

		FOR BHF USE					

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2006
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2006)

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

<p>I. IDPH Facility ID Number: <u>0035014</u></p> <p>Facility Name: <u>Glen Bridge Nursing & Rehabilitation Centre</u></p> <p>Address: <u>8333 West Golf Road</u> <u>Niles</u> <u>60714</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(847) 966-9190</u> Fax # <u>(847) 966-4455</u></p> <p>HFS ID Number: <u>363612592001</u></p> <p>Date of Initial License for Current Owners: <u>3/01/1989</u></p> <p>Type of Ownership:</p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Charles J. Fischer</u> Telephone Number: <u>(312) 634-4580</u> Please send copies of any audit adjustments to address above.</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/01/2006</u> to <u>12/31/2006</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1"> <tr> <td rowspan="2" style="width: 15%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> </tr> <tr> <td></td> <td>(Title) _____</td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u></td> </tr> <tr> <td>(Firm Name & Address) <u>McGladrey & Pullen LLP</u> <u>One S. Wacker Drive, Suite 800, Chicago IL 60606-4650</u></td> </tr> <tr> <td></td> <td>(Telephone) <u>(312) 384-6000</u> Fax # <u>(312) 634-5518</u></td> </tr> <tr> <td colspan="2"> MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630 </td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____		(Title) _____	Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u>	(Firm Name & Address) <u>McGladrey & Pullen LLP</u> <u>One S. Wacker Drive, Suite 800, Chicago IL 60606-4650</u>		(Telephone) <u>(312) 384-6000</u> Fax # <u>(312) 634-5518</u>	MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630	
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SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre

0035014 Report Period Beginning: 1/01/2006 Ending: 12/31/2006

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 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	38,205	2,453	13,354	54,012	8	
9	SNF/PED					9	
10	ICF	39,050	451	28	39,529	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	77,255	2,904	13,382	93,541	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.86%

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 11,608

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: 12/31/06 Fiscal Year: 12/31/06

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

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre # 0035014 Report Period Beginning: 1/01/2006 Ending: 12/31/2006

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	418,043	100,712	30,217	548,972		548,972		548,972		1
2	Food Purchase		715,797		715,797	(34,110)	681,687	(44,161)	637,526		2
3	Housekeeping	239,633	53,934		293,567		293,567		293,567		3
4	Laundry	105,879	14,661	30,311	150,851		150,851		150,851		4
5	Heat and Other Utilities			269,768	269,768		269,768	7,803	277,571		5
6	Maintenance	84,070	57,608	84,049	225,727		225,727	8,239	233,966		6
7	Other (specify):* Allocated Employee Benefits							923	923		7
8	TOTAL General Services	847,625	942,712	414,345	2,204,682	(34,110)	2,170,572	(27,196)	2,143,376		8
	B. Health Care and Programs										
9	Medical Director			81,800	81,800		81,800		81,800		9
10	Nursing and Medical Records	3,819,610	758,929	3,997	4,582,536		4,582,536	(211,971)	4,370,565		10
10a	Therapy	198,101	4,767	799,843	1,002,711		1,002,711	(178,233)	824,478		10a
11	Activities	163,831	4,338	2,112	170,281		170,281		170,281		11
12	Social Services	206,110		9,870	215,980		215,980		215,980		12
13	CNA Training										13
14	Program Transportation			3,217	3,217		3,217		3,217		14
15	Other (specify):* Allocated Employee Benefits							63,460	63,460		15
16	TOTAL Health Care and Programs	4,387,652	768,034	900,839	6,056,525		6,056,525	(326,744)	5,729,781		16
	C. General Administration										
17	Administrative	120,145		1,818,480	1,938,625		1,938,625	(1,716,584)	222,041		17
18	Directors Fees										18
19	Professional Services			117,418	117,418	(13,537)	103,881	22,669	126,550		19
20	Dues, Fees, Subscriptions & Promotions			82,687	82,687		82,687	35,583	118,270		20
21	Clerical & General Office Expenses	285,394	138,634	88,995	513,023		513,023	432,041	945,064		21
22	Employee Benefits & Payroll Taxes			807,865	807,865	34,110	841,975		841,975		22
23	Inservice Training & Education			25,980	25,980		25,980	2,834	28,814		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			15,533	15,533	(3,454)	12,079	6,171	18,250		25
26	Insurance-Prop.Liab.Malpractice			515,617	515,617		515,617	3,807	519,424		26
27	Other (specify):* Allocated Employee Benefits							103,719	103,719		27
28	TOTAL General Administration	405,539	138,634	3,472,575	4,016,748	17,119	4,033,867	(1,109,760)	2,924,107		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,640,816	1,849,380	4,787,759	12,277,955	(16,991)	12,260,964	(1,463,700)	10,797,264		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.

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre #0035014 Report Period Beginning: 1/01/2006 Ending: 12/31/2006

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			178,006	178,006		178,006	227,138	405,144			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			105,056	105,056		105,056	109,793	214,849			32
33	Real Estate Taxes					13,537	13,537	524,910	538,447			33
34	Rent-Facility & Grounds			2,494,012	2,494,012		2,494,012	(2,494,012)				34
35	Rent-Equipment & Vehicles			10,227	10,227	3,454	13,681	7,470	21,151			35
36	Other (specify):*											36
37	TOTAL Ownership			2,787,301	2,787,301	16,991	2,804,292	(1,624,701)	1,179,591			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		590,743	121,751	712,494		712,494		712,494			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			173,149	173,149		173,149	(173,149)				43
44	TOTAL Special Cost Centers		590,743	460,248	1,050,991		1,050,991	(173,149)	877,842			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,640,816	2,440,123	8,035,308	16,116,247		16,116,247	(3,261,550)	12,854,697			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	(56,651)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(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	(1,344)	43		19
20	Contributions	(9,060)	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	(112,900)	43		24
25	Fund Raising, Advertising and Promotional	(44,151)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(3,999)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(4,156)	43		28
29	Other-Attach Schedule <u>See Attached Schedule F:</u>	(334,695)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (567,953)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(2,693,597)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (2,693,597)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (3,261,550)		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	104,344	Ln39,Co2	44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 104,344		47

