40,590)	16,879		20
21	Clerical & General Office Expenses	97,594	12,840	80,939	191,373		191,373	78,688	270,061		21
22	Employee Benefits & Payroll Taxes			366,861	366,861	15,841	382,702		382,702		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,338	3,338		3,338	131	3,469		24
25	Other Admin. Staff Transportation			1,620	1,620		1,620	7,362	8,982		25
26	Insurance-Prop.Liab.Malpractice			137,314	137,314		137,314	11,363	148,677		26
27	Other (specify):*							37,970	37,970		27
28	TOTAL General Administration	170,448	12,840	1,241,210	1,424,498	11,733	1,436,231	(345,041)	1,091,190		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,135,457	378,515	1,589,675	4,103,647	(4,108)	4,099,539	(345,940)	3,753,599		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:

01/01/10

Ending:

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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 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			68,863	68,863		68,863	261,668	330,531			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			9,607	9,607		9,607	850,739	860,346			32
33	Real Estate Taxes					4,108	4,108	119,605	123,713			33
34	Rent-Facility & Grounds			1,480,000	1,480,000		1,480,000	(1,480,000)				34
35	Rent-Equipment & Vehicles			5,739	5,739		5,739	8,482	14,221			35
36	Other (specify):*							180,611	180,611			36
37	TOTAL Ownership			1,564,209	1,564,209	4,108	1,568,317	(58,895)	1,509,422			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):*			333	333		333	(333)				43
44	TOTAL Special Cost Centers			95,598	95,598		95,598	(333)	95,265			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,135,457	378,515	3,249,482	5,763,454		5,763,454	(405,168)	5,358,286			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

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/10

Ending:

12/31/10

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	(1,750)	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	140,612	30		9
10	Interest and Other Investment Income	(3)	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	(150)	20		18
19	Entertainment				19
20	Contributions	(19,558)	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	(5,293)	21		24
25	Fund Raising, Advertising and Promotional	(6,886)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(10,903)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(45,294)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ 50,761		\$	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)	(455,929)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (455,929)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (405,168)		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	

SEE ACCOUNTANTS' COMPILATION REPORT

Bryn Mawr Care

ID# 0035618

Report Period Beginning: 01/01/10

Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Misc. Income	\$ (138)	21	1
2	Bank Fees	(5,795)	21	2
3	Theft & Damage Loss	(118)	21	3
4	COPE Dues	(5,596)	20	4
5	Non-allowable Legal	(1,393)	19	5
6	Alliance for Living - PAC Dues	(8,613)	20	6
7	Capitalized R&M	(13,151)	06	7
8	Prior Period Expense	(599)	10	8
9	Marketing Expense	(333)	43	9
10	Building Company:			10
11	Fees	(350)	21	11
12	Replacement Tax	(3,641)	21	12
13	Amortization	(5,567)	36	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	(45,294)		49

Bryn Mawr Care

ID# 0035618

Report Period Beginning: 01/01/10

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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:

01/01/10

Ending:

12/31/10

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				(12,116)								(12,116)	1
2	Food Purchase	(14)											(14)	2
3	Housekeeping					(1,626)							(1,626)	3
4	Laundry					(294)							(294)	4
5	Heat and Other Utilities	(1,750)			2,247								497	5
6	Maintenance	(13,151)	57,263	(6,835)	(1,669)								35,608	6
7	Other (specify):*			892	3,414								4,306	7
8	TOTAL General Services	(14,915)	57,263	(5,943)	(8,124)	(1,920)							26,361	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(599)		(23,674)	6,895	(1,361)							(18,739)	10
10a	Therapy				(12,737)								(12,737)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			2,174	2,042								4,216	15
16	TOTAL Health Care and Programs	(599)		(21,500)	(3,800)	(1,361)							(27,260)	16
	C. General Administration													
17	Administrative			(389,235)	62,757								(326,478)	17
18	Directors Fees													18
19	Professional Services	(1,393)		(125,993)	13,899								(113,487)	19
20	Fees, Subscriptions & Promotions	(40,803)		213									(40,590)	20
21	Clerical & General Office Expenses	(26,238)	3,991	100,870	65								78,688	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			131									131	24
25	Other Admin. Staff Transportation			7,362									7,362	25
26	Insurance-Prop.Liab.Malpractice		10,027	1,224	112								11,363	26
27	Other (specify):*			24,877	13,093								37,970	27
28	TOTAL General Administration	(68,434)	14,018	(380,551)	89,926								(345,041)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(83,948)	71,281	(407,994)	78,002	(3,281)							(345,940)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Bryn Mawr Care# 0035618

