

		FOR BHF USE					

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2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2014)

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

<p>I. IDPH License ID Number: <u>0035618</u></p> <p>Facility Name: <u>Bryn Mawr Care</u></p> <p>Address: <u>5547 North Kenmore</u> <u>Chicago</u> <u>60640</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(773) 561-7040</u> Fax # <u>(773) 561-7543</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>8/1/1989</u></p> <p>Type of Ownership:</p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236-1111</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/14</u> to <u>12/31/14</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1"> <tr> <td rowspan="2" style="width: 20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td rowspan="2">Paid Preparer</td> <td>(Type or Print Name) _____</td> </tr> <tr> <td>(Title) _____</td> </tr> <tr> <td></td> <td>(Signed) _____</td> </tr> <tr> <td></td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Cary N. Drazner, C.P.A.</u></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u></td> </tr> </table> <p>MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	Paid Preparer	(Type or Print Name) _____	(Title) _____		(Signed) _____		(Date) _____		(Print Name and Title) <u>Cary N. Drazner, C.P.A.</u>		(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>		(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																							
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	(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u>																																								

Facility Name & ID Number Bryn Mawr Care

0035618 Report Period Beginning: 01/01/14 Ending: 12/31/14

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF	43,060	437	12,321	55,818	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	43,060	437	12,321	55,818	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.89%

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

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/14 Fiscal Year: 12/31/14

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

Facility Name & ID Number

Bryn Mawr Care

0035618

Report Period Beginning:

01/01/14

Ending:

12/31/14

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	197,943	22,900	30,572	251,415		251,415	(15,408)	236,007		1
2	Food Purchase		282,949		282,949	(19,929)	263,020	(1,122)	261,898		2
3	Housekeeping	177,836	35,730		213,566		213,566		213,566		3
4	Laundry		23,209	107	23,316		23,316		23,316		4
5	Heat and Other Utilities			136,376	136,376		136,376	(12,091)	124,285		5
6	Maintenance	50,165	32,572	145,448	228,185		228,185	14,444	242,629		6
7	Other (specify):*							11,027	11,027		7
8	TOTAL General Services	425,944	397,360	312,503	1,135,807	(19,929)	1,115,878	(3,150)	1,112,728		8
	B. Health Care and Programs										
9	Medical Director			3,600	3,600		3,600		3,600		9
10	Nursing and Medical Records	1,146,136	39,778	59,102	1,245,016		1,245,016	(10,622)	1,234,394		10
10a	Therapy			20,880	20,880		20,880	(10,726)	10,154		10a
11	Activities	132,476	10,471	2,856	145,803		145,803		145,803		11
12	Social Services	234,425		6,600	241,025		241,025		241,025		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							5,931	5,931		15
16	TOTAL Health Care and Programs	1,513,037	50,249	93,038	1,656,324		1,656,324	(15,417)	1,640,907		16
	C. General Administration										
17	Administrative	87,353		378,768	466,121		466,121	(277,019)	189,102		17
18	Directors Fees										18
19	Professional Services			154,898	154,898	(3,153)	151,745	(94,191)	57,554		19
20	Dues, Fees, Subscriptions & Promotions			56,245	56,245		56,245	(29,426)	26,819		20
21	Clerical & General Office Expenses	113,515	14,393	95,652	223,560		223,560	80,301	303,861		21
22	Employee Benefits & Payroll Taxes			370,332	370,332	19,929	390,261		390,261		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,090	4,090		4,090	770	4,860		24
25	Other Admin. Staff Transportation			1,940	1,940		1,940	9,543	11,483		25
26	Insurance-Prop.Liab.Malpractice			124,083	124,083		124,083	15,489	139,572		26
27	Other (specify):*							39,316	39,316		27
28	TOTAL General Administration	200,868	14,393	1,186,008	1,401,269	16,776	1,418,045	(255,217)	1,162,829		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,139,849	462,002	1,591,549	4,193,400	(3,153)	4,190,247	(273,784)	3,916,463		29

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

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

Facility Name & ID Number

Bryn Mawr Care

#0035618

Report Period Beginning:

01/01/14

Ending:

12/31/14

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			47,875	47,875		47,875	172,706	220,581			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			34,886	34,886		34,886	654,366	689,252			32
33	Real Estate Taxes					3,153	3,153	146,258	149,411			33
34	Rent-Facility & Grounds			1,440,000	1,440,000		1,440,000	(1,440,000)				34
35	Rent-Equipment & Vehicles			6,725	6,725		6,725	6,085	12,810			35
36	Other (specify):*							98,488	98,488			36
37	TOTAL Ownership			1,529,486	1,529,486	3,153	1,532,639	(362,097)	1,170,541			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee											42
43	Other (specify):*											43
44	TOTAL Special Cost Centers											44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,139,849	462,002	3,121,035	5,722,886	(0)	5,722,886	(635,882)	5,087,004			45

THE TOTAL FOR COLUMN 5 MUST BE ZERO,PLEASE CORRECT

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

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/14

Ending:

12/31/14

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(13,962)	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	2,830	30		9
10	Interest and Other Investment Income	(238)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(22)	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	(18,105)	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	(10,049)	21		24
25	Fund Raising, Advertising and Promotional	(4,834)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(3,882)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(40,991)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (89,254)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(546,628)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (546,628)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (635,882)		37

