



Facility Name & ID Number Glen Bridge Nursing & Rehab Centre

# 0035014 Report Period Beginning: 1/01/2005 Ending: 12/31/2005

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	<u>151</u>	Skilled (SNF)	<u>151</u>	<u>55,115</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>151</u>	Intermediate (ICF)	<u>151</u>	<u>55,115</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>302</u>	TOTALS	<u>302</u>	<u>110,230</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	<u>40,750</u>	<u>2,515</u>	<u>10,931</u>	<u>54,196</u>	8
9	SNF/PED					9
10	ICF	<u>32,588</u>	<u>827</u>	<u>172</u>	<u>33,587</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>73,338</u>	<u>3,342</u>	<u>11,103</u>	<u>87,783</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.64%

D. How many bed-hold days during this year were paid by the Department? 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 94 and days of care provided 9,477

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/05 Fiscal Year: 12/31/05

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

Facility Name & ID Number Glen Bridge Nursing & Rehab Centre # 0035014 Report Period Beginning: 1/01/2005 Ending: 12/31/2005

**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
	<b>A. General Services</b>										
1	Dietary	386,127	87,859	29,201	503,187		503,187		503,187		1
2	Food Purchase		650,167		650,167	(32,228)	617,939	(62,632)	555,307		2
3	Housekeeping	219,630	58,944		278,574		278,574		278,574		3
4	Laundry	109,202	13,156	25,455	147,813		147,813		147,813		4
5	Heat and Other Utilities			258,458	258,458		258,458	5,653	264,111		5
6	Maintenance	77,863	28,049	84,016	189,928		189,928	9,182	199,110		6
7	Other (specify):* <b>Allocated Employee Benefits</b>							766	766		7
8	<b>TOTAL General Services</b>	792,822	838,175	397,130	2,028,127	(32,228)	1,995,899	(47,031)	1,948,868		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			57,118	57,118		57,118		57,118		9
10	Nursing and Medical Records	3,725,770	729,201	8,522	4,463,493		4,463,493	(236,256)	4,227,237		10
10a	Therapy	171,048	3,976	595,345	770,369		770,369	(152,110)	618,259		10a
11	Activities	144,888	3,970	2,276	151,134		151,134		151,134		11
12	Social Services	209,374		8,287	217,661		217,661		217,661		12
13	CNA Training										13
14	Program Transportation			2,780	2,780		2,780		2,780		14
15	Other (specify):* <b>Allocated Employee Benefits</b>							40,177	40,177		15
16	<b>TOTAL Health Care and Programs</b>	4,251,080	737,147	674,328	5,662,555		5,662,555	(348,189)	5,314,366		16
	<b>C. General Administration</b>										
17	Administrative	121,619		1,818,480	1,940,099		1,940,099	(1,685,883)	254,216		17
18	Directors Fees										18
19	Professional Services			56,869	56,869	(20,775)	36,094	13,071	49,165		19
20	Dues, Fees, Subscriptions & Promotions			66,745	66,745	970	67,715	35,968	103,683		20
21	Clerical & General Office Expenses	166,474	70,430	49,774	286,678	(970)	285,708	367,247	652,955		21
22	Employee Benefits & Payroll Taxes			756,723	756,723	32,228	788,951		788,951		22
23	Inservice Training & Education			4,353	4,353		4,353	2,229	6,582		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			10,937	10,937	(3,454)	7,483	2,145	9,628		25
26	Insurance-Prop.Liab.Malpractice			378,307	378,307		378,307	3,186	381,493		26
27	Other (specify):* <b>Allocated Employee Benefits</b>							77,040	77,040		27
28	<b>TOTAL General Administration</b>	288,093	70,430	3,142,188	3,500,711	7,999	3,508,710	(1,184,997)	2,323,713		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,331,995	1,645,752	4,213,646	11,191,393	(24,229)	11,167,164	(1,580,217)	9,586,947		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	
	<b>D. Ownership</b>											
30	Depreciation			152,521	152,521		152,521	224,119	376,640			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			75,918	75,918		75,918	175,432	251,350			32
33	Real Estate Taxes					20,775	20,775	597,714	618,489			33
34	Rent-Facility & Grounds			2,570,973	2,570,973		2,570,973	(2,570,973)				34
35	Rent-Equipment & Vehicles			10,476	10,476	3,454	13,930	6,383	20,313			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			2,809,888	2,809,888	24,229	2,834,117	(1,567,325)	1,266,792			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		512,373	35,176	547,549		547,549		547,549			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):* <b>Non-Allowable</b>			191,114	191,114		191,114	(191,114)				43
44	<b>TOTAL Special Cost Centers</b>		512,373	391,638	904,011		904,011	(191,114)	712,897			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,331,995	2,158,125	7,415,172	14,905,292		14,905,292	(3,338,656)	11,566,636			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VI. ADJUSTMENT DETAIL**

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

		1	2	3	
	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	(45,862)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(989)	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				19
20	Contributions	(2,500)	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	(156,934)	43		24
25	Fund Raising, Advertising and Promotional	(28,083)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(4,224)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(2,580)	43		28
29	Other-Attach Schedule <u>See Attached Schedule F:</u>	(330,779)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (571,951)		\$	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)	(2,766,705)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (2,766,705)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (3,338,656)		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		117,968	Ln10,Co2	44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$ 117,968		47

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Bridge Nursing & Rehab Centre

ID# 0035014

Report Period Beginning: 1/01/2005

Ending: 12/31/2005

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Patient clothing	\$ (28)	43	1
2	Adjust Mgt Co. med supplies - "other" to cost	(47,494)	10	2
3	Adjust Mgt Co. med supplies - med"A" to cost	(188,762)	10	3
4	Non-allowable professional fees	(28,225)	19	4
5	Adjust Mgt Co. food to cost	(62,690)	2	5
6	Non-allowable auto expense - marketing	(3,180)	25	6
7	Non-allowable trust fees	(400)	43	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	<b>Total</b>	(330,779)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glen Bridge Nursing & Rehab Centre# 0035014

Report Period Beginning:

1/01/2005

Ending:

12/31/2005

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(62,690)	0	0	0	0	58	0	0	0	0	0	(62,632)	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	5,653	0	0	0	0	0	0	0	0	5,653	5
6	Maintenance	0	0	9,182	0	0	0	0	0	0	0	0	9,182	6
7	Other (specify):*	0	0	766	0	0	0	0	0	0	0	0	766	7
8	<b>TOTAL General Services</b>	<b>(62,690)</b>	<b>0</b>	<b>15,601</b>	<b>0</b>	<b>0</b>	<b>58</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(47,031)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(236,256)	0	0	0	0	0	0	0	0	0	0	(236,256)	10
10a	Therapy	0	0	0	0	0	(152,110)	0	0	0	0	0	(152,110)	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	CNA 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	40,177	0	0	0	0	0	40,177	15
16	<b>TOTAL Health Care and Programs</b>	<b>(236,256)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(111,933)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(348,189)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	(623,403)	(1,062,480)	0	0	0	0	0	0	0	(1,685,883)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(28,225)	0	20,113	0	21,099	84	0	0	0	0	0	13,071	19
20	Fees, Subscriptions & Promotions	0	0	1,830	0	0	34,138	0	0	0	0	0	35,968	20
21	Clerical & General Office Expenses	0	0	349,333	0	0	17,914	0	0	0	0	0	367,247	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	580	0	0	1,649	0	0	0	0	0	2,229	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(3,180)	0	4,429	0	0	896	0	0	0	0	0	2,145	25
26	Insurance-Prop.Liab.Malpractice	0	0	3,186	0	0	0	0	0	0	0	0	3,186	26
27	Other (specify):*	0	0	76,044	0	0	996	0	0	0	0	0	77,040	27
28	<b>TOTAL General Administration</b>	<b>(31,405)</b>	<b>0</b>	<b>(167,888)</b>	<b>(1,062,480)</b>	<b>21,099</b>	<b>55,677</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,184,997)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(330,351)</b>	<b>0</b>	<b>(152,287)</b>	<b>(1,062,480)</b>	<b>21,099</b>	<b>(56,198)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,580,217)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glen Bridge Nursing & Rehab Centre# 0035014

Report Period Beginning:

1/01/2005 Ending:

12/31/2005

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	0	0	30,586	0	193,533	0	0	0	0	0	0	224,119	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(45,862)	0	125	0	221,169	0	0	0	0	0	0	175,432	32
33	Real Estate Taxes	0	0	10,881	0	586,833	0	0	0	0	0	0	597,714	33
34	Rent-Facility & Grounds	0	0	0	0	(2,570,973)	0	0	0	0	0	0	(2,570,973)	34
35	Rent-Equipment & Vehicles	0	0	6,383	0	0	0	0	0	0	0	0	6,383	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(45,862)</b>	<b>0</b>	<b>47,975</b>	<b>0</b>	<b>(1,569,438)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,567,325)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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):*	(195,738)	0	0	0	4,624	0	0	0	0	0	0	(191,114)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(195,738)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,624</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(191,114)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(571,951)	0	(104,312)	(1,062,480)	(1,543,715)	(56,198)	0	0	0	0	0	(3,338,656)	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	756,000	Glen Health and Home Management, Inc.	A	651,688	(104,312)	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	2,570,973	GlenBridge Real Estate and Development, L.L.C.	C	1,027,258	(1,543,715)	6
7	V							7
8	V	Total from Page 6D	545,857	Therapy Masters, Inc.	D	489,659	(56,198)	8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 4,935,310			\$ 2,168,605	\$ * (2,766,705)	14

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

Facility Name & ID Number Glen Bridge Nursing & Rehab Centre# 0035014Report Period Beginning: 1/01/2005 Ending: 12/31/2005

## 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	\$ 756,000	Glen Health and Home Management, Inc.	A	\$	\$ (756,000) 15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	5,653	5,653 16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	4,964	4,964 17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	20,113	20,113 18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	1,830	1,830 19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	34,202	34,202 20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	72,244	72,244 21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	580	580 22
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	4,429	4,429 23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	3,186	3,186 24
25	V	32 Amortization of Mortgage Costs		Glen Health and Home Management, Inc.	A	125	125 25
26	V	30 Depreciation		Glen Health and Home Management, Inc.	A	30,586	30,586 26
27	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	10,881	10,881 27
28	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	6,383	6,383 28
29	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	4,218	4,218 29
30	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	132,597	132,597 30
31	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	260,275	260,275 31
32	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	54,856	54,856 32
33	V	27 Employee Benefits		Glen Health and Home Management, Inc.	A	4,566	4,566 33
34	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(72,244)	(72,244) 34
35	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	766	766 35
36	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	17,230	17,230 36
37	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	54,248	54,248 37
38	V			A - OWNERSHIP: Sidney Glenner - 100 % through attribution			
39	Total		\$ 756,000			\$ 651,688	\$ * (104,312) 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	17 Administrative	\$ 1,062,480	GlenBar Management Company, Ltd.	B	\$	\$ (1,062,480)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V			B - OWNERSHIP:			
34	V			Sidney Glenner - 80.00 %			
35	V			Barry Ray - 20.00 %			
36	V						
37	V						
38	V						
39	Total		\$ 1,062,480			\$ 0	\$ * (1,062,480)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	43 Clerical	\$	GlenBridge Real Estate & Development, L.L.C.	C	\$ 400	\$	400	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	294,424		294,424	17
18	V	33 Real Estate Taxes		GlenBridge Real Estate & Development, L.L.C.	C	586,833		586,833	18
19	V	34 Rental	2,570,973	GlenBridge Real Estate & Development, L.L.C.	C			(2,570,973)	19
20	V	43 Corporate Taxes		GlenBridge Real Estate & Development, L.L.C.	C	4,224		4,224	20
21	V	32 Interest Income		GlenBridge Real Estate & Development, L.L.C.	C	(73,255)		(73,255)	21
22	V	19 Professional Fees		GlenBridge Real Estate & Development, L.L.C.	C	3,824		3,824	22
23	V	19 Professional Fees		GlenBridge Real Estate & Development, L.L.C.	C	17,275		17,275	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		\$ 2,570,973			\$ 1,027,258	\$ *	(1,543,715)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	10a Therapy	\$ 545,857	Therapy Masters, Inc.	D	\$ 393,747	\$ (152,110)
16	V	19 Professional Fees		Therapy Masters, Inc.	D	84	84
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	D	307	307
18	V	20 Employment Fees		Therapy Masters, Inc.	D	33,486	33,486
19	V	20 Help Wanted Advertising		Therapy Masters, Inc.	D	345	345
20	V	21 Clerical		Therapy Masters, Inc.	D	8,181	8,181
21	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	D	41,173	41,173
22	V	23 Training and Education		Therapy Masters, Inc.	D	1,649	1,649
23	V	25 Auto Expenses		Therapy Masters, Inc.	D	896	896
24	V	2 Food Purchase		Therapy Masters, Inc.	D	58	58
25	V	21 Clerical Salaries		Therapy Masters, Inc.	D	9,733	9,733
26	V	22 Employee Benefits		Therapy Masters, Inc.	D	(41,173)	(41,173)
27	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	D	40,177	40,177
28	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	D	996	996
29	V						
30	V						
31	V						
32	V			D - OWNERSHIP:			
33	V			Sidney Glenner - 60.00 %			
34	V			Barry Ray - 40.00 %			
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 545,857			\$ 489,659	\$ * (56,198)