Report Period Beginning:

01/01/10

Ending:

12/31/10

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	140,612	112,997		8,059								261,668	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(3)	875,577	(31,549)	6,714								850,739	32
33	Real Estate Taxes		116,040		3,565								119,605	33
34	Rent-Facility & Grounds		(1,480,000)										(1,480,000)	34
35	Rent-Equipment & Vehicles			8,482									8,482	35
36	Other (specify):*	(5,567)	186,178										180,611	36
37	TOTAL Ownership	135,042	(189,208)	(23,067)	18,338								(58,895)	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):*	(333)											(333)	43
44	TOTAL Special Cost Centers	(333)											(333)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	50,761	(117,927)	(431,061)	96,340	(3,281)							(405,168)	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		Building 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	\$ 1,480,000	Bryn Mawr Care, LLC	100.00%	\$	\$ (1,480,000)	1
2	V	32 Interest Income	612	Bryn Mawr Care, LLC	100.00%		(612)	2
3	V	36 Amort. Of HUD Fees		Bryn Mawr Care, LLC	100.00%	5,567	5,567	3
4	V	30 Depreciation - Base		Bryn Mawr Care, LLC	100.00%	112,997	112,997	4
5	V	21 Fees		Bryn Mawr Care, LLC	100.00%	350	350	5
6	V	32 Mortgage Interest		Bryn Mawr Care, LLC	100.00%	876,189	876,189	6
7	V	33 Real Estate Taxes		Bryn Mawr Care, LLC	100.00%	116,040	116,040	7
8	V	21 Replacement Tax		Bryn Mawr Care, LLC	100.00%	3,641	3,641	8
9	V	06 R&M		Bryn Mawr Care, LLC	100.00%	57,263	57,263	9
10	V	26 Property Insurance		Bryn Mawr Care, LLC	100.00%	10,027	10,027	10
11	V	36 Mortgage Insurance		Bryn Mawr Care, LLC	100.00%	180,611	180,611	11
12	V							12
13	V							13
14	Total		\$ 1,480,612			\$ 1,362,685	\$ * (117,927)	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%	\$ 11,957	\$ (6,835)
16	V	7 EMP. BEN.-GEN. SERV.		S.I.R. MANAGEMENT, INC.	100.00%	892	892
17	V	10 NURSING	37,584	S.I.R. MANAGEMENT, INC.	100.00%	13,910	(23,674)
18	V	15 EMP. BEN.-H.C.		S.I.R. MANAGEMENT, INC.	100.00%	2,174	2,174
19	V	19 PROFESSIONAL FEES	127,872	S.I.R. MANAGEMENT, INC.	100.00%	1,879	(125,993)
20	V	20 FEES,SUBSCRIPTIONS		S.I.R. MANAGEMENT, INC.	100.00%	213	213
21	V	21 CLERICAL & GENERAL	37,584	S.I.R. MANAGEMENT, INC.	100.00%	52,857	15,273
22	V	24 EDUCATION & SEMINAR	769	S.I.R. MANAGEMENT, INC.	100.00%	900	131
23	V	25 OTHER ADMIN. STAFF TRANS.		S.I.R. MANAGEMENT, INC.	100.00%	7,362	7,362
24	V	26 INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	1,224	1,224
25	V	27 EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	7,408	7,408
26	V	32 INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	(31,549)	(31,549)
27	V	35 EQUIPMENT RENTAL		S.I.R. MANAGEMENT, INC.	100.00%	8,482	8,482
28	V						
29	V	17 ADMINISTRATIVE	413,977	S.I.R. MANAGEMENT, INC.	100.00%	24,742	(389,235)
30	V	19 PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	937	
31	V	21 CLERICAL & GENERAL		S.I.R. MANAGEMENT, INC.	100.00%	85,597	85,597
32	V	27 EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	17,469	17,469
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 636,578			\$ 206,454	\$ * (431,061)

