		FOR BHF USE					

LL1

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

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

I. IDPH License ID Number: 0054205

Facility Name: Bryn Mawr Care

Address: 5547 N Kenmore Ave (Number) Chicago (City) 60640 (Zip Code)

County: Cook

Telephone Number: (773) 561-7040 **Fax #** (773) 561-7543

HFS ID Number:

Date of Initial License for Current Owners: 8/1/1989

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven N. Lavenda **Telephone Number:** (847) 282-6300
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/20 to 12/31/20 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) 05/20/21 (Date)
** Subject to the attached Accountants' Consulting Report*
(Print Name and Title) Steven N. Lavenda, CPA, Partner
(Firm Name & Address) Marcum, LLP, 9 Parkway North, Suite 200 Deerfield, IL 60015
(Telephone) (847) 282-6300 Fax # (847) 282-6301

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**

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	174	Intermediate (ICF)	174	63,684	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	174	TOTALS	174	63,684	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF	54,111	360		54,471	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	54,111	360		54,471	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.53%

D. How many bed reserve days during this year were paid by the Department?
None (Do not include bed reserve days in Section B.)

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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 08/01/1989

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 08/01/!989 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [ ] NO [X] If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary N/A

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

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

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	287,583	32,197	41,694	361,474		361,474	(18,382)	343,092			1
2	Food Purchase		278,759		278,759		278,759	(3,862)	274,897			2
3	Housekeeping	295,004	44,386		339,390		339,390	(4,124)	335,266			3
4	Laundry	28,783	13,698		42,481		42,481	(611)	41,870			4
5	Heat and Other Utilities			162,922	162,922		162,922	(19,512)	143,410			5
6	Maintenance	58,111	12,325	104,268	174,704		174,704	2,373	177,077			6
7	Other (specify):*							3,447	3,447			7
8	TOTAL General Services	669,481	381,365	308,884	1,359,730		1,359,730	(40,671)	1,319,059			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	1,439,927	55,182	175,100	1,670,209		1,670,209	(11,976)	1,658,233			10
10a	Therapy											10a
11	Activities	183,887	11,650		195,537		195,537		195,537			11
12	Social Services	327,427		7,200	334,627		334,627		334,627			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*							13,271	13,271			15
16	TOTAL Health Care and Programs	1,951,241	66,832	182,300	2,200,373		2,200,373	1,295	2,201,668			16
	C. General Administration											
17	Administrative	113,841		467,243	581,084		581,084	(308,769)	272,315			17
18	Directors Fees											18
19	Professional Services			385,812	385,812	(348)	385,464	(265,715)	119,749			19
20	Dues, Fees, Subscriptions & Promotions			75,286	75,286		75,286	(36,957)	38,329			20
21	Clerical & General Office Expenses	144,735	13,568	71,419	229,722		229,722	316,612	546,334			21
22	Employee Benefits & Payroll Taxes			531,428	531,428		531,428	(256)	531,172			22
23	Inservice Training & Education											23
24	Travel and Seminar			503	503		503	33	536			24
25	Other Admin. Staff Transportation			1,652	1,652		1,652	7,318	8,970			25
26	Insurance-Prop.Liab.Malpractice			131,366	131,366		131,366	16,089	147,455			26
27	Other (specify):*							55,661	55,661			27
28	TOTAL General Administration	258,576	13,568	1,664,709	1,936,853	(348)	1,936,505	(215,983)	1,720,521			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,879,298	461,765	2,155,893	5,496,956	(348)	5,496,608	(255,359)	5,241,249			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 #0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			78,208	78,208		78,208	190,723	268,931			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			19,364	19,364		19,364	483,875	503,239			32
33	Real Estate Taxes					348	348	272,955	273,303			33
34	Rent-Facility & Grounds			1,428,000	1,428,000		1,428,000	(1,428,000)				34
35	Rent-Equipment & Vehicles			6,836	6,836		6,836	5,347	12,183			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,532,408	1,532,408	348	1,532,756	(475,101)	1,057,656			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)**	2,879,298	461,765	3,688,301	7,029,364		7,029,364	(730,459)	6,298,905			45

***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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 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	(21,323)	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	30,856	30		9
10	Interest and Other Investment Income	(36,085)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(18)	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	(22,250)	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	(17,253)	21		24
25	Fund Raising, Advertising and Promotional	(3,533)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(5,000)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(72,531)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (147,137)		$	30

BHF USE ONLY									
48		49		50		51		52	

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(583,323)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (583,323)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (730,460)		37

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

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

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

Bryn Mawr Care

ID# 0054205

Report Period Beginning: 01/01/20

Ending: 12/31/20

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Bank Fees	$ (10,897)	21	1
2	Theft	(25)	21	2
3	Vending & Café Income	(800)	02	3
4	Alliance Dues	(14,123)	20	4
5	Non Allowable Seminar Expenses	(375)	24	5
6	Non Allowable Legal	(16,878)	19	6
7	Jury Duty	(18)	10	7
8	Prior Year Professional Fees	(3,250)	19	8
9	Building Company Office Expenses	(28)	21	9
10	Building Company Professional Fees	(11,900)	19	10
11	Building Company Fees	(519)	20	11
12	Building Company Amortization	(2,597)	36	12
13	Website Fees	(2,011)	19	13
14	Brokerage Fees	(2,960)	19	14
15	Bank Fees	(250)	20	15
16	Building Company Replacement Tax	(5,900)	21	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**	(72,531)		49

Detail lines 29 and 35 of Page 5 starting in C12. **DO NOT DRAG AND DROP CELLS.**

The amounts in column F will transfer to the Adj. Summary column automatically.
The amounts in the Adj. Summary column are linked to pages Summary A and B.

