



Facility Name & ID Number Bryn Mawr Care

# 0035618 Report Period Beginning: 01/01/13 Ending: 12/31/13

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 3 4 5 Patient Days by Level of Care and Primary Source of Payment			
		Medicaid Recipient	Private Pay	Other	
8	SNF				8
9	SNF/PED				9
10	ICF	<u>57,405</u>	<u>54</u>		<u>57,459</u>
11	ICF/DD				11
12	SC				12
13	DD 16 OR LESS				13
14	TOTALS	<u>57,405</u>	<u>54</u>		<u>57,459</u>

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.47%

D. How many bed-hold days during this year were paid by the Department?

None (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 8/1/1989

J. Was the facility purchased or leased after January 1, 1978?

YES  Date 8/1/1989 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: 12/31/13 Fiscal Year: 12/31/13

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

Bryn Mawr Care

# 0035618

Report Period Beginning:

01/01/13

Ending:

12/31/13

**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
	<b>A. General Services</b>										
1	Dietary	188,213	24,048	30,782	243,043		243,043	(14,491)	228,552		1
2	Food Purchase		284,860		284,860	(19,546)	265,314	(1,203)	264,112		2
3	Housekeeping	173,492	37,034		210,526		210,526		210,526		3
4	Laundry		8,788		8,788		8,788		8,788		4
5	Heat and Other Utilities			117,343	117,343		117,343	(10,495)	106,848		5
6	Maintenance	52,026	31,354	144,939	228,319		228,319	7,398	235,717		6
7	Other (specify):*							10,621	10,621		7
8	<b>TOTAL General Services</b>	<b>413,731</b>	<b>386,084</b>	<b>293,064</b>	<b>1,092,879</b>	<b>(19,546)</b>	<b>1,073,333</b>	<b>(8,170)</b>	<b>1,065,163</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			3,600	3,600		3,600		3,600		9
10	Nursing and Medical Records	1,153,361	29,278	57,144	1,239,783		1,239,783	(26,560)	1,213,223		10
10a	Therapy			20,880	20,880		20,880	(9,099)	11,781		10a
11	Activities	111,900	9,415	2,448	123,763		123,763		123,763		11
12	Social Services	249,317		7,200	256,517		256,517		256,517		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							3,555	3,555		15
16	<b>TOTAL Health Care and Programs</b>	<b>1,514,578</b>	<b>38,693</b>	<b>91,272</b>	<b>1,644,543</b>		<b>1,644,543</b>	<b>(32,104)</b>	<b>1,612,439</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	114,461		385,641	500,102		500,102	(287,200)	212,902		17
18	Directors Fees										18
19	Professional Services			166,320	166,320	(3,440)	162,880	(95,254)	67,626		19
20	Dues, Fees, Subscriptions & Promotions			47,019	47,019		47,019	(34,474)	12,545		20
21	Clerical & General Office Expenses	75,974	14,914	90,254	181,142		181,142	81,460	262,602		21
22	Employee Benefits & Payroll Taxes			329,429	329,429	19,546	348,975		348,975		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,443	1,443		1,443	654	2,097		24
25	Other Admin. Staff Transportation			2,371	2,371		2,371	8,357	10,728		25
26	Insurance-Prop.Liab.Malpractice			111,432	111,432		111,432	14,457	125,889		26
27	Other (specify):*							35,218	35,218		27
28	<b>TOTAL General Administration</b>	<b>190,435</b>	<b>14,914</b>	<b>1,133,909</b>	<b>1,339,258</b>	<b>16,106</b>	<b>1,355,364</b>	<b>(276,782)</b>	<b>1,078,582</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>2,118,744</b>	<b>439,691</b>	<b>1,518,245</b>	<b>4,076,680</b>	<b>(3,440)</b>	<b>4,073,240</b>	<b>(317,056)</b>	<b>3,756,184</b>		<b>29</b>

\*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.

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			50,518	50,518		50,518	167,060	217,578			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			24,733	24,733		24,733	741,041	765,774			32
33	Real Estate Taxes					3,440	3,440	154,607	158,047			33
34	Rent-Facility & Grounds			1,470,000	1,470,000		1,470,000	(1,470,000)				34
35	Rent-Equipment & Vehicles			6,313	6,313		6,313	5,257	11,570			35
36	Other (specify):*							96,797	96,797			36
37	<b>TOTAL Ownership</b>			1,551,564	1,551,564	3,440	1,555,004	(305,238)	1,249,766			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
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			254,044	254,044		254,044		254,044			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>			254,044	254,044		254,044		254,044			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,118,744	439,691	3,323,853	5,882,288		5,882,288	(622,293)	5,259,995			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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
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	(12,333)	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	(2,478)	30		9
10	Interest and Other Investment Income	(102)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3)	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				18
19	Entertainment				19
20	Contributions	(6,600)	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	(4,948)	21		24
25	Fund Raising, Advertising and Promotional	(4,199)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(3,233)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(1,461,017)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (1,494,913)</b>		<b>\$</b>	<b>30</b>

**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	
		<b>Amount</b>	<b>Reference</b>	
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)	872,619		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ 872,619</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (622,293)</b>		<b>37</b>

\*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	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
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	<b>TOTAL (C): (sum of lines 38-46)</b>			<b>\$</b>		<b>47</b>

<b>BHF USE ONLY</b>					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

Bryn Mawr Care

ID# 0035618

Report Period Beginning: 01/01/13

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Bank Fees	\$ (6,170)	21	1
2	Theft & Damage Loss	(1,193)	21	2
3	PAC Dues- Alliance for Living	(24,070)	20	3
4	Jury Duty Income	(17)	10	4
5	Vending Income	(1,200)	02	5
6				6
7	Non-allowable Seminar	(169)	24	7
8				8
9				9
10	Bulding Company:			10
11	Professional Fees	(26,900)	19	11
12	Fees	(350)	21	12
13	Amortization	(152,856)	36	13
14	Office Expense	(22)	21	14
15	Replacement Tax	(1,766)	21	15
16	Interest- Pre Penalty Interest	(1,232,994)	21	16
17	Capitalized R&M	(13,310)	06	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	<b>Total</b>	(1,461,017)	49