* 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	1	DIETARY SALARIES	\$ 18,792	S.I.R. MANAGEMENT, INC.	100.00%	\$ 6,676	\$ (12,116)	15
16	V	7	EMP. BEN.-DIETARY		S.I.R. MANAGEMENT, INC.	100.00%	1,054	1,054	16
17	V	10	NURSING SALARIES		S.I.R. MANAGEMENT, INC.	100.00%	6,895	6,895	17
18	V	15	EMP. BEN.-NURSING		S.I.R. MANAGEMENT, INC.	100.00%	1,085	1,085	18
19	V	17	ADMIN./LEGAL SALARIES	9,396	S.I.R. MANAGEMENT, INC.	100.00%	72,153	62,757	19
20	V	19	FIN. CONSULT./REGL. DIR.		S.I.R. MANAGEMENT, INC.	100.00%	13,846	13,846	20
21	V	27	EMP. BEN.-ADMINISTRATIVE		S.I.R. MANAGEMENT, INC.	100.00%	13,093	13,093	21
22	V								22
23	V								23
24	V	10A	DIRECTOR OF SPECIAL REHAB	18,792	S.I.R. MANAGEMENT, INC.	100.00%	6,055	(12,737)	24
25	V	15	EMPLOYEE BENEFITS		S.I.R. MANAGEMENT, INC.	100.00%	957	957	25
26	V								26
27	V	6	MAINTENANCE SALARIES	14,881	S.I.R. MANAGEMENT, INC.	100.00%	12,477	(2,404)	27
28	V	7	EMPLOYEE BENEFITS		S.I.R. MANAGEMENT, INC.	100.00%	2,360	2,360	28
29	V								29
30	V	5	UTILITIES		S.I.R. MANAGEMENT, INC.	100.00%	2,247	2,247	30
31	V	6	REPAIRS AND MAINT.		S.I.R. MANAGEMENT, INC.	100.00%	735	735	31
32	V	19	PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	53	53	32
33	V	21	CLERICAL & GENERAL		S.I.R. MANAGEMENT, INC.	100.00%	65	65	33
34	V	26	INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	112	112	34
35	V	30	DEPRECIATION		S.I.R. MANAGEMENT, INC.	100.00%	8,059	8,059	35
36	V	32	INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	6,714	6,714	36
37	V	33	REAL ESTATE TAXES		S.I.R. MANAGEMENT, INC.	100.00%	3,565	3,565	37
38	V								38
39	Total		\$ 61,861				\$ 158,201	\$ * 96,340	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	<u>1 Dietary</u>	\$	<u>Xcel Supply, LLC</u>	<u>100.00%</u>	\$		15
16	V	<u>3 Housekeeping</u>	<u>24,406</u>	<u>Xcel Supply, LLC</u>	<u>100.00%</u>	<u>22,780</u>	<u>(1,626)</u>	16
17	V	<u>4 Laundry</u>	<u>4,413</u>	<u>Xcel Supply, LLC</u>	<u>100.00%</u>	<u>4,119</u>	<u>(294)</u>	17
18	V	<u>6 Repairs & Maintenance</u>		<u>Xcel Supply, LLC</u>	<u>100.00%</u>			18
19	V	<u>10 Nursing</u>	<u>20,426</u>	<u>Xcel Supply, LLC</u>	<u>100.00%</u>	<u>19,065</u>	<u>(1,361)</u>	19
20	V	<u>11 Activities</u>		<u>Xcel Supply, LLC</u>	<u>100.00%</u>			20
21	V	<u>12 Social Service</u>		<u>Xcel Supply, LLC</u>	<u>100.00%</u>			21
22	V	<u>20 Dues, Fees And Subscriptions</u>		<u>Xcel Supply, LLC</u>	<u>100.00%</u>			22
23	V	<u>21 Office And Clerical</u>		<u>Xcel Supply, LLC</u>	<u>100.00%</u>			23
24	V	<u>22 Employee Benefits</u>		<u>Xcel Supply, LLC</u>	<u>100.00%</u>			24
25	V	<u>24 Seminars & Education</u>		<u>Xcel Supply, LLC</u>	<u>100.00%</u>			25
26	V	<u>39 Ancillary</u>		<u>Xcel Supply, LLC</u>	<u>100.00%</u>			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		\$ 49,245			\$ 45,964	\$ * (3,281)	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%	\$ 69,119	\$ 69,119	15
16	V							16
17	V							17
18	V							18
19	V	22 Employee Health Insurance	69,119	CCS Employee Benefits Group	100.00%		(69,119)	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		\$ 69,119			\$ 69,119	\$ *	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: 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: 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: 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.

