

Facility Name & ID Number Glen Bridge Nursing and Rehabilitation Centre

0035014 Report Period Beginning: 1/01/2003 Ending: 12/31/2003

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	151	Skilled (SNF)	151	55,115	1
2		Skilled Pediatric (SNF/PED)			2
3	151	Intermediate (ICF)	151	55,115	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	302	TOTALS	302	110,230	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	44,552	3,350	4,968	52,870	8
9	SNF/PED					9
10	ICF	38,396	994	0	39,390	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	82,948	4,344	4,968	92,260	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.70%

D. How many bed-hold days during this year were paid by Public Aid?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 3/01/89

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

YES Date 3/01/89 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 31 and days of care provided 4,160

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/03 Fiscal Year: 12/31/03

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

Facility Name & ID Number Glen Bridge Nursing and Rehabilitation Cen # 0035014 Report Period Beginning: 1/01/2003 Ending: 12/31/2003

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	337,810	82,053	20,749	440,612		440,612		440,612		1
2	Food Purchase		661,813		661,813	(30,743)	631,070	(60,153)	570,917		2
3	Housekeeping	227,650	42,460		270,110		270,110		270,110		3
4	Laundry	103,840	9,429	21,283	134,552		134,552		134,552		4
5	Heat and Other Utilities			204,063	204,063		204,063	6,988	211,051		5
6	Maintenance	90,551	30,010	75,628	196,189		196,189	14,729	210,918		6
7	Other (specify):*										7
8	TOTAL General Services	759,851	825,765	321,723	1,907,339	(30,743)	1,876,596	(38,436)	1,838,160		8
	B. Health Care and Programs										
9	Medical Director			28,000	28,000		28,000		28,000		9
10	Nursing and Medical Records	3,488,582	618,198	195,718	4,302,498	(86,711)	4,215,787	(135,815)	4,079,972		10
10a	Therapy	134,470	1,134	333,472	469,076		469,076	(42,624)	426,452		10a
11	Activities	149,090	7,356	2,160	158,606		158,606		158,606		11
12	Social Services	70,805		7,615	78,420		78,420		78,420		12
13	Nurse Aide Training										13
14	Program Transportation			2,463	2,463		2,463		2,463		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,842,947	626,688	569,428	5,039,063	(86,711)	4,952,352	(178,439)	4,773,913		16
	C. General Administration										
17	Administrative	191,450		1,409,411	1,600,861		1,600,861	(1,409,411)	191,450		17
18	Directors Fees										18
19	Professional Services			77,394	77,394	(2,788)	74,606	24,962	99,568		19
20	Dues, Fees, Subscriptions & Promotions			73,545	73,545		73,545	20,171	93,716		20
21	Clerical & General Office Expenses	471,231	84,394	33,239	588,864		588,864	66,688	655,552		21
22	Employee Benefits & Payroll Taxes			655,524	655,524	30,743	686,267	111,346	797,613		22
23	Inservice Training & Education			2,712	2,712		2,712	2,042	4,754		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			8,634	8,634	(3,454)	5,180	5,279	10,459		25
26	Insurance-Prop.Liab.Malpractice			383,773	383,773		383,773	4,041	387,814		26
27	Other (specify):*										27
28	TOTAL General Administration	662,681	84,394	2,644,232	3,391,307	24,501	3,415,808	(1,174,882)	2,240,926		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,265,479	1,536,847	3,535,383	10,337,709	(92,953)	10,244,756	(1,391,757)	8,852,999		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			124,791	124,791		124,791	224,072	348,863			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							373,615	373,615			32
33	Real Estate Taxes					2,788	2,788	468,703	471,491			33
34	Rent-Facility & Grounds			2,441,180	2,441,180		2,441,180	(2,441,180)				34
35	Rent-Equipment & Vehicles			9,013	9,013	3,454	12,467	11,548	24,015			35
36	Other (specify):*											36
37	TOTAL Ownership			2,574,984	2,574,984	6,242	2,581,226	(1,363,242)	1,217,984			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		177,509	10,256	187,765	86,711	274,476		274,476			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			165,348	165,348		165,348		165,348			42
43	Other (specify):* Non-Allowable			153,942	153,942		153,942	(153,942)				43
44	TOTAL Special Cost Centers		177,509	329,546	507,055	86,711	593,766	(153,942)	439,824			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,265,479	1,714,356	6,439,913	13,419,748		13,419,748	(2,908,941)	10,510,807			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing and Rehabilitation Centre

0035014

Report Period Beginning: 1/01/2003

Ending: 12/31/2003

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF 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				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(13,226)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,997)	43		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	(1,309)	43		19
20	Contributions	(1,700)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(112,931)	43		24
25	Fund Raising, Advertising and Promotional	(32,657)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(3,668)	43		26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(2,996)	43		28
29	Other-Attach Schedule <u>See Attached Schedule F:</u>	(187,914)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (358,398)		\$	30

OHF 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	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(2,550,543)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (2,550,543)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,908,941)		37

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

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

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program	X		86,711	Ln10,C63	44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 86,711		47

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Bridge Nursing and Rehabilitation Centre

ID# 0035014

Report Period Beginning: 1/01/2003

Ending: 12/31/2003

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Patient clothing	\$ (352)	43	1
2	Adjust mgt co. Med supplies - "other" to cost	(29,238)	10	2
3	Amortization of 2003 deferred maintenance	11,104	6	3
4	Non-allowable professional fees	(2,698)	19	4
5	Adjust mgt co. Med supplies - med"A" to cost	(106,577)	10	5
6	Adjust mgt co. Food to cost	(60,153)	2	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				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	(187,914)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glen Bridge Nursing and Rehabilitation Centre

0035014

Report Period Beginning:

1/01/2003

Ending:

12/31/2003

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	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(60,153)	0	0	0	0	0	0	0	0	0	0	(60,153)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	6,988	0	0	0	0	0	0	0	0	6,988	5
6	Maintenance	11,104	0	3,288	0	0	337	0	0	0	0	0	14,729	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(49,049)	0	10,276	0	0	337	0	0	0	0	0	(38,436)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(135,815)	0	0	0	0	0	0	0	0	0	0	(135,815)	10
10a	Therapy	0	0	0	0	0	(42,624)	0	0	0	0	0	(42,624)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(135,815)	0	0	0	0	(42,624)	0	0	0	0	0	(178,439)	16
	C. General Administration													
17	Administrative	0	0	(346,931)	(1,062,480)	0	0	0	0	0	0	0	(1,409,411)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,698)	0	25,249	0	0	2,411	0	0	0	0	0	24,962	19
20	Fees, Subscriptions & Promotions	0	0	1,292	0	0	18,879	0	0	0	0	0	20,171	20
21	Clerical & General Office Expenses	0	0	41,315	0	558	24,815	0	0	0	0	0	66,688	21
22	Employee Benefits & Payroll Taxes	0	0	85,403	0	0	25,943	0	0	0	0	0	111,346	22
23	Inservice Training & Education	0	0	809	0	0	1,233	0	0	0	0	0	2,042	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	4,284	0	0	995	0	0	0	0	0	5,279	25
26	Insurance-Prop.Liab.Malpractice	0	0	4,041	0	0	0	0	0	0	0	0	4,041	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(2,698)	0	(184,538)	(1,062,480)	558	74,276	0	0	0	0	0	(1,174,882)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(187,562)	0	(174,262)	(1,062,480)	558	31,989	0	0	0	0	0	(1,391,757)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glen Bridge Nursing and Rehabilitation Centre# 0035014

Report Period Beginning:

1/01/2003

Ending:

12/31/2003

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	0	30,344	0	193,533	195	0	0	0	0	0	224,072	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(13,226)	0	8,773	0	378,068	0	0	0	0	0	0	373,615	32
33	Real Estate Taxes	0	0	11,663	0	457,040	0	0	0	0	0	0	468,703	33
34	Rent-Facility & Grounds	0	0	0	0	(2,441,180)	0	0	0	0	0	0	(2,441,180)	34
35	Rent-Equipment & Vehicles	0	0	11,548	0	0	0	0	0	0	0	0	11,548	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(13,226)	0	62,328	0	(1,412,539)	195	0	0	0	0	0	(1,363,242)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(157,610)	0	0	0	3,668	0	0	0	0	0	0	(153,942)	43
44	TOTAL Special Cost Centers	(157,610)	0	0	0	3,668	0	0	0	0	0	0	(153,942)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(358,398)	0	(111,934)	(1,062,480)	(1,408,313)	32,184	0	0	0	0	0	(2,908,941)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Sidney Glenner	80.00 %	GlenCrest Nursing & Rehabilitation Centre,Ltd	Chicago	SEE ATTACHED SCHEDULE A		
Barry Ray	20.00 %	Glen Elston Nursing & Rehabilitation Centre,Ltd	Chicago			
		Glen Oaks Nursing & Rehabilitation Centre,Ltd	Northbrook			
		GlenShire Nursing & Rehabilitation Centre,Ltd	Richton Park			

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$		1
2	V	Total from Page 6A	346,931	Glen Health and Home Management, Inc.	A	234,997	(111,934)	2
3	V							3
4	V	Total from Page 6B	1,062,480	GlenBar Management Company, Ltd.	B		(1,062,480)	4
5	V							5
6	V	Total from Page 6C	2,441,180	GlenBridge Real Estate and Development, L.L.C.	C	1,032,867	(1,408,313)	6
7	V							7
8	V	Total from Page 6D	308,450	Therapy Masters, Inc.	D	340,634	32,184	8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 4,159,041			\$ 1,608,498	\$ * (2,550,543)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing and Rehabilitation Centre# 0035014Report Period Beginning: 1/01/2003Ending: 12/31/2003

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 Management Fees	\$ 346,931	Glen Health and Home Management, Inc.	A	\$	\$ (346,931)	15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	6,988	6,988	16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	3,288	3,288	17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	25,249	25,249	18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	1,292	1,292	19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	41,315	41,315	20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	85,403	85,403	21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	809	809	22
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	4,284	4,284	23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	4,041	4,041	24
25	V	32 Amortization of Mortgage Cost		Glen Health and Home Management, Inc.	A	110	110	25
26	V	30 Depreciation		Glen Health and Home Management, Inc.	A	30,344	30,344	26
27	V	32 Interest		Glen Health and Home Management, Inc.	A	8,663	8,663	27
28	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	11,663	11,663	28
29	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	11,548	11,548	29
30	V							30
31	V							31
32	V							32
33	V			A - OWNERSHIP:				33
34	V			Sidney Glenner - 100.00 % through attribution				34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 346,931			\$ 234,997	\$ * (111,934)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing and Rehabilitation Centre