STATE OF ILLINOIS **Page 5B**

Bryn Mawr Care

IDH 0054205
Report Period Beginning: 01/01/20
Ending: 12/31/20

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
50		b		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			49

Reference 1 Reference 2 Reference 3 Reference 4 Reference 5 Reference 6 Reference 7 Reference 9 Reference 10 Reference 10a Reference 11 Reference 12 Reference 13 Reference 14 Reference 15 Reference 17 Reference 18 Reference 19 Reference 20 Reference 21 Reference 22 Reference 23 Reference 24 Reference 25 Reference 26 Reference 27 Reference 30 Reference 31 Reference 32 Reference 33 Reference 34 Reference 35 Reference 36 Reference 38 Reference 39 Reference 40 Reference 41 Reference 42 Reference 43

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary				(18,316)		(66)						(18,382)	1
2	Food Purchase	(818)		(3,044)									(3,862)	2
3	Housekeeping						(4,124)						(4,124)	3
4	Laundry						(611)						(611)	4
5	Heat and Other Utilities	(21,323)			1,811								(19,512)	5
6	Maintenance		4,731	(3,972)	1,614								2,373	6
7	Other (specify):*			1,868	1,579								3,447	7
8	**TOTAL General Services**	(22,141)	4,731	(5,148)	(13,312)		(4,801)						(40,671)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(18)		(6,143)		(1,524)	(4,291)						(11,976)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			13,271									13,271	15
16	**TOTAL Health Care and Programs**	(18)		7,128		(1,524)	(4,291)						1,295	16
	C. General Administration													
17	Administrative			(444,680)	135,911								(308,769)	17
18	Directors Fees													18
19	Professional Services	(36,999)	11,900	(254,620)	14,004								(265,715)	19
20	Fees, Subscriptions & Promotions	(40,675)	519	3,199									(36,957)	20
21	Clerical & General Office Expenses	(39,103)	90,027	265,659	114	(85)							316,612	21
22	Employee Benefits & Payroll Taxes					(256)							(256)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(375)		408									33	24
25	Other Admin. Staff Transportation			7,318									7,318	25
26	Insurance-Prop.Liab.Malpractice		13,763	2,105	221								16,089	26
27	Other (specify):*			24,148	31,513								55,661	27
28	**TOTAL General Administration**	(117,152)	116,209	(396,463)	181,763	(341)							(215,983)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(139,311)	120,940	(394,483)	168,451	(1,864)	(9,092)						(255,359)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Bryn Mawr Care # 0054205 **Report Period Beginning:** 01/01/20 **Ending:** 12/31/20

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

	Capital Expense D. Ownership	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
30	Depreciation	30,856	155,247		4,620								190,723	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(36,085)	518,417	(1,808)	3,351								483,875	32
33	Real Estate Taxes		264,921		8,034								272,955	33
34	Rent-Facility & Grounds		(1,428,000)										(1,428,000)	34
35	Rent-Equipment & Vehicles			5,347									5,347	35
36	Other (specify):*	(2,597)	2,597											36
37	**TOTAL Ownership**	(7,826)	(486,819)	3,539	16,005								(475,101)	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)**	(147,137)	(365,878)	(390,944)	184,456	(1,864)	(9,092)						(730,459)	45

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Page 6-Supplemental		See Page 6-Supplemental		See Page 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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent	$ 1,428,000	Bryn Mawr Care LLC		$	$ (1,428,000)	1
2	V	20	Fees		Bryn Mawr Care LLC		519	519	2
3	V	32	Interest	43	Bryn Mawr Care LLC		518,460	518,417	3
4	V	21	Mortgage Insurance		Bryn Mawr Care LLC		84,099	84,099	4
5	V	21	Office Expense		Bryn Mawr Care LLC		28	28	5
6	V	19	Professional Fees		Bryn Mawr Care LLC		11,900	11,900	6
7	V	26	Property Insurance		Bryn Mawr Care LLC		13,763	13,763	7
8	V	06	Repairs - Bldg and Equip		Bryn Mawr Care LLC		4,731	4,731	8
9	V	33	Real Estate Taxes		Bryn Mawr Care LLC		264,921	264,921	9
10	V	21	Replacement tax		Bryn Mawr Care LLC		5,900	5,900	10
11	V	36	Amort of HUD Fees		Bryn Mawr Care LLC		2,597	2,597	11
12	V	30	Depreciation		Bryn Mawr Care LLC		155,247	155,247	12
13	V								13
14	Total			$ 1,428,043			$ 1,062,165	$ * (365,878)	14