Facility Name & ID Number

Bryn Mawr Care

0035618

Report Period Beginning:

01/01/10

Ending:

12/31/10

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	Michael Giannini	Shareholder	Administrative	1.44%	See Attached	2.63	6.58%	Alloc. Salary	\$ 12,527	17-7	1
2	Bryan Barrish	Shareholder	Administrative	13.51%	See Attached	3	6.67%	Alloc. Salary	15,021	17-7	2
3	Kristen Barrish	Shareholder	Clerical	1.44%	See Attached	1.28	7.53%	Alloc. Salary	2,792	21-7	3
4	Sarah Barrish	Shareholder	Administrative	2.87%	See Attached	3.76	7.52%	Alloc. Salary	8,004	17-7	4
5	Nenita Guzman	Relative	Dietary	0.00%	See Attached	3.76	7.52%	Alloc. Salary	6,676	1-7	5
6	Adam Vales	Relative	Clerical	0.00%	See Attached	0.36	0.90%	Alloc. Salary	635	22-7	6
7	G. Matt Silvers	Relative	Administrative	0.00%	See Attached	0.09	0.40%	Alloc. Salary	293	17-7	7
8	Eric Rothner	Shareholder	Administrative	46.55%	See Attached	0.45	0.97%	Alloc. Salary	7,510	17-7	8
9											9
10											10
11	Where applicable, the amounts reported on this page have been adjusted from the actual										11
12	costs to reflect only amounts anticipated to be considered allowable by the IL Dept of HFS										12
13								TOTAL	\$ 53,458		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:

01/01/10

Ending: 12/31/10

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:

01/01/10

Ending: 12/31/10

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 -0555

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	6	REPAIRS AND MAINT.	PATIENT DAYS	804,585	12	\$ 159,205	\$ 76,299	60,428	\$ 11,957	1
2	7	EMP. BEN.-GEN. SERV.	PATIENT DAYS	804,585	12	11,878		60,428	892	2
3	10	NURSING	PATIENT DAYS	804,585	12	185,214	185,214	60,428	13,910	3
4	15	EMP. BEN.-H.C.	PATIENT DAYS	804,585	12	28,944		60,428	2,174	4
5	19	PROFESSIONAL FEES	PATIENT DAYS	804,585	12	25,021	21,345	60,428	1,879	5
6	20	FEES,SUBSCRIPTIONS	PATIENT DAYS	804,585	12	2,832		60,428	213	6
7	21	CLERICAL & GENERAL	PATIENT DAYS	804,585	12	703,778	634,731	60,428	52,857	7
8	24	EDUCATION & SEMINAR	PATIENT DAYS	804,585	12	11,977		60,428	900	8
9	25	OTHER ADMIN. STAFF TRANS	PATIENT DAYS	804,585	12	98,022		60,428	7,362	9
10	26	INSURANCE	PATIENT DAYS	804,585	12	16,300		60,428	1,224	10
11	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	804,585	12	98,638		60,428	7,408	11
12	32	INTEREST	PATIENT DAYS	804,585	12	(420,069)		60,428	(31,549)	12
13	35	EQUIPMENT RENTAL	PATIENT DAYS	804,585	12	112,938		60,428	8,482	13
14										14
15	17	ADMINISTRATIVE	PATIENT DAYS	804,585	12	329,434	329,434	60,428	24,742	15
16	19	PROFESSIONAL FEES	PATIENT DAYS	804,585	12	12,469		60,428	937	16
17	21	CLERICAL & GENERAL	PATIENT DAYS	804,585	12	1,139,702	1,053,550	60,428	85,597	17
18	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	804,585	12	232,600		60,428	17,469	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 2,748,883	\$ 2,300,573		\$ 206,454	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/10

Ending: 12/31/10

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 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