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

Facility Name & ID Number Glen Bridge Nursing & Rehab Centre # 0035014 Report Period Beginning: 1/01/2005 Ending: 12/31/2005

## 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 %	136,116	13	21.8 %	Salary	\$ 37,885	Ln 17, Col 7	1
2	David Glenner	Vice-President	Administrative	0.00 %	68,058	9	21.8 %	Salary	18,942	Ln 17, Col 7	2
3	Jonathan Glenner	Clerical	Clerical	0.00 %	23,267	9	21.8 %	Salary	6,476	Ln 21, Col 7	3
4	Joshua Ray	V.P. of Operations	Administrative	0.00 %	177,587	9	21.8 %	Salary	37,885	Ln 17, Col 7	4
5	Barry Ray	Vice-President	Administrative	20.00 %	136,116	9	21.8 %	Salary	37,885	Ln 17, Col 7	5
6											6
7											7
8											8
9											9
10											10
11			See Schedule B								11
12											12
13								TOTAL	\$ 139,073		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 & Rehab Centre

# 0035014

Report Period Beginning:

1/01/2005

Ending: 2/31/2005

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	Resident Days	403,179	5	\$ 25,964	\$ 87,783	\$ 5,653	1
2	6	Repairs and Maintenance	Resident Days	403,179	5	22,798	87,783	4,964	2
3	19	Professional Fees	Resident Days	403,179	5	92,376	87,783	20,113	3
4	20	Licenses,Permits and Inspection	Resident Days	403,179	5	8,403	87,783	1,830	4
5	21	Clerical	Resident Days	403,179	5	157,085	87,783	34,202	5
6	22	Employee Benefits and Payroll	Resident Days	403,179	5	331,810	87,783	72,244	6
7	23	Training and Education	Resident Days	403,179	5	2,662	87,783	580	7
8	25	Auto Expenses	Resident Days	403,179	5	20,340	87,783	4,429	8
9	26	Insurance	Resident Days	403,179	5	14,632	87,783	3,186	9
10	32	Amortization of Mortgage Cost	Resident Days	403,179	5	573	87,783	125	10
11	30	Depreciation	Resident Days	403,179	5	140,479	87,783	30,586	11
12	33	Real Estate Taxes	Resident Days	403,179	5	49,976	87,783	10,881	12
13	35	Equipment and Vehicle Rental	Resident Days	403,179	5	29,318	87,783	6,383	13
14	6	Janitorial Salaries	Resident Days	403,179	5	19,371	19,371	4,218	14
15	17	Officer's Salaries	Resident Days	403,179	5	609,000	609,000	132,597	15
16	21	Administrative Salaries	Resident Days	403,179	5	1,195,427	1,195,427	260,275	16
17	21	Administrative Salaries	Direct Cost			54,856	54,856	54,856	17
18	27	Employee Benefits	Direct Cost			4,566		4,566	18
19	22	Employee Benefits	Payroll					(72,244)	19
20	7	Employee Benefits - Janitorial	Payroll					766	20
21	27	Employee Benefits - Officer's	Payroll					17,230	21
22	27	Employee Benefits - Admin	Payroll					54,248	22
23									23
24									24
25	TOTALS					\$ 2,779,636	\$ 1,878,654	\$ 651,688	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	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			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	LaSalle Bank, N.A.		X	Mortgage	\$92,800.00	1/04/96	\$ 9,000,000	\$ 3,500,000	12/31/2007	0.0735	\$ 284,945	1							
2	LaSalle Bank, N.A.		X	Amortization of mortgage costs							9,479	2							
3							Mortgage interest allocated from management company:				125	3							
4												4							
5	MB Financial Bank		X	Finance equipment purchase	\$3,934.14	12/22/03	213,620	128,172	12/22/2008	0.0400	9,345	5							
<b>Working Capital</b>																			
6												6							
7												7							
8												8							
9	<b>TOTAL Facility Related</b>				\$96,734.14		\$ 9,213,620	\$ 3,628,172			\$ 303,894	9							
<b>B. Non-Facility Related*</b>																			
10										Interest income offset:	(52,544)	10							
11												11							
12												12							
13												13							
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (52,544)	14							
15	<b>TOTALS (line 9+line14)</b>						\$ 9,213,620	\$ 3,628,172			\$ 251,350	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.)

