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|--|--|-------------|--|--|--|--|--|
| | | FOR BHF USE | | | | | |
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2007
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2007)

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

I. IDPH License ID Number: 0035014

Facility Name: Glen Bridge Nursing & Rehabilitation Centre

Address: 8333 West Golf Road Niles 60714
Number City Zip Code

County: Cook

Telephone Number: (847) 966-9190 **Fax #** (847) 966-4455

HFS ID Number: 363612592001

Date of Initial License for Current Owners: 3/01/1989

Type of Ownership:

| | | |
|--|---|---------------------------------------|
| <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 _____ | |

In the event there are further questions about this report, please contact:
Name: Charles J. Fischer **Telephone Number:** (312) 634-4580

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/01/2007 to 12/31/2007 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

| | | |
|---|---|--------------|
| Officer or Administrator of Provider | (Signed) _____ | (Date) _____ |
| | (Type or Print Name) _____ | |
| | (Title) _____ | |
| Paid Preparer | (Signed) _____ | (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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre# 0035014 Report Period Beginning: 1/01/2007 Ending: 12/31/2007

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 bedsN/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 3 4 5 Patient Days by Level of Care and Primary Source of Payment | | | | |
|----|--------------------|--|--------------|---------------|---------------|----|
| | | Medicaid Recipient | Private Pay | Other | Total | |
| 8 | SNF | <u>40,335</u> | <u>3,196</u> | <u>10,751</u> | <u>54,282</u> | 8 |
| 9 | SNF/PED | | | | | 9 |
| 10 | ICF | <u>38,735</u> | <u>732</u> | <u>18</u> | <u>39,485</u> | 10 |
| 11 | ICF/DD | | | | | 11 |
| 12 | SC | | | | | 12 |
| 13 | DD 16 OR LESS | | | | | 13 |
| 14 | TOTALS | <u>79,070</u> | <u>3,928</u> | <u>10,769</u> | <u>93,767</u> | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.06%

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)

NoneF. 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 numberof beds certified 94 and days of care provided 9,386Medicare Intermediary Wisconsin Physicians Service Insurance Corporation

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH* Is your fiscal year identical to your tax year? YES NO Tax Year: 12/31/07 Fiscal Year: 12/31/07

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centr # 0035014 Report Period Beginning: 1/01/2007 Ending: 12/31/2007

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

| | Operating Expenses | Costs Per General Ledger | | | | Reclass-ification 5 | Reclassified Total 6 | Adjust-ments 7 | Adjusted Total 8 | FOR BHF USE ONLY | |
|-----|--|--------------------------|---------------|------------|------------|------------------------|----------------------------|-------------------|------------------------|------------------|-----|
| | | Salary/Wage 1 | Supplies 2 | Other 3 | Total 4 | | | | | 9 | 10 |
| | A. General Services | | | | | | | | | | |
| 1 | Dietary | 434,065 | 92,800 | 33,499 | 560,364 | | 560,364 | 22 | 560,386 | | 1 |
| 2 | Food Purchase | | 711,625 | | 711,625 | (34,039) | 677,586 | (48,925) | 628,661 | | 2 |
| 3 | Housekeeping | 254,446 | 53,245 | | 307,691 | | 307,691 | | 307,691 | | 3 |
| 4 | Laundry | 108,421 | 14,188 | 26,967 | 149,576 | | 149,576 | | 149,576 | | 4 |
| 5 | Heat and Other Utilities | | | 296,623 | 296,623 | | 296,623 | 6,365 | 302,988 | | 5 |
| 6 | Maintenance | 83,456 | 22,683 | 78,301 | 184,440 | | 184,440 | 9,443 | 193,883 | | 6 |
| 7 | Other (specify):* Allocated Employee Benefits | | | | | | | 610 | 610 | | 7 |
| 8 | TOTAL General Services | 880,388 | 894,541 | 435,390 | 2,210,319 | (34,039) | 2,176,280 | (32,485) | 2,143,795 | | 8 |
| | B. Health Care and Programs | | | | | | | | | | |
| 9 | Medical Director | | | 84,000 | 84,000 | | 84,000 | | 84,000 | | 9 |
| 10 | Nursing and Medical Records | 3,965,101 | 878,744 | 6,205 | 4,850,050 | | 4,850,050 | (230,723) | 4,619,327 | | 10 |
| 10a | Therapy | 189,958 | 417 | 1,210,536 | 1,400,911 | | 1,400,911 | (639,188) | 761,723 | | 10a |
| 11 | Activities | 162,509 | 4,681 | 2,516 | 169,706 | | 169,706 | | 169,706 | | 11 |
| 12 | Social Services | 219,896 | | 8,649 | 228,545 | | 228,545 | | 228,545 | | 12 |
| 13 | CNA Training | | | | | | | | | | 13 |
| 14 | Program Transportation | | | 825 | 825 | | 825 | | 825 | | 14 |
| 15 | Other (specify):* Allocated Employee Benefits | | | | | | | 64,918 | 64,918 | | 15 |
| 16 | TOTAL Health Care and Programs | 4,537,464 | 883,842 | 1,312,731 | 6,734,037 | | 6,734,037 | (804,993) | 5,929,044 | | 16 |
| | C. General Administration | | | | | | | | | | |
| 17 | Administrative | 81,632 | | 1,832,844 | 1,914,476 | | 1,914,476 | (1,744,288) | 170,188 | | 17 |
| 18 | Directors Fees | | | | | | | | | | 18 |
| 19 | Professional Services | | | 101,343 | 101,343 | (18,839) | 82,504 | 7,911 | 90,415 | | 19 |
| 20 | Dues, Fees, Subscriptions & Promotions | | | 53,477 | 53,477 | 4,810 | 58,287 | 17,338 | 75,625 | | 20 |
| 21 | Clerical & General Office Expenses | 311,781 | 85,259 | 92,721 | 489,761 | (4,810) | 484,951 | 439,029 | 923,980 | | 21 |
| 22 | Employee Benefits & Payroll Taxes | | | 908,407 | 908,407 | 34,039 | 942,446 | | 942,446 | | 22 |
| 23 | Inservice Training & Education | | | 3,510 | 3,510 | | 3,510 | 3,386 | 6,896 | | 23 |
| 24 | Travel and Seminar | | | | | | | | | | 24 |
| 25 | Other Admin. Staff Transportation | | | 20,804 | 20,804 | (1,453) | 19,351 | (119) | 19,232 | | 25 |
| 26 | Insurance-Prop.Liab.Malpractice | | | 424,837 | 424,837 | | 424,837 | 2,846 | 427,683 | | 26 |
| 27 | Other (specify):* Allocated Employee Benefits | | | | | | | 72,944 | 72,944 | | 27 |
| 28 | TOTAL General Administration | 393,413 | 85,259 | 3,437,943 | 3,916,615 | 13,747 | 3,930,362 | (1,200,953) | 2,729,409 | | 28 |
| 29 | TOTAL Operating Expense (sum of lines 8, 16 & 28) | 5,811,265 | 1,863,642 | 5,186,064 | 12,860,971 | (20,292) | 12,840,679 | (2,038,431) | 10,802,248 | | 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 BHF USE ONLY | | |
|----|---|-------------------------|---------------|------------|------------|----------------------------|----------------------------|-----------------------|------------------------|------------------|----|----|
| | | Salary/Wage 1 | Supplies 2 | Other 3 | Total 4 | | | | | 9 | 10 | |
| | D. Ownership | | | | | | | | | | | |
| 30 | Depreciation | | | 184,420 | 184,420 | | 184,420 | 220,878 | 405,298 | | | 30 |
| 31 | Amortization of Pre-Op. & Org. | | | | | | | | | | | 31 |
| 32 | Interest | | | 27,784 | 27,784 | | 27,784 | 1,043,711 | 1,071,495 | | | 32 |
| 33 | Real Estate Taxes | | | | | 18,839 | 18,839 | 512,824 | 531,663 | | | 33 |
| 34 | Rent-Facility & Grounds | | | 2,482,863 | 2,482,863 | | 2,482,863 | (2,482,863) | | | | 34 |
| 35 | Rent-Equipment & Vehicles | | | 3,066 | 3,066 | 1,453 | 4,519 | 9,981 | 14,500 | | | 35 |
| 36 | Other (specify):* | | | | | | | | | | | 36 |
| 37 | TOTAL Ownership | | | 2,698,133 | 2,698,133 | 20,292 | 2,718,425 | (695,469) | 2,022,956 | | | 37 |
| | Ancillary Expense | | | | | | | | | | | |
| | E. Special Cost Centers | | | | | | | | | | | |
| 38 | Medically Necessary Transportation | | | | | | | | | | | 38 |
| 39 | Ancillary Service Centers | | 415,090 | 115,194 | 530,284 | | 530,284 | | 530,284 | | | 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 | | | 226,748 | 226,748 | | 226,748 | (226,748) | | | | 43 |
| 44 | TOTAL Special Cost Centers | | 415,090 | 507,290 | 922,380 | | 922,380 | (226,748) | 695,632 | | | 44 |
| 45 | GRAND TOTAL COST (sum of lines 29, 37 & 44) | 5,811,265 | 2,278,732 | 8,391,487 | 16,481,484 | | 16,481,484 | (2,960,648) | 13,520,836 | | | 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 | BHF USE ONLY | |
| 1 | Day Care | \$ | | \$ | 1 |
| 2 | Other Care for Outpatients | | | | 2 |
| 3 | Governmental Sponsored Special Programs | | | | 3 |
| 4 | Non-Patient Meals | | | | 4 |
| 5 | Telephone, TV & Radio in Resident Rooms | | | | 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 | (70,268) | 32 | | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds | | | | 11 |
| 12 | Non-Working Officer's or Owner's Salary | | | | 12 |
| 13 | Sales Tax | (1,509) | 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 | (8,762) | 43 | | 18 |
| 19 | Entertainment | (2,555) | 43 | | 19 |
| 20 | Contributions | (4,250) | 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 | (178,400) | 43 | | 24 |
| 25 | Fund Raising, Advertising and Promotional | (27,919) | 43 | | 25 |
| 26 | Income Taxes and Illinois Personal Property Replacement Tax | (6,000) | 43 | | 26 |
| 27 | CNA Training for Non-Employees | | | | 27 |
| 28 | Yellow Page Advertising | (3,293) | 43 | | 28 |
| 29 | Other-Attach Schedule See Attached Schedule F: | (322,994) | | | 29 |
| 30 | SUBTOTAL (A): (Sum of lines 1-29) | \$ (625,950) | | \$ | 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) | (2,334,698) | | 34 |
| 35 | Other- Attach Schedule | | | 35 |
| 36 | SUBTOTAL (B): (sum of lines 31-35) | \$ (2,334,698) | | 36 |
| | (sum of SUBTOTALS | | | |
| 37 | TOTAL ADJUSTMENTS (A) and (B)) | \$ (2,960,648) | | 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 | 1,192 | Ln10,Co2 | 44 |
| 45 | Other-Attach Schedule | | X | | | 45 |
| 46 | Other-Attach Schedule | | X | | | 46 |
| 47 | TOTAL (C): (sum of lines 38-46) | | | \$ 1,192 | | 47 |

| BHF USE ONLY | | | | | | |
|--------------|--|----|--|----|--|----|
| 48 | | 49 | | 50 | | 51 |
| | | | | | | 52 |

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Bridge Nursing & Rehabilitation Centre