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

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

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

BHF USE ONLY						
48		49		50		51
						52

Bryn Mawr Care

ID# 0035618

Report Period Beginning: 01/01/14

Ending: 12/31/14

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Bank Fees	\$ (6,610)	21	1
2	Theft & Damage Loss	(485)	21	2
3	Jury Duty Income	(17)	10	3
4	Vending Income	(1,100)	02	4
5	Bldg Co. - Fees	(350)	21	5
6	Bldg Co. - Office Expense	(24)	21	6
7	Bldg Co. - Professional Fees	(8,000)	19	7
8	Bldg Co. - Capitalized R&M	(14,833)	06	8
9	Non Allowable Legal Fees	(341)	19	9
10	PAC Dues	(9,231)	20	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				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(40,991)	49

Bryn Mawr Care

ID# 0035618

Report Period Beginning: 01/01/14

Ending: 12/31/14

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	Total		0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Bryn Mawr Care# 0035618

Report Period Beginning:

01/01/14

Ending:

12/31/14

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				(15,408)								(15,408)	1
2	Food Purchase	(1,122)											(1,122)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(13,962)			1,871								(12,091)	5
6	Maintenance	(14,833)	19,735	(10,442)	19,984								14,444	6
7	Other (specify):*			655	10,372								11,027	7
8	TOTAL General Services	(29,917)	19,735	(9,787)	16,819								(3,150)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(17)		(18,176)	7,571								(10,622)	10
10a	Therapy				(10,726)								(10,726)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			3,335	2,596								5,931	15
16	TOTAL Health Care and Programs	(17)		(14,841)	(559)								(15,417)	16
	C. General Administration													
17	Administrative			(353,604)	76,585								(277,019)	17
18	Directors Fees													18
19	Professional Services	(8,341)	8,000	(109,204)	15,354								(94,191)	19
20	Fees, Subscriptions & Promotions	(32,170)		2,744									(29,426)	20
21	Clerical & General Office Expenses	(21,400)	374	101,260	67								80,301	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			770									770	24
25	Other Admin. Staff Transportation			9,543									9,543	25
26	Insurance-Prop.Liab.Malpractice		13,363	1,992	134								15,489	26
27	Other (specify):*			23,502	15,814								39,316	27
28	TOTAL General Administration	(61,911)	21,737	(322,997)	107,954								(255,217)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(91,845)	41,472	(347,625)	124,214								(273,784)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/14

Ending:

12/31/14

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	2,830	164,429		5,447								172,706	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(238)	667,658	(18,979)	5,925								654,366	32
33	Real Estate Taxes		139,117		7,141								146,258	33
34	Rent-Facility & Grounds		(1,440,000)										(1,440,000)	34
35	Rent-Equipment & Vehicles			6,085									6,085	35
36	Other (specify):*		98,488										98,488	36
37	TOTAL Ownership	2,592	(370,308)	(12,894)	18,513								(362,097)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	TOTAL Special Cost Centers													44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(89,254)	(328,836)	(360,519)	142,727								(635,882)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
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 Rent	\$ 1,440,000	Bryn Mawr Care, LLC	100.00%	\$	\$ (1,440,000)	1
2	V	30 Depreciation		Bryn Mawr Care, LLC	100.00%	164,429	164,429	2
3	V	21 Fees		Bryn Mawr Care, LLC	100.00%	350	350	3
4	V	32 Interest	207	Bryn Mawr Care, LLC	100.00%	667,865	667,658	4
5	V	36 Mortgage Insurance		Bryn Mawr Care, LLC	100.00%	98,488	98,488	5
6	V	21 Office Expense		Bryn Mawr Care, LLC	100.00%	24	24	6
7	V	19 Professional Fees		Bryn Mawr Care, LLC	100.00%	8,000	8,000	7
8	V	26 Property Insurance		Bryn Mawr Care, LLC	100.00%	13,363	13,363	8
9	V	33 Real Estate Taxes		Bryn Mawr Care, LLC	100.00%	139,117	139,117	9
10	V	06 Repairs - Bldg & Eqip		Bryn Mawr Care, LLC	100.00%	19,735	19,735	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,440,207			\$ 1,111,371	\$ * (328,836)	14

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 REPAIRS AND MAINT.	\$ 20,880	S.I.R. MANAGEMENT, INC.	100.00%	\$ 10,438	\$ (10,442)
16	V	7 EMP. BEN.-GEN. SERV.		S.I.R. MANAGEMENT, INC.	100.00%	655	655
17	V	10 NURSING	41,760	S.I.R. MANAGEMENT, INC.	100.00%	23,584	(18,176)
18	V	15 EMP. BEN.-H.C.		S.I.R. MANAGEMENT, INC.	100.00%	3,335	3,335
19	V	19 PROFESSIONAL FEES	125,784	S.I.R. MANAGEMENT, INC.	100.00%	9,887	(115,897)
20	V	20 FEES,SUBSCRIPTIONS		S.I.R. MANAGEMENT, INC.	100.00%	2,744	2,744
21	V	21 CLERICAL & GENERAL	41,760	S.I.R. MANAGEMENT, INC.	100.00%	43,929	2,169
22	V	24 EDUCATION & SEMINAR		S.I.R. MANAGEMENT, INC.	100.00%	770	770
23	V	25 OTHER ADMIN. STAFF TRANS.		S.I.R. MANAGEMENT, INC.	100.00%	9,543	9,543
24	V	26 INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	1,992	1,992
25	V	27 EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	6,928	6,928
26	V	32 INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	(18,979)	(18,979)
27	V	35 AUTO RENTAL		S.I.R. MANAGEMENT, INC.	100.00%	5,062	5,062
28	V	35 EQUIPMENT RENTAL		S.I.R. MANAGEMENT, INC.	100.00%	1,023	1,023
29	V						
30	V	17 ADMINISTRATIVE	378,768	S.I.R. MANAGEMENT, INC.	100.00%	25,164	(353,604)
31	V	19 PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	6,693	6,693
32	V	21 CLERICAL & GENERAL		S.I.R. MANAGEMENT, INC.	100.00%	99,091	99,091
33	V	27 EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	16,574	16,574
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 608,952			\$ 248,433	\$ * (360,519)