BHF USE ONLY					
48	49	50	51	52	

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Bridge Nursing & Rehabilitation Centre

ID# 0035014

Report Period Beginning: 1/01/2006

Ending: 12/31/2006

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Patient clothing	\$ (541)	43	1
2	Adjust Mgt Co. med supplies - "other" to cost	(53,719)	10	2
3	Adjust Mgt Co. med supplies - med"A" to cost	(158,252)	10	3
4	Adjust Mgt Co. food to cost	(44,175)	2	4
5	Non-allowable professional fees	(36,342)	19	5
6	Non-allowable auto expense - marketing	(3,711)	25	6
7	Non-allowable trust fees	(605)	43	7
8	Non-allowable IL Council on Long Term Care fee	(1,510)	20	8
9	Non-allowable marketing salary	(35,840)	21	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
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27				27
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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	(334,695)		49

STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

1/01/2006

Ending:

12/31/2006

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	(44,175)	0	0	0	0	14	0	0	0	0	0	(44,161)	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	7,803	0	0	0	0	0	0	0	0	7,803	5
6	Maintenance	0	0	8,233	0	0	6	0	0	0	0	0	8,239	6
7	Other (specify):*	0	0	923	0	0	0	0	0	0	0	0	923	7
8	TOTAL General Services	(44,175)	0	16,959	0	0	20	0	0	0	0	0	(27,196)	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	(211,971)	0	0	0	0	0	0	0	0	0	0	(211,971)	10
10a	Therapy	0	0	0	0	0	(178,233)	0	0	0	0	0	(178,233)	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	63,460	0	0	0	0	0	63,460	15
16	TOTAL Health Care and Programs	(211,971)	0	0	0	0	(114,773)	0	0	0	0	0	(326,744)	16
	C. General Administration													
17	Administrative	0	0	(654,104)	(1,062,480)	0	0	0	0	0	0	0	(1,716,584)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(36,342)	0	23,881	0	34,712	418	0	0	0	0	0	22,669	19
20	Fees, Subscriptions & Promotions	(1,510)	0	7,291	0	0	29,802	0	0	0	0	0	35,583	20
21	Clerical & General Office Expenses	(35,840)	0	453,245	0	0	14,636	0	0	0	0	0	432,041	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	835	0	0	1,999	0	0	0	0	0	2,834	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(3,711)	0	8,706	0	0	1,176	0	0	0	0	0	6,171	25
26	Insurance-Prop.Liab.Malpractice	0	0	3,807	0	0	0	0	0	0	0	0	3,807	26
27	Other (specify):*	0	0	102,252	0	0	1,467	0	0	0	0	0	103,719	27
28	TOTAL General Administration	(77,403)	0	(54,087)	(1,062,480)	34,712	49,498	0	0	0	0	0	(1,109,760)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(333,549)	0	(37,128)	(1,062,480)	34,712	(65,255)	0	0	0	0	0	(1,463,700)	29

STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

1/01/2006 Ending:

12/31/2006

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	33,605	0	193,533	0	0	0	0	0	0	227,138	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(56,651)	0	0	0	166,444	0	0	0	0	0	0	109,793	32
33	Real Estate Taxes	0	0	15,038	0	509,872	0	0	0	0	0	0	524,910	33
34	Rent-Facility & Grounds	0	0	0	0	(2,494,012)	0	0	0	0	0	0	(2,494,012)	34
35	Rent-Equipment & Vehicles	0	0	7,470	0	0	0	0	0	0	0	0	7,470	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(56,651)	0	56,113	0	(1,624,163)	0	0	0	0	0	0	(1,624,701)	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):*	(177,753)	0	0	0	4,604	0	0	0	0	0	0	(173,149)	43
44	TOTAL Special Cost Centers	(177,753)	0	0	0	4,604	0	0	0	0	0	0	(173,149)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(567,953)	0	18,985	(1,062,480)	(1,584,847)	(65,255)	0	0	0	0	0	(3,261,550)	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	774,985	18,985	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	2,494,012	GlenBridge Real Estate and Development, L.L.C.	C	909,165	(1,584,847)	6
7	V							7
8	V	Total from Page 6D	794,351	Therapy Masters, Inc.	D	729,096	(65,255)	8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 5,106,843			\$ 2,413,246	\$ * (2,693,597)	14

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

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre# 0035014Report Period Beginning: 1/01/2006 Ending: 12/31/2006