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

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

**B. Real Estate Taxes**

		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2004 report.		\$	<b>462,000</b>		<b>1</b>
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.)		\$	<b>517,833</b>		<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>55,833</b>		<b>3</b>
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>531,000</b>		<b>4</b>
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	<b>20,775</b>		<b>5</b>
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>607,608</b>		<b>7</b>
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2000	<b>449,207</b>	<b>8</b>	<b>FOR OHF USE ONLY</b>	
	2001	<b>444,964</b>	<b>9</b>	<b>13</b>	FROM R. E. TAX STATEMENT FOR 2004 \$
	2002	<b>451,040</b>	<b>10</b>	<b>14</b>	PLUS APPEAL COST FROM LINE 5 \$
	2003	<b>450,123</b>	<b>11</b>	<b>15</b>	LESS REFUND FROM LINE 6 \$
	2004	<b>517,833</b>	<b>12</b>	<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION \$
<b>See Attached Schedule G For Calculation of 2005 Real Estate Tax Accrual.</b>					

**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



**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, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

NONE

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

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

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>58,949</u>	<u>1989</u>	<u>\$ 263,180</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>19,019</u>	<u>2</u>
3	<b>TOTALS</b>	<b>58,949</b>		<b>\$ 282,199</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehab Centre# 0035014

Report Period Beginning:

1/01/2005 Ending: 12/31/2005

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR 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	\$ 3,192,067	4
5										5
6	Mgt Comp									6
7	Allocation			405,534			10,350	10,350		7
8	ScheduleJ									8
	<b>Improvement Type**</b>									
9	Building Improvements		1989	66,436		35	1,898	1,898	31,635	9
10	Building Improvements		1990	7,195		35	206	206	3,430	10
11	Building Improvements		1990	3,885		35	111	111	1,740	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			5,350	16
17	Building Improvements		1993	109,105		10			109,105	17
18	Land Improvements		1993	45,615		15			45,615	18
19	Building Improvements		1993	53,394		10			53,394	19
20	Land Improvements		1993	10,717		15			10,717	20
21	Building Improvements		1995	29,767	995	10	995		29,767	21
22	Electrical wiring work to 2nd floor from basement		1996	23,000	2,300	10	2,300		22,233	22
23	Dialysis room construction		1996	7,439	744	10	744		7,192	23
24	Fireplace construction		1996	1,065	106	10	106		1,026	24
25	Mounted door alarm system and wiring		1996	2,505	251	10	251		2,425	25
26	PVC hand rail and wall bumper		1997	4,968	497	10	497		4,306	26
27	Window treatments		1997	2,226	223	10	223		1,931	27
28	Walls, cabinets and tub		1997	5,520	552	10	552		4,784	28
29	Cabinets, sink and lighting		1997	4,571	457	10	457		3,961	29
30	Walls, platform and ramp		1997	9,286	929	10	929		8,050	30
31	Window treatments		1997	2,394	239	10	239		2,073	31
32	Cabinets and cubicles		1997	9,631	963	10	963		8,347	32
33	Cabinets		1997	2,500	250	10	250		2,167	33
34	Base covers		1997	630	63	10	63		546	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 & Rehab Centre# 0035014

Report Period Beginning:

1/01/2005 Ending: 12/31/2005

**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	
37	Doors	1997	\$ 1,950	\$ 195	10	\$ 195	\$	\$ 1,690	37
38	Sink	1997	2,236	224	10	224		1,939	38
39	Fire alarm equipment	1997	1,975	198	10	198		1,714	39
40	Walls and doors	1997	2,480	248	10	248		2,149	40
41	80 ton compressor	1998	20,800	2,080	10	2,080		15,947	41
42	Telephone system improvements	1998	2,503	250	10	250		1,918	42
43	Carpeting, window treatments, mini-blinds	1998	20,703	2,070	10	2,070		13,801	43
44	Handrail/bumper corner guard installation	1998	4,200	420	10	420		2,800	44
45	Cove base installation	1998	2,508	251	10	251		1,673	45
46	Handrail/bumper corner guard installation, accent rails	1999	11,401	1,140	10	1,140		7,600	46
47	Mini-blinds	1999	3,963	396	10	396		2,641	47
48	Carpeting, cove base installation	1999	14,797	1,480	10	1,480		9,866	48
49	Amtico, cove base installation	1999	5,616	562	10	562		3,746	49
50	Carpeting, cove base installation	1999	1,634	163	10	163		1,088	50
51	Wallpaper	1999	10,900	1,090	10	1,090		7,267	51
52	Handrail/bumper corner guard installation, accent rails	1999	11,401	1,140	10	1,140		7,600	52
53	Insurance claim: boiler	1999	(19,000)	(1,900)	10	(1,900)		(12,667)	53
54	Panel interior, interior mat installation	1999	2,468	247	10	247		1,646	54
55	Install alarms for ventilators	1999	1,560	156	10	156		1,040	55
56	Install handrails and bumper chair rails	1999	4,600	460	10	460		3,067	56
57	Carpeting	1999	4,497	450	10	450		2,999	57
58	Lighting improvements on the 5th floor	1998	4,635	463	10	463		3,088	58
59	Install new braille signs/slots	1999	2,135	213	10	213		1,297	59
60	Installation of mini-blinds	1999	3,476	348	10	348		2,116	60
61	Installation of handrails, bumpers, corner guards, chair rails	1999	5,500	550	10	550		3,346	61
62	Tube bundles for heat exchanger	1999	3,382	338	10	338		2,057	62
63	Install new tubes & door gaskets on boiler	1999	7,400	740	10	740		4,502	63
64	Install new motor, drain valve, drain hoses on washer	1999	1,903	190	10	190		1,156	64
65	Cove base installation, floor patches, vinyl tiles & powerbond	1999	11,459	1,146	10	1,146		6,303	65
66	Cove base installation	2000	3,267	327	10	327		1,798	66
67	Cove base installation	2000	1,939	194	10	194		1,067	67
68	Installation of fire dampers & exhaust fan	2000	2,773	277	10	277		1,524	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,812,257	\$ 24,675		\$ 228,764	\$ 204,089	\$ 3,794,762	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)****B. Building 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	<b>Totals from Page 12A, Carried Forward</b>		\$ 7,812,257	\$ 24,675		\$ 228,764	\$ 204,089	\$ 3,794,762	1
2	New interior for kitchen panel	2000	2,630	263	10	263		1,446	2
3	Electrical work for 6 dialysis chairs	2000	3,975	398	10	398		2,188	3
4	Install exhaust fan, ductwork, exhaust grille & fire-rated door	2000	2,560	256	10	256		1,408	4
5	Ductwork fabrication and installation	2000	4,120	412	10	412		2,266	5
6	Plumbing project	2000	14,517	1,452	10	1,452		7,986	6
7	Carpeting, floor patches	1999	2,969	297	10	297		1,980	7
8	4 custom nurses stations	2000	10,025	1,002	10	1,002		5,512	8
9	4 custom nurses stations	2000	33,284	3,328	10	3,328		18,305	9
10	5 sinks in nurses station	2000	1,642	164	10	164		902	10
11	Fire alarm system	2000	3,324	332	10	332		1,827	11
12	Cove base & vinyl installation, floor patches	2000	2,705	270	10	270		1,486	12
13	Install door restrictors, emergency lights & elevator telephone	2000	11,500	1,150	10	1,150		6,325	13
14	Dura glide 3000 single slide door packages	2000	12,218	1,222	10	1,222		6,721	14
15	Furnish and install two oil tank coolers in elevator pit	2001	6,750	675	10	675		3,038	15
16	Replace gasket, valves and coils on compressor	2001	3,200	320	10	320		1,440	16
17	Remove lobby wall, build new wall and install new ceiling	2001	26,841	2,684	10	2,684		12,078	17
18	Pre-wiring, televisions, brackets and electrical outlets	2001	68,526	6,852	10	6,852		30,834	18
19	Window caulking and masonry	2000	4,320	432	10	432		2,376	19
20	Ceramic tile, carpet, floor patches and cove base installation	2001	8,147	814	10	814		3,663	20
21	Ceiling/lighting project and remove/build wall in copy room	2001	24,145	2,414	10	2,414		10,863	21
22	Wallcovering installation and painting	2001	6,115	612	10	612		2,754	22
23	Ceiling fixture, 2 chandeliers, 4 wall sconces	2001	3,006	300	10	300		1,350	23
24	Installation of television system	2002	3,569	357	10	357		1,249	24
25	Furnish and install blinds	2002	3,616	362	10	362		1,267	25
26	Dialysis room renovation	2002	12,000	1,200	10	1,200		4,200	26
27	Cove base & vinyl installation, floor patches	2002	5,467	547	10	547		1,914	27
28	Replace tubes in boiler	2002	8,006	801	10	801		2,803	28
29	Television system installation	2003	10,846	1,085	10	1,085		2,712	29
30	Elevator pump installation	2003	2,450	245	10	245		612	30
31	Power amplifier and speaker installation	2003	3,962	396	10	396		990	31
32	Install receptacles to attach emergency panels for respirators	2004	2,960	296	10	296		444	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,121,652	\$ 55,613		\$ 259,702	\$ 204,089	\$ 3,937,701	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 & Rehab Centre# 0035014