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

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	1.44%	ALBANY CARE, INC.	EVANSTON	BRYN MAWR CARE, LLC	LINCOLNWOOD	BUILDING CO.	1
2	B. BART BARRISH	1.44%	AUBURN VILLAGE	AUBURN, IN	GENERATIONS HEALTH NETW	LINCOLNWOOD	CONSULTING CO.	2
3	BRYAN BARRISH TRUST DATED 9/1/2004	13.51%	DECATUR MANOR HEALTHCARE,LLC	DECATUR	SIR PROPERTIES	LINCOLNWOOD	BUILDING CO.	3
4	CELESTE GIANNINI TRUST DTD 3/13/00	1.44%	GENERATIONS AT APPLEWOOD, LLC	MATTESON	OAKTON ARMS	DES PLAINES	ASSISTED LIVING	4
5	DANIEL ROTHNER	2.30%	GENERATIONS AT ELMWOOD PARK, INC	ELMWOOD PARK	MAC Rx LLC	DES PLAINES	PHARMACY	5
6	DARCEY BARRISH	1.44%	GENERATIONS AT LINCOLN, LLC	LINCOLN	BIG TEN SUPPLY, LLC	LIBERTYVILLE	SUPPLY CO.	6
7	ERIC ROTHNER	40.94%	GENERATIONS AT NEIGHBORS, LLC	BYRON	TRANSITIONS INDIANA	HUNTLEY	HOSPICE	7
8	LISA FRIEDMAN	2.87%	GENERATIONS AT OAKTON PAVILION, LLC	DES PLAINES	GENERATIONS AT RIVERVIEW		ASSISTED & INDEPENDENT	8
9	JESSE REYNOLDS DESCENDENTS TRUST	2.87%	GENERATIONS AT PEORIA, LLC	PEORIA	SENIOR LIVING	EAST PEORIA	LIVING	9
10	JULIANA R. BARRISH TRUST DTD 1/26/93	13.51%	GENERATIONS AT REGENCY, LLC	NILES				10
11	KIRSTEN BARRISH	1.44%	GENERATIONS AT RIVERVIEW, LLC	EAST PEORIA				11
12	MELISSA ROTHNER	2.30%	GENERATIONS AT ROCK ISLAND, LLC	ROCK ISLAND				12
13	MICHAEL R GIANNINI TRUST DTD 3/13/00	1.44%	GREENWOOD CARE, INC.	EVANSTON				13
14	RACHEL ROTHNER	2.30%	PRAIRIE CREEK VILLAGE, LLC	DECATUR				14
15	SARAH BARRISH	2.87%	VILLA CLARA POST ACUTE, LLC	DECATUR				15
16	WILLIAM ROTHNER	2.30%	WILSON CARE, INC.	CHICAGO				16
17	THOMAS WINTER	5.61%						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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	Dietary Other and Rebates	$	Generations HC Network, LLC		$ (3,044)	$ (3,044)	15
16	V	6	Repairs & Maintanence	18,792	Generations HC Network, LLC		14,820	(3,972)	16
17	V	7	Emp. Ben. - General Svc.		Generations HC Network, LLC		1,868	1,868	17
18	V	9	Medical Director Consults		Generations HC Network, LLC				18
19	V	10	Nursing	77,256	Generations HC Network, LLC		71,113	(6,143)	19
20	V	15	Emp. Ben. - Health Care		Generations HC Network, LLC		13,271	13,271	20
21	V	17	Administrative	467,243	Generations HC Network, LLC		22,563	(444,680)	21
22	V	19	Professional Fees	263,628	Generations HC Network, LLC		9,008	(254,620)	22
23	V	20	Fee, Subscriptions		Generations HC Network, LLC		3,199	3,199	23
24	V	21	Clerical & General	9,396	Generations HC Network, LLC		275,055	265,659	24
25	V	24	Education & Seminar		Generations HC Network, LLC		408	408	25
26	V	25	Other Admin. Staff Transportation		Generations HC Network, LLC		7,318	7,318	26
27	V	26	Insurance		Generations HC Network, LLC		2,105	2,105	27
28	V	27	Emp. Ben. - Gen. Admin.		Generations HC Network, LLC		24,148	24,148	28
29	V	32	Interest		Generations HC Network, LLC		(1,808)	(1,808)	29
30	V	35	Auto Rental		Generations HC Network, LLC		4,544	4,544	30
31	V	35	Equipment Rental		Generations HC Network, LLC		803	803	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 836,315			$ 445,371	$ * (390,944)	39

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

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary Salaries	$ 25,056	Generations HC Network, LLC		$ 6,740	$ (18,316)	15
16	V	7	Emp. Ben. - Dietary		Generations HC Network, LLC		1,260	1,260	16
17	V	17	Admin./Legal Salaries		Generations HC Network, LLC		135,911	135,911	17
18	V	19	Fin. Consult./Regl. Dir.		Generations HC Network, LLC		13,563	13,563	18
19	V	27	Emp. Ben. - Administrative		Generations HC Network, LLC		31,513	31,513	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V	6	Maintenance Salaries	1,590	Generations HC Network, LLC		1,643	53	25
26	V	7	Employee Benefits		Generations HC Network, LLC		319	319	26
27	V								27
28	V	5	Utilities		Generations HC Network, LLC		1,811	1,811	28
29	V	6	Repairs & Maintenance		Generations HC Network, LLC		1,561	1,561	29
30	V	19	Professional Fees		Generations HC Network, LLC		441	441	30
31	V	21	Clerical & General		Generations HC Network, LLC		114	114	31
32	V	26	Insurance		Generations HC Network, LLC		221	221	32
33	V	30	Depreciation		Generations HC Network, LLC		4,620	4,620	33
34	V	32	Interest		Generations HC Network, LLC		3,351	3,351	34
35	V	33	Real Estate Taxes		Generations HC Network, LLC		8,034	8,034	35
36	V								36
37	V								37
38	V								38
39	Total			$ 26,646			$ 211,102	$ * 184,456	39

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

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	10	Nursing and Medical Records	$ 16,302	MAC Rx, LLC		$ 14,778	$ (1,524)	15
16	V	21	Clerical & General Office Expenses	911	MAC Rx, LLC		826	(85)	16
17	V	22	Employee Benefits	2,735	MAC Rx, LLC		2,479	(256)	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			$ 19,947			$ 18,083	$ * (1,864)	39