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	7,803	7,803 16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	3,665	3,665 17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	23,881	23,881 18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	7,291	7,291 19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	48,774	48,774 20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	102,567	102,567 21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	835	835 22
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	8,706	8,706 23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	3,807	3,807 24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	33,605	33,605 25
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	15,038	15,038 26
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	7,470	7,470 27
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	4,568	4,568 28
29	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	101,896	101,896 29
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	399,143	399,143 30
31	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	5,328	5,328 31
32	V	27 Employee Benefits		Glen Health and Home Management, Inc.	A	608	608 32
33	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(102,567)	(102,567) 33
34	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	923	923 34
35	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	21,293	21,293 35
36	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	80,351	80,351 36
37	V				A		
38	V			A - OWNERSHIP: Sidney Glenner - 100 % through attribution			
39	Total		\$ 756,000			\$ 774,985	\$ * 18,985 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			B - OWNERSHIP:			
32	V			Sidney Glenner - 80.00 %			
33	V			Barry Ray - 20.00 %			
34	V						
35	V						
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	\$ 605	\$ 605	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	276,805	276,805	17
18	V	33 Real Estate Taxes		GlenBridge Real Estate & Development, L.L.C.	C	509,872	509,872	18
19	V	34 Rental	2,494,012	GlenBridge Real Estate & Development, L.L.C.	C		(2,494,012)	19
20	V	43 Corporate Taxes		GlenBridge Real Estate & Development, L.L.C.	C	3,999	3,999	20
21	V	32 Interest Income		GlenBridge Real Estate & Development, L.L.C.	C	(110,361)	(110,361)	21
22	V	19 Professional Fees		GlenBridge Real Estate & Development, L.L.C.	C	34,712	34,712	22
23	V							23
24	V							24
25	V							25
26	V							26
27	V			C - OWNERSHIP:				27
28	V			Sidney Glenner - 60.00 % (constructively)				28
29	V			Barry Ray - 20.00 %				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		\$ 2,494,012			\$ 909,165	\$ * (1,584,847)	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	\$ 794,351	Therapy Masters, Inc.	D	\$ 616,118	\$ (178,233)
16	V	19 Professional Fees		Therapy Masters, Inc.	D	418	418
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	D	35	35
18	V	20 Employment Fees		Therapy Masters, Inc.	D	29,767	29,767
19	V	21 Clerical		Therapy Masters, Inc.	D	608	608
20	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	D	64,927	64,927
21	V	23 Training and Education		Therapy Masters, Inc.	D	1,999	1,999
22	V	25 Auto Expenses		Therapy Masters, Inc.	D	1,176	1,176
23	V	2 Food Purchase		Therapy Masters, Inc.	D	14	14
24	V	6 Plant Supplies		Therapy Masters, Inc.	D	6	6
25	V	21 Clerical Salaries		Therapy Masters, Inc.	D	14,028	14,028
26	V	22 Employee Benefits		Therapy Masters, Inc.	D	(64,927)	(64,927)
27	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	D	63,460	63,460
28	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	D	1,467	1,467
29	V						
30	V						
31	V						
32	V						
33	V			D - OWNERSHIP:			
34	V			Sidney Glenner - 60.00 %			
35	V			Barry Ray - 40.00 %			
36	V						
37	V						
38	V						
39	Total		\$ 794,351			\$ 729,096	\$ * (65,255)

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

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centr # 0035014 Report Period Beginning: 1/01/2006 Ending: 12/31/2006

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 %	137,813	13	21.8 %	Salary	\$ 41,406	Ln 17, Col 7	1
2	David Glenner	Vice-President	Administrative	0.00 %	68,907	9	21.8 %	Salary	20,703	Ln 17, Col 7	2
3	Daniel Glenner	Clerical	Clerical	0.00 %	22,812	9	21.8 %	Salary	6,966	Ln 21, Col 7	3
4	Jonathan Glenner	Clerical	Clerical	0.00 %	23,184	9	21.8 %	Salary	6,854	Ln 21, Col 7	4
5	Joshua Ray	V.P. of Operations	Administrative	0.00 %	137,813	9	21.8 %	Salary	41,406	Ln 21, Col 7	5
6	Barry Ray	Vice-President	Administrative	20.00 %	132,423	9	21.8 %	Salary	39,787	Ln 17, Col 7	6
7											7
8											8
9											9
10			See Schedule B								10
11											11
12											12
13								TOTAL	\$ 157,122		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 & Rehabilitation Centre

0035014

Report Period Beginning:

1/01/2006

Ending: 2/31/2006

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	404,875	5	\$ 33,774	\$ 93,541	\$ 7,803	1
2	6	Repairs and Maintenance	Resident Days	404,875	5	15,862	93,541	3,665	2
3	19	Professional Fees	Resident Days	404,875	5	103,363	93,541	23,881	3
4	20	Licenses,Permits and Inspection	Resident Days	404,875	5	31,556	93,541	7,291	4
5	21	Clerical	Resident Days	404,875	5	211,108	93,541	48,774	5
6	22	Employee Benefits and Payroll	Resident Days	404,875	5	443,941	93,541	102,567	6
7	23	Training and Education	Resident Days	404,875	5	3,615	93,541	835	7
8	25	Auto Expenses	Resident Days	404,875	5	37,683	93,541	8,706	8
9	26	Insurance	Resident Days	404,875	5	16,479	93,541	3,807	9
10	30	Depreciation	Resident Days	404,875	5	145,453	93,541	33,605	10
11	33	Real Estate Taxes	Resident Days	404,875	5	65,090	93,541	15,038	11
12	35	Equipment and Vehicle Rental	Resident Days	404,875	5	32,332	93,541	7,470	12
13	6	Janitorial Salaries	Resident Days	404,875	5	19,772	19,772	4,568	13
14	17	Officer's Salaries	Resident Days	404,875	5	441,040	441,040	101,896	14
15	21	Administrative Salaries	Resident Days	404,875	5	1,727,614	1,727,614	399,143	15
16	21	Administrative Salaries	Direct Cost			5,328	5,328	5,328	16
17	27	Employee Benefits	Direct Cost			608		608	17
18	22	Employee Benefits	Payroll					(102,567)	18
19	7	Employee Benefits - Janitorial	Payroll					923	19
20	27	Employee Benefits - Officer's	Payroll					21,293	20
21	27	Employee Benefits - Admin	Payroll					80,351	21
22									22
23									23
24									24
25	TOTALS					\$ 3,334,618	\$ 2,193,754	\$ 774,985	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Glen Bridge Nursing & Rehabilitation Centre

0035014

Report Period Beginning:

1/01/2006

Ending:

12/31/2006

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	LaSalle Bank, N.A.		X	Mortgage	\$92,800.00	1/04/96	\$ 9,000,000	\$	12/19/2006	0.0735	\$ 218,710	1								
2	LaSalle Bank, N.A.		X	Mortgage	N/A	12/19/06	18,000,000	18,000,000	12/19/2008	0.0660	39,054	2								
3	LaSalle Bank, N.A.		X	Amortization of mortgage costs							19,041	3								
4	MB Financial Bank		X	Finance equipment purchase	\$3,934.14	12/22/03	213,620	85,448	12/22/2008	0.0400	8,702	4								
5												5								
Working Capital																				
6												6								
7												7								
8												8								
9	TOTAL Facility Related				\$96,734.14		\$ 27,213,620	\$ 18,085,448			\$ 285,507	9								
B. Non-Facility Related*																				
10									Interest income offset:		(70,658)	10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (70,658)	14								
15	TOTALS (line 9+line14)						\$ 27,213,620	\$ 18,085,448			\$ 214,849	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