Bryn Mawr Care

ID# 0035618

Report Period Beginning: 01/01/13

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
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	<b>Total</b>	0	49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Bryn Mawr Care# 0035618

Report Period Beginning:

01/01/13

Ending:

12/31/13

## 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				(14,491)								(14,491)	1
2	Food Purchase	(1,203)											(1,203)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(12,333)			1,838								(10,495)	5
6	Maintenance	(13,310)	23,053	(12,355)	10,010								7,398	6
7	Other (specify):*			529	10,092								10,621	7
8	<b>TOTAL General Services</b>	<b>(26,846)</b>	<b>23,053</b>	<b>(11,826)</b>	<b>7,449</b>								<b>(8,170)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(17)		(33,530)	6,987								(26,560)	10
10a	Therapy				(9,099)								(9,099)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			1,077	2,478								3,555	15
16	<b>TOTAL Health Care and Programs</b>	<b>(17)</b>		<b>(32,453)</b>	<b>366</b>								<b>(32,104)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(361,985)	74,785								(287,200)	17
18	Directors Fees													18
19	Professional Services	(26,900)	26,900	(108,784)	13,530								(95,254)	19
20	Fees, Subscriptions & Promotions	(34,869)		395									(34,474)	20
21	Clerical & General Office Expenses	(1,250,676)	1,235,132	96,942	62								81,460	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(169)		823									654	24
25	Other Admin. Staff Transportation			8,357									8,357	25
26	Insurance-Prop.Liab.Malpractice		12,767	1,560	130								14,457	26
27	Other (specify):*			20,356	14,862								35,218	27
28	<b>TOTAL General Administration</b>	<b>(1,312,614)</b>	<b>1,274,799</b>	<b>(342,336)</b>	<b>103,369</b>								<b>(276,782)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(1,339,477)</b>	<b>1,297,852</b>	<b>(386,615)</b>	<b>111,184</b>								<b>(317,056)</b>	<b>29</b>

STATE OF ILLINOIS

Facility Name & ID Number Bryn Mawr Care

# 0035618

Report Period Beginning:

01/01/13

Ending:

Summary B

12/31/13

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)	
	<b>D. Ownership</b>													
30	Depreciation	(2,478)	163,992		5,546								167,060	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(102)	749,639	(14,269)	5,773								741,041	32
33	Real Estate Taxes		149,286		5,321								154,607	33
34	Rent-Facility & Grounds		(1,470,000)										(1,470,000)	34
35	Rent-Equipment & Vehicles			5,257									5,257	35
36	Other (specify):*	(152,856)	249,653										96,797	36
37	<b>TOTAL Ownership</b>	<b>(155,436)</b>	<b>(157,430)</b>	<b>(9,012)</b>	<b>16,640</b>								<b>(305,238)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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	<b>TOTAL Special Cost Centers</b>													<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(1,494,913)</b>	<b>1,140,422</b>	<b>(395,627)</b>	<b>127,824</b>								<b>(622,293)</b>	<b>45</b>

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See 6- Supplemental		See 6-Supplemental		See 6-Supplemental		

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	\$ 1,470,000	Bryn Mawr Care, LLC	100.00%	\$	\$ (1,470,000)	1
2	V	21 Replacement Tax		Bryn Mawr Care, LLC	100.00%	1,766	1,766	2
3	V	36 Amort. Of Bond Premium	25,889	Bryn Mawr Care, LLC	100.00%	178,745	152,856	3
4	V	32 Interest Income	167	Bryn Mawr Care, LLC	100.00%	749,806	749,639	4
5	V	21 Office Expense		Bryn Mawr Care, LLC	100.00%	22	22	5
6	V	06 R&M		Bryn Mawr Care, LLC	100.00%	23,053	23,053	6
7	V	21 Fees		Bryn Mawr Care, LLC	100.00%	350	350	7
8	V	30 Deprecation		Bryn Mawr Care, LLC	100.00%	163,992	163,992	8
9	V	21 Interest- Pre Penalty Interest		Bryn Mawr Care, LLC	100.00%	1,232,994	1,232,994	9
10	V	36 Mortgage Insurance		Bryn Mawr Care, LLC	100.00%	96,797	96,797	10
11	V	26 Property Insurance		Bryn Mawr Care, LLC	100.00%	12,767	12,767	11
12	V	33 Real Estate Taxes		Bryn Mawr Care, LLC	100.00%	149,286	149,286	12
13	V	19 Professional Fees		Bryn Mawr Care, LLC	100.00%	26,900	26,900	13
14	Total		\$ 1,496,056			\$ 2,636,478	\$ * 1,140,422	14