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

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	$ 691	Big Ten Supply, LLC		$ 624	$ (66)	15
16	V	3	Housekeeping	42,902	Big Ten Supply, LLC		38,779	(4,124)	16
17	V	4	Laundry	6,358	Big Ten Supply, LLC		5,747	(611)	17
18	V	6	Repairs & Maintenance		Big Ten Supply, LLC				18
19	V	10	Nursing And Medical Records	44,647	Big Ten Supply, LLC		40,355	(4,291)	19
20	V	10A	Therapy		Big Ten Supply, LLC				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			$ 94,597			$ 85,505	$ * (9,092)	39

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

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: 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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: 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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: 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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: 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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: 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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Bryan Barrish	Relative	Administrative		See Attached	2.27	5.68%	Alloc. Salary	$ 16,229	17-7	1
2	Kirsten Schloss	Shareholder	Maintenance	1.44%	See Attached	2.60	6.49%	Alloc. Salary	10,121	6-7	2
3	Sarah Barrish	Shareholder	Administrative	2.87%	See Attached	3.25	6.49%	Alloc. Salary	8,345	17-7	3
4	Michael Giannini	Relative	Administrative		See Attached	2.60	5.77%	Alloc. Salary	11,720	17-7	4
5	Nenita Guzman	Relative	Dietary		See Attached	2.60	6.49%	Alloc. Salary	6,740	1-7	5
6	Lori Barrish	Relative	Administrative		See Attached	40.00	100.00%	Salary	113,841	17-1	6
7	Clark Collins	Relative	Administrative		See Attached	0.81	2.02%	Alloc. Salary	1,074	Var	7
8	Burton Barrish	Relative	Administrative		See Attached	2.60	6.49%	Alloc. Salary	7,028	17-7	8
9	Tom Winter	Shareholder	Administrative	5.61%	See Attached	2.60	6.49%	Alloc. Salary	16,229	17-7	9
10	David Winter	Relative	Clerical		See Attached	2.60	6.49%	Alloc. Salary	3,362	21-7	10
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts										11
12	anticipated to be considered allowable by the IL. Dept. of HFS.										12
13								TOTAL	$ 194,689		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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 [X]

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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 [X] NO [ ]

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

Name of Related Organization: Generations HC Network, LLC
Street Address: 6840 N. Lincoln
City / State / Zip Code: Lincolnwood, IL. 60712
Phone Number: (847) 675 -7979
Fax Number: (847) 675 -0555

	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	2	Dietary Other and Rebates	Patient Days	832,144	19	$ (46,886)	$	54,021	$ (3,044)	1
2	6	Repairs & Maintanence	Patient Days	832,144	19	228,292	155,904	54,021	14,820	2
3	7	Emp. Ben. - General Svc.	Patient Days	832,144	19	28,781		54,021	1,868	3
4	9	Medical Director Consults	Patient Days	832,144	19			54,021		4
5	10	Nursing	Patient Days	832,144	19	1,095,433	1,094,370	54,021	71,113	5
6	15	Emp. Ben. - Health Care	Patient Days	832,144	19	204,429		54,021	13,271	6
7	17	Administrative	Patient Days	832,144	19	347,566	347,566	54,021	22,563	7
8	19	Professional Fees	Patient Days	832,144	19	138,762		54,021	9,008	8
9	20	Fee, Subscriptions	Patient Days	832,144	19	49,284		54,021	3,199	9
10	21	Clerical & General	Patient Days	832,144	19	4,236,976	3,850,828	54,021	275,055	10
11	24	Education & Seminar	Patient Days	832,144	19	6,287		54,021	408	11
12	25	Other Admin. Staff Transportatio	Patient Days	832,144	19	112,731		54,021	7,318	12
13	26	Insurance	Patient Days	832,144	19	32,419		54,021	2,105	13
14	27	Emp. Ben. - Gen. Admin.	Patient Days	832,144	19	371,977		54,021	24,148	14
15	32	Interest	Patient Days	832,144	19	(27,854)		54,021	(1,808)	15
16	35	Auto Rental	Patient Days	832,144	19	70,001		54,021	4,544	16
17	35	Equipment Rental	Patient Days	832,144	19	12,377		54,021	803	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 6,860,575	$ 5,448,668		$ 445,371	25

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 [X] NO [ ]

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

Name of Related Organization: Generations HC Network, LLC
Street Address: 6840 N. Lincoln
City / State / Zip Code: Lincolnwood, IL. 60712
Phone Number: (847) 675 -7979
Fax Number: (847) 675 -0555