0035014

Report Period Beginning: 1/01/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 Administrative	\$ 1,062,480	GlenBar Management Company, Ltd.	B	\$	\$ (1,062,480)	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			B - OWNERSHIP:				33
34	V			Sidney Glenner - 80.00 %				34
35	V			Barry Ray - 20.00 %				35
36	V							36
37	V							37
38	V							38
39	Total		\$ 1,062,480			\$ 0	\$ * (1,062,480)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	21 Clerical	\$	GlenBridge Real Estate & Development, L.L.C.	C	\$ 558	\$ 558	15
16	V	30 Depreciation		GlenBridge Real Estate & Development, L.L.C.	C	193,533	193,533	16
17	V	32 Interest Expense		GlenBridge Real Estate & Development, L.L.C.	C	383,848	383,848	17
18	V	33 Real Estate Taxes		GlenBridge Real Estate & Development, L.L.C.	C	457,040	457,040	18
19	V	34 Rental	2,441,180	GlenBridge Real Estate & Development, L.L.C.	C		(2,441,180)	19
20	V	43 Corporate Taxes		GlenBridge Real Estate & Development, L.L.C.	C	3,668	3,668	20
21	V	32 Interest Income		GlenBridge Real Estate & Development, L.L.C.	C	(5,780)	(5,780)	21
22	V							22
23	V							23
24	V							24
25	V							25
26	V			C- OWNERSHIP:				26
27	V			Sidney Glenner - 60.00 % (constructively)				27
28	V			Barry Ray - 20.00 %				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		\$ 2,441,180			\$ 1,032,867	\$ * (1,408,313)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10a Therapy	\$ 308,450	Therapy Masters, Inc.	D	\$ 265,826	\$ (42,624)	15
16	V	19 Professional Fees		Therapy Masters, Inc.	D	2,411	2,411	16
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	D	18,879	18,879	17
18	V	21 Clerical		Therapy Masters, Inc.	D	24,815	24,815	18
19	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	D	25,943	25,943	19
20	V	23 Training and Education		Therapy Masters, Inc.	D	1,233	1,233	20
21	V	25 Auto Expenses		Therapy Masters, Inc.	D	995	995	21
22	V	30 Depreciation		Therapy Masters, Inc.	D	195	195	22
23	V	6 Repairs and Maintenance		Therapy Masters, Inc.	D	337	337	23
24	V							24
25	V							25
26	V			D - OWNERSHIP:				26
27	V			Sidney Glenner - 60.00 %				27
28	V			Barry Ray - 40.00 %				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		\$ 308,450			\$ 340,634	\$ * 32,184	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing and Rehabilitation Cen # 0035014 Report Period Beginning: 1/01/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Sidney Glenner	President	Administrative	80.00 %	126,880	13	22.00 %	Salary	\$ 37,579	Ln 17, Col 1	1
2	David Glenner	Vice-President	Administrative	0.00 %	63,439	9	23.00 %	Salary	18,789	Ln 17, Col 1	2
3	Barry Ray	Vice-President	Administrative	20.00 %	126,880	9	23.00 %	Salary	37,579	Ln 17, Col 1	3
4											4
5											5
6			See Schedule B								6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 93,947		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing and Rehabilitation Centre # 0035014 Report Period Beginning: 1/01/2003 Ending: 2/31/2003

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Glen Health and Home Management, Inc.
 Street Address 5454 West Fargo Avenue
 City / State / Zip Code Skokie, IL 60077
 Phone Number (847) 674-5454
 Fax Number (847) 674-8311

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	403,841	5	\$ 30,586	\$ 92,260	\$ 6,988	1
2	6	Repairs and Maintenance	Patient Days	403,841	5	14,392	92,260	3,288	2
3	19	Professional Fees	Patient Days	403,841	5	110,519	92,260	25,249	3
4	20	Licenses, Permits and Inspection	Patient Days	403,841	5	5,656	92,260	1,292	4
5	21	Clerical	Patient Days	403,841	5	180,843	92,260	41,315	5
6	22	Employee Benefits and Payroll	Patient Days	403,841	5	373,828	92,260	85,403	6
7	23	Training and Education	Patient Days	403,841	5	3,543	92,260	809	7
8	25	Auto Expenses	Patient Days	403,841	5	18,754	92,260	4,284	8
9	26	Insurance	Patient Days	403,841	5	17,690	92,260	4,041	9
10	32	Amortization of Mortgage Cost	Patient Days	403,841	5	481	92,260	110	10
11	30	Depreciation	Patient Days	403,841	5	132,824	92,260	30,344	11
12	32	Interest	Patient Days	403,841	5	37,919	92,260	8,663	12
13	33	Real Estate Taxes	Patient Days	403,841	5	51,053	92,260	11,663	13
14	35	Equipment and Vehicle Rental	Patient Days	403,841	5	50,546	92,260	11,548	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,028,634	\$	\$ 234,997	25

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	LaSalle Bank, N.A.		X	Mortgage	\$92,800.00	1/04/96	\$ 9,000,000	\$ 4,700,000	12/31/2007	0.0735	\$ 374,369	1						
2	LaSalle Bank, N.A.		X	Amortization of mortgage costs							9,479	2						
3							Mortgage interest allocated from management company:				8,773	3						
4												4						
5												5						
Working Capital																		
6												6						
7												7						
8												8						
9	TOTAL Facility Related				\$92,800.00		\$ 9,000,000	\$ 4,700,000			\$ 392,621	9						
B. Non-Facility Related*																		
10										Interest income offset:	(19,006)	10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (19,006)	14						
15	TOTALS (line 9+line14)						\$ 9,000,000	\$ 4,700,000			\$ 373,615	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

B. Real Estate Taxes

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2002 report.		\$ 457,000	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.)		\$ 451,040	2
3. Under or (over) accrual (line 2 minus line 1).		\$ (5,960)	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 463,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	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 \$ 11,152 For 2002 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$ 2,788	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 459,828	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	1998	439,085	8
	1999	444,303	9
	2000	449,207	10
	2001	444,964	11
	2002	451,040	12
See Attached Schedule G For Calculation Of 2003 Real Estate Tax Accrual.			
FOR OHF USE ONLY			
	13	FROM R. E. TAX STATEMENT FOR 2002 \$	13
	14	PLUS APPEAL COST FROM LINE 5 \$	14
	15	LESS REFUND FROM LINE 6 \$	15
	16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2002 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 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. 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,

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glen Bridge Nursing and Rehabilitation Centr COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0035014

CONTACT PERSON REGARDING THIS REPORT Charles J. Fischer

TELEPHONE (312) 634-3400 FAX #: (312) 634-5518

A. Summary of Real Estate Tax Cos

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 2002.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. 09-14-200-029-0000	8333 West Golf Road, Niles IL	\$ 4,898.19	\$ 4,898.19
2. 09-14-200-032-0000	8333 West Golf Road, Niles IL	\$ 446,141.51	\$ 446,141.51
3. See attached schedule for home office allocation		\$ 51,053.00	\$ 11,663.00
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>502,092.70</u>	\$ <u>462,702.70</u>