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

Facility Name & ID Number Bryn Mawr Care# 0035618Report Period Beginning: 01/01/14Ending: 12/31/14

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%	\$ 5,472	\$ (15,408)	15
16	V	7	EMP. BEN.-DIETARY		S.I.R. MANAGEMENT, INC.	100.00%	807	807	16
17	V	10	NURSING SALARIES		S.I.R. MANAGEMENT, INC.	100.00%	7,571	7,571	17
18	V	15	EMP. BEN.-NURSING		S.I.R. MANAGEMENT, INC.	100.00%	1,079	1,079	18
19	V	17	ADMIN./LEGAL SALARIES		S.I.R. MANAGEMENT, INC.	100.00%	76,585	76,585	19
20	V	19	FIN. CONSULT./REGL. DIR.		S.I.R. MANAGEMENT, INC.	100.00%	14,628	14,628	20
21	V	27	EMP. BEN.-ADMINISTRATIVE		S.I.R. MANAGEMENT, INC.	100.00%	15,814	15,814	21
22	V								22
23	V								23
24	V	10A	DIRECTOR OF SPECIAL REHAB	20,880	S.I.R. MANAGEMENT, INC.	100.00%	10,154	(10,726)	24
25	V	15	EMPLOYEE BENEFITS		S.I.R. MANAGEMENT, INC.	100.00%	1,517	1,517	25
26	V								26
27	V	6	MAINTENANCE SALARIES	42,643	S.I.R. MANAGEMENT, INC.	100.00%	61,157	18,514	27
28	V	7	EMPLOYEE BENEFITS		S.I.R. MANAGEMENT, INC.	100.00%	9,565	9,565	28
29	V								29
30	V	5	UTILITIES		S.I.R. MANAGEMENT, INC.	100.00%	1,871	1,871	30
31	V	6	REPAIRS AND MAINT.		S.I.R. MANAGEMENT, INC.	100.00%	1,470	1,470	31
32	V	19	PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	726	726	32
33	V	21	CLERICAL & GENERAL		S.I.R. MANAGEMENT, INC.	100.00%	67	67	33
34	V	26	INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	134	134	34
35	V	30	DEPRECIATION		S.I.R. MANAGEMENT, INC.	100.00%	5,447	5,447	35
36	V	32	INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	5,925	5,925	36
37	V	33	REAL ESTATE TAXES		S.I.R. MANAGEMENT, INC.	100.00%	7,141	7,141	37
38	V								38
39	Total		\$ 84,403				\$ 227,130	\$ * 142,727	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

Facility Name & ID Number

Bryn Mawr Care

0035618

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	OAKTON ARMS	DES PLAINES	ASSISTED LIVING	4
5	DANIEL ROTHNER	2.299%	ELMWOOD CARE, INC.	ELMWOOD PARK				5
6	DARCEY BARRISH	1.437%	GREENWOOD CARE, INC.	EVANSTON				6
7	ERIC ROTHNER	46.552%	NEIGHBORS REHABILITATION CENTER,LLC	BYRON				7
8	GLENDA STRICKLAND	2.874%	REGENCY REHABILITATION CENTER,LLC	NILES				8
9	JESSE REYNOLDS DESCENDENTS TRUST	2.874%	ROCK ISLAND NURSING & REHAB CENTER,LLC	ROCK ISLAND				9
10	JULIANA R. BARRISH TRUST DTD 1/26/93	13.506%	WILSON CARE, INC.	CHICAGO				10
11	KIRSTEN BARRISH	1.437%	WESLEY REHABILITATION CENTER	AUBURN, IN				11
12	MELISSA ROTHNER	2.299%	OAKTON PAVILION	DES PLAINES				12
13	MICHAEL R GIANNINI TRUST DTD 3/13/00	1.437%						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

Facility Name & ID Number

Bryn Mawr Care

0035618

Report Period Beginning:

01/01/14

Ending:

12/31/14

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

Facility Name & ID Number Bryn Mawr Care # 0035618 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	0	See Attached	2.97	6.60%	Alloc. Salary	\$ 14,854	17-7	1
2	Kirsten Barrish	Shareholder	Clerical	1.44%	See Attached	3.71	7.42%	Alloc. Salary	6,851	21-7	2
3	Sarah Barrish	Shareholder	Administrative	2.87%	See Attached	3.34	7.42%	Alloc. Salary	9,036	17-7	3
4	Michael Giannini	Relative	Administrative	0	See Attached	2.60	6.50%	Alloc. Salary	12,398	17-7	4
5	Nenita Guzman	Relative	Dietary	0	See Attached	3.71	7.42%	Alloc. Salary	5,472	1-7	5
6	Lori Barrish	Relative	Administrative	0	See Attached	27.50	50.00%	Alloc. Salary	49,862	17-1	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 anticipated to be considered allowable by the IL. Dept. of HFS.										11
12											12
13	TOTAL								\$ 98,473		13