ID# 0035014

Report Period Beginning: 1/01/2007

Ending: 12/31/2007

Sch. V Line

| NON-ALLOWABLE EXPENSES | | Amount | Reference | |
|------------------------|--|-----------|-----------|----|
| 1 | Patient clothing | \$ (60) | 43 | 1 |
| 2 | Adjust Mgt Co. med supplies - "other" to cost | (141,584) | 10 | 2 |
| 3 | Adjust Mgt Co. med supplies - med"A" to cost | (89,143) | 10 | 3 |
| 4 | Adjust Mgt Co. food to cost | (48,999) | 2 | 4 |
| 5 | Non-allowable professional fees | (30,080) | 19 | 5 |
| 6 | Non-allowable auto expense - marketing | (8,750) | 25 | 6 |
| 7 | Non-allowable trust fees | (400) | 43 | 7 |
| 8 | Non-allowable IL Council on Long Term Care fee | (3,978) | 20 | 8 |
| 9 | | | | 9 |
| 10 | | | | 10 |
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| 46 | | | | 46 |
| 47 | | | | 47 |
| 48 | | | | 48 |
| 49 | Total | (322,994) | | 49 |

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre

0035014

Report Period Beginning:

1/01/2007

Ending:

12/31/2007

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

| | Operating Expenses | PAGES 5 & 5A | PAGE 6 | PAGE 6A | PAGE 6B | PAGE 6C | PAGE 6D | PAGE 6E | PAGE 6F | PAGE 6G | PAGE 6H | PAGE 6I | SUMMARY TOTALS (to Sch V, col.7) | |
|-----|---|------------------|-----------|------------------|--------------------|---------------|------------------|------------|------------|------------|------------|------------|--|-----------|
| | A. General Services | | | | | | | | | | | | | |
| 1 | Dietary | 0 | 0 | 0 | 0 | 0 | 22 | 0 | 0 | 0 | 0 | 0 | 22 | 1 |
| 2 | Food Purchase | (48,999) | 0 | 0 | 0 | 0 | 74 | 0 | 0 | 0 | 0 | 0 | (48,925) | 2 |
| 3 | Housekeeping | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| 4 | Laundry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| 5 | Heat and Other Utilities | 0 | 0 | 6,365 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6,365 | 5 |
| 6 | Maintenance | 0 | 0 | 9,402 | 0 | 0 | 41 | 0 | 0 | 0 | 0 | 0 | 9,443 | 6 |
| 7 | Other (specify):* | 0 | 0 | 610 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 610 | 7 |
| 8 | TOTAL General Services | (48,999) | 0 | 16,377 | 0 | 0 | 137 | 0 | 0 | 0 | 0 | 0 | (32,485) | 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 | (230,727) | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | (230,723) | 10 |
| 10a | Therapy | 0 | 0 | 0 | 0 | 0 | (639,188) | 0 | 0 | 0 | 0 | 0 | (639,188) | 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 | 64,918 | 0 | 0 | 0 | 0 | 0 | 64,918 | 15 |
| 16 | TOTAL Health Care and Programs | (230,727) | 0 | 0 | 0 | 0 | (574,266) | 0 | 0 | 0 | 0 | 0 | (804,993) | 16 |
| | C. General Administration | | | | | | | | | | | | | |
| 17 | Administrative | 0 | 0 | (681,808) | (1,062,480) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (1,744,288) | 17 |
| 18 | Directors Fees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 18 |
| 19 | Professional Services | (30,080) | 0 | 18,618 | 0 | 18,944 | 429 | 0 | 0 | 0 | 0 | 0 | 7,911 | 19 |
| 20 | Fees, Subscriptions & Promotions | (3,978) | 0 | 13,906 | 0 | 0 | 7,410 | 0 | 0 | 0 | 0 | 0 | 17,338 | 20 |
| 21 | Clerical & General Office Expenses | 0 | 0 | 424,910 | 0 | 0 | 14,119 | 0 | 0 | 0 | 0 | 0 | 439,029 | 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 | 527 | 0 | 0 | 2,859 | 0 | 0 | 0 | 0 | 0 | 3,386 | 23 |
| 24 | Travel and Seminar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 24 |
| 25 | Other Admin. Staff Transportation | (8,750) | 0 | 7,223 | 0 | 0 | 1,408 | 0 | 0 | 0 | 0 | 0 | (119) | 25 |
| 26 | Insurance-Prop.Liab.Malpractice | 0 | 0 | 2,846 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,846 | 26 |
| 27 | Other (specify):* | 0 | 0 | 71,969 | 0 | 0 | 975 | 0 | 0 | 0 | 0 | 0 | 72,944 | 27 |
| 28 | TOTAL General Administration | (42,808) | 0 | (141,809) | (1,062,480) | 18,944 | 27,200 | 0 | 0 | 0 | 0 | 0 | (1,200,953) | 28 |
| 29 | TOTAL Operating Expense (sum of lines 8,16 & 28) | (322,534) | 0 | (125,432) | (1,062,480) | 18,944 | (546,929) | 0 | 0 | 0 | 0 | 0 | (2,038,431) | 29 |

STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

1/01/2007

Ending:

12/31/2007

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 | 27,345 | 0 | 193,533 | 0 | 0 | 0 | 0 | 0 | 0 | 220,878 30 |
| 31 | Amortization of Pre-Op. & Org. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 31 |
| 32 | Interest | (70,268) | 0 | 0 | 0 | 1,113,979 | 0 | 0 | 0 | 0 | 0 | 0 | 1,043,711 32 |
| 33 | Real Estate Taxes | 0 | 0 | 14,101 | 0 | 498,723 | 0 | 0 | 0 | 0 | 0 | 0 | 512,824 33 |
| 34 | Rent-Facility & Grounds | 0 | 0 | 0 | 0 | (2,482,863) | 0 | 0 | 0 | 0 | 0 | 0 | (2,482,863) 34 |
| 35 | Rent-Equipment & Vehicles | 0 | 0 | 9,981 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9,981 35 |
| 36 | Other (specify):* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 36 |
| 37 | TOTAL Ownership | (70,268) | 0 | 51,427 | 0 | (676,628) | 0 | 0 | 0 | 0 | 0 | 0 | (695,469) 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):* | (233,148) | 0 | 0 | 0 | 6,400 | 0 | 0 | 0 | 0 | 0 | 0 | (226,748) 43 |
| 44 | TOTAL Special Cost Centers | (233,148) | 0 | 0 | 0 | 6,400 | 0 | 0 | 0 | 0 | 0 | 0 | (226,748) 44 |
| 45 | GRAND TOTAL COST (sum of lines 29, 37 & 44) | (625,950) | 0 | (74,005) | (1,062,480) | (651,284) | (546,929) | 0 | 0 | 0 | 0 | 0 | (2,960,648) 45 |

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre

0035014

Report Period Beginning: 1/01/2007 Ending: 12/31/2007

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 | | | |
| | | GlenLake Terrace Nursing & Rehabilitation Ctr, Ltd. | Waukegan | | | |
| | | | | | | |
| | | | | | | |

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 | 770,364 | Glen Health and Home Management, Inc. | A | 696,359 | (74,005) | 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 | 2,482,863 | GlenBridge Real Estate and Development, L.L.C. | C | 1,831,579 | (651,284) | 6 |
| 7 | V | | | | | | | 7 |
| 8 | V | Total from Page 6D | 1,209,773 | Therapy Masters, Inc. | D | 662,844 | (546,929) | 8 |
| 9 | V | | | | | | | 9 |
| 10 | V | | | | | | | 10 |
| 11 | V | | | | | | | 11 |
| 12 | V | | | | | | | 12 |
| 13 | V | | | | | | | 13 |
| 14 | Total | | \$ 5,525,480 | | | \$ 3,190,782 | \$ * (2,334,698) | 14 |

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre# 0035014Report Period Beginning: 1/01/2007 Ending: 12/31/2007