Report Period Beginning:

1/01/2005 Ending: 12/31/2005

**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	<b>Totals from Page 12B, Carried Forward</b>		\$ 8,121,652	\$ 55,613		\$ 259,702	\$ 204,089	\$ 3,937,701	1
2	Furnish and install new elevator door detector unit	2004	2,004	200	10	200		300	2
3	Installation of remote DVD system	2004	2,339	234	10	234		351	3
4	Repipe and patch alarm system	2003	2,200	220	10	220		550	4
5	Furnish and install head gaskets on boilers	2005	5,565	278	10	278		278	5
6	Philadelphia insurance refund	2005	(15,497)	(775)	10	(775)		(775)	6
7	Replacement of the fire alarm panel	2005	7,803	390	10	390		390	7
8	Cable installation	2005	13,115	656	10	656		656	8
9	Installed new detector edge and power pack on elevator	2005	1,983	99	10	99		99	9
10	Replace cooling tower fan motor	2005	1,726	86	10	86		86	10
11	Change relief valve on compressor	2005	1,594	80	10	80		80	11
12	Install handrails, vinyl tile, ceiling and lighting in 2 elevators	2005	11,091	555	10	555		555	12
13	Cable installation project	2005	21,100	1,055	10	1,055		1,055	13
14	Install cove base, ceramic tile, wallpaper and painting	2005	105,973	5,299	10	5,299		5,299	14
15	Install cove base, carpeting and vinyl tile	2005	17,729	886	10	886		886	15
16	Install vinyl/ceramic tile, furnish & install new sink, faucet	2005	2,235	112	10	112		112	16
17	Installation of wiring for vent machine	2005	1,393	70	10	70		70	17
18	Installation of FTA satellite system	2005	1,310	66	10	66		66	18
19									19
20									20
21									21
22									22
23									23
24									24
25	Allocated from Management Company:		32,820			3,086	3,086	22,342	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,338,135	\$ 65,124		\$ 272,299	\$ 207,175	\$ 3,970,101	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 & Rehab Centre

# 0035014

Report Period Beginning:

1/01/2005

Ending:

12/31/2005

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	\$ 748,818	\$ 79,424	\$ 79,424	\$	10 years	\$ 355,639	71
72	Current Year Purchases	152,793	7,767	7,767		10 years	7,640	72
73	Fully Depreciated Assets	658,002				5,10 years	658,002	73
74	Allocated from Management Co:	171,085		14,008	14,008		131,223	74
75	TOTALS	\$ 1,730,698	\$ 87,191	\$ 101,199	\$ 14,008		\$ 1,152,504	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		3,142	3,142		24,668	78
79										79
80	TOTALS			\$ 39,629	\$	\$ 3,142	\$ 3,142		\$ 33,148	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)	\$ 10,390,661	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 152,315	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 376,640	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 224,325	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,155,753	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.

**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?  YES  NO

If NO, see instructions.

		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. N/A

This amount was calculated by dividing the total amount to be amortized by the length of the lease N/A.