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

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

Facility Name & ID Number Bryn Mawr Care

0035618 Report Period Beginning: 01/01/14 Ending: 12/31/14

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

Facility Name & ID Number Bryn Mawr Care

0035618 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	751,530	16	\$ 140,542	\$ 58,090	55,818	\$ 10,438	1
2	7	EMP. BEN.-GEN. SERV.	PATIENT DAYS	751,530	16	8,819		55,818	655	2
3	10	NURSING	PATIENT DAYS	751,530	16	317,539	317,539	55,818	23,584	3
4	15	EMP. BEN.-H.C.	PATIENT DAYS	751,530	16	44,898		55,818	3,335	4
5	19	PROFESSIONAL FEES	PATIENT DAYS	751,530	16	133,120	89,849	55,818	9,887	5
6	20	FEES,SUBSCRIPTIONS	PATIENT DAYS	751,530	16	36,940		55,818	2,744	6
7	21	CLERICAL & GENERAL	PATIENT DAYS	751,530	16	591,459	531,411	55,818	43,929	7
8	24	EDUCATION & SEMINAR	PATIENT DAYS	751,530	16	10,362		55,818	770	8
9	25	OTHER ADMIN. STAFF TRANS	PATIENT DAYS	751,530	16	128,491		55,818	9,543	9
10	26	INSURANCE	PATIENT DAYS	751,530	16	26,818		55,818	1,992	10
11	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	751,530	16	93,282		55,818	6,928	11
12	32	INTEREST	PATIENT DAYS	751,530	16	(255,531)		55,818	(18,979)	12
13	35	AUTO RENTAL	PATIENT DAYS	751,530	16	68,150		55,818	5,062	13
14	35	EQUIPMENT RENTAL	PATIENT DAYS	751,530	16	13,772		55,818	1,023	14
15										15
16	17	ADMINISTRATIVE	PATIENT DAYS	751,530	16	338,802	338,802	55,818	25,164	16
17	19	PROFESSIONAL FEES	PATIENT DAYS	751,530	16	90,119		55,818	6,693	17
18	21	CLERICAL & GENERAL	PATIENT DAYS	751,530	16	1,334,152	1,203,304	55,818	99,091	18
19	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	751,530	16	223,152		55,818	16,574	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 3,344,886	\$ 2,538,995		\$ 248,433	25

Facility Name & ID Number Bryn Mawr Care

0035618 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	751,530	16	\$ 73,669	\$ 73,669	55,818	\$ 5,472	1
2	7	EMP. BEN.-DIETARY	PATIENT DAYS	751,530	16	10,866	55,818	807	2	
3	10	NURSING SALARIES	PATIENT DAYS	751,530	16	101,941	101,941	55,818	7,571	3
4	15	EMP. BEN.-NURSING	PATIENT DAYS	751,530	16	14,528	55,818	1,079	4	
5	17	ADMIN./LEGAL SALARIES	PATIENT DAYS	751,530	16	1,031,137	1,031,137	55,818	76,585	5
6	19	FIN. CONSULT./REGL. DIR.	PATIENT DAYS	751,530	16	196,950	55,818	14,628	6	
7	27	EMP. BEN.-ADMINISTRATIVE	PATIENT DAYS	751,530	16	212,914	55,818	15,814	7	
8									8	
9									9	
10	10A	DIRECTOR OF SPECIAL REHA	SPECIAL REHAB INC.	274,680	15	133,582	133,582	20,880	10,154	10
11	15	EMPLOYEE BENFITS	SPECIAL REHAB INC.	274,680	15	19,951	20,880	1,517	11	
12									12	
13	6	MAINTENANCE SALARIES	MAINTENANCE INC.	395,144	15	566,698	566,698	42,643	61,157	13
14	7	EMPLOYEE BENEFITS	MAINTENANCE INC.	395,144	15	88,633	42,643	9,565	14	
15									15	
16	5	UTILITIES	ALLOCATED SQ FT	12,880	15	25,179	957	1,871	16	
17	6	REPAIRS AND MAINT.	ALLOCATED SQ FT	12,880	15	19,781	957	1,470	17	
18	19	PROFESSIONAL FEES	ALLOCATED SQ FT	12,880	15	9,777	957	726	18	
19	21	CLERICAL & GENERAL	ALLOCATED SQ FT	12,880	15	907	957	67	19	
20	26	INSURANCE	ALLOCATED SQ FT	12,880	15	1,804	957	134	20	
21	30	DEPRECIATION	ALLOCATED SQ FT	12,880	15	73,312	957	5,447	21	
22	32	INTEREST	ALLOCATED SQ FT	12,880	15	79,739	957	5,925	22	
23	33	REAL ESTATE TAXES	ALLOCATED SQ FT	12,880	15	96,114	957	7,141	23	
24									24	
25	TOTALS					\$ 2,757,482	\$ 1,907,027	\$ 227,130	25	

Facility Name & ID Number Bryn Mawr Care

0035618 Report Period Beginning: 01/01/14 Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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

Facility Name & ID Number Bryn Mawr Care

0035618 Report Period Beginning: 01/01/14 Ending: 12/31/14

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

Facility Name & ID Number Bryn Mawr Care

0035618 Report Period Beginning: 01/01/14 Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number (____) _____
 Fax Number (____) _____

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

Facility Name & ID Number Bryn Mawr Care

0035618 Report Period Beginning: 01/01/14 Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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

Facility Name & ID Number Bryn Mawr Care

0035618 Report Period Beginning: 01/01/14 Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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

Facility Name & ID Number Bryn Mawr Care

0035618 Report Period Beginning: 01/01/14 Ending: 12/31/14

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

Facility Name & ID Number Bryn Mawr Care

0035618 Report Period Beginning: 01/01/14 Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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