\* 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	6 REPAIRS AND MAINT.	\$ 20,880	S.I.R. MANAGEMENT, INC.	100.00%	\$ 8,525	\$ (12,355)
16	V	7 EMP. BEN.-GEN. SERV.		S.I.R. MANAGEMENT, INC.	100.00%	529	529
17	V	10 NURSING	41,760	S.I.R. MANAGEMENT, INC.	100.00%	8,230	(33,530)
18	V	15 EMP. BEN.-H.C.		S.I.R. MANAGEMENT, INC.	100.00%	1,077	1,077
19	V	19 PROFESSIONAL FEES	125,784	S.I.R. MANAGEMENT, INC.	100.00%	13,442	(112,342)
20	V	20 FEES,SUBSCRIPTIONS		S.I.R. MANAGEMENT, INC.	100.00%	395	395
21	V	21 CLERICAL & GENERAL	41,760	S.I.R. MANAGEMENT, INC.	100.00%	47,042	5,282
22	V	24 EDUCATION & SEMINAR		S.I.R. MANAGEMENT, INC.	100.00%	823	823
23	V	25 OTHER ADMIN. STAFF TRANS.		S.I.R. MANAGEMENT, INC.	100.00%	8,357	8,357
24	V	26 INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	1,560	1,560
25	V	27 EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	6,612	6,612
26	V	32 INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	(14,269)	(14,269)
27	V	35 EQUIPMENT RENTAL		S.I.R. MANAGEMENT, INC.	100.00%	5,257	5,257
28	V						
29	V	17 ADMINISTRATIVE	385,641	S.I.R. MANAGEMENT, INC.	100.00%	23,656	(361,985)
30	V	19 PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	3,558	3,558
31	V	21 CLERICAL & GENERAL		S.I.R. MANAGEMENT, INC.	100.00%	91,660	91,660
32	V	27 EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	13,744	13,744
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 615,825			\$ 220,198	\$ * (395,627)

\* 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 SALARIES	\$ 20,880	S.I.R. MANAGEMENT, INC.	100.00%	\$ (14,491)	15	
16	V	7	EMP. BEN.-DIETARY		S.I.R. MANAGEMENT, INC.	100.00%	840	16	
17	V	10	NURSING SALARIES		S.I.R. MANAGEMENT, INC.	100.00%	6,987	17	
18	V	15	EMP. BEN.-NURSING		S.I.R. MANAGEMENT, INC.	100.00%	910	18	
19	V	17	ADMIN./LEGAL SALARIES		S.I.R. MANAGEMENT, INC.	100.00%	74,785	19	
20	V	19	FIN. CONSULT./REGL. DIR.		S.I.R. MANAGEMENT, INC.	100.00%	13,476	20	
21	V	27	EMP. BEN.-ADMINISTRATIVE		S.I.R. MANAGEMENT, INC.	100.00%	14,862	21	
22	V							22	
23	V							23	
24	V	10A	DIRECTOR OF SPECIAL REHAB	20,880	S.I.R. MANAGEMENT, INC.	100.00%	11,781	(9,099)	24
25	V	15	EMPLOYEE BENEFITS		S.I.R. MANAGEMENT, INC.	100.00%	1,568	1,568	25
26	V							26	
27	V	6	MAINTENANCE SALARIES	52,808	S.I.R. MANAGEMENT, INC.	100.00%	62,132	9,324	27
28	V	7	EMPLOYEE BENEFITS		S.I.R. MANAGEMENT, INC.	100.00%	9,252	9,252	28
29	V							29	
30	V	5	UTILITIES		S.I.R. MANAGEMENT, INC.	100.00%	1,838	1,838	30
31	V	6	REPAIRS AND MAINT.		S.I.R. MANAGEMENT, INC.	100.00%	686	686	31
32	V	19	PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	54	54	32
33	V	21	CLERICAL & GENERAL		S.I.R. MANAGEMENT, INC.	100.00%	62	62	33
34	V	26	INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	130	130	34
35	V	30	DEPRECIATION		S.I.R. MANAGEMENT, INC.	100.00%	5,546	5,546	35
36	V	32	INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	5,773	5,773	36
37	V	33	REAL ESTATE TAXES		S.I.R. MANAGEMENT, INC.	100.00%	5,321	5,321	37
38	V							38	
39	Total		\$ 94,568			\$ 222,392	\$ * 127,824	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		\$			\$	\$	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	<b>Total</b>		\$			\$	\$ *	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: 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	<b>Total</b>		\$			\$	\$ *	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: 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	<b>Total</b>		\$			\$	\$ *	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: 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	<b>Total</b>		\$			\$	\$ *	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		\$			\$	\$	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	<b>Total</b>		\$			\$	\$ *	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		\$			\$	\$	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	<b>Total</b>		\$			\$	\$ *	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		\$			\$	\$	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	<b>Total</b>		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	ASHLEY BARRISH	1.437%	ALBANY CARE INC	EVANSTON	BRYN MAWR CARE, LLC	LINCOLNWOOD	BUILDING CO.	1
2	B. BART BARRISH	1.437%	APPLEWOOD REHABILITATION CENTER,LLC	MATTESON	SIR MANAGEMENT	LINCOLNWOOD	MANAGEMENT CO.	2
3	BRYAN BARRISH TRUST DATED 9/1/2004	13.506%	COLUMBUS PARK NURSING & REHABILITATION CENTER, INC.	CHICAGO	SIR PROPERTIES	LINCOLNWOOD	BUILDING CO.	3
4	CELESTE GIANNINI TRUST DTD 3/13/00	1.437%	DECATUR MANOR HEALTHCARE,LLC	DECATUR				4
5	DANIEL ROTHNER	2.299%	ELMWOOD CARE, INC.	ELMWOOD PARK				5
6	DARCEY BARRISH	1.437%	FAIRVIEW NURSING PLAZA, INC.	ROCKFORD				6
7	ERIC ROTHNER	46.552%	GREENWOOD CARE, INC.	EVANSTON				7
8	GLENDA STRICKLAND	2.874%	MAPLEWOOD CARE, INC.	ELGIN				8
9	JESSE REYNOLDS DESCENDENTS TRUST	2.874%	NEIGHBORS REHABILITATION CENTER,LLC	BYRON				9
10	JULIANA R. BARRISH TRUST DTD 1/26/93	13.506%	REGENCY REHABILITATION CENTER,LLC	NILES				10
11	KIRSTEN BARRISH	1.437%	ROCK ISLAND NURSING & REHAB CENTER,LLC	ROCK ISLAND				11
12	MELISSA ROTHNER	2.299%	WILSON CARE, INC.	CHICAGO				12
13	MICHAEL R GIANNINI TRUST DTD 3/13/00	1.437%	WESLEY REHABILITATION CENTER	AUBURN, IN				13
14	RACHEL ROTHNER	2.299%						14
15	SARAH BARRISH	2.874%						15
16	WILLIAM ROTHNER	2.299%						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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Bryn Mawr Care