B. Real Estate Tax Cost Allocation:

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

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (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 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill whic is normally paid during 2003.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 46,058 B. General Construction Type: Exterior Brick Frame Concrete & Steel Number of Stories Three

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Patient Care	58,949	1989	\$ 263,180	1
2	Allocated from Management Company:			19,019	2
3	TOTALS	58,949		\$ 282,199	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing and Rehabilitation Centre# 0035014

Report Period Beginning:

1/01/2003

Ending:

12/31/2003**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9	
	Bed* FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	302	1989	1971	\$ 6,703,340	\$	35	\$ 191,524	\$ 191,524	\$ 2,809,019	4
5										5
6	Mgt Comp			405,534			9,536	9,536		6
7	Allocation									7
8	Schedule J									8
	Improvement Type**									
9	Building Improvements		1989	66,436		35	1,898	1,898	27,839	9
10	Building Improvements		1990	7,195		35	206	206	3,018	10
11	Building Improvements		1990	3,885		35	111	111	1,518	11
12	Building Improvements		1990	35,167		10			35,167	12
13	Building Improvements		1991	8,342		10			8,342	13
14	Building Improvements		1991	12,621		10			12,621	14
15	Building Improvements		1992	78,993		10			78,993	15
16	Building Improvements		1993	5,350		10	268	268	5,350	16
17	Building Improvements		1993	109,105	5,455	10	5,455		109,105	17
18	Land Improvements		1993	45,615	1,521	15	1,521		45,615	18
19	Building Improvements		1993	53,394	2,670	10	2,670		53,394	19
20	Land Improvements		1993	10,717	357	15	357		10,717	20
21	Building Improvements		1995	29,767	2,976	10	2,976		25,796	21
22	Electrical wiring work to 2nd floor from basement		1996	23,000	2,300	10	2,300		17,633	22
23	Dialysis room construction		1996	7,439	744	10	744		5,704	23
24	Fireplace construction		1996	1,065	106	10	106		814	24
25	Mounted door alarm system and wiring		1996	2,505	251	10	251		1,923	25
26	PVC hand rail and wall bumper		1997	4,968	497	10	497		3,312	26
27	Window treatments		1997	2,226	223	10	223		1,485	27
28	Walls, cabinets and tub		1997	5,520	552	10	552		3,680	28
29	Cabinets, sink and lighting		1997	4,571	457	10	457		3,047	29
30	Walls, platform and ramp		1997	9,286	929	10	929		6,192	30
31	Window treatments		1997	2,394	239	10	239		1,595	31
32	Cabinets and cubicles		1997	9,631	963	10	963		6,421	32
33	Cabinets		1997	2,500	250	10	250		1,667	33
34	Base covers		1997	630	63	10	63		420	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing and Rehabilitation Centre# 0035014

Report Period Beginning:

1/01/2003 Ending: 12/31/2003

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

	1	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	<u>Doors</u>	1997	\$ 1,950	\$ 195	10	\$ 195	\$	\$ 1,300	37
38	<u>Sink</u>	1997	2,236	224	10	224		1,491	38
39	<u>Fire alarm equipment</u>	1997	1,975	198	10	198		1,318	39
40	<u>Walls and doors</u>	1997	2,480	248	10	248		1,653	40
41	<u>80 ton compressor</u>	1998	20,800	2,080	10	2,080		11,787	41
42	<u>Telephone system improvements</u>	1998	2,503	250	10	250		1,418	42
43	<u>Carpeting, window treatments, mini-blinds</u>	1998	20,703	2,070	10	2,070		9,661	43
44	<u>Handrail/bumper corner guard installation</u>	1998	4,200	420	10	420		1,960	44
45	<u>Cove base installation</u>	1998	2,508	251	10	251		1,171	45
46	<u>Handrail/bumper corner guard installation, accent rails</u>	1999	11,401	1,140	10	1,140		5,320	46
47	<u>Mini-blinds</u>	1999	3,963	396	10	396		1,849	47
48	<u>Carpeting, cove base installation</u>	1999	14,797	1,480	10	1,480		6,906	48
49	<u>Amfico, cove base installation</u>	1999	5,616	562	10	562		2,622	49
50	<u>Carpeting, cove base installation</u>	1999	1,634	163	10	163		762	50
51	<u>Wallpaper</u>	1999	10,900	1,090	10	1,090		5,087	51
52	<u>Handrail/bumper corner guard installation, accent rails</u>	1999	11,401	1,140	10	1,140		5,320	52
53	<u>Insurance claim: boiler</u>	1999	(19,000)	(1,900)	10	(1,900)		(8,867)	53
54	<u>Panel interior, interior mat installation</u>	1999	2,468	247	10	247		1,152	54
55	<u>Install alarms for ventilators</u>	1999	1,560	156	10	156		728	55
56	<u>Install handrails and bumper chair rails</u>	1999	4,600	460	10	460		2,147	56
57	<u>Carpeting</u>	1999	4,497	450	10	450		2,099	57
58	<u>Lighting improvements on the 5th floor</u>	1998	4,635	463	10	463		2,162	58
59	<u>Install new braille signs/slots</u>	1999	2,135	213	10	213		871	59
60	<u>Installation of mini-blinds</u>	1999	3,476	348	10	348		1,420	60
61	<u>Installation of handrails, bumpers, corner guards, chair rails</u>	1999	5,500	550	10	550		2,246	61
62	<u>Tube bundles for heat exchanger</u>	1999	3,382	338	10	338		1,381	62
63	<u>Install new tubes & door gaskets on boiler</u>	1999	7,400	740	10	740		3,022	63
64	<u>Install new motor, drain valve, drain hoses on washer</u>	1999	1,903	190	10	190		776	64
65	<u>Cove base installation, floor patches, vinyl tiles & powerbond</u>	1999	11,459	1,146	10	1,146		4,011	65
66	<u>Cove base installation</u>	2000	3,267	327	10	327		1,144	66
67	<u>Cove base installation</u>	2000	1,939	194	10	194		679	67
68	<u>Installation of fire dampers & exhaust fan</u>	2000	2,773	277	10	277		970	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,812,257	\$ 36,659		\$ 240,202	\$ 203,543	\$ 3,355,953	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glen Bridge Nursing and Rehabilitation Centre# 0035014