	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	Dietary Salaries	Patient Days	832,144	19	$ 103,820	$ 103,820	54,021	$ 6,740	1
2	7	Emp. Ben. - Dietary	Patient Days	832,144	19	19,413		54,021	1,260	2
3	17	Admin./Legal Salaries	Patient Days	832,144	19	2,093,591	2,093,591	54,021	135,911	3
4	19	Fin. Consult./Regl. Dir.	Patient Days	832,144	19	208,920		54,021	13,563	4
5	27	Emp. Ben. - Administrative	Patient Days	832,144	19	485,424		54,021	31,513	5
6										6
7										7
8										8
9										9
10										10
11	6	Maintenance Salaries	Maintenance Income	702,930	17	726,469	726,469	1,590	1,643	11
12	7	Employee Benefits	Maintenance Income	702,930	17	141,032		1,590	319	12
13										13
14	5	Utilities	Allocated Sq. Ft.	12,879	19	27,900		836	1,811	14
15	6	Repairs & Maintenance	Allocated Sq. Ft.	12,879	19	24,049		836	1,561	15
16	19	Professional Fees	Allocated Sq. Ft.	12,879	19	6,801		836	441	16
17	21	Clerical & General	Allocated Sq. Ft.	12,879	19	1,754		836	114	17
18	26	Insurance	Allocated Sq. Ft.	12,879	19	3,403		836	221	18
19	30	Depreciation	Allocated Sq. Ft.	12,879	19	71,181		836	4,620	19
20	32	Interest	Allocated Sq. Ft.	12,879	19	51,631		836	3,351	20
21	33	Real Estate Taxes	Allocated Sq. Ft.	12,879	19	123,763		836	8,034	21
22										22
23										23
24										24
25	TOTALS					$ 4,089,151	$ 2,923,880		$ 211,102	25

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 [X] NO [ ]

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

Name of Related Organization: MAC Rx, LLC
Street Address: 2307 S. Mount Prospect Road
City / State / Zip Code: Des Plaines, IL 60018
Phone Number: (224)220-2700
Fax Number: (224)220-2730

	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	10	Nursing And Medical Records	Direct Allocation			$	$		$ 14,778	1
2	21	Clerical & General Office Expens	Direct Allocation						826	2
3	22	Employee Benefits	Direct Allocation						2,479	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					$	$		$ 18,083	25

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 [X] NO [ ]

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

Name of Related Organization: Big Ten Supply, LLC
Street Address: 15632 West Sprucewood Lane
City / State / Zip Code: Libertyville, IL 60048
Phone Number: (312)502-5882
Fax Number: (847)816-3425

	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	Dietary	Direct Allocation			$	$		$ 624	1
2	3	Housekeeping	Direct Allocation						38,779	2
3	4	Laundry	Direct Allocation						5,747	3
4	6	Repairs & Maintenance	Direct Allocation							4
5	10	Nursing And Medical Records	Direct Allocation						40,355	5
6	10A	Therapy	Direct Allocation							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					$	$		$ 85,505	25

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Cambridge Realty		X				$	$ 15,159,942			$ 518,460	1
2							$	$			$	2
3							$	$			$	3
4							$	$			$	4
5							$	$			$	5
	Working Capital											
6	Lake Forest Bank		X	Interest Only				-			19,364	6
7								-			-	7
8												8
9	TOTAL Facility Related						$	$ 15,159,942			$ 537,824	9
	B. Non-Facility Related*											
10	Interest Income										(36,085)	10
11	Interest Income - Bldg Co.										(43)	11
12	Allocated from Generations HC										1,543	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (34,585)	14
15	TOTALS (line 9+line14)						$	$ 15,159,942			$ 503,239	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 84,099 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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 245,000	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.)		$ 256,776	2
3. Under or (over) accrual (line 2 minus line 1).		$ 11,776	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 261,179	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.)		$ 348	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** (Attach a copy of the real estate tax appeal board's decision.)		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 273,303	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2015	187,963	8
	2016	205,445	9
	2017	220,811	10
	2018	233,241	11
	2019	248,742	12

2020 Accrual = $248,742 x 1.05 = $261,179 (rounded)

Allocated from Generations HC Network LLC: $8,034

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2019	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

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

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Bryn Mawr Care COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0054205

CONTACT PERSON REGARDING THIS REPORT Steven Lavenda

TELEPHONE (847) 282-6330 FAX #: ( )

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

Enter the tax index number and real estate tax assessed for 2019 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 2019.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	14-08-202-002-0000	Long Term Care Property	$ 231,165	$ 231,165
2.	14-08-202-003-0000	Long Term Care Property	$ 17,577	$ 17,577
3.	See Attached	Allocated from SIR/Generations HN	$ 148,906	$ 7,570
4.	See Attached	Allocated from Regency Property LLC	$ 796,746	$ 628
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 1,194,394	$ 256,940

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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2019 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2019 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2019.

Please complete the Real Estate Tax Statement below and include it in the 2020 cost report along with a copy of your 2019 real estate tax bill.

The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Bryn Mawr Care COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0054205

CONTACT PERSON REGARDING THIS REPORT Steven Lavenda

TELEPHONE ( ) FAX #: ( )

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

Enter the tax index number and real estate tax assessed for 2015 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 2015.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
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 X 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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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.

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 [X] (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? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (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 [X] 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	Facility		1989	$ 63,070	1
2					2
3	TOTALS			$ 63,070	3