# 0035618

Report Period Beginning:

01/01/13

Ending:

12/31/13

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care # 0035618 Report Period Beginning: 01/01/13 Ending: 12/31/13

## 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	Relative	Administrative		See Attached	2.79	6.20%	Alloc. Salary	\$ 13,950	17-7	1
2	Kristen Barrish	Shareholder	Clerical	1.44%	See Attached	3.49	7%	Alloc. Salary	3,515	21-7	2
3	Sarah Barrish	Shareholder	Administrative	2.87%	See Attached	3.14	7%	Alloc. Salary	6,639	17-7	3
4	Michael Giannini	Relative	Administrative		See Attached	2.44	6%	Alloc. Salary	11,682	17-7	4
5	Nenita Guzman	Relative	Dietary		See Attached	3.49	7%	Alloc. Salary	6,389	1-7	5
6											6
7											7
8											8
9											9
10											10
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts										11
12	anticipated to be considered allowable by the IL. Dept. of HFS.										12
13								TOTAL	\$ 42,175		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: 01/01/13 Ending: 12/31/13

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 \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_\_  
 Fax Number (\_\_\_\_) \_\_\_\_\_

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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

# 0035618

Report Period Beginning:

01/01/13

Ending: 12/31/13

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	14	\$ 122,226	\$ 54,106	57,459	\$ 8,525	1
2	7	EMP. BEN.-GEN. SERV.	PATIENT DAYS	14	7,581		57,459	529	2
3	10	NURSING	PATIENT DAYS	14	117,990	117,990	57,459	8,230	3
4	15	EMP. BEN.-H.C.	PATIENT DAYS	14	15,435		57,459	1,077	4
5	19	PROFESSIONAL FEES	PATIENT DAYS	14	192,718	109,921	57,459	13,442	5
6	20	FEES,SUBSCRIPTIONS	PATIENT DAYS	14	5,665		57,459	395	6
7	21	CLERICAL & GENERAL	PATIENT DAYS	14	674,435	608,408	57,459	47,042	7
8	24	EDUCATION & SEMINAR	PATIENT DAYS	14	11,805		57,459	823	8
9	25	OTHER ADMIN. STAFF TRANS	PATIENT DAYS	14	119,815		57,459	8,357	9
10	26	INSURANCE	PATIENT DAYS	14	22,368		57,459	1,560	10
11	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	14	94,799		57,459	6,612	11
12	32	INTEREST	PATIENT DAYS	14	(204,568)		57,459	(14,269)	12
13	35	EQUIPMENT RENTAL	PATIENT DAYS	14	75,364		57,459	5,257	13
14									14
15	17	ADMINISTRATIVE	PATIENT DAYS	14	339,156	339,156	57,459	23,656	15
16	19	PROFESSIONAL FEES	PATIENT DAYS	14	51,011		57,459	3,558	16
17	21	CLERICAL & GENERAL	PATIENT DAYS	14	1,314,118	1,179,981	57,459	91,660	17
18	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	14	197,046		57,459	13,744	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 3,156,964	\$ 2,409,562		\$ 220,198	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

# 0035618

Report Period Beginning:

01/01/13

Ending: 12/31/13

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	1	DIETARY SALARIES	PATIENT DAYS	823,778	14	\$ 91,605	\$ 91,605	57,459	\$ 6,389	1
2	7	EMP. BEN.-DIETARY	PATIENT DAYS	823,778	14	12,049	57,459	840		2
3	10	NURSING SALARIES	PATIENT DAYS	823,778	14	100,168	100,168	57,459	6,987	3
4	15	EMP. BEN.-NURSING	PATIENT DAYS	823,778	14	13,047	57,459	910		4
5	17	ADMIN./LEGAL SALARIES	PATIENT DAYS	823,778	14	1,072,182	1,072,182	57,459	74,785	5
6	19	FIN. CONSULT./REGL. DIR.	PATIENT DAYS	823,778	14	193,200	57,459	13,476		6
7	27	EMP. BEN.-ADMINISTRATIVE	PATIENT DAYS	823,778	14	213,069	57,459	14,862		7
8										8
9										9
10	10A	DIRECTOR OF SPECIAL REHA	SPECIAL REHAB INC.	293,544	14	165,622	165,622	20,880	11,781	10
11	15	EMPLOYEE BENFITS	SPECIAL REHAB INC.	293,544	14	22,047	20,880	1,568		11
12										12
13	6	MAINTENANCE SALARIES	MAINTENANCE INC.	378,109	14	444,871	444,871	52,808	62,132	13
14	7	EMPLOYEE BENEFITS	MAINTENANCE INC.	378,109	14	66,242	52,808	9,252		14
15										15
16	5	UTILITIES	ALLOCATED SQ FT	12,879	14	26,365	898	1,838		16
17	6	REPAIRS AND MAINT.	ALLOCATED SQ FT	12,879	14	9,845	898	686		17
18	19	PROFESSIONAL FEES	ALLOCATED SQ FT	12,879	14	768	898	54		18
19	21	CLERICAL & GENERAL	ALLOCATED SQ FT	12,879	14	896	898	62		19
20	26	INSURANCE	ALLOCATED SQ FT	12,879	14	1,870	898	130		20
21	30	DEPRECIATION	ALLOCATED SQ FT	12,879	14	79,536	898	5,546		21
22	32	INTEREST	ALLOCATED SQ FT	12,879	14	82,793	898	5,773		22
23	33	REAL ESTATE TAXES	ALLOCATED SQ FT	12,879	14	76,319	898	5,321		23
24										24
25	TOTALS					\$ 2,672,494	\$ 1,874,447	\$ 222,392		25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