		Important , 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 2005 report.		\$	531,000		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.)		\$	532,057		2
3. Under or (over) accrual (line 2 minus line 1).		\$	1,057		3
4. Real Estate Tax accrual used for 2006 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	546,000		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.)		\$	13,537		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 \$ 37,185 For 99 ,02,03 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	(37,185)		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	523,409		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2001	444,964	8	FOR BHF USE ONLY	
	2002	451,040	9	13	FROM R. E. TAX STATEMENT FOR 2005 \$ 13
	2003	450,122	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2004	517,833	11	15	LESS REFUND FROM LINE 6 \$ 15
	2005	532,057	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
See Attached Schedule G For Calculation of 2006 Real Estate Tax Accrual.					

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	TOTALS	58,949		\$ 282,199	3

SEE ACCOUNTANTS' COMPILATION REPORT

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

Report Period Beginning:

1/01/2006 Ending: 12/31/2006

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 BHF 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	\$ 3,383,591	4
5										5
6	Mgt Comp			405,534			11,864	11,864		6
7	Allocation									7
8	Schedule J									8
	Improvement Type**									
9	Building Improvements		1989	66,436		35	1,898	1,898	33,533	9
10	Building Improvements		1990	7,195		35	206	206	3,636	10
11	Building Improvements		1990	3,885		35	111	111	1,851	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		10			29,767	21
22	Electrical wiring work to 2nd floor from basement		1996	23,000	767	10	767		23,000	22
23	Dialysis room construction		1996	7,439	247	10	247		7,439	23
24	Fireplace construction		1996	1,065	39	10	39		1,065	24
25	Mounted door alarm system and wiring		1996	2,505	80	10	80		2,505	25
26	PVC hand rail and wall bumper		1997	4,968	497	10	497		4,803	26
27	Window treatments		1997	2,226	223	10	223		2,154	27
28	Walls, cabinets and tub		1997	5,520	552	10	552		5,336	28
29	Cabinets, sink and lighting		1997	4,571	457	10	457		4,418	29
30	Walls, platform and ramp		1997	9,286	929	10	929		8,979	30
31	Window treatments		1997	2,394	239	10	239		2,312	31
32	Cabinets and cubicles		1997	9,631	963	10	963		9,310	32
33	Cabinets		1997	2,500	250	10	250		2,417	33
34	Base covers		1997	630	63	10	63		609	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 & Rehabilitation Centre# 0035014

Report Period Beginning:

1/01/2006 Ending: 12/31/2006

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	\$	\$ 1,885	37
38	Sink	1997	2,236	224	10	224		2,163	38
39	Fire alarm equipment	1997	1,975	198	10	198		1,912	39
40	Walls and doors	1997	2,480	248	10	248		2,397	40
41	80 ton compressor	1998	20,800	2,080	10	2,080		18,027	41
42	Telephone system improvements	1998	2,503	250	10	250		2,168	42
43	Carpeting, window treatments, mini-blinds	1998	20,703	2,070	10	2,070		15,871	43
44	Handrail/bumper corner guard installation	1998	4,200	420	10	420		3,220	44
45	Cove base installation	1998	2,508	251	10	251		1,924	45
46	Handrail/bumper corner guard installation, accent rails	1999	11,401	1,140	10	1,140		8,740	46
47	Mini-blinds	1999	3,963	396	10	396		3,037	47
48	Carpeting, cove base installation	1999	14,797	1,480	10	1,480		11,346	48
49	Amtico, cove base installation	1999	5,616	562	10	562		4,308	49
50	Carpeting, cove base installation	1999	1,634	163	10	163		1,251	50
51	Wallpaper	1999	10,900	1,090	10	1,090		8,357	51
52	Handrail/bumper corner guard installation, accent rails	1999	11,401	1,140	10	1,140		8,740	52
53	Insurance claim: boiler	1999	(19,000)	(1,900)	10	(1,900)		(14,567)	53
54	Panel interior, interior mat installation	1999	2,468	247	10	247		1,893	54
55	Install alarms for ventilators	1999	1,560	156	10	156		1,196	55
56	Install handrails and bumper chair rails	1999	4,600	460	10	460		3,527	56
57	Carpeting	1999	4,497	450	10	450		3,449	57
58	Lighting improvements on the 5th floor	1998	4,635	463	10	463		3,551	58
59	Install new braille signs/slots	1999	2,135	213	10	213		1,510	59
60	Installation of mini-blinds	1999	3,476	348	10	348		2,464	60
61	Installation of handrails, bumpers, corner guards, chair rails	1999	5,500	550	10	550		3,896	61
62	Tube bundles for heat exchanger	1999	3,382	338	10	338		2,395	62
63	Install new tubes & door gaskets on boiler	1999	7,400	740	10	740		5,242	63
64	Install new motor, drain valve, drain hoses on washer	1999	1,903	190	10	190		1,346	64
65	Cove base installation, floor patches, vinyl tiles & powerbond	1999	11,459	1,146	10	1,146		7,449	65
66	Cove base installation	2000	3,267	327	10	327		2,125	66
67	Cove base installation	2000	1,939	194	10	194		1,261	67
68	Installation of fire dampers & exhaust fan	2000	2,773	277	10	277		1,801	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,812,257	\$ 21,412		\$ 227,015	\$ 205,603	\$ 4,009,913	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 & Rehabilitation Centre# 0035014

Report Period Beginning:

1/01/2006 Ending: 12/31/2006

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	\$ 21,412		\$ 227,015	\$ 205,603	\$ 4,009,913	1
2	New interior for kitchen panel	2000	2,630	263	10	263		1,709	2
3	Electrical work for 6 dialysis chairs	2000	3,975	398	10	398		2,586	3
4	Install exhaust fan, ductwork, exhaust grille & fire-rated door	2000	2,560	256	10	256		1,664	4
5	Ductwork fabrication and installation	2000	4,120	412	10	412		2,678	5
6	Plumbing project	2000	14,517	1,452	10	1,452		9,438	6
7	Carpeting, floor patches	1999	2,969	297	10	297		2,277	7
8	4 custom nurses stations	2000	10,025	1,002	10	1,002		6,514	8
9	4 custom nurses stations	2000	33,284	3,328	10	3,328		21,633	9
10	5 sinks in nurses station	2000	1,642	164	10	164		1,066	10
11	Fire alarm system	2000	3,324	332	10	332		2,159	11
12	Cove base & vinyl installation, floor patches	2000	2,705	270	10	270		1,756	12
13	Install door restrictors, emergency lights & elevator telephone	2000	11,500	1,150	10	1,150		7,475	13
14	Dura glide 3000 single slide door packages	2000	12,218	1,222	10	1,222		7,943	14
15	Furnish and install two oil tank coolers in elevator pit	2001	6,750	675	10	675		3,713	15
16	Replace gasket, valves and coils on compressor	2001	3,200	320	10	320		1,760	16
17	Remove lobby wall, build new wall and install new ceiling	2001	26,841	2,684	10	2,684		14,762	17
18	Pre-wiring, televisions, brackets and electrical outlets	2001	68,526	6,852	10	6,852		37,686	18
19	Window caulking and masonry	2000	4,320	432	10	432		2,808	19
20	Ceramic tile, carpet, floor patches and cove base installation	2001	8,147	814	10	814		4,477	20
21	Ceiling/lighting project and remove/build wall in copy room	2001	24,145	2,414	10	2,414		13,277	21
22	Wallcovering installation and painting	2001	6,115	612	10	612		3,366	22
23	Ceiling fixture, 2 chandeliers, 4 wall sconces	2001	3,006	300	10	300		1,650	23
24	Installation of television system	2002	3,569	357	10	357		1,606	24
25	Furnish and install blinds	2002	3,616	362	10	362		1,629	25
26	Dialysis room renovation	2002	12,000	1,200	10	1,200		5,400	26
27	Cove base & vinyl installation, floor patches	2002	5,467	547	10	547		2,461	27
28	Replace tubes in boiler	2002	8,006	801	10	801		3,604	28
29	Television system installation	2003	10,846	1,085	10	1,085		3,797	29
30	Elevator pump installation	2003	2,450	245	10	245		857	30
31	Power amplifier and speaker installation	2003	3,962	396	10	396		1,386	31
32	Install receptacles to attach emergency panels for respirators	2004	2,960	296	10	296		740	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,121,652	\$ 52,350		\$ 257,953	\$ 205,603	\$ 4,183,790	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 & Rehabilitation Centre# 0035014

Report Period Beginning:

1/01/2006 Ending: 12/31/2006

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 12B, Carried Forward		\$ 8,121,652	\$ 52,350		\$ 257,953	\$ 205,603	\$ 4,183,790	1
2	Furnish and install new elevator door detector unit	2004	2,004	200	10	200		500	2
3	Installation of remote DVD system	2004	2,339	234	10	234		585	3
4	Repipe and patch alarm system	2003	2,200	220	10	220		770	4
5	Furnish and install head gaskets on boilers	2005	5,565	557	10	557		835	5
6	Philadelphia insurance refund	2005	(15,497)	(1,550)	10	(1,550)		(2,325)	6
7	Replacement of the fire alarm panel	2005	7,803	780	10	780		1,170	7
8	Cable installation	2005	13,115	1,312	10	1,312		1,968	8
9	Installed new detector edge and power pack on elevator	2005	1,983	198	10	198		297	9
10	Replace cooling tower fan motor	2005	1,726	173	10	173		259	10
11	Change relief valve on compressor	2005	1,594	159	10	159		239	11
12	Install handrails, vinyl tile, ceiling and lighting in 2 elevators	2005	11,091	1,109	10	1,109		1,664	12
13	Cable installation project	2005	21,100	2,110	10	2,110		3,165	13
14	Install cove base, ceramic tile, wallpaper and painting	2005	105,973	10,597	10	10,597		15,896	14
15	Install cove base, carpeting and vinyl tile	2005	17,729	1,773	10	1,773		2,659	15
16	Install vinyl/ceramic tile, furnish & install new sink, faucet	2005	2,235	224	10	224		336	16
17	Installation of wiring for vent machine	2005	1,393	139	10	139		209	17
18	Installation of FTA satellite system	2005	1,310	131	10	131		197	18
19	Valve installation on sprinkler heads	2006	3,175	159	10	159		159	19
20	Rework heads on sprinkler system	2006	2,033	102	10	102		102	20
21	Raise piping above soffit, relocate sprinkler heads	2006	5,258	263	10	263		263	21
22	Custom built-in wall units with drawers	2006	17,672	884	10	884		884	22
23	Furnish and install fire-rated doors, ceiling, ceramic tiles	2006	99,654	4,983	10	4,983		4,983	23
24	Furnish and install 44 gallon shower	2006	11,512	576	10	576		576	24
25	Installation of access door	2006	3,450	173	10	173		173	25
26	Purchase of cooling tower	2006	20,505	1,025	10	1,025		1,025	26
27	Installation of new electrical receptacles	2006	14,960	748	10	748		748	27
28	Installation of evaporator control unit in electrical room	2006	2,593	130	10	130		130	28
29	Installation of patch panel and computer jacks	2006	3,742	187	10	187		187	29
30	Removal of asbestos from cooling tower	2006	4,250	213	10	213		213	30
31	Installation of new coils, repair patch and connect piping	2006	2,946	147	10	147		147	31
32	Furnish and install fire alarm equipment	2006	6,390	320	10	320		320	32
33	Disconnect, remove and rewire cooling tower	2006	16,266	813	10	813		813	33
34	TOTAL (lines 1 thru 33)		\$ 8,519,721	\$ 81,439		\$ 287,042	\$ 205,603	\$ 4,222,937	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building 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	
1		\$ 8,519,721	\$ 81,439		\$ 287,042	\$ 205,603	\$ 4,222,937	1
2	2006	3,160	158	10	158		158	2
3								3
4								4
5								5
6								6
7		33,077			3,233	3,233	25,488	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		\$ 8,555,958	\$ 81,597		\$ 290,433	\$ 208,836	\$ 4,248,583	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