Report Period Beginning:

1/01/2003 Ending: 12/31/2003

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,812,257	\$ 36,659		\$ 240,202	\$ 203,543	\$ 3,355,953	1
2	New interior for kitchen panel	2000	2,630	263	10	263		920	2
3	Electrical work for 6 dialysis chairs	2000	3,975	398	10	398		1,392	3
4	Install exhaust fan, ductwork, exhaust grille & fire-rated door	2000	2,560	256	10	256		896	4
5	Ductwork fabrication and installation	2000	4,120	412	10	412		1,442	5
6	Plumbing project	2000	14,517	1,452	10	1,452		5,082	6
7	Carpeting, floor patches	1999	2,969	297	10	297		1,386	7
8	4 custom nurses stations	2000	10,025	1,002	10	1,002		3,508	8
9	4 custom nurses stations	2000	33,284	3,328	10	3,328		11,649	9
10	5 sinks in nurses station	2000	1,642	164	10	164		574	10
11	Fire alarm system	2000	3,324	332	10	332		1,163	11
12	Cove base & vinyl installation, floor patches	2000	2,705	270	10	270		946	12
13	Install door restrictors, emergency lights & elevator telephone	2000	11,500	1,150	10	1,150		4,025	13
14	Dura glide 3000 single slide door packages	2000	12,218	1,222	10	1,222		4,277	14
15	Furnish and install two oil tank coolers in elevator pit	2001	6,750	675	10	675		1,688	15
16	Replace gasket, valves and coils on compressor	2001	3,200	320	10	320		800	16
17	Remove lobby wall, build new wall and install new ceiling	2001	26,841	2,684	10	2,684		6,710	17
18	Pre-wiring, televisions, brackets and electrical outlets	2001	68,526	6,852	10	6,852		17,130	18
19	Window caulking and masonry	2000	4,320	432	10	432		1,512	19
20	Ceramic tile, carpet, floor patches and cove base installation	2001	8,147	814	10	814		2,035	20
21	Ceiling/lighting project and remove/build wall in copy room	2001	24,145	2,414	10	2,414		6,035	21
22	Wallcovering installation and painting	2001	6,115	612	10	612		1,530	22
23	Ceiling fixture, 2 chandeliers, 4 wall sconces	2001	3,006	300	10	300		750	23
24	Installation of television system	2002	3,569	357	10	357		535	24
25	Furnish and install blinds	2002	3,616	362	10	362		543	25
26	Dialysis room renovation	2002	12,000	1,200	10	1,200		1,800	26
27	Cove base & vinyl installation, floor patches	2002	5,467	547	10	547		820	27
28	Replace tubes in boiler	2002	8,006	801	10	801		1,201	28
29	Television system installation	2003	10,846	542	10	542		542	29
30	Elevator pump installation	2003	2,450	122	10	122		122	30
31	Power amplifier and speaker installation	2003	3,962	198	10	198		198	31
32	Allocated from Therapy Masters, Inc.					195	195		32
33	Allocated from Management Company		32,820			2,064	2,064	16,075	33
34	TOTAL (lines 1 thru 33)		\$ 8,151,512	\$ 66,437		\$ 272,239	\$ 205,802	\$ 3,453,239	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glen Bridge Nursing and Rehabilitation Centre # 0035014 Report Period Beginning: 1/01/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 512,870	\$ 55,365	\$ 55,365	\$	10 years	\$ 236,650	71
72	Current Year Purchases	25,022	1,295	1,295		10 years	1,295	72
73	Fully Depreciated Assets	637,168	1,220	1,220		5,10 years	637,168	73
74	Allocated from Management Co:	163,175		16,281	16,281		102,796	74
75	TOTALS	\$ 1,338,235	\$ 57,880	\$ 74,161	\$ 16,281		\$ 977,909	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Care	1986 Dodge Van	1989	\$ 8,480	\$	\$	\$	5 years	\$ 8,480	76
77										77
78	Allocated from Management Company:			31,149		2,463	2,463	5 years	18,206	78
79										79
80	TOTALS			\$ 39,629	\$	\$ 2,463	\$ 2,463		\$ 26,686	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)	\$ 9,811,575	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 124,317	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 348,863	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 224,546	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,457,834	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 Glen Bridge Nursing and Rehabilitation Centre # 0035014 Report Period Beginning: 1/01/2003 Ending: 12/31/2003

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: See Schedule VII, Page 6

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 Date of Lease	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 N/A.

N/A
N/A

9. Option to Buy: YES NO Terms: N/A *

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.	<u>/2004</u>	\$ _____
13.	<u>/2005</u>	\$ _____
14.	<u>/2006</u>	\$ _____

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: \$ 11,558 Description: Copier \$6,050, Ice-maker \$2,040, Postage meter \$924, Allocated from Management Co \$2,544

(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	<u>Patient Care</u>	<u>1998 Ford Econoline</u>	\$ <u>288.00</u>	\$ <u>3,454</u>	17
18					18
19	<u>Allocated from Management Company:</u>			<u>9,003</u>	19
20					20
21	TOTAL		\$ 288.00	\$ 12,457	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 Glen Bridge Nursing and Rehabilitation Centre # 0035014 Report Period Beginning: 1/01/2003 Ending: 12/31/2003

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

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

<p>1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><small>* It is the policy of this facility to hire only certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</small></p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide 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 aides from other facilities.