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 | \$ 770,364 | Glen Health and Home Management, Inc. | A | \$ | \$ (770,364) | 15 |
| 16 | V | 5 Utilities | | Glen Health and Home Management, Inc. | A | 6,365 | 6,365 | 16 |
| 17 | V | 6 Repairs and Maintenance | | Glen Health and Home Management, Inc. | A | 5,391 | 5,391 | 17 |
| 18 | V | 19 Professional Fees | | Glen Health and Home Management, Inc. | A | 18,618 | 18,618 | 18 |
| 19 | V | 20 Licenses, Permits and Inspection | | Glen Health and Home Management, Inc. | A | 13,906 | 13,906 | 19 |
| 20 | V | 21 Clerical | | Glen Health and Home Management, Inc. | A | 41,762 | 41,762 | 20 |
| 21 | V | 22 Employee Benefits and Payroll | | Glen Health and Home Management, Inc. | A | 72,579 | 72,579 | 21 |
| 22 | V | 23 Training and Education | | Glen Health and Home Management, Inc. | A | 527 | 527 | 22 |
| 23 | V | 25 Auto Expenses | | Glen Health and Home Management, Inc. | A | 7,223 | 7,223 | 23 |
| 24 | V | 26 Insurance | | Glen Health and Home Management, Inc. | A | 2,846 | 2,846 | 24 |
| 25 | V | 30 Depreciation | | Glen Health and Home Management, Inc. | A | 27,345 | 27,345 | 25 |
| 26 | V | 33 Real Estate Taxes | | Glen Health and Home Management, Inc. | A | 14,101 | 14,101 | 26 |
| 27 | V | 35 Equipment and Vehicle Rental | | Glen Health and Home Management, Inc. | A | 9,981 | 9,981 | 27 |
| 28 | V | 6 Janitorial Salaries | | Glen Health and Home Management, Inc. | A | 4,011 | 4,011 | 28 |
| 29 | V | 17 Officer's Salaries | | Glen Health and Home Management, Inc. | A | 88,556 | 88,556 | 29 |
| 30 | V | 21 Administrative Salaries | | Glen Health and Home Management, Inc. | A | 383,148 | 383,148 | 30 |
| 31 | V | 22 Employee Benefits | | Glen Health and Home Management, Inc. | A | (72,579) | (72,579) | 31 |
| 32 | V | 7 Employee Benefits - Janitorial | | Glen Health and Home Management, Inc. | A | 610 | 610 | 32 |
| 33 | V | 27 Employee Benefits - Officer's | | Glen Health and Home Management, Inc. | A | 13,514 | 13,514 | 33 |
| 34 | V | 27 Employee Benefits - Admin | | Glen Health and Home Management, Inc. | A | 58,455 | 58,455 | 34 |
| 35 | V | | | | | | | 35 |
| 36 | V | | | | | | | 36 |
| 37 | V | | | | | | | 37 |
| 38 | V | | | A - OWNERSHIP: Sidney Glenner - 100 % through attribution | | | | 38 |
| 39 | Total | | \$ 770,364 | | | \$ 696,359 | \$ * (74,005) | 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) | 15 |
| 16 | V | | | | | | | 16 |
| 17 | V | | | | | | | 17 |
| 18 | V | | | | | | | 18 |
| 19 | V | | | | | | | 19 |
| 20 | V | | | | | | | 20 |
| 21 | V | | | | | | | 21 |
| 22 | V | | | | | | | 22 |
| 23 | V | | | | | | | 23 |
| 24 | V | | | | | | | 24 |
| 25 | V | | | | | | | 25 |
| 26 | V | | | | | | | 26 |
| 27 | V | | | | | | | 27 |
| 28 | V | | | | | | | 28 |
| 29 | V | | | | | | | 29 |
| 30 | V | | | | | | | 30 |
| 31 | V | | | | | | | 31 |
| 32 | V | | | B - OWNERSHIP: | | | | 32 |
| 33 | V | | | Sidney Glenner - 80.00 % | | | | 33 |
| 34 | V | | | Barry Ray - 20.00 % | | | | 34 |
| 35 | V | | | | | | | 35 |
| 36 | V | | | | | | | 36 |
| 37 | V | | | | | | | 37 |
| 38 | V | | | | | | | 38 |
| 39 | Total | | \$ 1,062,480 | | | \$ 0 | \$ * (1,062,480) | 39 |

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

| 1 | 2 | 3 Cost Per General Ledger | 4 | 5 Cost to Related Organization | 6 | 7 | 8 Difference: | |
|------------|-------|---------------------------|--------------|--|----------------------|--|--|----|
| Schedule V | Line | Item | Amount | Name of Related Organization | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) | |
| 15 | V | 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 | 1,205,101 | 1,205,101 | 17 |
| 18 | V | 33 Real Estate Taxes | | GlenBridge Real Estate & Development, L.L.C. | C | 498,723 | 498,723 | 18 |
| 19 | V | 34 Rental | 2,482,863 | GlenBridge Real Estate & Development, L.L.C. | C | | (2,482,863) | 19 |
| 20 | V | 43 Corporate Taxes | | GlenBridge Real Estate & Development, L.L.C. | C | 6,000 | 6,000 | 20 |
| 21 | V | 32 Interest Income | | GlenBridge Real Estate & Development, L.L.C. | C | (91,122) | (91,122) | 21 |
| 22 | V | 19 Professional Fees | | GlenBridge Real Estate & Development, L.L.C. | C | 18,944 | 18,944 | 22 |
| 23 | V | | | | | | | 23 |
| 24 | V | | | | | | | 24 |
| 25 | V | | | | | | | 25 |
| 26 | V | | | | | | | 26 |
| 27 | V | | | | | | | 27 |
| 28 | V | | | | | | | 28 |
| 29 | V | | | | | | | 29 |
| 30 | V | | | | | | | 30 |
| 31 | V | | | | | | | 31 |
| 32 | V | | | C - OWNERSHIP | | | | 32 |
| 33 | V | | | Sidney Glenner - 60.00 % (constructively) | | | | 33 |
| 34 | V | | | Barry Ray - 20.00 % | | | | 34 |
| 35 | V | | | | | | | 35 |
| 36 | V | | | | | | | 36 |
| 37 | V | | | | | | | 37 |
| 38 | V | | | | | | | 38 |
| 39 | Total | | \$ 2,482,863 | | | \$ 1,831,579 | \$ * (651,284) | 39 |

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre# 0035014Report Period Beginning: 1/01/2007Ending: 12/31/2007

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 | \$ 1,209,773 | Therapy Masters, Inc. | D | \$ 570,585 | \$ (639,188) | 15 |
| 16 | V | 19 Professional Fees | | Therapy Masters, Inc. | D | 429 | 429 | 16 |
| 17 | V | 20 Licenses, Permits and Inspection | | Therapy Masters, Inc. | D | 140 | 140 | 17 |
| 18 | V | 20 Employment Fees | | Therapy Masters, Inc. | D | 7,270 | 7,270 | 18 |
| 19 | V | 21 Clerical | | Therapy Masters, Inc. | D | 843 | 843 | 19 |
| 20 | V | 22 Employee Benefits and Payroll | | Therapy Masters, Inc. | D | 65,893 | 65,893 | 20 |
| 21 | V | 23 Training and Education | | Therapy Masters, Inc. | D | 2,859 | 2,859 | 21 |
| 22 | V | 25 Auto Expenses | | Therapy Masters, Inc. | D | 1,408 | 1,408 | 22 |
| 23 | V | 2 Food Purchase | | Therapy Masters, Inc. | D | 74 | 74 | 23 |
| 24 | V | 6 Plant Supplies | | Therapy Masters, Inc. | D | 41 | 41 | 24 |
| 25 | V | 21 Clerical Salaries | | Therapy Masters, Inc. | D | 13,276 | 13,276 | 25 |
| 26 | V | 22 Employee Benefits | | Therapy Masters, Inc. | D | (65,893) | (65,893) | 26 |
| 27 | V | 15 Employee Benefits - Therapy | | Therapy Masters, Inc. | D | 64,918 | 64,918 | 27 |
| 28 | V | 27 Employee Benefits - Clerical | | Therapy Masters, Inc. | D | 975 | 975 | 28 |
| 29 | V | 10 Nursing Supplies | | Therapy Masters, Inc. | D | 4 | 4 | 29 |
| 30 | V | 1 Dietary Supplies | | Therapy Masters, Inc. | D | 22 | 22 | 30 |
| 31 | V | | | | | | | 31 |
| 32 | V | | | | | | | 32 |
| 33 | V | | | D - OWNERSHIP: | | | | 33 |
| 34 | V | | | Sidney Glenner - 80.00 % | | | | 34 |
| 35 | V | | | Barry Ray - 20.00 % | | | | 35 |
| 36 | V | | | | | | | 36 |
| 37 | V | | | | | | | 37 |
| 38 | V | | | | | | | 38 |
| 39 | Total | | \$ 1,209,773 | | | \$ 662,844 | \$ * (546,929) | 39 |

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centr # 0035014 Report Period Beginning: 1/01/2007 Ending: 12/31/2007

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 % | 149,018 | 13 | 21.8 % | Salary | \$ 35,422 | Ln 17, Col 7 | 1 |
| 2 | David Glenner | Vice-President | Administrative | 0.00 % | 74,510 | 9 | 21.8 % | Salary | 17,711 | Ln 17, Col 7 | 2 |
| 3 | Daniel Glenner | Clerical | Clerical | 0.00 % | 23,933 | 9 | 21.8 % | Salary | 5,689 | Ln 21, Col 7 | 3 |
| 4 | Jonathan Glenner | Clerical | Clerical | 0.00 % | 38,555 | 9 | 21.8 % | Salary | 9,165 | Ln 21, Col 7 | 4 |
| 5 | Joshua Ray | V.P. of Operations | Administrative | 0.00 % | 149,018 | 9 | 21.8 % | Salary | 35,422 | Ln 21, Col 7 | 5 |
| 6 | Barry Ray | Vice-President | Administrative | 20.00 % | 149,018 | 9 | 21.8 % | Salary | 35,422 | Ln 17, Col 7 | 6 |
| 7 | David Weinschneider | Administrative | Administrative | 0.00 % | 24,745 | 9 | 21.8 % | Salary | 5,882 | Ln 21, Col 7 | 7 |
| 8 | | | | | | | | | | | 8 |
| 9 | | | | | | | | | | | 9 |
| 10 | | | See Schedule B | | | | | | | | 10 |
| 11 | | | | | | | | | | | 11 |
| 12 | | | | | | | | | | | 12 |
| 13 | | | | | | | | TOTAL | \$ 144,713 | | 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: 1/01/2007 Ending: 2/31/2007

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 | 488,234 | 6 | \$ 33,143 | \$ 93,767 | \$ 6,365 | 1 |
| 2 | 6 | Repairs and Maintenance | Resident Days | 488,234 | 6 | 28,068 | 93,767 | 5,391 | 2 |
| 3 | 19 | Professional Fees | Resident Days | 488,234 | 6 | 96,943 | 93,767 | 18,618 | 3 |
| 4 | 20 | Licenses,Permits and Inspection | Resident Days | 488,234 | 6 | 72,406 | 93,767 | 13,906 | 4 |
| 5 | 21 | Clerical | Resident Days | 488,234 | 6 | 217,451 | 93,767 | 41,762 | 5 |
| 6 | 22 | Employee Benefits and Payroll | Resident Days | 488,234 | 6 | 377,909 | 93,767 | 72,579 | 6 |
| 7 | 23 | Training and Education | Resident Days | 488,234 | 6 | 2,742 | 93,767 | 527 | 7 |
| 8 | 25 | Auto Expenses | Resident Days | 488,234 | 6 | 37,611 | 93,767 | 7,223 | 8 |
| 9 | 26 | Insurance | Resident Days | 488,234 | 6 | 14,819 | 93,767 | 2,846 | 9 |
| 10 | 30 | Depreciation | Resident Days | 488,234 | 6 | 142,381 | 93,767 | 27,345 | 10 |
| 11 | 33 | Real Estate Taxes | Resident Days | 488,234 | 6 | 73,422 | 93,767 | 14,101 | 11 |
| 12 | 35 | Equipment and Vehicle Rental | Resident Days | 488,234 | 6 | 51,971 | 93,767 | 9,981 | 12 |
| 13 | 6 | Janitorial Salaries | Resident Days | 488,234 | 6 | 20,887 | 20,887 | 4,011 | 13 |
| 14 | 17 | Officer's Salaries | Resident Days | 488,234 | 6 | 461,100 | 461,100 | 88,556 | 14 |
| 15 | 21 | Administrative Salaries | Resident Days | 488,234 | 6 | 1,995,010 | 1,995,010 | 383,148 | 15 |
| 16 | 22 | Employee Benefits | Payroll | | | | | (72,579) | 16 |
| 17 | 7 | Employee Benefits - Janitorial | Payroll | | | | | 610 | 17 |
| 18 | 27 | Employee Benefits - Officer's | Payroll | | | | | 13,514 | 18 |
| 19 | 27 | Employee Benefits - Admin | Payroll | | | | | 58,455 | 19 |
| 20 | | | | | | | | | 20 |
| 21 | | | | | | | | | 21 |
| 22 | | | | | | | | | 22 |
| 23 | | | | | | | | | 23 |
| 24 | | | | | | | | | 24 |
| 25 | TOTALS | | | | | \$ 3,625,863 | \$ 2,476,997 | \$ 696,359 | 25 |