Facility Name & ID Number

Bryn Mawr Care

0035618

Report Period Beginning:

01/01/14

Ending:

12/31/14

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			
	A. Directly Facility Related															
	Long-Term															
1	Private Bank		X	Mortgage			\$	\$ 17,209,007			\$ 667,865	1				
2												2				
3												3				
4												4				
5												5				
	Working Capital															
6	Lake Forest Bank		X	Line of Credit				635,000			34,886	6				
7	Allocated from SIR Management	X									5,925	7				
8												8				
9	TOTAL Facility Related						\$	\$ 17,844,007			\$ 708,676	9				
	B. Non-Facility Related*															
10	Interest Income		X								(238)	10				
11	Interest Income- Bldg Co		X								(207)	11				
12	Allocated from SIR Management	X									(18,979)	12				
13												13				
14	TOTAL Non-Facility Related						\$	\$			\$ (19,425)	14				
15	TOTALS (line 9+line14)						\$	\$ 17,844,007			\$ 689,251	15				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 98,488 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.)

** 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:

01/01/14

Ending:

12/31/14

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

* 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

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>																																				
1. Real Estate Tax accrual used on 2013 report.		\$ 142,000	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.)		\$ 144,258	2																																	
3. Under or (over) accrual (line 2 minus line 1).		\$ 2,258	3																																	
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 144,000	4																																	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$ 3,153	5																																	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ <u>9,175</u> For <u>2011</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	6																																	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 149,411	7																																	
Real Estate Tax History:																																				
Real Estate Tax Bill for Calendar Year:	<table border="1"> <tr><td>2009</td><td><u>110,190</u></td><td>8</td></tr> <tr><td>2010</td><td><u>122,183</u></td><td>9</td></tr> <tr><td>2011</td><td><u>121,675</u></td><td>10</td></tr> <tr><td>2012</td><td><u>135,286</u></td><td>11</td></tr> <tr><td>2013</td><td><u>137,117</u></td><td>12</td></tr> </table>	2009	<u>110,190</u>	8	2010	<u>122,183</u>	9	2011	<u>121,675</u>	10	2012	<u>135,286</u>	11	2013	<u>137,117</u>	12	<table border="1"> <tr><td colspan="2">FOR BHF USE ONLY</td><td></td></tr> <tr><td>13</td><td>FROM R. E. TAX STATEMENT FOR 2013</td><td>\$</td><td>13</td></tr> <tr><td>14</td><td>PLUS APPEAL COST FROM LINE 5</td><td>\$</td><td>14</td></tr> <tr><td>15</td><td>LESS REFUND FROM LINE 6</td><td>\$</td><td>15</td></tr> <tr><td>16</td><td>AMOUNT TO USE FOR RATE CALCULATION</td><td>\$</td><td>16</td></tr> </table>	FOR BHF USE ONLY			13	FROM R. E. TAX STATEMENT FOR 2013	\$	13	14	PLUS APPEAL COST FROM LINE 5	\$	14	15	LESS REFUND FROM LINE 6	\$	15	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
2009	<u>110,190</u>	8																																		
2010	<u>122,183</u>	9																																		
2011	<u>121,675</u>	10																																		
2012	<u>135,286</u>	11																																		
2013	<u>137,117</u>	12																																		
FOR BHF USE ONLY																																				
13	FROM R. E. TAX STATEMENT FOR 2013	\$	13																																	
14	PLUS APPEAL COST FROM LINE 5	\$	14																																	
15	LESS REFUND FROM LINE 6	\$	15																																	
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																																	
2014 Accrual = \$137,117 x 1.05 = \$144,000 (Rounded)																																				
Allocated from SIR Management = \$7,141																																				

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.

2013 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 2013 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 2013.

(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>125,359.82</u>	\$ <u>125,359.82</u>
2. <u>14-08-202-003-0000</u>	<u>Long Term Care Property</u>	\$ <u>11,756.92</u>	\$ <u>11,756.92</u>
3. <u>See Attached</u>	<u>See Attached</u>	\$ <u>116,016.54</u>	\$ <u>6,750.94</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>253,133.28</u></u>	\$ <u><u>143,867.68</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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ _____	\$ _____

B. Real Estate Tax Cost Allocations

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

If YES, attach an explanation & 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:

01/01/14 Ending:

12/31/14

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

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		3,323		20	130	130	3,290
10	Various	1990		21,607		20	86	86	20,964
11	Various	1991		99,075		20			99,069
12	Various	1992		37,297		20			37,296
13	Various	1993		18,516		20			18,516
14	Various	1994		33,458		20	555	555	33,458
15	Various	1995		64,419		20	3,221	3,221	65,303
16	Various	1996		130,280		20	6,514	6,514	120,656
17	Various	1997		192,708		20	9,086	9,086	163,550
18	Various	1998		163,775		20	8,189	8,189	135,396
19	Various	1999		29,826		20	1,491	1,491	22,493
20	Various	2000		120,434		20	6,022	6,022	89,069
21	Various	2001		121,537		20	4,939	4,939	89,129
22	Various	2002		697,409		20			697,409
23	Various	2003		33,644		20	1,403	1,403	21,721
24	Various	2004		67,643		20	3,366	3,366	35,387
25	Various	2005		96,040		20	4,965	4,965	46,541
26	Various	2006		91,024		20	4,691	4,691	40,665
27	Various	2007		43,798		20	3,106	3,106	23,263
28	Various	2008		87,925		20	3,819	3,819	36,572
29	Various	2009		51,311		20	2,566	2,566	14,424
30	Various	2010		13,151		20	1,315	1,315	5,837
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