\$

D. NUMBER OF AIDES 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 aide 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 aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides 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 aides.
- SEE ACCOUNTANTS' COMPILATION REPORT

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	Ln10a,Col 2&3	hrs	\$	1,965	\$ 91,456	\$ 301	1,965	\$ 91,757	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 3	hrs		700	30,509		700	30,509	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	1701 hrs	37,847	4,063	186,621	833	5,764	225,301	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescripts				177,509		177,509	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	Ln 39, Col 5					86,711		86,711	12
13	Radiology and Laboratory Other (specify): <u>Respiratory Therapy</u>	Ln 39, Col 3 Ln10a,Col 1&3	6679 hrs	96,623	711	10,256 24,886		7,390	10,256 121,509	13
14	TOTAL			\$ 134,470	7,439	\$ 343,728	\$ 265,354	15,819	\$ 743,552	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 nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing and Rehabilitation Centre# 0035014Report Period Beginning: 1/01/2003

Ending:

12/31/2003

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2003 (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	\$ 31,831	\$ 979,697	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>144,180</u>)	3,507,732	3,507,732	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	175,197	175,197	6
7	Other Prepaid Expenses	822,724	822,724	7
8	Accounts Receivable (owners or related parties)	(352,338)		8
9	Other(specify): <u>Employee Loans Receivable</u>	20,087	20,087	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,205,233	\$ 5,505,437	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		282,199	13
14	Buildings, at Historical Cost		7,108,874	14
15	Leasehold Improvements, at Historical Cost	914,333	1,042,638	15
16	Equipment, at Historical Cost	683,209	1,377,864	16
17	Accumulated Depreciation (book methods)	(941,364)	(4,457,834)	17
18	Deferred Charges		711	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Mortgage Costs (Net)</u>		37,917	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 656,178	\$ 5,392,369	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,861,411	\$ 10,897,806	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	281,390	281,390	30
31	Accrued Taxes Payable (excluding real estate taxes)	4,242	4,242	31
32	Accrued Real Estate Taxes(Sch.IX-B)		463,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule E:</u>	211,135	211,135	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 496,767	\$ 959,767	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		4,700,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44	<u>Due To Officers</u>	1,600,000	1,600,000	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,600,000	\$ 6,300,000	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,096,767	\$ 6,410,662	46
47	TOTAL EQUITY (page 18, line 24)	\$ 2,764,644	\$ 4,487,144	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,861,411	\$ 10,897,806	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,067,434	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 4,067,434	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,077,790)	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	(225,000)	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)	\$ (1,302,790)	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)	\$ 2,764,644	24

* Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing and Rehabilitation Centre # 0035014 Report Period Beginning: 1/01/2003 Ending: 12/31/2003

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
		Revenue	Amount
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,950,232	1
2	Discounts and Allowances for all Levels	(2,177,631)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,772,601	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	923,966	6
7	Oxygen	346,535	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,270,501	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide 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	263,089	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	33,494	19
20	Radiology and X-Ray	12,890	20
21	Other Medical Services	975,782	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,285,255	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	13,226	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 13,226	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Private Bedhold Income	375	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 375	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,341,958	30

		2	
		Expenses	Amount
A. Operating Expenses			
31	General Services	1,907,339	31
32	Health Care	5,039,063	32
33	General Administration	3,391,307	33
B. Capital Expense			
34	Ownership	2,574,984	34
C. Ancillary Expense			
35	Special Cost Centers	341,707	35
36	Provider Participation Fee	165,348	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,419,748	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,077,790)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,077,790)	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glen Bridge Nursing and Rehabilitation Centre

0035014

Report Period Beginning: 1/01/2003

Ending: 12/31/2003

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,668	1,756	\$ 71,769	\$ 40.87	1
2	Assistant Director of Nursing	167	176	5,077	28.85	2
3	Registered Nurses	55,734	58,156	1,459,695	25.10	3
4	Licensed Practical Nurses	10,314	10,722	256,294	23.90	4
5	Nurse Aides & Orderlies	119,427	127,763	1,494,244	11.70	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	6,463	6,679	134,470	20.13	7
8	Rehab/Therapy Aides	123	130	1,392	10.71	8
9	Activity Director					9
10	Activity Assistants	14,054	14,762	149,090	10.10	10
11	Social Service Workers	5,777	6,152	70,805	11.51	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	11,119	11,784	96,747	8.21	14
15	Cook Helpers/Assistants	26,816	28,080	241,063	8.58	15
16	Dishwashers					16
17	Maintenance Workers	6,013	6,358	90,551	14.24	17
18	Housekeepers	25,408	27,365	227,650	8.32	18
19	Laundry	11,985	12,976	103,840	8.00	19
20	Administrator	2,505	2,626	97,503	37.13	20
21	Assistant Administrator					21
22	Other Administrative	1,612	1,612	93,947	58.28	22
23	Office Manager					23
24	Clerical	38,962	41,012	471,231	11.49	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	1,885	2,109	38,786	18.39	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	11,996	12,712	161,325	12.69	33
34	TOTAL (lines 1 - 33)	352,028	372,930	\$ 5,265,479 *	\$ 14.12	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 20,749	Ln 1, Col 3	35
36	Medical Director	Monthly	28,000	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,520	Ln10, Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,160	Ln11, Col 3	44
45	Social Service Consultant	179	7,615	Ln12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	227	\$ 61,044		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	3,657	\$ 91,427	Ln10, Col 3	50
51	Licensed Practical Nurses	4,403	101,261	Ln10, Col 3	51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	8,060	\$ 192,688		53