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre # 0035014 Report Period Beginning: 1/01/2007 Ending: 12/31/2007

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

| | 1 Name of Lender | 2 Related** | | 3 Purpose of Loan | 4 Monthly Payment Required | 5 Date of Note | 6 Amount of Note | | 8 Maturity Date | 9 Interest Rate (4 Digits) | 10 Reporting Period Interest Expense | |
|---------------------------------|-----------------------------------|-------------------------------------|----|--------------------------------|-------------------------------------|----------------------|---------------------|---------------|-------------------------|-------------------------------------|--|----|
| | | YES | NO | | | | Original | Balance | | | | |
| | | A. Directly Facility Related | | | | | | | | | | |
| Long-Term | | | | | | | | | | | | |
| 1 | LaSalle Bank, N.A. | | X | Mortgage | N/A | 12/19/06 | \$ 18,000,000 | \$ 18,000,000 | 12/19/2008 | 0.0622 | \$ 1,203,133 | 1 |
| 2 | LaSalle Bank, N.A. | | X | Amortization of mortgage costs | | | | | | | 1,968 | 2 |
| 3 | MB Financial Bank | | X | Finance equipment purchase | \$3,934.14 | 12/22/03 | 213,620 | 42,724 | 12/22/2008 | 0.0400 | 5,428 | 3 |
| 4 | | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | | 5 |
| Working Capital | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | 6 |
| 7 | | | | | | | | | | | | 7 |
| 8 | | | | | | | | | | | | 8 |
| 9 | TOTAL Facility Related | | | | \$3,934.14 | | \$ 18,213,620 | \$ 18,042,724 | | | \$ 1,210,529 | 9 |
| B. Non-Facility Related* | | | | | | | | | | | | |
| 10 | | | | | | | | | Interest income offset: | | (139,034) | 10 |
| 11 | | | | | | | | | | | | 11 |
| 12 | | | | | | | | | | | | 12 |
| 13 | | | | | | | | | | | | 13 |
| 14 | TOTAL Non-Facility Related | | | | | | \$ | \$ | | | (139,034) | 14 |
| 15 | TOTALS (line 9+line14) | | | | | | \$ 18,213,620 | \$ 18,042,724 | | | \$ 1,071,495 | 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.)

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2006 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2007 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2006 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glen Bridge Nursing & Rehabilitation Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0035014

CONTACT PERSON REGARDING THIS REPORT Charles J. Fischer

TELEPHONE (312) 634-4580 FAX #: (312) 634-5518

A. Summary of Real Estate Tax Costs

Enter the tax index number and real estate tax assessed for 2006 on the lines provided below. Enter only the portion of total cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2006.

| (A) | (B) | (C) | (D) |
|--|--------------------------------------|-----------------------------|---|
| <u>Tax Index Number</u> | <u>Property Description</u> | <u>Total Tax</u> | <u>Tax Applicable to Nursing Home</u> |
| 1. <u>09-14-200-029-0000</u> | <u>8333 West Golf Road, Niles IL</u> | <u>\$ 5,164.11</u> | <u>\$ 5,164.11</u> |
| 2. <u>09-14-200-032-0000</u> | <u>8333 West Golf Road, Niles IL</u> | <u>\$ 530,461.92</u> | <u>\$ 530,461.92</u> |
| 3. <u>Allocated from Management Company:</u> | | <u>\$ 73,422.00</u> | <u>\$ 14,101.00</u> |
| 4. _____ | _____ | \$ _____ | \$ _____ |
| 5. _____ | _____ | \$ _____ | \$ _____ |
| 6. _____ | _____ | \$ _____ | \$ _____ |
| 7. _____ | _____ | \$ _____ | \$ _____ |
| 8. _____ | _____ | \$ _____ | \$ _____ |
| 9. _____ | _____ | \$ _____ | \$ _____ |
| 10. _____ | _____ | \$ _____ | \$ _____ |
| TOTALS | | \$ <u>609,048.03</u> | \$ <u>549,727.03</u> |

B. Real Estate Tax Cost Allocation:

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

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used)

C. Tax Bills

Attach a copy of the original 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

PLEASE NOTE: Payment information from the Internet or otherwise is not considered acceptable tax bill documentation. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

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:

A. Land.

| | 1 Use | 2 Square Feet | 3 Year Acquired | 4 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>16,318</u> | <u>2</u> |
| 3 | TOTALS | 58,949 | | \$ 279,498 | 3 |

SEE ACCOUNTANTS' COMPILATION REPORT

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

Report Period Beginning:

1/01/2007

Ending:

12/31/2007**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 | \$ 3,575,115 | 4 |
| 5 | | | | | | | | | | | 5 |
| 6 | Mgt Comp | | | | 348,338 | | | 9,863 | 9,863 | | 6 |
| 7 | Allocation | | | | | | | | | | 7 |
| 8 | Schedule J | | | | | | | | | | 8 |
| | Improvement Type** | | | | | | | | | | |
| 9 | Building Improvements | | 1989 | | 66,436 | | 35 | 1,898 | 1,898 | 35,431 | 9 |
| 10 | Building Improvements | | 1990 | | 7,195 | | 35 | 206 | 206 | 3,842 | 10 |
| 11 | Building Improvements | | 1990 | | 3,885 | | 35 | 111 | 111 | 1,962 | 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 | | 10 | | | 23,000 | 22 |
| 23 | Dialysis room construction | | 1996 | | 7,439 | | 10 | | | 7,439 | 23 |
| 24 | Fireplace construction | | 1996 | | 1,065 | | 10 | | | 1,065 | 24 |
| 25 | Mounted door alarm system and wiring | | 1996 | | 2,505 | | 10 | | | 2,505 | 25 |
| 26 | PVC hand rail and wall bumper | | 1997 | | 4,968 | 165 | 10 | 165 | | 4,968 | 26 |
| 27 | Window treatments | | 1997 | | 2,226 | 72 | 10 | 72 | | 2,226 | 27 |
| 28 | Walls, cabinets and tub | | 1997 | | 5,520 | 184 | 10 | 184 | | 5,520 | 28 |
| 29 | Cabinets, sink and lighting | | 1997 | | 4,571 | 153 | 10 | 153 | | 4,571 | 29 |
| 30 | Walls, platform and ramp | | 1997 | | 9,286 | 307 | 10 | 307 | | 9,286 | 30 |
| 31 | Window treatments | | 1997 | | 2,394 | 82 | 10 | 82 | | 2,394 | 31 |
| 32 | Cabinets and cubicles | | 1997 | | 9,631 | 321 | 10 | 321 | | 9,631 | 32 |
| 33 | Cabinets | | 1997 | | 2,500 | 83 | 10 | 83 | | 2,500 | 33 |
| 34 | Base covers | | 1997 | | 630 | 21 | 10 | 21 | | 630 | 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:

1/01/2007 Ending: 12/31/2007

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 | \$ 65 | 10 | \$ 65 | \$ | \$ 1,950 | 37 |
| 38 | Sink | 1997 | 2,236 | 73 | 10 | 73 | | 2,236 | 38 |
| 39 | Fire alarm equipment | 1997 | 1,975 | 63 | 10 | 63 | | 1,975 | 39 |
| 40 | Walls and doors | 1997 | 2,480 | 83 | 10 | 83 | | 2,480 | 40 |
| 41 | 80 ton compressor | 1998 | 20,800 | 2,080 | 10 | 2,080 | | 20,107 | 41 |
| 42 | Telephone system improvements | 1998 | 2,503 | 250 | 10 | 250 | | 2,418 | 42 |
| 43 | Carpeting, window treatments, mini-blinds | 1998 | 20,703 | 2,070 | 10 | 2,070 | | 17,941 | 43 |
| 44 | Handrail/bumper corner guard installation | 1998 | 4,200 | 420 | 10 | 420 | | 3,640 | 44 |
| 45 | Cove base installation | 1998 | 2,508 | 251 | 10 | 251 | | 2,175 | 45 |
| 46 | Handrail/bumper corner guard installation, accent rails | 1999 | 11,401 | 1,140 | 10 | 1,140 | | 9,880 | 46 |
| 47 | Mini-blinds | 1999 | 3,963 | 396 | 10 | 396 | | 3,433 | 47 |
| 48 | Carpeting, cove base installation | 1999 | 14,797 | 1,480 | 10 | 1,480 | | 12,826 | 48 |
| 49 | Amfico, cove base installation | 1999 | 5,616 | 562 | 10 | 562 | | 4,870 | 49 |
| 50 | Carpeting, cove base installation | 1999 | 1,634 | 163 | 10 | 163 | | 1,414 | 50 |
| 51 | Wallpaper | 1999 | 10,900 | 1,090 | 10 | 1,090 | | 9,447 | 51 |
| 52 | Handrail/bumper corner guard installation, accent rails | 1999 | 11,401 | 1,140 | 10 | 1,140 | | 9,880 | 52 |
| 53 | Insurance claim: boiler | 1999 | (19,000) | (1,900) | 10 | (1,900) | | (16,467) | 53 |
| 54 | Panel interior, interior mat installation | 1999 | 2,468 | 247 | 10 | 247 | | 2,140 | 54 |
| 55 | Install alarms for ventilators | 1999 | 1,560 | 156 | 10 | 156 | | 1,352 | 55 |
| 56 | Install handrails and bumper chair rails | 1999 | 4,600 | 460 | 10 | 460 | | 3,987 | 56 |
| 57 | Carpeting | 1999 | 4,497 | 450 | 10 | 450 | | 3,899 | 57 |
| 58 | Lighting improvements on the 5th floor | 1998 | 4,635 | 463 | 10 | 463 | | 4,014 | 58 |
| 59 | Install new braille signs/slots | 1999 | 2,135 | 213 | 10 | 213 | | 1,723 | 59 |
| 60 | Installation of mini-blinds | 1999 | 3,476 | 348 | 10 | 348 | | 2,812 | 60 |
| 61 | Installation of handrails, bumpers, corner guards, chair rails | 1999 | 5,500 | 550 | 10 | 550 | | 4,446 | 61 |
| 62 | Tube bundles for heat exchanger | 1999 | 3,382 | 338 | 10 | 338 | | 2,733 | 62 |
| 63 | Install new tubes & door gaskets on boiler | 1999 | 7,400 | 740 | 10 | 740 | | 5,982 | 63 |
| 64 | Install new motor, drain valve, drain hoses on washer | 1999 | 1,903 | 190 | 10 | 190 | | 1,536 | 64 |
| 65 | Cove base installation, floor patches, vinyl tiles & powerbond | 1999 | 11,459 | 1,146 | 10 | 1,146 | | 8,595 | 65 |
| 66 | Cove base installation | 2000 | 3,267 | 327 | 10 | 327 | | 2,452 | 66 |
| 67 | Cove base installation | 2000 | 1,939 | 194 | 10 | 194 | | 1,455 | 67 |
| 68 | Installation of fire dampers & exhaust fan | 2000 | 2,773 | 277 | 10 | 277 | | 2,078 | 68 |
| 69 | | | | | | | | | 69 |
| 70 | TOTAL (lines 4 thru 69) | | \$ 7,755,061 | \$ 16,913 | | \$ 220,515 | \$ 203,602 | \$ 4,220,565 | 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:

1/01/2007 Ending: 12/31/2007

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 | | \$ 7,755,061 | \$ 16,913 | | \$ 220,515 | \$ 203,602 | \$ 4,220,565 | 1 |
| 2 | <u>New interior for kitchen panel</u> | 2000 | 2,630 | 263 | 10 | 263 | | 1,972 | 2 |
| 3 | <u>Electrical work for 6 dialysis chairs</u> | 2000 | 3,975 | 398 | 10 | 398 | | 2,984 | 3 |
| 4 | <u>Install exhaust fan, ductwork, exhaust grille & fire-rated door</u> | 2000 | 2,560 | 256 | 10 | 256 | | 1,920 | 4 |
| 5 | <u>Ductwork fabrication and installation</u> | 2000 | 4,120 | 412 | 10 | 412 | | 3,090 | 5 |
| 6 | <u>Plumbing project</u> | 2000 | 14,517 | 1,452 | 10 | 1,452 | | 10,890 | 6 |
| 7 | <u>Carpeting, floor patches</u> | 1999 | 2,969 | 297 | 10 | 297 | | 2,574 | 7 |
| 8 | <u>4 custom nurses stations</u> | 2000 | 10,025 | 1,002 | 10 | 1,002 | | 7,516 | 8 |
| 9 | <u>4 custom nurses stations</u> | 2000 | 33,284 | 3,328 | 10 | 3,328 | | 24,961 | 9 |
| 10 | <u>5 sinks in nurses station</u> | 2000 | 1,642 | 164 | 10 | 164 | | 1,230 | 10 |
| 11 | <u>Fire alarm system</u> | 2000 | 3,324 | 332 | 10 | 332 | | 2,491 | 11 |
| 12 | <u>Cove base & vinyl installation, floor patches</u> | 2000 | 2,705 | 270 | 10 | 270 | | 2,026 | 12 |
| 13 | <u>Install door restrictors, emergency lights & elevator telephone</u> | 2000 | 11,500 | 1,150 | 10 | 1,150 | | 8,625 | 13 |
| 14 | <u>Dura glide 3000 single slide door packages</u> | 2000 | 12,218 | 1,222 | 10 | 1,222 | | 9,165 | 14 |
| 15 | <u>Furnish and install two oil tank coolers in elevator pit</u> | 2001 | 6,750 | 675 | 10 | 675 | | 4,388 | 15 |
| 16 | <u>Replace gasket, valves and coils on compressor</u> | 2001 | 3,200 | 320 | 10 | 320 | | 2,080 | 16 |
| 17 | <u>Remove lobby wall, build new wall and install new ceiling</u> | 2001 | 26,841 | 2,684 | 10 | 2,684 | | 17,446 | 17 |
| 18 | <u>Pre-wiring, televisions, brackets and electrical outlets</u> | 2001 | 68,526 | 6,852 | 10 | 6,852 | | 44,538 | 18 |
| 19 | <u>Window caulking and masonry</u> | 2000 | 4,320 | 432 | 10 | 432 | | 3,240 | 19 |
| 20 | <u>Ceramic tile, carpet, floor patches and cove base installation</u> | 2001 | 8,147 | 814 | 10 | 814 | | 5,291 | 20 |
| 21 | <u>Ceiling/lighting project and remove/build wall in copy room</u> | 2001 | 24,145 | 2,414 | 10 | 2,414 | | 15,691 | 21 |
| 22 | <u>Wallcovering installation and painting</u> | 2001 | 6,115 | 612 | 10 | 612 | | 3,978 | 22 |
| 23 | <u>Ceiling fixture, 2 chandeliers, 4 wall sconces</u> | 2001 | 3,006 | 300 | 10 | 300 | | 1,950 | 23 |
| 24 | <u>Installation of television system</u> | 2002 | 3,569 | 357 | 10 | 357 | | 1,963 | 24 |
| 25 | <u>Furnish and install blinds</u> | 2002 | 3,616 | 362 | 10 | 362 | | 1,991 | 25 |
| 26 | <u>Dialysis room renovation</u> | 2002 | 12,000 | 1,200 | 10 | 1,200 | | 6,600 | 26 |
| 27 | <u>Cove base & vinyl installation, floor patches</u> | 2002 | 5,467 | 547 | 10 | 547 | | 3,008 | 27 |
| 28 | <u>Replace tubes in boiler</u> | 2002 | 8,006 | 801 | 10 | 801 | | 4,405 | 28 |
| 29 | <u>Television system installation</u> | 2003 | 10,846 | 1,085 | 10 | 1,085 | | 4,882 | 29 |
| 30 | <u>Elevator pump installation</u> | 2003 | 2,450 | 245 | 10 | 245 | | 1,102 | 30 |
| 31 | <u>Power amplifier and speaker installation</u> | 2003 | 3,962 | 396 | 10 | 396 | | 1,782 | 31 |
| 32 | <u>Install receptacles to attach emergency panels for respirators</u> | 2004 | 2,960 | 296 | 10 | 296 | | 1,036 | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 8,064,456 | \$ 47,851 | | \$ 251,453 | \$ 203,602 | \$ 4,425,380 | 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:

1/01/2007 Ending: 12/31/2007

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 | | \$ 8,064,456 | \$ 47,851 | | \$ 251,453 | \$ 203,602 | \$ 4,425,380 | 1 |
| 2 | <u>Furnish and install new elevator door detector unit</u> | 2004 | 2,004 | 200 | 10 | 200 | | 700 | 2 |
| 3 | <u>Installation of remote DVD system</u> | 2004 | 2,339 | 234 | 10 | 234 | | 819 | 3 |
| 4 | <u>Repipe and patch alarm system</u> | 2003 | 2,200 | 220 | 10 | 220 | | 990 | 4 |
| 5 | <u>Furnish and install head gaskets on boilers</u> | 2005 | 5,565 | 557 | 10 | 557 | | 1,392 | 5 |
| 6 | <u>Philadelphia insurance refund</u> | 2005 | (15,497) | (1,550) | 10 | (1,550) | | (3,875) | 6 |
| 7 | <u>Replacement of the fire alarm panel</u> | 2005 | 7,803 | 780 | 10 | 780 | | 1,950 | 7 |
| 8 | <u>Cable installation</u> | 2005 | 13,115 | 1,312 | 10 | 1,312 | | 3,280 | 8 |
| 9 | <u>Installed new detector edge and power pack on elevator</u> | 2005 | 1,983 | 198 | 10 | 198 | | 495 | 9 |
| 10 | <u>Replace cooling tower fan motor</u> | 2005 | 1,726 | 173 | 10 | 173 | | 432 | 10 |
| 11 | <u>Change relief valve on compressor</u> | 2005 | 1,594 | 159 | 10 | 159 | | 398 | 11 |
| 12 | <u>Install handrails, vinyl tile, ceiling and lighting in 2 elevators</u> | 2005 | 11,091 | 1,109 | 10 | 1,109 | | 2,773 | 12 |
| 13 | <u>Cable installation project</u> | 2005 | 21,100 | 2,110 | 10 | 2,110 | | 5,275 | 13 |
| 14 | <u>Install cove base, ceramic tile, wallpaper and painting</u> | 2005 | 105,973 | 10,597 | 10 | 10,597 | | 26,493 | 14 |
| 15 | <u>Install cove base, carpeting and vinyl tile</u> | 2005 | 17,729 | 1,773 | 10 | 1,773 | | 4,432 | 15 |
| 16 | <u>Install vinyl/ceramic tile, furnish & install new sink, faucet</u> | 2005 | 2,235 | 224 | 10 | 224 | | 560 | 16 |
| 17 | <u>Installation of wiring for vent machine</u> | 2005 | 1,393 | 139 | 10 | 139 | | 348 | 17 |
| 18 | <u>Installation of FTA satellite system</u> | 2005 | 1,310 | 131 | 10 | 131 | | 328 | 18 |
| 19 | <u>Valve installation on sprinkler heads</u> | 2006 | 3,175 | 318 | 10 | 318 | | 477 | 19 |
| 20 | <u>Rework heads on sprinkler system</u> | 2006 | 2,033 | 203 | 10 | 203 | | 305 | 20 |
| 21 | <u>Raise piping above soffit, relocate sprinkler heads</u> | 2006 | 5,258 | 526 | 10 | 526 | | 789 | 21 |
| 22 | <u>Custom built-in wall units with drawers</u> | 2006 | 17,672 | 1,767 | 10 | 1,767 | | 2,651 | 22 |
| 23 | <u>Furnish and install fire-rated doors, ceiling, ceramic tiles</u> | 2006 | 99,654 | 9,965 | 10 | 9,965 | | 14,948 | 23 |
| 24 | <u>Furnish and install 44 gallon shower</u> | 2006 | 11,512 | 1,151 | 10 | 1,151 | | 1,727 | 24 |
| 25 | <u>Installation of access door</u> | 2006 | 3,450 | 345 | 10 | 345 | | 518 | 25 |
| 26 | <u>Purchase of cooling tower</u> | 2006 | 20,505 | 2,050 | 10 | 2,050 | | 3,075 | 26 |
| 27 | <u>Installation of new electrical receptacles</u> | 2006 | 14,960 | 1,496 | 10 | 1,496 | | 2,244 | 27 |
| 28 | <u>Installation of evaporator control unit in electrical room</u> | 2006 | 2,593 | 259 | 10 | 259 | | 389 | 28 |
| 29 | <u>Installation of patch panel and computer jacks</u> | 2006 | 3,742 | 374 | 10 | 374 | | 561 | 29 |
| 30 | <u>Removal of asbestos from cooling tower</u> | 2006 | 4,250 | 425 | 10 | 425 | | 638 | 30 |
| 31 | <u>Installation of new coils, repair patch and connect piping</u> | 2006 | 2,946 | 295 | 10 | 295 | | 442 | 31 |
| 32 | <u>Furnish and install fire alarm equipment</u> | 2006 | 6,390 | 639 | 10 | 639 | | 959 | 32 |
| 33 | <u>Disconnect, remove and rewire cooling tower</u> | 2006 | 16,266 | 1,627 | 10 | 1,627 | | 2,440 | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 8,462,525 | \$ 87,657 | | \$ 291,259 | \$ 203,602 | \$ 4,504,333 | 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 | 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 12C, Carried Forward | | \$ 8,462,525 | \$ 87,657 | | \$ 291,259 | \$ 203,602 | \$ 4,504,333 | 1 |
| 2 | Installation of elevator door frame protectors | 2006 | 3,160 | 316 | 10 | 316 | | 474 | 2 |
| 3 | Telephone system upgrade | 2006 | 2,995 | 300 | 10 | 300 | | 449 | 3 |
| 4 | Furnish and install outdoor signs | 2007 | 10,532 | 527 | 10 | 527 | | 527 | 4 |
| 5 | | | | | | | | | 5 |
| 6 | | | | | | | | | 6 |
| 7 | Allocated from Management Company: | | 28,154 | | | 2,688 | 2,688 | 24,789 | 7 |
| 8 | | | | | | | | | 8 |
| 9 | | | | | | | | | 9 |
| 10 | | | | | | | | | 10 |
| 11 | | | | | | | | | 11 |
| 12 | | | | | | | | | 12 |
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| 26 | | | | | | | | | 26 |
| 27 | | | | | | | | | 27 |
| 28 | | | | | | | | | 28 |
| 29 | | | | | | | | | 29 |
| 30 | | | | | | | | | 30 |
| 31 | | | | | | | | | 31 |
| 32 | | | | | | | | | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 8,507,366 | \$ 88,800 | | \$ 295,090 | \$ 206,290 | \$ 4,530,572 | 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: 1/01/2007 Ending: 12/31/2007