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	174		1989	1969	$ 1,443,623	$ 155,247		$	$ (155,247)	$ 1,443,623	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1989	3,323		20			3,323	9
10	Various			1990	21,607		20	138	138	21,531	10
11	Various			1991	99,075		20	6	6	99,075	11
12	Various			1992	37,297		20	1	1	37,297	12
13	Various			1993	18,516		20			18,516	13
14	Various			1994	33,458		20			33,458	14
15	Various			1995	64,419		20	2	2	64,419	15
16	Various			1996	130,280		20	5	5	130,280	16
17	Various			1997	192,708		20	1,158	1,158	187,851	17
18	Various			1998	163,775		20	1	1	163,775	18
19	Various			1999	29,826		20	1	1	29,826	19
20	Various			2000	120,434		20	1,257	1,257	120,434	20
21	Various			2001	121,537		20	4,939	4,939	118,763	21
22	Various			2002	697,409		20			697,409	22
23	Various			2003	33,644		20	1,404	1,404	30,138	23
24	Various			2004	67,643		20	3,302	3,302	55,505	24
25	Various			2005	96,040		20	4,638	4,638	74,593	25
26	Various			2006	91,024		20	4,413	4,413	67,618	26
27	Various			2007	43,798		20	1,274	1,274	35,275	27
28	Various			2008	87,925		20	3,820	3,820	59,486	28
29	Various			2009	51,311		20	2,566	2,566	29,817	29
30	Various			2010	13,151		20	424	424	12,836	30
31	Various			2012	4,870		20	244	244	4,099	31
32	Various			2013	20,265		20	1,013	1,013	7,687	32
33	Various			2014	5,425		20			5,425	33
34	Various			2015	10,972		20	549	549	3,649	34
35	Various			2016	5,760		20	288	288	1,248	35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12F & 12G)		1,884,775			94,240	94,240	1,022,085	67
68	Related Party Allocations (Pages 12H & 12I)		145,022	2,587		4,084	1,496	93,135	68
69	Financial Statement Depreciation			78,208			(78,208)		69
70	TOTAL (lines 4 thru 69)		$ 5,738,912	$ 236,043		$ 129,767	$ (106,276)	$ 4,672,175	70

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

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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		$ 5,738,912	$ 236,043		$ 129,767	$ (106,276)	$ 4,672,175	1
2	New Stairwell,Wiring,Hvac,Sewer,Roofing,Flooring,& Architect F	2017	1,599,168		20	79,958	79,958	299,844	2
3	Repaired Boiler	2017	2,845		20	142	142	569	3
4	Install Vinyl Flooring	2018	15,568		20	778	778	3,243	4
5	Steam Boiler Work	2018	3,885		20	194	194	583	5
6	Steam Boiler Condensor Pump	2018	2,835		20	142	142	331	6
7	Boiler Work	2018	19,797		20	990	990	2,887	7
8	Condensate Pump	2019	10,653		20	533	533	577	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)		$ 7,393,663	$ 236,043		$ 212,504	$ (23,539)	$ 4,980,209	34

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

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 7,393,663	$ 236,043		$ 212,504	$ (23,539)	$ 4,980,209	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)		$ 7,393,663	$ 236,043		$ 212,504	$ (23,539)	$ 4,980,209	34

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

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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		$ 7,393,663	$ 236,043		$ 212,504	$ (23,539)	$ 4,980,209	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)		$ 7,393,663	$ 236,043		$ 212,504	$ (23,539)	$ 4,980,209	34

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

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 7,393,663	$ 236,043		$ 212,504	$ (23,539)	$ 4,980,209	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)		$ 7,393,663	$ 236,043		$ 212,504	$ (23,539)	$ 4,980,209	34

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

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	Building Company		$	$		$	$	$	1
2			-			-			2
3			-			-			3
4			-			-			4
5			-			-			5
6			-			-			6
7			-			-			7
8	Leasehold Improvements:		-			-			8
9	Various	2008	408,577		20	20,429	20,429	256,569	9
10	Various	2009	524,103		20	26,205	26,205	314,467	10
11	Various	2010	529,130		20	26,457	26,457	291,027	11
12	Tuck Pointing	2011	7,500		20	375	375	3,750	12
13	Fire Door	2011	12,850		20	643	643	6,430	13
14	Fire Alarm Upgrade	2011	42,500		20	2,125	2,125	21,250	14
15	Painting	2011	43,500		20	2,175	2,175	21,750	15
16	Water Heater	2011	7,075		20	354	354	3,540	16
17	Elevator Work	2011	8,500		20	425	425	4,250	17
18	Door Casings	2011	10,500		20	525	525	5,250	18
19	Electrical Wiring Upgrade	2012	25,100		20	1,255	1,255	11,295	19
20	Fire Dampers	2012	56,521		20	2,826	2,826	25,434	20
21	Sprinklers - Mechanical Rooms	2012	7,552		20	378	378	3,402	21
22	Built in Bookshelves	2012	3,950		20	198	198	1,782	22
23	Replace Valves in Hot Water Boiler	2012	3,490		20	175	175	1,568	23
24	Replace vent - pipe and Faucets	2012	5,980		20	299	299	2,691	24
25	Repaint kitchen & Day Rooms	2012	5,414		20	271	271	2,439	25
26	Replace Damaged Floor Tiles	2012	3,640		20	182	182	1,638	26
27	Bathroom drywall, plaster and primer work	2012	4,172		20	209	209	1,881	27
28	Replace Condenser for walk in cooler	2012	4,390		20	220	220	1,980	28
29	New Handrails	2012	3,130		20	157	157	1,413	29
30	Camera Security System	2013	5,064		20	253	253	2,024	30
31	Fire Alarm Device	2013	3,511		20	176	176	1,408	31
32	Spinkler System/Alarm	2013	5,775		20	289	289	2,312	32
33	Kitchen Duct System	2014	10,753		20	538	538	3,765	33
34	TOTAL (lines 1 thru 33)		$ 1,742,677	$		$ 87,134	$ 87,134	$ 993,315	34