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13												
													Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year							
																	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1	Painting & Decorating	1998	\$ 38,785	3years	\$ 12,928	\$ 6,465	\$	\$	\$	\$	\$	\$	\$											
2	Repairs & Maintenance	1998	16,205	3years	5,402	2,700																		
3	Painting & Decorating	1999	42,539	3years	14,180	14,180	7,089																	
4	Painting & Decorating	2000	58,096	3years	9,683	19,365	19,365	9,683																
5	Painting & Decorating	2001	4,264	3years		711	1,421	1,421	711															
6																								
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20	TOTALS		\$ 159,889		\$ 42,193	\$ 43,421	\$ 27,875	\$ 11,104	\$ 711	\$	\$	\$	\$											

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing and Rehabilitation Centre# 0035014Report Period Beginning: 1/01/2003Ending: 12/31/2003**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. Illinois Council on Long Term Care \$16,009
- (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. \$ 36,204 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.
-
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 165,348
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 of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (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. \$ 30,743 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? N/A
- d. Have vehicle usage logs been maintained? Yes
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
- 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 The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT

GlenBridge Nursing and Rehabilitation Centre, Ltd.
 Provider I.D. # 0035014
 12/31/2003

SCHEDULE A

SCHEDULE VII. RELATED PARTIES

Part A. Col.3

3 OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
Glen Health & Home Management, Inc.	Skokie	Management Company
GlenBar Management Company, Ltd.	Skokie	Management Company
GlenBridge Real Estate & Development LLC	Skokie	Building Lessor
Fargo Real Estate & Development, LLC	Skokie	Building Lessor - Management Co.
Therapy Masters	Skokie	Therapy company
GlenCare At Home, Ltd.	Skokie	Home Health agency
GlenCare Home Health, Ltd.	Skokie	Home Health agency
GlenCare Private Duty	Skokie	Home Health agency

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
 Provider I.D. # 0035014
 12/31/2003

SCHEDULE B

SCHEDULE VII RELATED PARTIES

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

Name	Compensation Received From Other Nursing Homes				Total
	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenCrest Nursing & Rehab. Centre, Ltd.	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	
Sidney Glenner	16,758	37,875	40,605	31,642	126,880
David Glenner	8,379	18,937	20,302	15,821	63,439
Barry Ray	16,758	37,875	40,605	31,642	126,880
Total compensation received from other Nursing Homes	41,895	94,687	101,512	79,105	317,199

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2003

SCHEDULE C

XIX. SUPPORT SCHEDULES

C. Professional Services
Page 21

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Total Schedule V, Line 19, Col. 3	<u>77,394</u>
Allocated from Management Co:	
Health Data Systems, Inc. - Computer	1,391
Sachnoff & Weaver, Ltd. - Legal Services	1,337
American Express - Accounting Services	3,599
Altschuler, Melvoin & Glasser - Accounting Services	18,162
Winston & Strawn - Legal Services	-75
Frost, Ruttenberg - Accounting Services	65
Littler Mendelson - Legal Services	137
MB Financial - Bank Services	633
Total allocated from Management Co.	<u>25,249</u>
Total allocated from Therapy Masters:	2,411
Non-Allowable Expenses:	
Sachnoff & Weaver, Ltd.	-2,271
Littler Mendelson	-427
Total Non-Allowable Expenses:	<u>-2,698</u>
Reclass Schiller, Klein & McElroy invoice to Line 33	-2,788
Total adjustments page 21, Sch C.	<u><u>22,174</u></u>
Total Schedule V, line 19, column 8	<u><u>99,568</u></u>

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2003

SCHEDULE D

XIX. SUPPORT SCHEDULES

D. Employee Benefits and Payroll Taxes
Page 21

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Allocated from Management Co:	
FICA taxes	27,142
FUTA	421
SUTA	1,397
401K Match	2,825
Insurance - Hospital	32,592
Employee Benefits	262
Other Employee Benefits	4,367
Workers Compensation Insurance	648
Profit Sharing Plan Contribution	15,749
Total allocated from Management Co.	<u>85,403</u>
Allocated from Therapy Masters, Inc.:	
FICA taxes	18,582
FUTA	500
SUTA	517
401K Match	139
Insurance - Hospital	2,548
Workers Compensation Insurance	471
Profit Sharing Plan Contribution	2,956
Uniform Allowance	88
Other Employee Benefits	142
Total allocated from Therapy Masters, Inc. Co.	<u>25,943</u>
Total allocated to Page 21	<u>111,346</u>

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2003

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Due to Third Party	134,077
Sundry Payable	47,735
Accrued Union Dues	1,429
Accrued Wage Assignment	40,727
Refunds Exchange	(16,930)
Workshop	3,605
Interco GlenBar	3,772
Due to Patient Trust Fund	(3,280)
Total, Page 17, Line36	<u><u>211,135</u></u>

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2003

SCHEDULE F

SCHEDULE VI. ADJUSTMENT DETAIL

Schedule A. Nonallowable Expenses

Page 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>REFERENCE</u>
Patient clothing	-352	43
Amortization of 2003 deferred maintenance	11,104	6
Non-allowable professional fees	-2,698	19
Adjust mgt co. med supplies - med'A' to cost	-106,577	10
Adjust mgt co. med supplies - 'other' to cost	-29,238	10
Adjust mgt co. food to cost	-60,153	2
Total	<u>-187,914</u>	

See Accountants' Compilation Report

GlenBridge Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2003

SCHEDULE G

	Accrued 1/1/2003	Payments	Expense	Accrued 12/31/2003
Balance @ 1/01/2003	(457,000.00)		(457,000.00)	
2002 real estate taxes paid		451,039.70	451,039.70	
Estimated 2003 real estate taxes:				
2002 taxes	451,039.70			
Estimated increase	2.50 %			
Estimated 2002 taxes	462,315.69			
USE	463,000.00		463,000.00	(463,000.00)
Totals	(457,000.00)	451,039.70	457,039.70	(463,000.00)

Real estate tax history:

Year	Amount	Increase	
		\$	%
1991	344,588.08		
1992	355,177.77	10,589.69	3.07%
1993	393,112.43	37,934.66	10.68%
1994	402,034.81	8,922.38	2.27%
1995	397,141.59	-4,893.22	-1.22%
1996	393,772.20	-3,369.39	-0.85%
1997	404,786.31	11,014.11	2.80%
1998	439,085.19	34,298.88	8.47%
1999	444,302.54	5,217.35	1.19%
2000	449,207.00	4,904.46	1.10%
2001	444,964.23	-4,242.77	-0.94%
2002	451,039.70	6,075.47	1.37%

SEE ACCOUNTANTS' COMPILATION REPORT

Provider Name: GlenBridge Nursing & Rehab Ctr.