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	804,585	12	\$ 88,890	\$ 88,890	60,428	\$ 6,676	1
2	7	EMP. BEN.-DIETARY	PATIENT DAYS	804,585	12	14,038		60,428	1,054	2
3	10	NURSING SALARIES	PATIENT DAYS	804,585	12	91,810	91,810	60,428	6,895	3
4	15	EMP. BEN.-NURSING	PATIENT DAYS	804,585	12	14,444		60,428	1,085	4
5	17	ADMIN./LEGAL SALARIES	PATIENT DAYS	804,585	12	960,703	960,703	60,428	72,153	5
6	19	FIN. CONSULT./REGL. DIR.	PATIENT DAYS	804,585	12	184,350		60,428	13,846	6
7	27	EMP. BEN.-ADMINISTRATIVE	PATIENT DAYS	804,585	12	174,335		60,428	13,093	7
8										8
9										9
10	10A	DIRECTOR OF SPECIAL REHA	SPECIAL REHAB INC.	273,888	12	88,247	88,247	18,792	6,055	10
11	15	EMPLOYEE BENEFITS	SPECIAL REHAB INC.	273,888	12	13,949		18,792	957	11
12										12
13	6	MAINTENANCE SALARIES	MAINTENANCE INC.	322,046	11	270,018	270,018	14,881	12,477	13
14	7	EMPLOYEE BENEFITS	MAINTENANCE INC.	322,046	11	51,079		14,881	2,360	14
15										15
16	5	UTILITIES	ALLOCATED SQ FT	12,879	12	29,926		967	2,247	16
17	6	REPAIRS AND MAINT.	ALLOCATED SQ FT	12,879	12	9,787		967	735	17
18	19	PROFESSIONAL FEES	ALLOCATED SQ FT	12,879	12	705		967	53	18
19	21	CLERICAL & GENERAL	ALLOCATED SQ FT	12,879	12	872		967	65	19
20	26	INSURANCE	ALLOCATED SQ FT	12,879	12	1,497		967	112	20
21	30	DEPRECIATION	ALLOCATED SQ FT	12,879	12	107,338		967	8,059	21
22	32	INTEREST	ALLOCATED SQ FT	12,879	12	89,427		967	6,714	22
23	33	REAL ESTATE TAXES	ALLOCATED SQ FT	12,879	12	47,487		967	3,565	23
24										24
25	TOTALS					\$ 2,238,902	\$ 1,499,668		\$ 158,201	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/10

Ending: 12/31/10

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					22,780	2
3	4	Laundry	Direct Allocation					4,119	3
4	6	Repairs & Maintenance	Direct Allocation						4
5	10	Nursing	Direct Allocation					19,065	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				\$	\$		\$ 45,964	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/10

Ending: 12/31/10

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		\$	\$		\$ 69,119	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				\$	\$		\$ 69,119	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/10

Ending: 12/31/10

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:

01/01/10

Ending: 12/31/10

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:

01/01/10

Ending: 12/31/10

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: 01/01/10 Ending: 12/31/10

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:

01/01/10

Ending: 12/31/10

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:

01/01/10

Ending:

12/31/10

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			\$	\$ 18,158,115			\$ 876,189	1									
2	Operator	X		Note Payable				46,350				2									
3												3									
4												4									
5	See Supplemental Schedule											5									
	Working Capital																				
6	Lake Forest Bank		X	A/R Line				250,000			9,607	6									
7	Alloc. - SIR Management	X									6,714	7									
8	See Supplemental Schedule											8									
9	TOTAL Facility Related						\$	\$ 18,454,465			\$ 892,510	9									
	B. Non-Facility Related*																				
10	Interest Income		X								(3)	10									
11	Interest Income - Bldg. Co.	X									(612)	11									
12	Interest Income - SIR Mgmt	X									(31,549)	12									
13	See Supplemental Schedule											13									
14	TOTAL Non-Facility Related						\$	\$			\$ (32,164)	14									
15	TOTALS (line 9+line14)						\$	\$ 18,454,465			\$ 860,346	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 180,611 Line # 36

* 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:

01/01/10

Ending:

12/31/10

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:

01/01/10

Ending:

12/31/10

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				\$	\$		\$	\$	\$
5									
6									
7									
8									
Improvement Type**									
9	Various		1989	3,323		20	130	130	2,769
10	Various		1990	21,607		20	461	461	20,621
11	Various		1991	99,075		20	4,954	4,954	95,927
12	Various		1992	37,297		20	1,782	1,782	34,941
13	Various		1993	18,516		20	926	926	16,474
14	Various		1994	33,458		20	918	918	30,177
15	Various		1995	64,419		20	3,221	3,221	52,419
16	Various		1996	130,280		20	6,514	6,514	94,600
17	Various		1997	192,708		20	9,086	9,086	127,206
18	Various		1998	163,775		20	8,189	8,189	102,641
19	Various		1999	29,826		20	1,491	1,491	16,528
20	Various		2000	120,434		20	6,022	6,022	64,982
21	Various		2001	121,537		20	7,215	7,215	68,235
22	Various		2002	697,409		20	67,912	67,912	569,026
23	Various		2003	33,644		20	1,962	1,962	14,886
24	Various		2004	67,643		20	3,366	3,366	21,924
25	Various		2005	96,040		20	4,965	4,965	26,682
26	Various		2006	91,024		20	4,691	4,691	21,900
27									
28									
29									
30									
31									
32									
33									
34									
35									
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