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

**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: \$ 13,589 Description: Copier \$7,260, Ice-maker \$2,040, Postage meter \$1,176, Allocated from Management Co \$3,113

(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>3,270</u>	19
20					20
21	TOTAL		\$ <u>288.00</u>	\$ <u>6,724</u>	21

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

12. /2006 \$ \_\_\_\_\_

13. /2007 \$ \_\_\_\_\_

14. /2008 \$ \_\_\_\_\_

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>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.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**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)	
<b>TOTAL TRAINED</b>	

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

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

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

	Service	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	\$	4,851	\$ 221,368	\$ 1,110	4,851	\$ 222,478	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 3	hrs		1,034	52,203		1,034	52,203	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 1,2&3	431 hrs	9,952	5,539	272,286	2,866	5,970	285,104	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 prescrpts				394,405		394,405	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	Ln 39, Col 2					117,968		117,968	12
13	Radiology, Laboratory & Dialysis Other (specify): <b>Respiratory Therapy</b>	Ln 39, Col 3 Ln10a,Col 1&3	8,846 hours	161,096	990	35,176 49,488		9,836	210,584	13
14	<b>TOTAL</b>			\$ 171,048	12,414	\$ 630,521	\$ 516,349	21,691	\$ 1,282,742	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehab Centre# 0035014Report Period Beginning: 1/01/2005Ending: 12/31/2005

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2005

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 1,315,744	\$ 1,433,645	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>423,700</u> )	4,234,085	4,234,085	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	251,488	251,488	6
7	Other Prepaid Expenses	820,470	820,470	7
8	Accounts Receivable (owners or related parties)	(1,816,671)		8
9	Other(specify): <u>Employee Loans Receivable</u>	45,308	45,308	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 4,850,424	\$ 6,784,996	10
<b>B. Long-Term Assets</b>				
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	1,100,955	1,229,261	15
16	Equipment, at Historical Cost	1,067,762	1,770,327	16
17	Accumulated Depreciation (book methods)	(1,221,178)	(5,155,753)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Mortgage Costs (Net)</u>		18,959	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 947,539	\$ 5,253,867	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,797,963	\$ 12,038,863	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 12,649	\$ 12,649	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	26,436	26,436	28
29	Short-Term Notes Payable	128,172	128,172	29
30	Accrued Salaries Payable	152,301	152,301	30
31	Accrued Taxes Payable (excluding real estate taxes)	5,874	5,874	31
32	Accrued Real Estate Taxes(Sch.IX-B)		531,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Attached Schedule E:</u>	366,455	366,455	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 691,887	\$ 1,222,887	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		3,500,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44	<u>Due To Officers</u>	3,395,000	3,395,000	44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 3,395,000	\$ 6,895,000	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 4,086,887	\$ 8,117,887	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,711,076	\$ 3,920,976	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 5,797,963	\$ 12,038,863	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b> <b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>2,208,071</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>2,208,071</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(496,995)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(496,995)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>1,711,076</b>	<b>24</b>

\* Operating Entity Only

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehab Centre# 0035014Report Period Beginning: 1/01/2005Ending: 12/31/2005**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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 13,668,709	1
2	Discounts and Allowances for all Levels	(3,264,761)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,403,948	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,610,262	6
7	Oxygen	614,525	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 2,224,787	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	434,960	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	214,878	19
20	Radiology and X-Ray	6,446	20
21	Other Medical Services	1,077,416	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 1,733,700	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	45,862	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 45,862	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28			28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 14,408,297	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,028,127	31
32	Health Care	5,662,555	32
33	General Administration	3,500,711	33
<b>B. Capital Expense</b>			
34	Ownership	2,809,888	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	738,663	35
36	Provider Participation Fee	165,348	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 14,905,292	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(496,995)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (496,995)	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 & Rehab Centre

# 0035014

Report Period Beginning: 1/01/2005

Ending:

12/31/2005

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	2,062	2,086	\$ 99,399	\$ 47.65	1
2	Assistant Director of Nursing	872	880	31,972	36.33	2
3	Registered Nurses	58,301	61,667	1,541,765	25.00	3
4	Licensed Practical Nurses	12,615	13,146	270,687	20.59	4
5	CNAs & Orderlies	134,020	144,926	1,566,798	10.81	5
6	CNA Trainees					6
7	Licensed Therapist	8,750	9,293	171,048	18.41	7
8	Rehab/Therapy Aides	895	951	11,966	12.58	8
9	Activity Director	1,997	2,166	45,701	21.10	9
10	Activity Assistants	10,997	11,587	99,187	8.56	10
11	Social Service Workers	10,467	11,203	209,374	18.69	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	12,680	13,680	140,599	10.28	14
15	Cook Helpers/Assistants	25,088	26,474	245,528	9.27	15
16	Dishwashers					16
17	Maintenance Workers	5,821	6,324	77,863	12.31	17
18	Housekeepers	22,857	24,430	219,630	8.99	18
19	Laundry	11,345	12,144	109,202	8.99	19
20	Administrator	1,896	1,912	68,346	35.75	20
21	Assistant Administrator	2,061	2,278	53,273	23.39	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,946	8,616	166,474	19.32	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	1,981	2,086	47,365	22.71	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	10,719	11,646	155,818	13.38	33
34	TOTAL (lines 1 - 33)	343,370	367,495	\$ 5,331,995 *	\$ 14.51	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	\$ 29,201	Ln 1, Col 3	35
36	Medical Director	Monthly	57,118	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,840	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	47	2,276	Ln11, Col 3	44
45	Social Service Consultant	89	4,437	Ln12, Col 3	45
46	Other(specify)				46
47	<u>Religious Consultant</u>	Monthly	3,850	Ln12, Col 3	47
48					48
49	TOTAL (lines 35 - 48)	136	\$ 98,722		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	32	\$ 1,551	Ln10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	32	\$ 1,551		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								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehab Centre# 0035014Report Period Beginning: 1/01/2005Ending: 12/31/2005**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 \$17,835
- (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. \$ 36,320 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 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. \$ 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.

**SEE ACCOUNTANTS' COMPILATION REPORT**

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? 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. \$ 32,228 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.