Provider I.D. #: 0035014

Year Ended: December 31, 2003

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Joe Agnello, Donna Fahrenbach	2/12/03	Lincolnwood	Medicare Coverage 101: A Survival Guide to Eligibility & Billing Illinois Council on Long Term Care	150
Joe Agnello	2/14/03	Rosemont	MDS American Express	95
Lisa Orzada, Patricia Davis	3/26/03	Lincolnwood	Creative Strategies for Increasing Your Census Illinois Council on Long Term Care	150
Lisa Orzada, Donna Fahrenbach, Beverly Pe Benito	5/07/03	Lincolnwood	The Ins & Outs of Infection Control Illinois Council on Long Term Care	225
Lisa Orzada, Jonie Desuyo, Beverly Pe Benito Donna Fahrenbach	6/11/03	Lincolnwood	Show Me The MDS Difference Illinois Council on Long Term Care	300
Nursing & Social Service Staff	5/29/03	In Facility	The Art of Communication for End of Life Issues Richard Houk Brendan	557
Lisa Orzada, Jonie Desuyo, Donna Fahrenbach	7/30/03	Lincolnwood	Accident Investigation and Analysis Illinois Council on Long Term Care	225
Lisa Orzada, Virginia Bonafe, Jonie Desuyo Ingrid Palanca	9/11/03	Lincolnwood	Conducting Effective Mental Status & Risk Assessment Illinois Council on Long Term Care	285
Carmelita Guidote	10/31/03	Chicago	New Realms of Possibility Cynthia Chow & Associates	325
Nursing & Social Service Staff	9/30/03	In Facility	The Brain & Its Effect on the Body	400
			Allocated From Management Company	809
			Allocated From Therapy Masters	1,233
Total		SEE ACCOUNTANTS' COMPILATION REPORT		<u>4,754</u>

GlenBridge Nursing and Rehabilitation Centre, LTD.
Provider I.D. #0035014
12/31/2003

SCHEDULE I

Page 3, Schedule V, Line 25, Col 8
Other Admin. Staff Transportation

	<u>Gasoline</u>	<u>Licenses/ Stickers</u>	<u>Mileage Reimb.</u>	<u>Total</u>
Direct Expense	774	156	4,250	5,180
Allocated from Management Company				4,284
Allocated from Therapy Masters				995
TOTAL	<u>774</u>	<u>156</u>	<u>4,250</u>	<u>10,459</u>

SEE ACCOUNTANTS' COMPILATION REPORT

HEALTH AND HOME MANAGEMENT, INC.
ALLOCATION OF MANAGEMENT COMPANY BUILDING

SCHEDULE J

ASSET DESCRIPTION	COST 6/30/1999	ADJUSTMENTS TO CAPITAL PROJECTION	ADJUSTED CAPITAL PROJECTION 6/30/1999	ADDITIONS 7/1/99- 12/31/2000	COST 12/31/2000	NURSING HOME PERCENTAGE 84.9438%	GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE
							103,052/460,292	111,372/460,292	101,895/460,292	41,220/460,292	102,753/460,292
1996 BUILDING PURCHASE	230,000		230,000		<u>230,000</u>	195,371	43,740	47,272	43,249	17,496	43,613
1998 BUILDING RENOVATION											
GENERAL CONTRACTOR	957,570		957,570		957,570						
ELECTRICAL CONTRACTOR	275,576		275,576		275,576						
HVAC CONTRACTOR	182,130		182,130		182,130						
PLUMBING CONTRACTOR	68,599		68,599		68,599						
ARCHITECT FEES	115,968		115,968		115,968						
OTHER FEES AND PERMITS	33,024		33,024		33,024						
SECURITY SYSTEM	17,953		17,953		17,953						
TELEPHONE SYSTEM	12,500		12,500		12,500						
MISC. BUILDING COMPONENTS	24,226	-15,261	24,226		24,226						
CAPITALIZED INTEREST	121,387		106,126		106,126						
LANDSCAPING	30,000		30,000		30,000						
SPRINKLER SYSTEM	10,720	-24,749	10,720		10,720						
HVAC SYSTEMS	24,749	-10,235	0		0						
WALL CONSTRUCTION	10,235	-10,634	0		0						
ELECTRICAL	10,634	-26,075	0		0						
MISC. IMPROVEMENTS	26,075	-5,900	0		0						
ASPHALT DRIVEWAY	5,900		0		0						
					<u>1,834,392</u>	1,558,202	348,857	377,022	344,940	139,540	347,844
1999 ACCORD ELECTRIC				17,929	17,929						
HMS + ASSOCIATES-INTERIOR				31,505	31,505						
SAM MORMINO-LANDSCAPING				1,050	1,050						
ARCHITECTURAL DYNAMICS-ARCHITECT FEES				1,468	1,468						
MISC.				11,076	11,076						
					<u>63,028</u>	53,538	11,986	12,954	11,852	4,794	11,952
2000 AQUATIC WORKS - BUILT-IN FISH TANK				5,000	5,000	4,247	951	1,028	940	380	948
2001 NO ADDITIONS											
2002 NO ADDITIONS											
2003 NO ADDITIONS											
					<u>2,132,420</u>	<u>1,811,359</u>	<u>405,534</u>	<u>438,276</u>	<u>400,981</u>	<u>162,210</u>	<u>404,357</u>

SEE ACCOUNTANTS' COMPILATION REPORT