# 0035618 Report Period Beginning: 01/01/13 Ending: 12/31/13

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: 01/01/13 Ending: 12/31/13

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 \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

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: 01/01/13 Ending: 12/31/13

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 \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

# 0035618 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

# 0035618 Report Period Beginning: 01/01/13 Ending: 12/31/13

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 \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

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: 01/01/13 Ending: 12/31/13

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: 01/01/13 Ending: 12/31/13

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 \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

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

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
<b>A. Directly Facility Related</b>																
<b>Long-Term</b>																
1	Private Bank		X	Mortgage			\$	\$ 17,508,308			\$ 749,806	1				
2												2				
3												3				
4												4				
5												5				
<b>Working Capital</b>																
6	Lake Forest Bank		X	Line of Credit				880,000			24,733	6				
7	Alloc. SIR MGMT	X									5,773	7				
8												8				
9	<b>TOTAL Facility Related</b>						\$	\$ 18,388,308			\$ 780,312	9				
<b>B. Non-Facility Related*</b>																
10	Interest Income		X								(102)	10				
11	Interest Income- Bldg Co		X								(167)	11				
12	Alloc. SIR MGMT	X									(14,269)	12				
13												13				
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (14,538)	14				
15	<b>TOTALS (line 9+line14)</b>						\$	\$ 18,388,308			\$ 765,774	15				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 96,797 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:

01/01/13

Ending:

12/31/13

**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	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
	<b>A. Directly Facility Related</b>																
	<b>Long-Term</b>																
1							\$	\$			\$						
2																	
3																	
4																	
5																	
6																	
7	<b>TOTAL Long-Term</b>																
	<b>Working Capital</b>																
8							\$	\$			\$						
9																	
10																	
11																	
12																	
13																	
14	<b>TOTAL Working Capital</b>																
	<b>B. Non-Facility Related*</b>																
15							\$	\$			\$						
16																	
17																	
18																	
19																	
20	<b>TOTAL Non-Facility Related</b>																

\* 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.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2012 report.		\$	<u>128,000</u>		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<u>140,607</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>12,607</u>		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>142,000</u>		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	<u>3,440</u>		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ <u>9,247</u> For <u>2010</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>158,047</u>		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2008	<u>104,212</u>			8
	2009	<u>110,190</u>			9
	2010	<u>122,183</u>			10
	2011	<u>121,675</u>			11
	2012	<u>135,286</u>			12
<b>2013 Accrual= \$135, 286 x 1.05 =\$142,000 (Rounded)</b>					
<b>Allocated from SIR Management = \$5,321</b>					
<b>FOR BHF USE ONLY</b>					
	13	FROM R. E. TAX STATEMENT FOR 2012	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

SEE ACCOUNTANTS' COMPILATION REPORT

## 2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Bryn Mawr Care COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0035618

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2012 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2012.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>14-08-202-002-0000</u>	<u>Long Term Care Property</u>	\$ <u>110,658.44</u>	\$ <u>123,685.98</u>
2. <u>14-08-202-003-0000</u>	<u>Long Term Care Property</u>	\$ <u>11,016.37</u>	\$ <u>11,599.91</u>
3. <u>See Attached</u>	<u>See Attached</u>	\$ <u>106,516.99</u>	\$ <u>5,816.49</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>228,191.80</u></u>	\$ <u><u>141,102.38</u></u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?      X   YES                   NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home.  
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C.    **Tax Bills**

Attach a copy of the original 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

**PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.**



4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		<b>TOTALS</b>	\$ _____	\$ _____

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?             YES             NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home.  
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Bryn Mawr Care

# 0035618 Report Period Beginning:

01/01/13 Ending:

12/31/13

**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:**

A. Land.

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

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	174	1989	1969	\$ 1,443,623	\$ 42,808		\$	\$ (42,808)	\$
5									
6									
7									
8									
Improvement Type**									
9	Various	1989	1989	3,323		20	130	130	3,160
10	Various	1990	1990	21,607		20	86	86	20,879
11	Various	1991	1991	99,075		20			99,069
12	Various	1992	1992	37,297		20			37,296
13	Various	1993	1993	18,516		20	190	190	18,516
14	Various	1994	1994	33,458		20	889	889	32,903
15	Various	1995	1995	64,419		20	3,221	3,221	62,082
16	Various	1996	1996	130,280		20	6,514	6,514	114,142
17	Various	1997	1997	192,708		20	9,086	9,086	154,464
18	Various	1998	1998	163,775		20	8,189	8,189	127,207
19	Various	1999	1999	29,826		20	1,491	1,491	21,002
20	Various	2000	2000	120,434		20	6,022	6,022	83,047
21	Various	2001	2001	121,537		20	4,939	4,939	84,190
22	Various	2002	2002	697,409		20			697,409
23	Various	2003	2003	33,644		20	1,509	1,509	20,318
24	Various	2004	2004	67,643		20	3,366	3,366	32,021
25	Various	2005	2005	96,040		20	4,965	4,965	41,576
26	Various	2006	2006	91,024		20	4,691	4,691	35,974
27	Various	2007	2007	43,798		20	3,106	3,106	20,157
28	Various	2008	2008	87,925		20	5,359	5,359	32,753
29	Various	2009	2009	51,311		20	2,566	2,566	11,858
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

Facility Name & ID Number Bryn Mawr Care

# 0035618

Report Period Beginning:

01/01/13

Ending:

12/31/13

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	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		1,731,924	79,026		82,234	3,208	414,134	67
68		136,096	3,513		4,933	1,420	66,795	68
69			50,518			(50,518)		69
70		\$ 5,516,692	\$ 175,865		\$ 153,485	\$ (22,380)	\$ 2,230,951	70