**GlenBridge Nursing and Rehabilitation Centre, Ltd.**  
**Provider I.D. # 0035014**  
**12/31/2005**

**SCHEDULE A**

**SCHEDULE VII. RELATED PARTIES**

Part A. Col.3

<b>3</b>		
<b>OTHER RELATED BUSINESS ENTITIES</b>		
<b>Name</b>	<b>City</b>	<b>Type of Business</b>
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
VNA Home Health of Illinois, Ltd.	Skokie	Home Health agency
VNA Private Duty of Illinois, Ltd.	Skokie	Home Health agency

**See Accountants' Compilation Report**

GlenBridge Nursing and Rehabilitation Centre, Ltd.  
 Provider I.D. # 0035014  
 12/31/2005

**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	17,455	39,710	44,535	34,416	136,116
David Glenner	8,727	19,855	22,268	17,208	68,058
Jonathan Glenner	2,984	6,788	7,612	5,883	23,267
David Weinschneider	26,296	0	0	0	26,296
Joshua Ray	17,455	81,181	44,535	34,416	177,587
Barry Ray	17,455	39,710	44,535	34,416	136,116
Total compensation received from other Nursing Homes	90,372	187,244	163,485	126,339	567,440

**See Accountants' Compilation Report**

GlenBridge Nursing and Rehabilitation Centre, Ltd.  
 Provider I.D. # 0035014  
 12/31/2005

**SCHEDULE C**

**XIX. SUPPORT SCHEDULES**

C. Professional Services  
 Page 21

<u>Vendor/Payee</u>	<u>Type</u>	<u>AMOUNT</u>
Health Data Systems, Inc.	Computers	6,117
Advanced Answers on Demand	Computers	1,980
Kronos	Computers	1,456
American Express Tax Services	Accounting	25,121
Frost, Ruttenberg & Rothblatt	Accounting	2,120
Sachnoff & Weaver, Ltd.	Legal	7,669
Myers, Miller & Krauskopf	Legal	2,551
RGL Foresnic Accountants	Medical Review Consultants	1,038
Leo & Weber, P.C.	Legal	1,985
Ira I. Silverstein	Legal	2,916
Personnel Planners, Inc.	Unemployment Consulting	1,721
A Place For Mom	Marketing Services	1,500
Commitment Consulting	A/R Collections	695
Total Schedule V, Line 19, Col. 3		<u>56,869</u>
Allocated from Management Co:		
Health Data Systems, Inc. - Computer		457
American Express - Accounting Services		19,266
Frost, Roth & Ruttenberg - Accounting Services		223
Littler Mendelson - Legal Services		166
Total allocated from Management Co.		<u>20,113</u>

Total allocated from Therapy Masters:		84
GlenBridge Real Estate LLC:		
Sachnoff & Weaver, Ltd.	Legal	324
James O. Hamilton & Company	Real Estate Appraisal	3,500
Schiller, Klein & McElroy	Real Estate Reduction	17,275
Total from GlenBridge Real Estate LLC:		<u>21,099</u>
Reclass Schiller, Klein & McElroy invoice to Line 33		-17,275
Reclass James O. Hamilton & Company invoice to Line 33		-3,500
Non-Allowable Expenses:		
Sachnoff & Weaver, Ltd.		-473
Myers, Miller & Krauskopf		-760
Leo Weber, P.C.		-1,985
Ira I. Silverstein		-2,498
RGL Foresnic Accountants - out of period		-1,038
American Express Tax Services		-18,952
Commitment Consulting - A/R Collections		-695
A Place For Mom - marketing services		-1,500
Sachnoff & Weaver, Ltd. - GlenBridge Real Estate LLC - out of period		-324
Total Non-Allowable Expenses:		<u>-28,225</u>
<b>Total adjustments page 21, Sch C.</b>		<u><u>-7,704</u></u>
<b>Total Schedule V, line 19, column 8</b>		<u><u>49,165</u></u>

See Accountants' Compilation Report

**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	31,164
FUTA	443
SUTA	2,490
401K Match	2,036
Insurance - Hospital	32,678
Employee Benefits	78
Other Employee Benefits	1,176
Workers Compensation Insurance	1,116
Profit Sharing Plan Contribution	5,629
Total allocated from Management Co.	<u>76,810</u>
Employee Benefits reclassified to Lines 7, 27	-76,810
Allocated from Therapy Masters, Inc.:	
FICA taxes	28,345
FUTA	667
SUTA	1,428
401K Match	1,893
Insurance - Hospital	5,169
Workers Compensation Insurance	1,120
Profit Sharing Plan Contribution	1,738
Other Employee Benefits	703
Uniform Allowance	110
Total allocated from Therapy Masters, Inc. Co.	<u>41,173</u>
Employee Benefits reclassified to Lines 15,27	-41,173
Total allocated to Page 21	<u>0</u>

GlenBridge Nursing and Rehabilitation Centre, Ltd.  
Provider I.D. # 0035014  
12/31/2005

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Due to Third Party	310,924
Accrued Union Dues	5,403
Credit Union	851
Accrued Profit Sharing	226
Accrued Wage Assignment	31,847
Estimated Medicare Settlement	20,400
Refunds Exchange	(24,825)
Workshop	3,551
Accrued 401K	816
Due to Patient Trust Fund	(689)
Sundry Payable	17,951
Total, Page 17, Line36	<u>366,455</u>

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.  
Provider I.D. # 0035014  
12/31/2005

SCHEDULE F

**SCHEDULE VI. ADJUSTMENT DETAIL**

Schedule A. Nonallowable Expenses

Page 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>REFERENCE</u>
Patient clothing	-28	43
Non-allowable professional fees	-28,225	19
Non-allowable trust fees	-400	43
Adjust mgt co. med supplies - med'A' to cost	-188,762	10
Adjust mgt co. med supplies - 'other' to cost	-47,494	10
Adjust mgt co. food to cost	-62,690	2
Non-allowable auto expense - marketing	-3,180	25
Total	<u>-330,779</u>	

See Accountants' Compilation Report

**GlenBridge Real Estate & Development, LLC**  
**Accrued Real Estate Taxes**  
**12/31/2005**

**SCHEDULE G**

	Accrued 1/1/2005	Payments	Expense	Accrued 12/31/2005
Balance @ 1/01/2005	(462,000.00)		(462,000.00)	
2004 real estate taxes paid		517,833.15	517,833.15	
Estimated 2005 real estate taxes:				
2004 taxes	517,833.15			
Estimated increase	2.50 %			
Estimated 2005 taxes	530,778.98			
<b>USE</b>	<b>531,000.00</b>		531,000.00	(531,000.00)
Totals	(462,000.00)	517,833.15	586,833.15	(531,000.00)

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%
2003	450,122.47	-917.23	-0.20%
2004	517,833.15	67,710.68	15.04%

**SEE ACCOUNTANTS' COMPILATION REPORT**

Provider Name: GlenBridge Nursing & Rehab Ctr.