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

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 1,742,677	$		$ 87,134	$ 87,134	$ 993,315	1
2	Replace Kitchen Gas Line	2014	2,800		20	140	140	980	2
3	Air Conditioners	2014	6,237		20	312	312	2,184	3
4	Replaced Gas Lines	2015	21,910		20	1,096	1,096	6,576	4
5	Hot Water Heater	2015	3,885		20	194	194	1,164	5
6	Install handrail and crash rail	2015	2,555		20	128	128	768	6
7	Masonry & Concrete Repair in Kitchen	2015	3,100		20	155	155	930	7
8	Replace Piping	2016	6,400		20	320	320	1,600	8
9	Installed Door Protection	2016	3,253		20	163	163	815	9
10	Replaced Boiler Burner	2016	26,865		20	1,343	1,343	6,715	10
11	Tile work in elevator and new flooring	2016	2,593		20	130	130	777	11
12	Security Cameras	2017	3,561		20	178	178	712	12
13	Window wall Cabinets	2017	2,500		20	125	125	500	13
14	Repaired pip condensate line	2017	2,985		20	149	149	596	14
15	New opening East Wall	2018	4,000		20	200	200	600	15
16	Power Door Holder	2018	4,588		20	229	229	687	16
17	Sewer Work in the Kitchen	2019	4,500		20	225	225	450	17
18	New Fiber Network cables for receptacles	2019	2,575		20	129	129	249	18
19	Install 2 Circuit Breakers	2019	3,450		20	173	173	346	19
20	Install Privacy Curtains	2019	2,522		20	126	126	252	20
21	Landscaping	2019	5,539		20	277	277	554	21
22	Elevator Repairs - drive and relays	2020	17,003		20	850	850	850	22
23	Air Conditioners	2020	4,356		20	219	219	219	23
24	Installed Boiler Pump	2020	4,921		20	246	246	246	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)		$ 1,884,775	$		$ 94,240	$ 94,240	$ 1,022,085	34

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

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	Related Party		$	$		$	$	$	1
2	Buildings:								2
3	Allocated from Generations Healthcare Network, LLC	2009	32,456	866	39	832	(34)	9,189	3
4	Allocated from S.I.R. Properties/GHN	1993	29,383	933	35	840	(93)	22,247	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from Generations Healthcare Network, LLC	1993	7,450	207	20		(207)	7,450	9
10	Allocated from Generations Healthcare Network, LLC	1994	23		20			23	10
11	Allocated from Generations Healthcare Network, LLC	1995	170		20			170	11
12	Allocated from Generations Healthcare Network, LLC	1997	11,447	256	20		(256)	11,447	12
13	Allocated from Generations Healthcare Network, LLC	1999	900		20	34	34	900	13
14	Allocated from Generations Healthcare Network, LLC	1999	9,735		20			9,735	14
15	Allocated from Generations Healthcare Network, LLC	2000	1,063		20	24	24	1,063	15
16	Allocated from Generations Healthcare Network, LLC	2007	3,414		20	171	171	2,253	16
17	Allocated from Generations Healthcare Network, LLC	2008	9,410		20	348	348	6,882	17
18	Allocated from Generations Healthcare Network, LLC	2009	23,382		20	1,169	1,169	13,146	18
19	Allocated from Generations Healthcare Network, LLC	2011	578	58	20	58		545	19
20	Allocated from Generations Healthcare Network, LLC	2012	1,851	93	20	93		687	20
21	Allocated from Generations Healthcare Network, LLC	2014	260	26	20	13	(13)	85	21
22	Allocated from Generations Healthcare Network, LLC	2016	338	17	20	17		75	22
23	Allocated from Generations Healthcare Network, LLC	2019	1,684	83	20	83		105	23
24	Allocated from Generations Healthcare Network, LLC	2020	1,372	29	20	29	0	29	24
25									25
26	Allocated from S.I.R. Properties/GHN	2012	1,800		20	90	90	631	26
27	Allocated from S.I.R. Properties/GHN	2010	1,773		20	89	89	827	27
28	Allocated from S.I.R. Properties/GHN	2009	1,764		20	88	88	953	28
29	Allocated from S.I.R. Properties/GHN	2007	174	10	20	9	(2)	113	29
30	Allocated from S.I.R. Properties/GHN	2002	116		20	6	6	102	30
31	Allocated from S.I.R. Properties/GHN	1999	3,723		20	93	93	3,723	31
32	Allocated from S.I.R. Properties/GHN	1994	280	7	20		(7)	280	32
33	Allocated from S.I.R. Properties/GHN	1993	477	2	20		(2)	477	33
34	TOTAL (lines 1 thru 33)		$ 145,022	$ 2,587		$ 4,084	$ 1,496	$ 93,135	34

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

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 12H, Carried Forward		$ 145,022	$ 2,587		$ 4,084	$ 1,496	$ 93,135	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)		$ 145,022	$ 2,587		$ 4,084	$ 1,496	$ 93,135	34

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

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	$ 699,583	$ 1,377	$ 54,682	$ 53,305	10	$ 629,672	71
72	Current Year Purchases	5,989	18	590	572	10	1,162	72
73	Fully Depreciated Assets	514,846				10	514,846	73
74								74
75	TOTALS	$ 1,220,417	$ 1,395	$ 55,272	$ 53,877		$ 1,145,679	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										77
78										78
79		See Attached		7,654	638	1,156	518		4,101	79
80	TOTALS			$ 23,090	$ 638	$ 1,156	$ 518		$ 19,537	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)	$ 8,700,240	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 238,076	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 268,931	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 30,856	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 6,145,426	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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. ☐ YES ☐ NO

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

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease ____.

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

10. Effective dates of current rental agreement:
Beginning ____
Ending ____

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

	Fiscal Year Ending	Annual Rent
12.	/2021	$
13.	/2022	$
14.	/2023	$

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: $ 7,639 Description: See Attached
(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 Generatio		$	$ 4,544	17
18					18
19					19
20					20
21	TOTAL		$	$ 4,544	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.