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 | \$ 885,546 | \$ 92,535 | \$ 92,535 | \$ | 10 years | \$ 483,535 | 71 |
| 72 | Current Year Purchases | | | | | 10 years | | 72 |
| 73 | Fully Depreciated Assets | 228,859 | 2,879 | 2,879 | | 5, 10 years | 228,859 | 73 |
| 74 | Allocated from Management Company: | 149,961 | | 12,707 | 12,707 | | 137,639 | 74 |
| 75 | TOTALS | \$ 1,264,366 | \$ 95,414 | \$ 108,121 | \$ 12,707 | | \$ 850,033 | 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 | Allocated from Management Company: | | | \$ 26,721 | \$ | \$ 2,087 | \$ 2,087 | | \$ 26,020 | 76 |
| 77 | | | | | | | | | | 77 |
| 78 | | | | | | | | | | 78 |
| 79 | | | | | | | | | | 79 |
| 80 | TOTALS | | | \$ 26,721 | \$ | \$ 2,087 | \$ 2,087 | | \$ 26,020 | 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) | \$ 10,077,951 | 81 |
| 82 | Current Book Depreciation | (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable) | \$ 184,214 | 82 |
| 83 | Straight Line Depreciation | (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable) | \$ 405,298 | 83 ** |
| 84 | Adjustments | (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable) | \$ 221,084 | 84 |
| 85 | Accumulated Depreciation | (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable) | \$ 5,406,625 | 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.

SEE ACCOUNTANTS' COMPILATION REPORT

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 |

10. Effective dates of current rental agreement:

Beginning _____
Ending _____

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

| | Fiscal Year Ending | Annual Rent |
|-----|--------------------|-------------|
| 12. | <u>/2008</u> | \$ _____ |
| 13. | <u>/2009</u> | \$ _____ |
| 14. | <u>/2010</u> | \$ _____ |

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 N/A
by the length of the lease 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: \$ 6,719 Description: Postage meter \$1,026, Ice maker \$2,040, Allocated from Management Company: \$3,653
(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>1,453</u> | 17 |
| 18 | | | | | 18 |
| 19 | <u>Allocated from Management Company:</u> | | | <u>6,328</u> | 19 |
| 20 | | | | | 20 |
| 21 | TOTAL | | \$ <u>288.00</u> | \$ <u>7,781</u> | 21 |

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

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

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre # 0035014 Report Period Beginning: 1/01/2007 Ending: 12/31/2007

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. 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 | Ln 10a, Col 3 | hrs | \$ | 7,670 | \$ 485,306 | \$ 0 | 7,670 | \$ 485,306 | 1 | |
| 2 | Licensed Speech and Language Development Therapist | Ln10a, Col 3 | hrs | | 1,645 | 130,197 | | 1,645 | 130,197 | 2 | |
| 3 | Licensed Recreational Therapist | | hrs | | | | | | | 3 | |
| 4 | Licensed Physical Therapist | Ln10a, Col 2&3 | hrs | | 7,952 | 594,270 | 417 | 7,952 | 594,687 | 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 | | | | 415,090 | | 415,090 | 9 | |
| 10 | Psychological Services (Evaluation and Diagnosis/ Behavior Modification) | | hrs | | | | | | | 10 | |
| 11 | Academic Education | | hrs | | | | | | | 11 | |
| 12 | Exceptional Care Program | Ln 39, Col 2 | | | | | 1,192 | | 1,192 | 12 | |
| 13 | Radiology, Laboratory & Dialysis Other (specify): <u>Respiratory Therapy</u> | Ln 39, Col 3 Ln10a, Col 1&3 | | | 11219 | 189,958 | 15 763 | 115,194 11,234 | 115,194 190,721 | 13 | |
| 14 | TOTAL | | | \$ | 189,958 | 17,282 | \$ 1,325,730 | \$ 416,699 | 28,501 | \$ 1,932,387 | 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: 1/01/2007

Ending:

12/31/2007**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/2007 (last day of reporting year)

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

| | | 1 Operating | 2 After Consolidation* | |
|----------------------------|--|----------------|------------------------------|----|
| A. Current Assets | | | | |
| 1 | Cash on Hand and in Banks | \$ 526,714 | \$ 2,547,500 | 1 |
| 2 | Cash-Patient Deposits | | | 2 |
| 3 | Accounts & Short-Term Notes Receivable- Patients (less allowance <u>715,000</u>) | 5,577,669 | 5,577,669 | 3 |
| 4 | Supply Inventory (priced at) | | | 4 |
| 5 | Short-Term Investments | | | 5 |
| 6 | Prepaid Insurance | 270,431 | 270,431 | 6 |
| 7 | Other Prepaid Expenses | 821,143 | 821,143 | 7 |
| 8 | Accounts Receivable (owners or related parties) | (760,453) | | 8 |
| 9 | Other(specify): <u>Employee Loans Receivable</u> | 25,731 | 25,731 | 9 |
| 10 | TOTAL Current Assets (sum of lines 1 thru 9) | \$ 6,461,235 | \$ 9,242,474 | 10 |
| B. Long-Term Assets | | | | |
| 11 | Long-Term Notes Receivable | | | 11 |
| 12 | Long-Term Investments | | | 12 |
| 13 | Land | | 279,498 | 13 |
| 14 | Buildings, at Historical Cost | | 7,051,678 | 14 |
| 15 | Leasehold Improvements, at Historical Cost | 1,332,047 | 1,455,688 | 15 |
| 16 | Equipment, at Historical Cost | 1,114,406 | 1,291,087 | 16 |
| 17 | Accumulated Depreciation (book methods) | (1,583,605) | (5,406,625) | 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> | | 80,998 | 23 |
| 24 | TOTAL Long-Term Assets (sum of lines 11 thru 23) | \$ 862,848 | \$ 4,752,324 | 24 |
| 25 | TOTAL ASSETS (sum of lines 10 and 24) | \$ 7,324,083 | \$ 13,994,798 | 25 |

| | | 1 Operating | 2 After Consolidation* | |
|--|---|----------------|------------------------------|----|
| C. Current Liabilities | | | | |
| 26 | Accounts Payable | \$ 124,298 | \$ 124,298 | 26 |
| 27 | Officer's Accounts Payable | | | 27 |
| 28 | Accounts Payable-Patient Deposits | 2,680 | 2,680 | 28 |
| 29 | Short-Term Notes Payable | 42,724 | 42,724 | 29 |
| 30 | Accrued Salaries Payable | 421,014 | 421,014 | 30 |
| 31 | Accrued Taxes Payable (excluding real estate taxes) | 4,327 | 4,327 | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B) | | 550,000 | 32 |
| 33 | Accrued Interest Payable | | 94,533 | 33 |
| 34 | Deferred Compensation | | | 34 |
| 35 | Federal and State Income Taxes | | | 35 |
| Other Current Liabilities(specify): | | | | |
| 36 | <u>See Attached Schedule E:</u> | 447,036 | 447,036 | 36 |
| 37 | | | | 37 |
| 38 | TOTAL Current Liabilities (sum of lines 26 thru 37) | \$ 1,042,079 | \$ 1,686,612 | 38 |
| D. Long-Term Liabilities | | | | |
| 39 | Long-Term Notes Payable | | | 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> | 5,448,025 | 5,448,025 | 44 |
| 45 | TOTAL Long-Term Liabilities (sum of lines 39 thru 44) | \$ 5,448,025 | \$ 23,448,025 | 45 |
| 46 | TOTAL LIABILITIES (sum of lines 38 and 45) | \$ 6,490,104 | \$ 25,134,637 | 46 |
| 47 | TOTAL EQUITY (page 18, line 24) | \$ 833,979 | \$ (11,139,839) | 47 |
| 48 | TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47) | \$ 7,324,083 | \$ 13,994,798 | 48 |