Provider I.D. #: 0035014

Year Ended: December 31, 2005

**SCHEDULE H**

Training & Education

<u>Person(s) Attending</u>	<u>Date Attended</u>	<u>Location</u>	<u>Title Sponsor</u>	<u>Total Cost</u>
Dorothy Kendra	1/12/05	Lincolnwood	Illinois Health Care Association Alzheimers Conference	145
Nancy Crutcher, Jennifer Smith	3/17/05	Lincolnwood	Illinois Council on Long Term Care Crisis Management: Legal & Media Response	190
Nancy Crutcher	2/14/05	Schaumburg	National Business Institute Medicare from A-Z	279
Joshua Ray, Nancy Crutcher	5/5/05	Northbrook	Institute for Natural Resources Supervising with Compassion	158
Nancy Crutcher, Dorothy Kendra	4/13/05	Lincolnwood	Illinois Council on Long Term Care New Guidelines for Pressure Ulcer Treatment	195
Nancy Crutcher	4/14/05	Mt Vernon	LTC Management How to Develop a Successful Safety Committee and Effective Incentive Programs	100
Nancy Crutcher	4/25/05	Skokie	Integra Healthcare Education Resident Fall Prevention	149
Erica Hill	5/17/05	Lincolnwood	Illinois Health Care Association Social Workers Conference	95
Social Service Dept & Nursing Staff	4/26/05	Facility	George W. Savarese Finding the Ways and Means: Effective Community Resource Utilization in Case Management	400
Nancy Crutcher & Dorothy Kendra, Merville Villa	4/13/05	Lincolnwood	Illinois Council on Long Term Care New Guidelines for Pressure Ulcer Treatment	385
Nursing Staff, Administration & Social Workers	7/28/05	Facility	Richard Brendan Inspire! The Power of a Healthcare Professional	561
Nancy Crutcher, Geraldine Adaza, Merville Villa Jeanette Sapasap	9/21/05	Lincolnwood	Illinois Council on Long Term Care Complying with the New OBRA Continence Require-	

			ments	380
Books for facility	10/10/05		Illinois Council on Long Term Care OBRA 99 Final Rules	88
Nancy Crutcher, Merville Villa & Jeanette Sapasap	12/6/05	Lincolnwood	Illinois Council on Long Term Care The New Medicaid Reimbursement System	285
Carmelita Guidote	11/10/05	Facility	Cynthia Chow & Associates Dietary Sanitation	90
Carrie Foley	11/17/05	Lincolnwood	Illinois Council on Long Term Care Alzheimers Breakfast Meeting	70
Books for facility	11/30/05		Illinois Council on Long Term Care OSHA Compliance	98
Nursing & Social Service Staff	11/22/05	Facility	Pat Tadel Overcoming Challenges to Aging in Place: Commun- ication Techniques to facilitate Advance Care Planning	400
Merville Villa, Jeanette Sapasap, Nancy Crutcher	1/19/06	Lincolnwood	Illinois Council on Long Term Care Revised MDS	285
			Allocated From Management Company	580
			Allocated From Therapy Masters	1,649
Total		<b>SEE ACCOUNTANTS' COMPILATION REPORT</b>		<u>6,582</u>

GlenBridge Nursing and Rehabilitation Centre, LTD.  
Provider I.D. #0035014  
12/31/2005

SCHEDULE I

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

	Gasoline	Licenses/ Stickers	Mileage Reimburse	Repairs	Total
Direct Expense	4,850	78	2,007	548	7,483
Non-allowable auto expense - marketing					-3,180
Allocated from Management Company					4,429
Allocated from Therapy Masters					896
<b>TOTAL</b>	<u>4,850</u>	<u>78</u>	<u>2,007</u>	<u>548</u>	<u>9,628</u>

**SEE ACCOUNTANTS' COMPILATION REPORT**

HEALTH AND HOME MANAGEMENT, INC  
 ALLOCATION OF MANAGEMENT COMPANY BUILDING

SCHEDULE J

ASSET DESCRIPTION	COST	ADJUSTMENTS TO CAPITAL PROJECTION	ADJUSTED CAPITAL PROJECTION	ADDITIONS 7/1/99- 12/31/2000	COST	NURSING HOME PERCENTAGE	GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE
	6/30/1999		6/30/1999	12/31/2000	12/31/2000	84.9438%	103,052/460,292 0.223883969	111,372/460,292 0.241959452	101,895/460,292 0.221370348	41,220/460,292 0.08955185	102,753/460,292 0.223234382
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		24,226		24,226						
CAPITALIZED INTEREST	121,387	-15,261	106,126		106,126						
LANDSCAPING	30,000		30,000		30,000						
SPRINKLER SYSTEM	10,720		10,720		10,720						
HVAC SYSTEMS	24,749	-24,749	0								
WALL CONSTRUCTION	10,235	-10,235	0								
ELECTRICAL	10,634	-10,634	0								
MISC. IMPROVEMENTS	26,075	-26,075	0								
ASPHALT DRIVEWAY	5,900	-5,900	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	<u>5,000</u>	4,247	951	1,028 #	940 #	380	948
2001 NO ADDITIONS											
2002 NO ADDITIONS											
2003 NO ADDITIONS											
2004 NO ADDITIONS											
2005 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