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

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

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
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.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		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 prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									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.

STATE OF ILLINOIS

Facility Name & ID Number Bryn Mawr Care **#** 0054205 **Report Period Beginning:** 01/01/20 **Ending:** 12/31/20

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/20 **(last day of reporting year)**

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 431,852	$ 496,800	1
2	Cash-Patient Deposits	59,689	59,689	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	726,310	726,310	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	23,988	23,988	6
7	Other Prepaid Expenses	130,317	166,159	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,372,156	$ 1,472,946	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	2,967,107	4,859,657	15
16	Equipment, at Historical Cost	1,251,440	1,714,947	16
17	Accumulated Depreciation (book methods)	(2,208,043)	(4,875,624)	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): See Attached	1,700,000	2,119,233	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,710,504	$ 5,352,911	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,082,660	$ 6,825,857	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,869,254	$ 1,869,255	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	59,719	59,719	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	225,709	225,709	30
31	Accrued Taxes Payable (excluding real estate taxes)	141,819	141,819	31
32	Accrued Real Estate Taxes(Sch.IX-B)		261,179	32
33	Accrued Interest Payable		34,110	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached	876,066	876,066	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,172,567	$ 3,467,857	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		15,159,942	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached		843,299	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 16,003,241	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,172,567	$ 19,471,098	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,910,093	$ (12,645,241)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,082,660	$ 6,825,857	48

***(See instructions.)**

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,117,803	1
2	Restatements (describe):		2
3	Rounding	(3)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,117,800	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(207,707)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (207,707)	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)**	$ 1,910,093	24 *

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

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

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.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 6,660,679	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 6,660,679	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***	36,085	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 36,085	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28		124,893	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 124,893	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 6,821,657	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,359,730	31
32	Health Care	2,200,373	32
33	General Administration	1,936,853	33
	B. Capital Expense		
34	Ownership	1,532,408	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)***	$ 7,029,364	40
41	**Income before Income Taxes (line 30 minus line 40)****	(207,707)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (207,707)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 1,200,058	44
45	Private Pay - Net Inpatient Revenue	49,545	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) Managed Care	5,411,076	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 6,660,679	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 # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,850	2,068	$ 82,778	$ 40.03	1
2	Assistant Director of Nursing	314	331	10,143	30.64	2
3	Registered Nurses	4,122	4,422	138,826	31.39	3
4	Licensed Practical Nurses	10,333	10,827	301,708	27.87	4
5	CNAs & Orderlies	47,583	51,633	880,938	17.06	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	10,076	10,863	183,887	16.93	10
11	Social Service Workers	16,517	17,676	327,427	18.52	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	17,186	18,441	287,583	15.59	15
16	Dishwashers					16
17	Maintenance Workers	3,108	3,677	58,111	15.80	17
18	Housekeepers	16,851	18,301	295,004	16.12	18
19	Laundry	1,768	1,906	28,783	15.10	19
20	Administrator	1,958	2,091	113,841	54.44	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,596	7,547	144,735	19.18	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	1,417	1,528	25,534	16.71	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	139,679	151,311	$ 2,879,298 *	$ 19.03	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Montly	$ 41,694	01-03	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	77,256	10-03	38
39	Pharmacist Consultant	Monthly	10,477	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				44
45	Social Service Consultant	Monthly	7,200	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 136,627		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	2,065	$ 87,163	10-03	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	9	204	10-03	52
53	TOTAL (lines 50 - 52)	2,074	$ 87,367		53

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Lori Barrish	Administrator		$ 113,841
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 113,841

B. Administrative - Other

Description	Amount
Dir. of Administrative Services	$ 73,080
Ancillary Administrative Charges	62,640
SIR/Generations HN - Consulting Fees	331,523
TOTAL (agree to Schedule V, line 17, col. 3)	$ 467,243
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Marcum LLP	Accounting	$ 17,700
Plante Moran	Accounting	800
SIR/Generations HN	Dir. of Financial Services	49,068
SIR/Generations HN	Dir. of Business Development	56,376
SIR/Generations HN	Dir. of Regulatory Services	25,056
SIR/Generations HN	Dir. of Information Technology	12,528
SIR/Generations HN	Computer Support Charges	33,408
SIR/Generations HN	Bookkeeping Services	120,600
Personnel Planners	Unemployment Tax Consultant	1,044
Joint Commision Consult	Accreditation Services	8,530
See Attached	Legal	26,014
See Supplemental Schedule		34,689
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 385,813

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 26,592
Unemployment Compensation Insurance	21,587
FICA Taxes	220,266
Employee Health Insurance	215,538
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401K Matching Contr.	3,300
Union Pension Plan	31,060
Employee Benefits - Other	11,922
Employee Insurance - Life	908
TOTAL (agree to Schedule V, line 22, col.8)	$ 531,174

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 3,754
Advertising: Employee Recruitment	10,708
Health Care Worker Background Check	
(Indicate # of checks performed 111)	1,110
Patient Background Checks 329	3,286
Dues & Subscriptions	8,775
Licenses & Fees	7,497
See Supplemental Schedule	3,199
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 38,329

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	128
See Supplemental Schedule	408
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 536

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Bryn Mawr Care # 0054205 Report Period Beginning: 01/01/20 Ending: 12/31/20

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **Yes**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Alliance for Living - $22,572**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **408** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **N/A**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **No** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **100% Ln 14**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.