C. Equipment 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	\$ 896,482	\$ 89,649	\$ 89,649	\$	10 years	\$ 448,462	71
72	Current Year Purchases	35,508	1,775	1,775		10 years	1,775	72
73	Fully Depreciated Assets	663,131	4,779	4,779		5,10 years	663,131	73
74	Allocated from Management Co:	172,464		15,174	15,174		145,926	74
75	TOTALS	\$ 1,767,585	\$ 96,203	\$ 111,377	\$ 15,174		\$ 1,259,294	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 Co:			31,149		3,334	3,334		27,899	78
79										79
80	TOTALS			\$ 39,629	\$	\$ 3,334	\$ 3,334		\$ 36,379	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)	\$ 10,645,371	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 177,800	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 405,144	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 227,344	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,544,256	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?

If NO, see instructions. YES NO

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

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

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

N/A

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: \$ 13,126 Description: Copier\$7,674, Ice-maker\$2,040, Postage meter\$513, Allocated from Management Co\$2,899

(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>4,571</u>	19
20					20
21	TOTAL		\$ <u>288.00</u>	\$ <u>8,025</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. /2007 \$

13. /2008 \$

14. /2009 \$

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
 - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- 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	\$	5,689	\$ 291,057	\$ 2,514	5,689	\$ 293,571	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 3	hrs		2,111	106,502		2,111	106,502	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 1,2&3	hrs		7,213	396,792	2,253	7,213	399,045	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				486,399		486,399	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	Ln 39, Col 2					104,344		104,344	12
13	Radiology, Laboratory & Dialysis Other (specify): Respiratory Therapy	Ln 39, Col 3 Ln10a,Col 1&3	12285	198,101	137	121,751 5,492		12,422	121,751 203,593	13
14	TOTAL			\$ 198,101	15,150	\$ 921,594	\$ 595,510	27,435	\$ 1,715,205	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 & Rehabilitation Centre# 0035014Report Period Beginning: 1/01/2006Ending: 12/31/2006

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2006

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ (803,500)	\$ 1,235,870	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>536,600</u>)	6,313,250	6,313,250	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	257,327	257,327	6
7	Other Prepaid Expenses	821,123	821,123	7
8	Accounts Receivable (owners or related parties)	(2,053,024)		8
9	Other(specify): <u>Employee Loans Receivable</u>	26,850	26,850	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,562,026	\$ 8,654,420	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	1,318,520	1,447,084	15
16	Equipment, at Historical Cost	1,103,270	1,807,214	16
17	Accumulated Depreciation (book methods)	(1,399,184)	(5,544,256)	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>		68,571	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,022,606	\$ 5,169,686	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,584,632	\$ 13,824,106	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 2,561	\$ 2,561	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	10,454	10,454	28
29	Short-Term Notes Payable	42,724	42,724	29
30	Accrued Salaries Payable	397,300	397,300	30
31	Accrued Taxes Payable (excluding real estate taxes)	133,007	133,007	31
32	Accrued Real Estate Taxes(Sch.IX-B)		546,000	32
33	Accrued Interest Payable		39,054	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule E:</u>	337,306	337,306	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 923,352	\$ 1,508,406	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	42,724	42,724	39
40	Mortgage Payable		18,000,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44	<u>Due To Officers</u>	3,395,000	3,395,000	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,437,724	\$ 21,437,724	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,361,076	\$ 22,946,130	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,223,556	\$ (9,122,024)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,584,632	\$ 13,824,106	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,711,076	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,711,076	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(487,520)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (487,520)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,223,556	24

* Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre# 0035014Report Period Beginning: 1/01/2006Ending: 12/31/2006**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	\$ 14,978,718	1
2	Discounts and Allowances for all Levels	(3,820,592)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,158,126	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,062,786	6
7	Oxygen	593,832	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,656,618	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	647,874	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	55,177	19
20	Radiology and X-Ray	12,902	20
21	Other Medical Services	1,039,979	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,755,932	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	56,651	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 56,651	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Private Bedhold	1,400	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,400	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,628,727	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,204,682	31
32	Health Care	6,056,525	32
33	General Administration	4,016,748	33
B. Capital Expense			
34	Ownership	2,787,301	34
C. Ancillary Expense			
35	Special Cost Centers	885,643	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)*	\$ 16,116,247	40
41	Income before Income Taxes (line 30 minus line 40)**	(487,520)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (487,520)	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 & Rehabilitation Centre

0035014

Report Period Beginning: 1/01/2006

Ending:

12/31/2006

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	1,992	2,240	\$ 139,241	\$ 62.16	1
2	Assistant Director of Nursing	1,648	1,812	76,285	42.10	2
3	Registered Nurses	51,983	54,591	1,420,400	26.02	3
4	Licensed Practical Nurses	13,934	14,824	312,952	21.11	4
5	CNAs & Orderlies	140,576	153,246	1,693,405	11.05	5
6	CNA Trainees					6
7	Licensed Therapist	9,435	10,076	198,101	19.66	7
8	Rehab/Therapy Aides					8
9	Activity Director	2,021	2,166	46,686	21.55	9
10	Activity Assistants	12,398	13,145	117,145	8.91	10
11	Social Service Workers	9,829	10,573	206,110	19.49	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	13,400	14,237	155,329	10.91	14
15	Cook Helpers/Assistants	27,091	29,022	262,714	9.05	15
16	Dishwashers					16
17	Maintenance Workers	6,136	6,742	84,070	12.47	17
18	Housekeepers	24,655	26,338	239,633	9.10	18
19	Laundry	10,224	11,041	105,879	9.59	19
20	Administrator	1,632	1,816	65,914	36.30	20
21	Assistant Administrator	1,997	2,235	54,231	24.26	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,711	12,812	285,394	22.28	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	1,909	2,166	68,809	31.77	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	6,503	7,149	108,518	15.18	33
34	TOTAL (lines 1 - 33)	349,074	376,231	\$ 5,640,816 *	\$ 14.99	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 30,217	Ln 1, Col 3	35
36	Medical Director	Monthly	81,800	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,375	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	44	2,112	Ln11, Col 3	44
45	Social Service Consultant	115	5,770	Ln12, Col 3	45
46	Other(specify)				46
47	<u>Religious Consultant</u>	Monthly	4,100	Ln12, Col 3	47
48					48
49	TOTAL (lines 35 - 48)	159	\$ 125,374		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

XIX-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								
					FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
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 & Rehabilitation Centre# 0035014Report Period Beginning: 1/01/2006Ending: 12/31/2006**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 \$14,549
- (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. \$ 41,320 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. \$ 34,110 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
12/31/2006

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
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
 12/31/2006

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	17,827	41,190	44,850	33,946	137,813
David Glenner	8,914	20,595	22,425	16,973	68,907
Daniel Glenner	2,951	6,818	7,424	5,619	22,812
Jonathan Glenner	2,999	6,929	7,545	5,711	23,184
David Weinschneider	25,434	0	0	0	25,434
Joshua Ray	17,827	41,190	44,850	33,946	137,813
Barry Ray	17,130	39,578	43,096	32,619	132,423
Total compensation received from other Nursing Homes	93,082	156,300	170,190	128,814	548,386

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
 Provider I.D. # 0035014
 12/31/2006

SCHEDULE C

XIX. SUPPORT SCHEDULES

C. Professional Services
 Page 21

Vendor/Payee	Type	AMOUNT
Health Data Systems, Inc.	Computers	7,289
Advanced Answers on Demand	Computers	5,730
Kronos	Computers	1,456
E Health Data Solutions	Computers	5,130
RSM McGladrey	Accounting	27,485
Frost, Ruttenberg & Rothblatt	Accounting	475
Sachnoff & Weaver, Ltd.	Legal	13,710
Myers, Miller & Krauskopf	Legal	50,825
Foley & Lardner LLP	Legal	500
Ira I. Silverstein	Legal	2,400
Personnel Planners, Inc.	Unemployment Consulting	1,017
Commitment Consulting	A/R Collections	1,401
Total Schedule V, Line 19, Col. 3		<u>117,418</u>
Allocated from Management Co:		
Health Data Systems, Inc. - Computer Services		1,213
RSM McGladrey - Accounting Services		22,478
Frost, Roth & Ruttenberg - Accounting Services		135
Sachnoff, Weaver & Rubenstein - Legal Services		55
Total allocated from Management Co.		<u>23,881</u>
Total allocated from Therapy Masters:		418
GlenBridge Real Estate LLC:		
SAS Architects and Planners	Architectural	3,900
Schiller, Klein & McElroy	Real Estate Reduction	13,537
Schiller, Klein & McElroy	Real Estate Reduction	17,275
Total from GlenBridge Real Estate LLC:		<u>34,712</u>
Reclass Schiller, Klein & McElroy invoice to Line 33		-13,537
Non-Allowable Expenses:		
Schiller, Klein & McElroy, P.C. -GlenBridge R.E. LLC - out of period		-17,275
Foley & Lardner LLP - non-allowable		-500
SAS Architects and Planners - Architectural		-3,900
Myers, Miller & Krauskopf - out of period		-10,866
Ira I. Silverstein - A/R collections		-2,400
Commitment Consulting - A/R Collections		-1,401
Total Non-Allowable Expenses:		<u>-36,342</u>
Total adjustments page 21, Sch C.		<u>9,132</u>
Total Schedule V, line 19, column 8		<u>126,550</u>

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2006

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	33,620
FUTA	445
SUTA	2,220
401K Match	2,227
Insurance - Hospital	53,100
Employee Benefits	3,269
Other Employee Benefits	6,178
Workers Compensation Insurance	1,508
Total allocated from Management Co.	<u>102,567</u>
Employee Benefits reclassified to Lines 7, 27	-102,567
Allocated from Therapy Masters, Inc.:	
FICA taxes	42,824
FUTA	937
SUTA	1,919
401K Match	3,421
Insurance - Hospital	10,251
Workers Compensation Insurance	4,530
Other Employee Benefits	933
Uniform Allowance	112
Total allocated from Therapy Masters, Inc. Co.	<u>64,927</u>
Employee Benefits reclassified to Lines 15,27	-64,927
Total allocated to Page 21	<u>0</u>

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2006

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Due to Third Party	312,617
Accrued Union Dues	3,699
Credit Union	0
Accrued Profit Sharing	0
Accrued Wage Assignment	31,814
Estimated Medicare Settlement	0
Refunds Exchange	(15,615)
Workshop	3,551
Accrued 401K	0
Due to Patient Trust Fund	1,240
Sundry Payable	0
Total, Page 17, Line36	<u><u>337,306</u></u>

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2006

SCHEDULE F

SCHEDULE VI. ADJUSTMENT DETAIL

Schedule A. Nonallowable Expenses

Page 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>REFERENCE</u>
Patient clothing	-541	43
Non-allowable professional fees	-36,342	19
Non-allowable trust fees	-605	43
Adjust mgt co. med supplies - med'A' to cost	-158,252	10
Adjust mgt co. med supplies - 'other' to cost	-53,719	10
Adjust mgt co. food to cost	-44,175	2
Non-allowable auto expense - marketing	-3,711	25
Non-allowable Illinois Council on Long Term Care fees	-1,510	20
Non-allowable marketing salary	-35,840	21
Total	<u>-334,695</u>	