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,516,692	\$ 175,865		\$ 153,485	\$ (22,380)	\$ 2,230,951	1
2	Boiler Repair- Power Burner	2010	5,603		20	560	560	2,195	2
3	Boiler Repair- Burner Control	2010	7,548		20	755	755	2,327	3
4	Book Shelves	2011	3,950		20	198	198	461	4
5	Replace Heating Pipe From 3Rd To 4Th, And 6Th Floors	2012	4,870		20	487	487	933	5
6	Emergency Lighting	2013	9,768		20	244	244	244	6
7	Kitchen Exhaust System	2013	10,497		20	350	350	350	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)		\$ 5,558,928	\$ 175,865		\$ 156,078	\$ (19,787)	\$ 2,237,462	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:

01/01/13

Ending:

12/31/13

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1		\$ 5,558,928	\$ 175,865		\$ 156,078	\$ (19,787)	\$ 2,237,462		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)	\$ 5,558,928	\$ 175,865		\$ 156,078	\$ (19,787)	\$ 2,237,462		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:

01/01/13

Ending:

12/31/13

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1		\$ 5,558,928	\$ 175,865		\$ 156,078	\$ (19,787)	\$ 2,237,462		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)	\$ 5,558,928	\$ 175,865		\$ 156,078	\$ (19,787)	\$ 2,237,462		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:

01/01/13

Ending:

12/31/13

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1		\$ 5,558,928	\$ 175,865		\$ 156,078	\$ (19,787)	\$ 2,237,462		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)	\$ 5,558,928	\$ 175,865		\$ 156,078	\$ (19,787)	\$ 2,237,462		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Bryn Mawr Care

# 0035618

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Building Company Information</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3									3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements</b>								8
9	<b>Various</b>	2008	408,577		20	19,303	19,303	115,818	9
10	<b>Various</b>	2009	524,103		20	26,206	26,206	159,724	10
11	<b>Bathrooms 10 - Wall Work, Plumbing, Tiles, Painting</b>	2010	72,000		20	360	360	14,400	11
12	<b>Bathrooms 6 - Wall Work, Plumbing, Tiles, Painting</b>	2010	57,600		20	2,880	2,880	11,520	12
13	<b>Elevator Cab</b>	2010	11,925		20	596	596	2,385	13
14	<b>Sprinkler System</b>	2010	138,280		20	6,914	6,914	27,656	14
15	<b>Painting- Floors 1-3</b>	2010	130,500		20	6,525	6,525	26,100	15
16	<b>Emergency Staircase</b>	2010	4,550		20	228	228	911	16
17	<b>Wallbase Replacement</b>	2010	6,268		20	313	313	1,253	17
18	<b>Tuck Pointing</b>	2011	7,500		20	375	375	1,125	18
19	<b>Fire Door</b>	2011	12,850		20	643	643	1,929	19
20	<b>Electric Air Cleaner</b>	2010	4,842		20	242	242	968	20
21	<b>Window Treatments</b>	2010	2,515		20	126	126	503	21
22	<b>Hot Water Valve</b>	2010	3,950		20	198	198	791	22
23	<b>Handrail Guards</b>	2010	2,596		20	130	130	519	23
24	<b>Bathtub Liners</b>	2010	10,875		20	544	544	2,175	24
25	<b>Satellite and Cabling</b>	2010	11,788		20	589	589	2,357	25
26	<b>Window Treatment- 1st Floor</b>	2010	5,785		20	289	289	1,157	26
27	<b>Stair Treads</b>	2010	3,806		20	190	190	761	27
28	<b>Rekey Doors</b>	2010	9,735		20	487	487	1,947	28
29	<b>Hot Water Risers</b>	2010	4,300		20	215	215	860	29
30	<b>Bathroom Work</b>	2010	2,790		20	140	140	559	30
31	<b>HVAC Cooler</b>	2010	3,188		20	159	159	637	31
32	<b>Wallbase Replacement</b>	2010	6,287		20	314	314	1,257	32
33	<b>Door Casings</b>	2010	7,000		20	350	350	1,400	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Building Company Information Continued</b>		\$	\$		\$	\$	\$	1
2	Oxygen Rooms	2010	13,250		20	663	663	2,651	2
3	Sprinkler System- Design	2010	15,300		20	765	765	3,060	3
4	Fire Alarm Upgrade	2011	42,500		20	2,125	2,125	6,375	4
5	Painting	2011	43,500		20	2,175	2,175	6,525	5
6	Water Heater	2011	7,075		20	354	354	1,062	6
7	Elevator Work	2011	8,500		20	425	425	1,275	7
8	Door Casings	2011	10,500		20	525	525	1,575	8
9	Electrical Wiring Upgrade	2012	25,100		20	1,255	1,255	2,510	9
10	Fire Dampers	2012	56,521		20	2,826	2,826	5,652	10
11	Sprinklers- Mechanical Rooms	2012	7,552		20	378	378	756	11
12	Built in Bookshelves	2012	3,950		20	198	198	396	12
13	Replace Valves In Hot Water Boiler	2012	3,490		20	174	174	348	13
14	Replace vent- pipe and Faucets	2012	5,980		20	299	299	598	14
15	Repaint kitchen & Day Rooms	2012	5,414		20	271	271	542	15
16	Replace Damaged floor tiles	2012	3,640		20	182	182	364	16
17	Bathroom drywall, plaster and primer work	2012	4,172		20	209	209	418	17
18	Replace Condenser for walk in cooler	2012	4,390		20	220	220	440	18
19	New Handrails	2012	3,130		20	157	157	157	19
20	Camera Security System	2013	5,064		20	253	253	253	20
21	Fire Alarm Device	2013	3,511		20	176	176	176	21
22	Sprinkler System/Alarm	2013	5,775		20	289	289	289	22
23	<b>Building Company Improvement Depreciation Total</b>			<b>79,026</b>			<b>(79,026)</b>		23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (12F &amp; 12G lines 1 thru 33)</b>		<b>\$ 1,731,924</b>	<b>\$ 79,026</b>		<b>\$ 82,234</b>	<b>\$ 3,208</b>	<b>\$ 414,134</b>	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Related Party Information</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3	Alloc. - S.I.R. Management	2009	17,431		35	447	447	1,806	3
4	SIR Properties - SIR Management	1993	31,562	1,002	35	902	(100)	18,486	4
5									5
6									6
7									7
8	<b>Leasehold Information</b>								8
9	Alloc. - S.I.R. Management	1993	8,002	223	20	68	(155)	8,002	9
10	Alloc. - S.I.R. Management	1994	25		20			25	10
11	Alloc. - S.I.R. Management	1995	183		20	9	9	168	11
12	Alloc. - S.I.R. Management	1997	12,296	275	20	599	324	10,291	12
13	Alloc. - S.I.R. Management	1999	967		20	48	48	688	13
14	Alloc. - S.I.R. Management	1999	9,735		20			9,735	14
15	Alloc. - S.I.R. Management	2000	1,141		20	57	57	773	15
16	Alloc. - S.I.R. Management	2007	3,668	250	20	183	(67)	1,136	16
17	Alloc. - S.I.R. Management	2008	10,108	966	20	637	(329)	3,723	17
18	Alloc. - S.I.R. Management	2009	25,116	230	20	1,256	1,026	5,330	18
19	Alloc. - S.I.R. Management	2011	621	62	20	62		150	19
20	Alloc. - S.I.R. Management	2012	1,988	99	20	99		140	20
21									21
22	Alloc. - S.I.R. Properties - S.I.R. Management	2012	1,933	266	20	13	(253)	16	22
23	Alloc. - S.I.R. Properties - S.I.R. Management	2010	1,905		20	95	95	317	23
24	Alloc. - S.I.R. Properties - S.I.R. Management	2009	1,895	85	20	95	10	455	24
25	Alloc. - S.I.R. Properties - S.I.R. Management	2007	553	44	20	28	(16)	193	25
26	Alloc. - S.I.R. Properties - S.I.R. Management	2002	125		20	6	6	72	26
27	Alloc. - S.I.R. Properties - S.I.R. Management	1999	3,999		20	200	200	2,999	27
28	Alloc. - S.I.R. Properties - S.I.R. Management	1998	1,911		20	96	96	1,481	28
29	Alloc. - S.I.R. Properties - S.I.R. Management	1997	119		20	6	6	104	29
30	Alloc. - S.I.R. Properties - S.I.R. Management	1994	301	8	20	15	7	193	30
31	Alloc. - S.I.R. Properties - S.I.R. Management	1993	512	3	20	12	9	512	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