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

| | | 1 Total | |
|-----------------------------------|--|--------------|------|
| 1 | Balance at Beginning of Year, as Previously Reported | \$ 1,223,556 | 1 |
| 2 | Restatements (describe): | | 2 |
| 3 | | | 3 |
| 4 | | | 4 |
| 5 | | | 5 |
| 6 | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ 1,223,556 | 6 |
| A. Additions (deductions): | | | |
| 7 | NET Income (Loss) (from page 19, line 43) | (389,577) | 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) | \$ (389,577) | 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) | \$ 833,979 | 24 * |

Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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 | \$ 14,957,152 | 1 |
| 2 | Discounts and Allowances for all Levels | (3,378,294) | 2 |
| 3 | SUBTOTAL Inpatient Care (line 1 minus line 2) | \$ 11,578,858 | 3 |
| B. Ancillary Revenue | | | |
| 4 | Day Care | | 4 |
| 5 | Other Care for Outpatients | | 5 |
| 6 | Therapy | 2,358,603 | 6 |
| 7 | Oxygen | 511,371 | 7 |
| 8 | SUBTOTAL Ancillary Revenue (lines 4 thru 7) | \$ 2,869,974 | 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 | 526,227 | 17 |
| 18 | Sale of Supplies to Non-Patients | | 18 |
| 19 | Laboratory | 41,006 | 19 |
| 20 | Radiology and X-Ray | 11,675 | 20 |
| 21 | Other Medical Services | 993,899 | 21 |
| 22 | Laundry | | 22 |
| 23 | SUBTOTAL Other Operating Revenue (lines 9 thru 22) | \$ 1,572,807 | 23 |
| D. Non-Operating Revenue | | | |
| 24 | Contributions | | 24 |
| 25 | Interest and Other Investment Income*** | 70,268 | 25 |
| 26 | SUBTOTAL Non-Operating Revenue (lines 24 and 25) | \$ 70,268 | 26 |
| E. Other Revenue (specify):**** | | | |
| 27 | Settlement Income (Insurance, Legal, Etc.) | | 27 |
| 28 | | | 28 |
| 28a | | | 28a |
| 29 | SUBTOTAL Other Revenue (lines 27, 28 and 28a) | | 29 |
| 30 | TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29) | \$ 16,091,907 | 30 |

| | | 2 | |
|-------------------------------------|--|----------------------|-----------|
| | | Expenses | Amount |
| A. Operating Expenses | | | |
| 31 | General Services | 2,210,319 | 31 |
| 32 | Health Care | 6,734,037 | 32 |
| 33 | General Administration | 3,916,615 | 33 |
| B. Capital Expense | | | |
| 34 | Ownership | 2,698,133 | 34 |
| C. Ancillary Expense | | | |
| 35 | Special Cost Centers | 757,032 | 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)* | \$ 16,481,484 | 40 |
| 41 | Income before Income Taxes (line 30 minus line 40)** | (389,577) | 41 |
| 42 | Income Taxes | | 42 |
| 43 | NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42) | \$ (389,577) | 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:

1/01/2007

Ending:

12/31/2007

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 | 704 | 729 | \$ 40,109 | \$ 55.02 | 1 |
| 2 | Assistant Director of Nursing | 122 | 131 | 5,940 | 45.34 | 2 |
| 3 | Registered Nurses | 56,408 | 60,102 | 1,606,015 | 26.72 | 3 |
| 4 | Licensed Practical Nurses | 15,991 | 16,474 | 381,742 | 23.17 | 4 |
| 5 | CNAs & Orderlies | 141,151 | 152,481 | 1,723,416 | 11.30 | 5 |
| 6 | CNA Trainees | | | | | 6 |
| 7 | Licensed Therapist | 8,629 | 9,334 | 189,958 | 20.35 | 7 |
| 8 | Rehab/Therapy Aides | | | | | 8 |
| 9 | Activity Director | 2,013 | 2,166 | 47,934 | 22.13 | 9 |
| 10 | Activity Assistants | 11,364 | 12,025 | 114,575 | 9.53 | 10 |
| 11 | Social Service Workers | 10,010 | 10,725 | 219,896 | 20.50 | 11 |
| 12 | Dietician | | | | | 12 |
| 13 | Food Service Supervisor | | | | | 13 |
| 14 | Head Cook | 13,047 | 14,444 | 171,766 | 11.89 | 14 |
| 15 | Cook Helpers/Assistants | 26,275 | 27,788 | 262,299 | 9.44 | 15 |
| 16 | Dishwashers | | | | | 16 |
| 17 | Maintenance Workers | 5,861 | 6,448 | 83,456 | 12.94 | 17 |
| 18 | Housekeepers | 25,091 | 26,913 | 254,446 | 9.45 | 18 |
| 19 | Laundry | 10,232 | 11,324 | 108,421 | 9.57 | 19 |
| 20 | Administrator | 963 | 987 | 45,118 | 45.71 | 20 |
| 21 | Assistant Administrator | 1,371 | 1,512 | 36,514 | 24.15 | 21 |
| 22 | Other Administrative | | | | | 22 |
| 23 | Office Manager | | | | | 23 |
| 24 | Clerical | 11,927 | 13,456 | 311,781 | 23.17 | 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 | 1,901 | 2,406 | 64,560 | 26.83 | 31 |
| 32 | Other Health Care(specify) | | | | | 32 |
| 33 | Other(specify) <u>Ward Clerks</u> | 8,449 | 9,000 | 143,319 | 15.92 | 33 |
| 34 | TOTAL (lines 1 - 33) | 351,509 | 378,445 | \$ 5,811,265 * | \$ 15.36 | 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 | \$ 33,499 | Ln 1, Col 3 | 35 |
| 36 | Medical Director | Monthly | 84,000 | Ln 9, Col 3 | 36 |
| 37 | Medical Records Consultant | | | | 37 |
| 38 | Nurse Consultant | | | | 38 |
| 39 | Pharmacist Consultant | Monthly | 1,950 | 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 | 52 | 2,516 | Ln11, Col 3 | 44 |
| 45 | Social Service Consultant | 93 | 4,849 | Ln12, Col 3 | 45 |
| 46 | Other(specify) | | | | 46 |
| 47 | <u>Religious Consultant</u> | Monthly | 3,800 | Ln12, Col 3 | 47 |
| 48 | | | | | 48 |
| 49 | TOTAL (lines 35 - 48) | 145 | \$ 130,614 | | 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 Improvement Type | 2 Month & Year Improvement Was Made | 3 Total Cost | 4 Useful Life | Amount of Expense Amortized Per Year | | | | | | | | |
|----|-----------------------|--|-----------------|------------------|--------------------------------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|
| | | | | | 5 FY2004 | 6 FY2005 | 7 FY2006 | 8 FY2007 | 9 FY2008 | 10 FY2009 | 11 FY2010 | 12 FY2011 | 13 FY2012 |
| 1 | N/A | | \$ | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
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| 13 | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | |
| 20 | TOTALS | | \$ | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre**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 \$15,447
- (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. \$ 33,082 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 165,348
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, 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. \$ 34,039 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 \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2007

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 # 0035014
 12/31/2007

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. | GlenLake Terrace Nursing & Rehab. Centre, Ltd. | |
| Sidney Glenner | 15,212 | 35,987 | 40,237 | 29,501 | 28,081 | 149,018 |
| David Glenner | 7,606 | 17,994 | 20,118 | 14,751 | 14,041 | 74,510 |
| Jonathan Glenner | 3,936 | 9,311 | 10,410 | 7,633 | 7,265 | 38,555 |
| Daniel Glenner | 2,443 | 5,780 | 6,462 | 4,738 | 4,510 | 23,933 |
| David Weinschneider | 2,526 | 5,976 | 6,681 | 4,899 | 4,663 | 24,745 |
| Joshua Ray | 15,212 | 35,987 | 40,237 | 29,501 | 28,081 | 149,018 |
| Barry Ray | 15,212 | 35,987 | 40,237 | 29,501 | 28,081 | 149,018 |
| Total compensation received from other Nursing Homes | 62,147 | 147,022 | 164,382 | 120,524 | 114,722 | 608,797 |

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
 Provider I.D. # 0035014
 12/31/2007

SCHEDULE C

XIX. SUPPORT SCHEDULES

C. Professional Services
 Page 21

| Vendor/Payee | Type | AMOUNT |
|--|-------------------------|-----------------------|
| Health Data Systems, Inc. | Computers | 6,896 |
| Advanced Answers on Demand | Computers | 150 |
| Kronos | Computers | 1,125 |
| E Health Data Solutions | Computers | 5,451 |
| RSM McGladrey | Accounting | 27,651 |
| Frost, Ruttenberg & Rothblatt | Accounting | 300 |
| Sachnoff & Weaver, Ltd. | Legal | 24,841 |
| Myers, Miller & Krauskopf | Legal | 30,276 |
| Ira I. Silverstein | Legal | 2,400 |
| Personnel Planners, Inc. | Unemployment Consulting | 1,752 |
| Cindy Stachura | Admissions Consultant | 500 |
| Total Schedule V, Line 19, Col. 3 | | <u>101,343</u> |
| Allocated from Management Co: | | |
| Health Data Systems, Inc. - Computer Services | | 631 |
| RSM McGladrey - Accounting Services | | 17,536 |
| Frost, Roth & Ruttenberg - Accounting Services | | 180 |
| Sachnoff, Weaver & Rubenstein - Legal Services | | 272 |
| Total allocated from Management Co. | | <u>18,618</u> |
| Total allocated from Therapy Masters: | | 429 |
| GlenBridge Real Estate LLC: | | |
| Sachnoff & Weaver, Ltd. | Legal | 105 |
| Schiller, Klein & McElroy | Real Estate Reduction | 15,339 |
| James O. Hamilton | Real Estate Appraisal | 3,500 |
| Total from GlenBridge Real Estate LLC: | | <u>18,944</u> |
| Reclass Schiller, Klein & McElroy invoice to Line 33 | | -15,339 |
| Reclass James O. Hamilton invoice to Line 33 | | -3,500 |
| Non-Allowable Expenses: | | |
| Sachnoff & Weaver, Ltd - out of period | | -5,118 |
| RSM McGladrey - Accounting Services | | -19,619 |
| Myers, Miller & Krauskopf - out of period | | -2,943 |
| Ira I. Silverstein - A/R collections | | -2,400 |
| Total Non-Allowable Expenses: | | <u>-30,080</u> |
| Total adjustments page 21, Sch C. | | <u><u>-10,928</u></u> |
| Total Schedule V, line 19, column 8 | | <u><u>90,415</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 | 31,782 |
| FUTA | 446 |
| SUTA | 1,554 |
| 401K Match | 2,059 |
| Insurance - Hospital | 27,711 |
| Employee Benefits | 5,084 |
| Other Employee Benefits | 2,495 |
| Workers Compensation Insurance | 1,448 |
| Total allocated from Management Co. | <u>72,579</u> |
| Employee Benefits reclassified to Lines 7, 27 | -72,579 |
| Allocated from Therapy Masters, Inc.: | |
| FICA taxes | 39,335 |
| FUTA | 763 |
| SUTA | 1,489 |
| Other | 631 |
| 401K Match | 3,182 |
| Insurance - Hospital | 11,598 |
| Workers Compensation Insurance | 7,603 |
| Other Employee Benefits | 1,121 |
| Uniform Allowance | 171 |
| Total allocated from Therapy Masters, Inc. Co. | <u>65,893</u> |
| Employee Benefits reclassified to Lines 15,27 | -65,893 |
| Total allocated to Page 21 | <u>0</u> |