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/14

Ending:

12/31/14

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		1,751,714	79,361		86,465	7,104	501,775	67
68		144,685	3,644		5,169	1,525	75,713	68
69			47,875			(47,875)		69
70		\$ 5,558,222	\$ 173,688		\$ 157,096	\$ (16,592)	\$ 2,397,494	70

**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:

01/01/14

Ending:

12/31/14

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		\$ 5,558,222	\$ 173,688		\$ 157,096	\$ (16,592)	\$ 2,397,494	1
2	Book Shelves	2011	3,950		20	198	198	658	2
3	Replace Heating Pipe From 3Rd To 4Th, And 6Th Floors	2012	4,870		20	487	487	1,420	3
4	Emergency Lighting	2013	9,768		20	488	488	733	4
5	Kitchen Exhaust System	2013	10,497		20	525	525	875	5
6	Burgular Alarm Doors On Flrs 3, 4, 5, 6	2014	5,425		20	181	181	181	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)		\$ 5,592,732	\$ 173,688		\$ 158,975	\$ (14,713)	\$ 2,401,361	34

**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:

01/01/14

Ending:

12/31/14

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	Totals from Page 12B, Carried Forward								
2		\$ 5,592,732	\$ 173,688		\$ 158,975	\$ (14,713)	\$ 2,401,361		
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34	TOTAL (lines 1 thru 33)	\$ 5,592,732	\$ 173,688		\$ 158,975	\$ (14,713)	\$ 2,401,361		

**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:

01/01/14

Ending:

12/31/14

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 5,592,732	\$ 173,688		\$ 158,975	\$ (14,713)	\$ 2,401,361	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)		\$ 5,592,732	\$ 173,688		\$ 158,975	\$ (14,713)	\$ 2,401,361	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 5,592,732	\$ 173,688		\$ 158,975	\$ (14,713)	\$ 2,401,361	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)	\$ 5,592,732	\$ 173,688		\$ 158,975	\$ (14,713)	\$ 2,401,361	34

**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:

01/01/14

Ending:

12/31/14

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements								8
9	Various	2008	408,577		20	19,303	19,303	135,121	9
10	Various	2009	524,103		20	26,206	26,206	185,930	10
11	Bathrooms 10 - Wall Work, Plumbing, Tiles, Painting	2010	72,000		20	3,600	3,600	18,000	11
12	Bathrooms 6 - Wall Work, Plumbing, Tiles, Painting	2010	57,600		20	2,880	2,880	14,400	12
13	Elevator Cab	2010	11,925		20	596	596	2,980	13
14	Sprinkler System	2010	138,280		20	6,914	6,914	34,570	14
15	Painting- Floors 1-3	2010	130,500		20	6,525	6,525	32,625	15
16	Emergency Staircase	2010	4,550		20	228	228	1,140	16
17	Wallbase Replacement	2010	6,268		20	313	313	1,565	17
18	Tuck Pointing	2011	7,500		20	375	375	1,875	18
19	Fire Door	2011	12,850		20	643	643	3,215	19
20	Electric Air Cleaner	2010	4,842		20	242	242	1,210	20
21	Window Treatments	2010	2,515		20	126	126	630	21
22	Hot Water Valve	2010	3,950		20	198	198	990	22
23	Handrail Guards	2010	2,596		20	130	130	650	23
24	Bathtub Liners	2010	10,875		20	544	544	2,720	24
25	Satellite and Cabling	2010	11,788		20	589	589	2,945	25
26	Window Treatment- 1st Floor	2010	5,785		20	289	289	1,445	26
27	Stair Treads	2010	3,806		20	190	190	950	27
28	Rekey Doors	2010	9,735		20	487	487	2,435	28
29	Hot Water Risers	2010	4,300		20	215	215	1,075	29
30	Bathroom Work	2010	2,790		20	140	140	700	30
31	HVAC Cooler	2010	3,188		20	159	159	795	31
32	Wallbase Replacement	2010	6,287		20	314	314	1,570	32
33	Door Casings	2010	7,000		20	350	350	1,750	33
34	TOTAL (lines 1 thru 33)		\$ 1,453,610	\$		\$ 71,556	\$ 71,556	\$ 451,286	34

**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:

01/01/14

Ending:

12/31/14

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	Totals from Page 12F, Carried Forward		\$ 1,453,610	\$		\$ 71,556	\$ 71,556	\$ 451,286	1
2	Oxygen Rooms	2010	13,250		20	663	663	3,315	2
3	Sprinkler System- Design	2010	15,300		20	765	765	3,825	3
4	Fire Alarm Upgrade	2011	42,500		20	2,125	2,125	8,500	4
5	Painting	2011	43,500		20	2,175	2,175	8,700	5
6	Water Heater	2011	7,075		20	354	354	1,416	6
7	Elevator Work	2011	8,500		20	425	425	1,700	7
8	Door Casings	2011	10,500		20	525	525	2,100	8
9	Electrical Wiring Upgrade	2012	25,100		20	1,255	1,255	3,765	9
10	Fire Dampers	2012	56,521		20	2,826	2,826	8,478	10
11	Sprinklers- Mechanical Rooms	2012	7,552		20	378	378	1,134	11
12	Built in Bookshelves	2012	3,950		20	198	198	594	12
13	Replace Valves In Hot Water Boiler	2012	3,490		20	174	174	522	13
14	Replace vent- pipe and Faucets	2012	5,980		20	299	299	897	14
15	Repaint kitchen & Day Rooms	2012	5,414		20	271	271	813	15
16	Replace Damaged floor tiles	2012	3,640		20	182	182	546	16
17	Bathroom drywall, plaster and primer work	2012	4,172		20	209	209	627	17
18	Replace Condenser for walk in cooler	2012	4,390		20	220	220	660	18
19	New Handrails	2012	3,130		20	157	157	471	19
20	Camera Security System	2013	5,064		20	253	253	506	20
21	Fire Alarm Device	2013	3,511		20	176	176	352	21
22	Sprinkler System/Alarm	2013	5,775		20	289	289	578	22
23	Kitchen Duct System	2014	10,753		20	538	538	538	23
24	Replace Kitchen Gas Line	2014	2,800		20	140	140	140	24
25	Air Conditioners	2014	6,237		20	312	312	312	25
26	Building Company Current Depreciation			79,361			(79,361)		26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,751,714	\$ 79,361		\$ 86,465	\$ 7,104	\$ 501,775	34