Facility Name & ID Number Bryn Mawr Care

# 0035618

Report Period Beginning:

01/01/13

Ending:

12/31/13

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Related Party Information Continued		\$	\$		\$	\$	\$	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)		\$ 136,096	\$ 3,513		\$ 4,933	\$ 1,420	\$ 66,795	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 803,477	\$ 43,730	\$ 60,600	\$ 16,870	10	\$ 433,582	71
72	Current Year Purchases	7,096	205	607	402	10	607	72
73	Fully Depreciated Assets	355,100				10	355,100	73
74								74
75	TOTALS	\$ 1,165,673	\$ 43,935	\$ 61,207	\$ 17,272		\$ 789,289	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		1998 CHEVY VAN	2001	\$ 15,436	\$	\$	\$	5	\$ 15,436	76
77		Allocated From SIR	2013	2,451	256	293	37	5	1,150	77
78										78
79										79
80	TOTALS			\$ 17,887	\$ 256	\$ 293	\$ 37		\$ 16,586	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)	\$ 6,805,558	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 220,056	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 217,578	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (2,478)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,043,337	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		\$	92
93			93
94			94
95		\$	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

Facility Name & ID Number

Bryn Mawr Care

# 0035618

Report Period Beginning:

01/01/13

Ending: 12/31/13

**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	<b>TOTAL</b>				\$			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending	Annual Rent
--------------------	-------------

12. \_\_\_\_\_ /2014 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2015 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2016 \$ \_\_\_\_\_

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  N/A NO

16. Rental Amount for movable equipment: \$ 11,570

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	<b>TOTAL</b>		\$	\$	21

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

**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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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	<b>TOTALS</b>	\$	\$	\$	\$
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**

<b>COMPLETED</b>		
1. From this facility		
2. From other facilities (f)		
<b>DROP-OUTS</b>		
1. From this facility		
2. From other facilities (f)		
<b>TOTAL TRAINED</b>		

(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	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			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): <a href="#">See Supplemental</a>															13
14	<b>TOTAL</b>			\$		\$		\$								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: 01/01/13

Ending:

12/31/13

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 57,414	\$ 240,554	1
2	Cash-Patient Deposits	41,937	41,937	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,069,256	1,069,256	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	27,648	27,648	6
7	Other Prepaid Expenses	3,482	47,870	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	930,888	930,888	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,130,625	\$ 2,358,153	10
<b>B. Long-Term Assets</b>				
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	1,500,273	3,074,218	15
16	Equipment, at Historical Cost	1,232,759	1,676,933	16
17	Accumulated Depreciation (book methods)	(1,744,045)	(3,236,647)	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>	94,339	1,413,343	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,083,326	\$ 4,462,545	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,213,951	\$ 6,820,698	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 124,610	\$ 124,610	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	41,941	41,941	28
29	Short-Term Notes Payable	880,000	880,000	29
30	Accrued Salaries Payable	179,564	179,564	30
31	Accrued Taxes Payable (excluding real estate taxes)	10,921	10,921	31
32	Accrued Real Estate Taxes(Sch.IX-B)		142,000	32
33	Accrued Interest Payable		56,172	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	16,000	16,000	35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Attached Schedule</u>	207,983	1,138,871	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,461,019	\$ 2,590,079	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		17,508,308	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43			1,207,105	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 18,715,413	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 1,461,019	\$ 21,305,492	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,752,932	\$ (14,484,794)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,213,951	\$ 6,820,698	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,692,372	1
2	Restatements (describe):		2
3	<u>Rounding Error</u>	1	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,692,373	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	164,959	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	(104,400)	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)	\$ 60,559	17
<b>B. Transfers (Itemize):</b>			
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)	\$ 1,752,932	24 *