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2007

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|---------------------------|----------------|
| Due to Third Party | 424,773 |
| Due to Health and Home | 34,570 |
| Accrued Union Dues | 3,485 |
| Accrued Profit Sharing | 3 |
| Accrued Wage Assignment | 31,814 |
| Refunds Exchange | (5,776) |
| Workshop | 4,526 |
| Due to Patient Trust Fund | (46,359) |
| Total, Page 17, Line36 | <u>447,036</u> |

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2007

SCHEDULE F

SCHEDULE VI. ADJUSTMENT DETAIL

Schedule A. Nonallowable Expenses

Page 5

| <u>DESCRIPTION</u> | <u>AMOUNT</u> | <u>REFERENCE</u> |
|--|-----------------|------------------|
| Patient clothing | -60 | 43 |
| Non-allowable IL Council on Long Term Care fee | -3,978 | 20 |
| Non-allowable professional fees | -30,080 | 19 |
| Non-allowable trust fees | -400 | 43 |
| Adjust mgt co. med supplies - med'A' to cost | -89,143 | 10 |
| Adjust mgt co. med supplies - 'other' to cost | -141,584 | 10 |
| Adjust mgt co. food to cost | -48,999 | 2 |
| Non-allowable auto expense - marketing | -8,750 | 25 |
| Total | <u>-322,994</u> | |

See Accountants' Compilation Report

GlenBridge Real Estate and Development, LLC.
Accrued Real Estate Taxes
12/31/2007

SCHEDULE G

| | Accrued 1/01/07 | Payments | Expense | Accrued 12/31/07 |
|---|--------------------|------------|-------------|---------------------|
| Balance @ 1/01/07 - G/L# 390 | -546,000.00 | | -546,000.00 | |
| 2006 real estate taxes paid | | 535,626.03 | 535,626.03 | |
| Cash received 3/26/07 for reduction in 2004 real estate taxes. | | -40,903.36 | -40,903.36 | |
| Estimated 2007 real estate taxes: | | | | |
| 2006 taxes | 535,626.03 | | | |
| Estimated increase | 2.50% | | | |
| Estimated 2006 taxes | 549,016.68 | | | |
| USE | 550,000.00 | | 550,000.00 | -550,000.00 |
| Totals | -546,000.00 | 494,722.67 | 498,722.67 | -550,000.00 |

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% |
| 2006 | 535,626.03 | 3,569.41 | 0.67% |

See Accountants' Compilation Report

Provider Name: GlenBridge Nursing & Rehab Ctr.

Provider I.D. #: 0035014

Year Ended: December 31, 2007

SCHEDULE H

Training & Education

| Person(s) Attending | Date Attended | Location | Title Sponsor | Total Cost |
|--|---------------|------------------|---|---------------------|
| Mark Dubovick, Paven Rakalla | 1/23/07 | Skokie, Il | Illinois Council on Long Term Care Stages of Dementia | 120.00 |
| Linda Kelly, Mark Dubovick, Hope Alba, Virginia Bonafe | 3/29/07 | Skokie, Il | Illinois Council on Long Term Care Effective Quality Assurance for Nursing | 440.00 |
| Mark Dubovick | | River Forest, Il | Dominican University Administrator Review Course | 521.90 |
| Nursing Staff, Social Service & Administration | 4/15/07 | Niles, Il | Dr. Dominic Gaziano Integrative Approach to Stress Management, Anxiety Disorder & Depression | 600.00 |
| Hope Alba | 5/1/07 | Skokie, Il | Illinois Council on Long Term Care In-Depth Training for Wound Care Nurses | 99.00 |
| Mark Dubovick, Linda Kelly, Hope Alba | 5/31/07 | Skokie, Il | Illinois Council on Long Term Care Effective Tips & Strategies for Maximizing RUGS | 290.00 |
| Mark Dubovick | 6/14/07 | Skokie, Il | Illinois Council on Long Term Care Alzheimer Training for Sub-Part U | 95.00 |
| Sharon Moravec | 8/9/07 | Audio | Seminars on Tape Effective Customer Relations | 200.00 |
| Nursing Staff & Social Services | 9/11/07 | Niles, Il | Heartland Health Outreach Case Management for Patients Diagnosed with HIV | 600.00 |
| Nursing Staff | 10/30/07 | Niles, Il | Pulmonary Exchange Trach Care Allocated From Management Company Allocated From Therapy Masters | 544 527 2,859 |
| Total | | | | 6,896 |

SEE ACCOUNTANTS' COMPILATION REPORT

GlenBridge Nursing and Rehabilitation Centre, LTD.
Provider I.D. #0035014
12/31/2007

SCHEDULE I

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

| | Gasoline | Licenses/ Stickers | Mileage Reimburse | Repairs | Total |
|--|--------------|-----------------------|----------------------|--------------|---------------|
| Direct Expense | 7,150 | 156 | 10,052 | 1,993 | 19,351 |
| Non-allowable auto expense - marketing | | | | | -8,750 |
| Allocated from Management Company | | | | | 7,223 |
| Allocated from Therapy Masters | | | | | 1,408 |
| TOTAL | 7,150 | 156 | 10,052 | 1,993 | 19,232 |

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- 12/31/2004 | COST 12/31/2000 | NURSING HOME PERCENTAGE 84.9438% | RECALCULATION BASED ON 2007 CENSUS | | | | | | |
|---|-------------------|---|--|------------------------------------|--------------------|---|------------------------------------|-----------------|-----------------|----------------|-----------------|----------------|------------------|
| | | | | | | | GLENBRIDGE | GLENCREST | GLEN OAKS | GLEN ELSTON | GLENSHIRE | GLENLAKE | TOTAL |
| | | | | | | | 103,052/460,292 | 111,372/460,292 | 101,895/460,292 | 41,220/460,292 | 102,753/460,292 | | |
| | | | | | | | 0.223883969 | 0.241959452 | 0.221370348 | 0.08955185 | 0.223234382 | | |
| 1996 BUILDING PURCHASE | 230,000 | | 230,000 | | 230,000 | 195,371 | 43,740 | 47,272 | # | 43,249 | # | 17,496 | 43,614 |
| 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>2,064,392</u> | 1,753,573 | 392,597 | 424,294 | # | 388,189 | # | 157,036 | 391,458 |
| 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>2,127,420</u> | 1,807,111 | 404,583 | 437,248 | # | 400,041 | # | 161,830 | 403,409 |
| 2000 AQUATIC WORKS - BUILT IN FISH TANK | | | | 5,000 | 5,000 | | | | | | | | |
| | | | | | <u>2,132,420</u> | 1,811,359 | 405,534 | 438,275 | # | 400,981 | # | 162,211 | 404,358 |
| 2001 NO ADDITIONS | | | | | | | | | | | | | |
| 2002 NO ADDITIONS | | | | | <u>2,132,420</u> | 1,811,359 | 405,534 | 438,275 | # | 400,981 | # | 162,211 | 404,358 |
| 2003 SEAL COAT CORPORATION - SEAL PARKING LOT | | | | 2825 | 2825 | | | | | | | | |
| | | | | | <u>2,135,245</u> | 1,813,758 | 406,071 | 438,856 | # | 401,512 | # | 162,425 | 404,893 |
| 2004 NO ADDITIONS | | | | | <u>2,135,245</u> | 1,813,758 | 406,071 | 438,856 | # | 401,512 | # | 162,425 | 404,893 |
| 2005 NO ADDITIONS | | | | | <u>2,135,245</u> | 1,813,758 | 406,071 | 438,856 | # | 401,512 | # | 162,425 | 404,893 |
| 2006 NO ADDITIONS | | | | | <u>2,135,245</u> | 1,813,758 | 406,071 | 438,856 | # | 401,512 | # | 162,425 | 404,893 |
| | | | | | | NURSING HOME PERCENTAGE | RECALCULATION BASED ON 2007 CENSUS | | | | | | |
| | | | | | | | GLENBRIDGE | GLENCREST | GLEN OAKS | GLEN ELSTON | GLENSHIRE | GLENLAKE | TOTAL |
| | | | | | | 84.9438% | 93767 | 95,262 | 106,511 | 40,267 | 78,093 | 74,334 | 488,234 |
| | | | | | | | 0.192053401 | 0.195115457 | 0.218155638 | 0.082474797 | 0.159949942 | 0.152250765 | 1 |
| 2007 NO ADDITIONS | | | | | <u>2,135,245</u> | 1,813,758 | <u>348,338</u> | <u>353,892</u> | <u>395,682</u> | <u>149,589</u> | <u>290,111</u> | <u>276,146</u> | <u>1,813,758</u> |

SEE ACCOUNTANTS' COMPILATION REPORT

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2007

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 | 15,447 |
| Illinois Health Care Association | 3,585 |
| Employment Fees | 17,024 |
| Village of Niles Annual Business License | 5,124 |
| Joint Commission Fees | 1,040 |
| Secretary of State Annual Report Fee | 225 |
| Metropolitan Water Reclamation User Fee | 1,672 |
| State of Illinois Boiler Inspection | 280 |
| Cook County Equipment Inspection | 290 |
| Non-allowable Illinois Council on Long Term Care Fee | <u>-3,978</u> |
| Total allocated to Page 21 | <u><u>40,709</u></u> |

See Accountants' Compilation Report