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		2,995,560	94,207		129,504	35,297	1,046,139	67
68		122,144	3,699		4,959	1,260	54,237	68
69			68,863			(68,863)		69
70		\$ 5,139,719	\$ 166,769		\$ 268,268	\$ 101,499	\$ 2,482,314	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:

01/01/10

Ending:

12/31/10

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		\$ 5,139,719	\$ 166,769		\$ 268,268	\$ 101,499	\$ 2,482,314	1
2	Handrails	2007	3,755		20	188	188	751	2
3	Bathroom Remodel	2007	14,880		20	744	744	2,294	3
4	Fire Doors	2007	6,840		20	342	342	1,169	4
5	Roof Work	2007	4,600		20	460	460	1,610	5
6	Plumbing	2007	2,780		20	278	278	1,066	6
7	Plumbing	2007	2,630		20	263	263	1,008	7
8	Wall Replacement	2007	2,550		20	255	255	956	8
9	Flooring	2007	2,988		20	299	299	921	9
10	Fire Escape Counter Balance	2007	2,775		20	278	278	1,064	10
11	Flooring & Lockers	2008	5,617		20	281	281	749	11
12	Elevator Work	2008	14,430		20	722	722	1,924	12
13	Freezer Work	2008	11,549		20	2,310	2,310	5,390	13
14	Exhaust Fan	2008	7,962		20	398	398	829	14
15	Doors / Plumbing / Walls	2008	5,170		20	259	259	776	15
16	Fire Door	2008	7,570		20	379	379	1,136	16
17	Sewer Line	2008	4,800		20	240	240	660	17
18	Kitchen Work	2008	6,300		20	315	315	814	18
19	Freezer Repair	2008	5,080		20	254	254	635	19
20	Condenser For Cooler	2008	4,978		20	249	249	560	20
21	Phoenix Bathtubs	2008	4,000		20	200	200	433	21
22	Elevator Work	2008	4,644		20	232	232	503	22
23	Boiler Repair	2008	2,945		20	147	147	417	23
24	Heating Pipe, Radiator Valves, Connectors	2008	2,880		20	144	144	312	24
25	Nurse Call System	2009	13,768		20	688	688	1,262	25
26	Freezer Door	2009	5,540		20	277	277	416	26
27	New Grease Trap	2009	9,261		20	463	463	579	27
28	Bathtub Liners	2009	3,325		20	166	166	333	28
29	Boiler- Steam Traps, Controller	2009	4,876		20	244	244	467	29
30	Radiator, Piping, Valves	2009	6,879		20	344	344	545	30
31	Master Keylock System	2009	2,662		20	133	133	166	31
32	Elevator Keys- Brail	2009	5,650		20	283	283	471	32
33	Sprinkler System- Piping	2009	2,675		20	134	134	256	33
34	TOTAL (lines 1 thru 33)		\$ 5,326,078	\$ 166,769		\$ 280,235	\$ 113,466	\$ 2,512,785	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	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		\$ 5,326,078	\$ 166,769		\$ 280,235	\$ 113,466	\$ 2,512,785	1
2	Boiler Repair - Power Burner	2010	5,603		20	280	280	280	2
3	Boiler Repair - Burner Control	2010	7,548		20	377	377	377	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)		\$ 5,339,229	\$ 166,769		\$ 280,892	\$ 114,123	\$ 2,513,442	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		\$ 5,339,229	\$ 166,769		\$ 280,892	\$ 114,123	\$ 2,513,442	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)	\$ 5,339,229	\$ 166,769		\$ 280,892	\$ 114,123	\$ 2,513,442	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		\$ 5,339,229	\$ 166,769		\$ 280,892	\$ 114,123	\$ 2,513,442
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)	\$ 5,339,229	\$ 166,769		\$ 280,892	\$ 114,123	\$ 2,513,442

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:

01/01/10

Ending:

12/31/10

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						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	Bathroom - Wall Work, Plumbing, Tiles, Painting	2009	266,400						27
28	Office - Remodeling Walls, Floor, & Closet	2010	6,000						28
29	Activity Room - Ceiling Tiles, Walls, & Closet	2010	3,400						29
30	Laundry & Bathrooms - Sink, Toilets, Faucets, & Walls	2010	11,300						30
31	Entry - Remodeling Door, Windows, & Frame	2010	16,530						31
32	Reception & Lobby	2010	36,580						32
33	Dining Room - Wall Soffit & Water Line	2010	16,496						33
34									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:

01/01/10

Ending:

12/31/10

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 Continued		\$	\$		\$	\$	\$	1
2	Painting - Walls & Doors, Entry Hall/Lobby, Back Hall	2010	25,200						2
3	Smoke Room - Closets	2010	8,964						3
4	Nurse Station - Replace/Install New Cabinets	2010	21,000						4
5	Bathrooms (10) - Wall Work, Plumbing, Tiles, Painting	2010	72,000						5
6	Bathrooms (6) - Wall Work, Plumbing, Tiles, Painting	2010	57,600						6
7	Elevator Cab	2010	11,950						7
8	Sprinkler System	2010	138,280						8
9	Painting - Floors 1-3	2010	130,500						9
10	Emergency Staircase	2010	4,550						10
11	Wallbase Replacement	2010	6,268						11
12	Artwork	2010	4,960						12
13	Electric Air Cleaner	2010	4,842						13
14	Window Treatments	2010	2,515						14
15	Hot Water Valve	2010	3,950						15
16	Handrail Guards	2010	2,596						16
17	Bathtub Liners	2010	10,875						17
18	Satellite and Cabling	2010	18,038						18
19	Window Treatment - 1st Floor	2010	5,785						19
20	Stair Treads	2010	3,806						20
21	Rekey Doors	2010	9,735						21
22	Hot Water Risers	2010	4,300						22
23	Vent Pipes	2010	2,400						23
24	Bathroom Work	2010	2,790						24
25	Hot Water Risers	2010	2,150						25
26	HVAC Cooler	2010	3,188						26
27	Kitchen Sinks	2010	2,360						27
28	Wallbase Replacement	2010	6,287						28
29	Door Casings	2010	7,000						29
30	Oxygen Rooms	2010	13,250						30
31									31
32	Depreciation			94,207		129,504	35,297	1,046,139	32
33									33
34	TOTAL (12F & 12G lines 1 thru 33)		\$ 2,995,560	\$ 94,207		\$ 129,504	\$ 35,297	\$ 1,046,139	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:

01/01/10

Ending:

12/31/10

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	Related Party Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	S.I.R. Properties - S.I.R. Management	1993	33,988	1,079	35	971	(108)	16,994	3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Alloc. - S.I.R. Management	1993	8,617	240	20	427	187	7,689	9
10	Alloc. - S.I.R. Management	1994	27		10			27	10
11	Alloc. - S.I.R. Management	1995	197		20	10	10	152	11
12	Alloc. - S.I.R. Management	1997	13,241	296	20	662	366	9,142	12
13	Alloc. - S.I.R. Management	1999	1,041		20	52	52	585	13
14	Alloc. - S.I.R. Management	1999	9,735		20			9,735	14
15	Alloc. - S.I.R. Management	2000	1,229		20	61	61	648	15
16	Alloc. - S.I.R. Management	2007	3,949	423	20	197	(226)	631	16
17	Alloc. - S.I.R. Management	2008	10,884	1,088	20	686	(402)	1,952	17
18	Alloc. - S.I.R. Management	2009	27,046	247	20	1,352	1,105	1,683	18
19									19
20	Alloc. - S.I.R. Properties - S.I.R. Management	2010	2,051		20	34	34	34	20
21	Alloc. - S.I.R. Properties - S.I.R. Management	2009	2,041	250	20	102	(148)	184	21
22	Alloc. - S.I.R. Properties - S.I.R. Management	2007	595	65	20	30	(35)	119	22
23	Alloc. - S.I.R. Properties - S.I.R. Management	2002	135		20	7	7	57	23
24	Alloc. - S.I.R. Properties - S.I.R. Management	1999	4,307		20	215	215	2,476	24
25	Alloc. - S.I.R. Properties - S.I.R. Management	1998	2,058		20	103	103	1,286	25
26	Alloc. - S.I.R. Properties - S.I.R. Management	1997	128		20	6	6	93	26
27	Alloc. - S.I.R. Properties - S.I.R. Management	1994	324	8	20	16	8	267	27
28	Alloc. - S.I.R. Properties - S.I.R. Management	1993	551	3	20	28	25	483	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)		\$ 122,144	\$ 3,699		\$ 4,959	\$ 1,260	\$ 54,237	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:

01/01/10

Ending:

12/31/10

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	\$ 506,970	\$ 14,166	\$ 40,260	\$ 26,094	10	\$ 322,717	71
72	Current Year Purchases	213,743	8,835	7,627	(1,208)	10	7,628	72
73	Fully Depreciated Assets	318,055		60	60	10	318,055	73
74								74
75	TOTALS	\$ 1,038,768	\$ 23,001	\$ 47,947	\$ 24,946		\$ 648,400	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	\$ 14,535	76
77	Facility	Alloc. From SIR Management	1988	1,990	149	149		5	149	77
78										78
79										79
80	TOTALS			\$ 17,426	\$ 149	\$ 1,693	\$ 1,544		\$ 14,684	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)	\$ 6,458,493	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 189,919	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 330,531	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 140,612	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,176,526	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	\$ 11,200	92
93	Elevator	8,350	93
94			94
95		\$ 19,550	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: \$ 14,221 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. _____ /2011 \$ _____

13. _____ /2012 \$ _____

14. _____ /2013 \$ _____

* 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		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
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): <u>See Supplemental</u>									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: 01/01/10

Ending:

12/31/10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 22,604	\$ 222,505	1
2	Cash-Patient Deposits	108,739	108,739	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	821,542	821,542	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	30,311	31,223	6
7	Other Prepaid Expenses	2,561	2,561	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	325,944	325,944	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,311,701	\$ 1,512,514	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	2,808,050	15
16	Equipment, at Historical Cost	1,225,602	1,594,842	16
17	Accumulated Depreciation (book methods)	(1,578,456)	(2,594,670)	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>	19,550	960,349	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,146,704	\$ 4,303,269	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,458,405	\$ 5,815,783	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 122,504	\$ 206,931	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	110,208	110,208	28
29	Short-Term Notes Payable	250,000	250,000	29
30	Accrued Salaries Payable	148,523	148,523	30
31	Accrued Taxes Payable (excluding real estate taxes)	6,988	6,988	31
32	Accrued Real Estate Taxes(Sch.IX-B)		115,250	32
33	Accrued Interest Payable		72,632	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	18,000	18,000	35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>			36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 656,223	\$ 928,532	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		18,204,465	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Attached Schedule</u>		83,511	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 18,287,976	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 656,223	\$ 19,216,508	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,802,182	\$ (13,400,725)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,458,405	\$ 5,815,783	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,787,994	1
2	Restatements (describe):		2
3	Rounding	4	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,787,998	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	640,584	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	(626,400)	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)	\$ 14,184	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)	\$ 1,802,182	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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	\$ 6,402,697	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,402,697	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***	3	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	1,338	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,338	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,404,038	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	968,739	31
32	Health Care	1,710,410	32
33	General Administration	1,424,498	33
B. Capital Expense			
34	Ownership	1,564,209	34
C. Ancillary Expense			
35	Special Cost Centers	333	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)*	\$ 5,763,454	40
41	Income before Income Taxes (line 30 minus line 40)**	640,584	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 640,584	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete 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:

01/01/10

Ending:

12/31/10

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	1,869	2,086	\$ 82,559	\$ 39.58	1
2	Assistant Director of Nursing	1,503	1,553	48,120	30.99	2
3	Registered Nurses	2,719	2,975	83,834	28.18	3
4	Licensed Practical Nurses	12,036	12,552	291,339	23.21	4
5	CNAs & Orderlies	51,671	55,679	580,239	10.42	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,839	2,086	31,795	15.24	9
10	Activity Assistants	10,420	11,598	110,043	9.49	10
11	Social Service Workers	16,175	17,624	265,910	15.09	11
12	Dietician					12
13	Food Service Supervisor	2,756	2,895	48,677	16.81	13
14	Head Cook	4,291	4,739	47,115	9.94	14
15	Cook Helpers/Assistants	8,362	8,884	86,302	9.71	15
16	Dishwashers					16
17	Maintenance Workers	3,576	3,778	51,769	13.70	17
18	Housekeepers	14,359	15,255	143,114	9.38	18
19	Laundry					19
20	Administrator	1,901	2,086	72,854	34.93	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,613	6,010	97,594	16.24	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	4,019	4,271	81,569	19.10	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	3,109	3,109	12,624	4.06	33
34	TOTAL (lines 1 - 33)	146,218	157,180	\$ 2,135,457 *	\$ 13.59	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	547	\$ 27,859	01-03	35
36	Medical Director	Monthly	3,600	09-03	36
37	Medical Records Consultant	Monthly	4,416	10-03	37
38	Nurse Consultant	Monthly	37,584	10-03	38
39	Pharmacist Consultant	Monthly	10,858	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	41	2,652	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)	588	\$ 112,961		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

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								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
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# 0035618

Report Period Beginning:

01/01/10

Ending:

12/31/10**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. \$ 1,147 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. \$ 15,841 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? None
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.