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care# 0035618Report Period Beginning: 01/01/13

Ending:

12/31/13

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

**Note:** This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 6,036,681	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 6,036,681	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
<b>C. Other Operating Revenue</b>			
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	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	102	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 102	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	10,464	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 10,464	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 6,047,247	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,092,879	31
32	Health Care	1,644,543	32
33	General Administration	1,339,258	33
<b>B. Capital Expense</b>			
34	Ownership	1,551,564	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers		35
36	Provider Participation Fee	254,044	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 5,882,288	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	164,959	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 164,959	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,029,661	44
45	Private Pay - Net Inpatient Revenue	7,020	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 6,036,681	49

\* 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.

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

**SEE ACCOUNTANTS' COMPILATION REPORT**

Facility Name & ID Number Bryn Mawr Care

# 0035618

Report Period Beginning:

01/01/13

Ending:

12/31/13

**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	1,958	2,199	\$ 85,378	\$ 38.83	1
2	Assistant Director of Nursing	1,437	1,501	44,410	29.59	2
3	Registered Nurses	1,543	1,615	48,392	29.96	3
4	Licensed Practical Nurses	12,814	13,635	306,768	22.50	4
5	CNAs & Orderlies	50,714	55,424	581,566	10.49	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,287	1,580	18,539	11.73	9
10	Activity Assistants	8,454	9,423	93,361	9.91	10
11	Social Service Workers	16,088	17,510	249,317	14.24	11
12	Dietician					12
13	Food Service Supervisor	4,070	4,389	70,543	16.07	13
14	Head Cook	3,191	3,623	36,550	10.09	14
15	Cook Helpers/Assistants	7,499	8,193	81,120	9.90	15
16	Dishwashers					16
17	Maintenance Workers	3,683	4,045	52,026	12.86	17
18	Housekeepers	16,517	17,497	173,492	9.92	18
19	Laundry					19
20	Administrator	1,878	2,086	69,128	33.14	20
21	Assistant Administrator	1,912	2,080	45,333	21.79	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	3,561	3,960	75,974	19.19	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	3,861	4,242	86,847	20.47	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	140,467	153,002	\$ 2,118,744 *	\$ 13.85	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	Monthly	\$ 30,782	01-03	35
36	Medical Director	Monthly	3,600	09-03	36
37	Medical Records Consultant	Monthly	4,512	10-03	37
38	Nurse Consultant	Monthly	41,760	10-03	38
39	Pharmacist Consultant	Monthly	10,872	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	49	2,448	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Specialized Rehab	Monthly	20,880	10A-03	47
48	Psychiatric Director	Monthly	7,200	12-03	48
49	TOTAL (lines 35 - 48)	49	\$ 122,054		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. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Cynthia Schofield	Administrator	0	\$ 69,128	Workers' Compensation Insurance	\$ 23,456	IDPH License Fee	\$ 2,544	
Dorothy Jackson	Admin- Asst.	0	45,333	Unemployment Compensation Insurance	45,577	Advertising: Employee Recruitment	952	
				FICA Taxes	162,084	Health Care Worker Background Check		
				Employee Health Insurance	19,756	(Indicate # of checks performed <u>84</u> )	840	
				Employee Meals	19,546	Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Dues and Subscriptions	1,242	
				Chicago Head Tax	1,464	Licenses & Permits	2,141	
				Union Pension	7,875	Fingerprinting	4,431	
				Union Health and Welfare	63,162	Allocated from SIR Management	395	
				401K Contributions	3,000			
				Employee Benefits- Other	3,055	Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						TOTAL (agree to Sch. V, line 20, col. 8)		
					\$ 114,461			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description				Description			Description	
Amount				Line #			Amount	
SIR Management- Dir. Of Administrative Services							Out-of-State Travel	
\$ 41,760							\$	
SIR Management- Ancillary Charges								
41,760								
SIR Management- Consulting Fee							In-State Travel	
302,120								
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense	
							1,274	
\$ 385,640							Allocated from SIR Management	
							823	
C. Professional Services								
Vendor/Payee							Entertainment Expense	
Type							( )	
Amount							(agree to Sch. V, line 24, col. 8)	
SIR Management							TOTAL	
Accounting							\$ 2,097	
36,000								
SIR Management								
Dir. Of Regulatory Services								
20,880								
SIR Management								
Bookkeeping								
68,904								
See Attached								
Legal								
15,306								
Legat Archtects								
Architecure								
6,875								
Pinnacle								
Employee Satisfaction								
3,073								
Plante Moran								
401K								
1,200								
FR&R								
Accounting								
13,140								
Personel Planners								
Unemployment Consulting								
943								
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)								
\$ 166,321								

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

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	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	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bryn Mawr Care

# 0035618

Report Period Beginning:

01/01/13

Ending:

12/31/13

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. Alliance for Living \$24562
- (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. \$ 1,091 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. N/A
- (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. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 254,044  
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.

SEE ACCOUNTANTS' COMPILATION REPORT

- (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. \$ 19,546 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. \$ None
  - 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.** \$ N/A
- (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.