**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:

01/01/14

Ending:

12/31/14

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	S.I.R. Management	2009	18,575		39	476	476	2,401	3
4	SIR Properties - SIR Management	1993	33,634	1,068	35	961	(107)	20,660	4
5									5
6									6
7									7
8	Leasehold Information								8
9	Alloc. - S.I.R. Management	1993	8,527	237	20		(237)	8,527	9
10	Alloc. - S.I.R. Management	1994	27		20			27	10
11	Alloc. - S.I.R. Management	1995	195		20	10	10	189	11
12	Alloc. - S.I.R. Management	1997	13,103	293	20	639	346	11,605	12
13	Alloc. - S.I.R. Management	1999	1,030		20	52	52	785	13
14	Alloc. - S.I.R. Management	1999	9,735		20			9,735	14
15	Alloc. - S.I.R. Management	2000	1,216		20	61	61	884	15
16	Alloc. - S.I.R. Management	2007	3,908	267	20	195	(72)	1,406	16
17	Alloc. - S.I.R. Management	2008	10,771	1,029	20	679	(350)	4,647	17
18	Alloc. - S.I.R. Management	2009	26,764	245	20	1,338	1,093	7,018	18
19	Alloc. - S.I.R. Management	2011	662	66	20	66		226	19
20	Alloc. - S.I.R. Management	2012	2,119	106	20	106		256	20
21	Alloc. - S.I.R. Management	2014	297		20	9	9	9	21
22									22
23	Alloc. - S.I.R. Properties - S.I.R. Management	2012	2,060	203	20	10	(193)	27	23
24	Alloc. - S.I.R. Properties - S.I.R. Management	2010	2,030		20	101	101	440	24
25	Alloc. - S.I.R. Properties - S.I.R. Management	2009	2,019	90	20	101	11	586	25
26	Alloc. - S.I.R. Properties - S.I.R. Management	2007	589	29	20	29		236	26
27	Alloc. - S.I.R. Properties - S.I.R. Management	2002	133		20	7	7	84	27
28	Alloc. - S.I.R. Properties - S.I.R. Management	1999	4,262		20	213	213	3,303	28
29	Alloc. - S.I.R. Properties - S.I.R. Management	1998	2,037		20	102	102	1,680	29
30	Alloc. - S.I.R. Properties - S.I.R. Management	1997	127		20	6	6	117	30
31	Alloc. - S.I.R. Properties - S.I.R. Management	1994	320	8	20	8		320	31
32	Alloc. - S.I.R. Properties - S.I.R. Management	1993	545	3	20		(3)	545	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 144,685	\$ 3,644		\$ 5,169	\$ 1,525	\$ 75,713	34

**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:

01/01/14

Ending:

12/31/14

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12H, Carried Forward		\$ 144,685	\$ 3,644		\$ 5,169	\$ 1,525	\$ 75,713	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)		\$ 144,685	\$ 3,644		\$ 5,169	\$ 1,525	\$ 75,713	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 806,049	\$ 43,689	\$ 60,472	\$ 16,783	10	\$ 443,387	71
72	Current Year Purchases	14,041	137	855	718	10	855	72
73	Fully Depreciated Assets	365,263				10	365,262	73
74								74
75	TOTALS	\$ 1,185,353	\$ 43,826	\$ 61,327	\$ 17,501		\$ 809,504	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 Management	2014	2,612	237	279	42	5	1,505	77
78										78
79										79
80	TOTALS			\$ 18,048	\$ 237	\$ 279	\$ 42		\$ 16,941	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)	\$ 6,859,203	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 217,751	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 220,581	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 2,830	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,227,806	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.

Facility Name & ID Number

Bryn Mawr Care

0035618

Report Period Beginning: 01/01/14

Ending: 12/31/14

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

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. _____ /2015 \$ _____

13. _____ /2016 \$ _____

14. _____ /2017 \$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 7,748

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	Allocated from SIR Management		\$	\$ 5,062	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 5,062	21

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

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

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</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>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1	
2	Licensed Speech and Language Development Therapist	N/A	hrs							2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist		hrs							4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy		# of prescripts							9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify):									12	
13	Other (specify): See Supplemental									13	
14	TOTAL			\$		\$	\$		\$	14	

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

Facility Name & ID Number Bryn Mawr Care# 0035618Report Period Beginning: 01/01/14

Ending:

12/31/14

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/14

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 74,010	\$ 216,153	1
2	Cash-Patient Deposits	37,797	37,797	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	994,734	994,734	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	27,276	27,276	6
7	Other Prepaid Expenses	1,490	42,015	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	930,888	930,888	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,066,195	\$ 2,248,863	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		207,475	13
14	Buildings, at Historical Cost		1,327,223	14
15	Leasehold Improvements, at Historical Cost	1,500,273	3,084,971	15
16	Equipment, at Historical Cost	1,238,184	1,682,358	16
17	Accumulated Depreciation (book methods)	(1,791,920)	(3,448,951)	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):	132,023	1,497,541	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,078,560	\$ 4,350,617	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,144,755	\$ 6,599,480	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 142,809	\$ 142,809	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	37,797	37,797	28
29	Short-Term Notes Payable	635,000	635,000	29
30	Accrued Salaries Payable	174,172	174,172	30
31	Accrued Taxes Payable (excluding real estate taxes)	13,586	13,586	31
32	Accrued Real Estate Taxes(Sch.IX-B)		144,000	32
33	Accrued Interest Payable		55,212	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	15,800	15,800	35
Other Current Liabilities(specify):				
36	See Attached Schedule	221,231	1,152,119	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,240,395	\$ 2,370,495	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		17,209,007	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43			1,155,196	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 18,364,203	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,240,395	\$ 20,734,698	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,904,360	\$ (14,135,218)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,144,755	\$ 6,599,480	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,752,932	1
2	Restatements (describe):		2
3	Rounding	(4)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,752,928	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	198,412	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	(46,980)	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)	\$ 151,432	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,904,360	24 *

* This must agree with page 17, line 47.

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 5,910,768	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,910,768	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	238	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 238	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	10,292	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 10,292	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,921,298	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,135,807	31
32	Health Care	1,656,324	32
33	General Administration	1,401,269	33
B. Capital Expense			
34	Ownership	1,529,486	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee		36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,722,886	40
41	Income before Income Taxes (line 30 minus line 40)**	198,412	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 198,412	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 4,574,223	44
45	Private Pay - Net Inpatient Revenue	60,210	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) <u>Managed Care</u>	1,276,335	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 5,910,768	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.

Facility Name & ID Number Bryn Mawr Care

0035618

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	1,803	1,907	\$ 78,852	\$ 41.35	1
2	Assistant Director of Nursing	1,245	1,278	40,481	31.68	2
3	Registered Nurses	1,466	1,601	49,166	30.71	3
4	Licensed Practical Nurses	14,063	14,210	330,656	23.27	4
5	CNAs & Orderlies	49,451	52,038	557,831	10.72	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	14,184	14,683	132,476	9.02	10
11	Social Service Workers	15,726	16,181	234,425	14.49	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	15,185	16,821	197,943	11.77	15
16	Dishwashers					16
17	Maintenance Workers	3,438	3,661	50,165	13.70	17
18	Housekeepers	16,825	17,292	177,836	10.28	18
19	Laundry					19
20	Administrator	1,912	2,006	87,353	43.55	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,247	6,849	113,515	16.57	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	3,727	4,152	89,150	21.47	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	145,272	152,679	\$ 2,139,849 *	\$ 14.02	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	\$ 30,572	01-03	35
36	Medical Director	Monthly	3,600	09-03	36
37	Medical Records Consultant	Monthly	4,616	10-03	37
38	Nurse Consultant	Monthly	41,760	10-03	38
39	Pharmacist Consultant	Monthly	12,726	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	Monthly	2,856	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	6,600	12-03	48
49	TOTAL (lines 35 - 48)		\$ 123,610		49

C. CONTRACT NURSES

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Lori Barrish	Administrator	0	\$ 49,862	Workers' Compensation Insurance	\$ 18,840	IDPH License Fee	\$ 1,992	
Cynthia Schofield 1/1 - 6/30/14	Administrator	0	37,491	Unemployment Compensation Insurance	47,834	Advertising: Employee Recruitment	3,224	
				FICA Taxes	161,023	Health Care Worker Background Check		
				Employee Health Insurance	118,506	(Indicate # of checks performed <u>428</u>)	4,278	
				Employee Meals	19,929	Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	13,529	
				Union Pension Plan	15,730	Licenses & Fees	1,052	
				401K Contribution	2,850	Allocated from SIR Management	2,744	
				Other Employee Benefits	5,550			
TOTAL (agree to Schedule V, line 17, col. 1)								
(List each licensed administrator separately.)			\$ 87,353					
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
Description			Amount					
SIR Management - Director of Admin Services			\$ 41,760				Less: Public Relations Expense ()	
SIR Management - Ancillary Admin Charges			41,760				Non-allowable advertising ()	
SIR Management - Management Fees			295,248				Yellow page advertising ()	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 378,768					
(Attach a copy of any management service agreement)								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Frost, Ruttenberg & Rothblatt	Accounting		\$ 12,195				Out-of-State Travel	\$
Plante Moran	Accounting		4,950					
Pinnacle Quality Insights	Employee Satisfaction		1,377				In-State Travel	
PayChex	Payroll		2,184					
Legat Architects	Architects		1,301					
Honkamp Krueger	Payroll		360					
Amari & Locallo	RE Tax Appeal		250					
Personnel Planners	Unemployment Tax Consult		2,618				Seminar Expense	4,090
SIR Management	Bookkeeping		68,904				Allocated from SIR Management	770
SIR Management	Dir. Of Regulatory Services		20,880					
See Attached	Legal Fees		3,878					
See Supplemental Schedule			36,000				Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			(agree to Sch. V, line 24, col. 8)	
(For legal fee disclosure, see page 39 of instructions)			\$ 154,897				TOTAL \$ 4,860	

* Attach copy of IMRF notifications

**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	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