See Accountants' Compilation Report

GlenBridge Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2006

SCHEDULE G

	Accrued 1/01/06	Payments	Expense	Accrued 12/31/06
Balance @ 1/01/2006:	(531,000.00)		(531,000.00)	
2005 real estate taxes paid		532,056.62	532,056.62	
Cash received 1/23/06 for reduction in 2002 real estate taxes.		(18,669.40)	(18,669.40)	
Cash received 3/30/06 for reduction in 1999 real estate taxes.		(1,087.15)	(1,087.15)	
Cash received 10/27/06 for reduction in 2003 real estate taxes.		(17,428.28)	(17,428.28)	
Estimated 2006 real estate taxes:				
2005 taxes	532,056.62			
Estimated increase	2.50 %			
Estimated 2006 taxes	545,358.04			
USE	546,000.00		546,000.00	(546,000.00)
Totals	(531,000.00)	494,871.79	509,871.79	(546,000.00)

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%
	2005	532,056.62	14,223.47	2.75%

SEE ACCOUNTANTS' COMPILATION REPORT

Provider Name: GlenBridge Nursing & Rehab Ctr.
 Provider I.D. #: 0035014
 Year Ended: December 31, 2006

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Chaim Dubovick	7/1/06	Chicago	Wright Junior College Administrator License classes	1,457
Nancy Crutcher, Merville Villa, Linda Kelly	3/15/06	Skokie	Il Council on Long Term Care Moving from Assessment to Care	285
Nancy Crutcher, Merville Villa	2/23/06	Skokie	Il Council on Long Term Care 2006 Revised MDS Medicaid System	390
Social Service Staff	3/23/06	Niles	George Savarese Community Resources	500
Customer Service Training booklet	3/23/06	Chicago	Il Council on Long Term Care	100
Nancy Crutcher, Merville Villa, Olivia Carey	5/23/06	Skokie	Il Council on Long Term Care 2006 Changes to the OBRA Survey	380
Sidney Glenner, Joshua Ray, Sharon Moravec, Nancy Crutcher, Dr. Weil	7/27/06- 7/30/06	Chicago	Il Bone & Joint Center 8th Annual Chicago Trauma Symposium	2,500
Nursing Staff	6/29/06	Niles	Passy Muir Tracheostomy Observation & Model Assembly	291
Social Service & Nursing Staff	7/26/06	Niles	C. Margaret McClaskey Making Ethical Decisions: Choices About Life, Health, Dying, Legal and Ethical Issues	600
Conchita Gonzales	8/21/06	Chicago	Alzheimer's Association Alzheimers training course	100
Nancy Crutcher, Chaim Dubovick, Ambreen Quereshi	10/18/06	Skokie	Il Council on Long Term Care Life Safety Violations	443
Nancy Crutcher, Merville Villa	12/5/06	Skokie	Il Council on Long Term Care Medicaid Regulations	190
Nancy Crutcher	11/29/06	Kenosha, WI	Mutual of Omaha Medicare 101 Billing & Compliance Seminar	44
Sharon Moravec	11/10/06	Chicago	Foundation for Rehabilitation Rehabilitation in Geriatric Patients	100
Nursing Staff	11/29/06	Niles	Laney Pressman Catastrophic Case Management	600
			OT Consultants	
Sharon Moravec, Madelyn Delacruz, Lucy Tur	2/28/06	Morton Grove	Traumatic Injury of the Pelvis & Lumbar Spine	4,500
Olivia Carey, Dr. Weil, Bridget Peacock, Linda Kelly	6/6/06	Morton Grove	Traumatic Injury of the Knee and Ankle	4,500
Mark Dubovic, Paven Rakalla, Ambreen Quereshi,	9/19/06	Morton Grove	Continuum of Care - From the Hospital to Home	4,500
Pati Davis, Michael Mitaratondo	11/14/06	Morton Grove	Trauma Surgeries and Current Issues	4,500
			Allocated From Management Company	835
			Allocated From Therapy Masters	1,999
			Total	<u>28,814</u>

SEE ACCOUNTANTS' COMPILATION REPORT

GlenBridge Nursing and Rehabilitation Centre, LTD.
Provider I.D. #0035014
12/31/2006

SCHEDULE I

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

	Gasoline	Licenses/ Stickers	Mileage Reimburse	Repairs	Total
Direct Expense	8,700	78	2,323	978	12,079
Non-allowable auto expense - marketing					-3,711
Allocated from Management Company					8,706
Allocated from Therapy Masters					1,176
TOTAL	<u>8,700</u>	<u>78</u>	<u>2,323</u>	<u>978</u>	<u>18,250</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%	SCHEDULE J				
							GLENBRIDGE 103,052/460,292 0.223883969	GLENCREST 111,372/460,292 0.241959452	GLEN OAKS 101,895/460,292 0.221370348	GLEN ELSTON 41,220/460,292 0.08955185	GLENSHIRE 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		0						
WALL CONSTRUCTION	10,235	-10,235	0		0						
ELECTRICAL	10,634	-10,634	0		0						
MISC. IMPROVEMENTS	26,075	-26,075	0		0						
ASPHALT DRIVEWAY	5,900	-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	<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											
2006 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

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2006

SCHEDULE K

XIX. SUPPORT SCHEDULES

Page 21

F. Dues, Fees, Subscriptions and Promotions

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Illinois Council on Long Term Care Dues	16,059
Management Network Services Membership Fee	1,000
Employment Fees	18,817
Village of Niles Annual Business License	5,179
Joint Commission Fees	2,975
Secretary of State Annual Report Fee	225
Optimizer System License Fee	204
CLIA Laboratory Program Certificate Fee	150
Non-Allowable Illinois Council on Long Term Care Fee	-1,510
Total allocated to Page 21	<u>43,099</u>

See Accountants' Compilation Report