



Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre

# 0035014 Report Period Beginning: 1/01/2009 Ending: 12/31/2009

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	3 Private Pay	4 Other	4 Total		
8	SNF	26,386	1,245	9,069	36,700	8	
9	SNF/PED					9	
10	ICF	53,939	1,842	187	55,968	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	80,325	3,087	9,256	92,668	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.07%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES  NO

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

I. On what date did you start providing long term care at this location?  
Date started 3/01/89

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 3/01/89 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 140 and days of care provided 7,666

Medicare 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: 12/31/09 Fiscal Year: 12/31/09

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

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre # 0035014 Report Period Beginning: 1/01/2009 Ending: 12/31/2009

**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
	<b>A. General Services</b>										
1	Dietary	489,153	74,813	32,539	596,505		596,505		596,505		1
2	Food Purchase		764,470		764,470	(37,396)	727,074	(85,594)	641,480		2
3	Housekeeping	302,025	52,133		354,158		354,158		354,158		3
4	Laundry	135,594	16,429	17,211	169,234		169,234		169,234		4
5	Heat and Other Utilities			339,356	339,356		339,356	5,380	344,736		5
6	Maintenance	91,142	39,303	106,185	236,630		236,630	7,985	244,615		6
7	Other (specify):* <b>Allocated Employee Benefits</b>							519	519		7
8	<b>TOTAL General Services</b>	1,017,914	947,148	495,291	2,460,353	(37,396)	2,422,957	(71,710)	2,351,247		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			81,900	81,900		81,900		81,900		9
10	Nursing and Medical Records	4,192,666	897,889	11,950	5,102,505		5,102,505	(154,911)	4,947,594		10
10a	Therapy	235,720	3,656	1,394,960	1,634,336		1,634,336	(222,472)	1,411,864		10a
11	Activities	167,514	6,394	2,058	175,966		175,966		175,966		11
12	Social Services	225,618		7,352	232,970		232,970		232,970		12
13	CNA Training										13
14	Program Transportation			8,902	8,902		8,902		8,902		14
15	Other (specify):* <b>Allocated Employee Benefits</b>							121,830	121,830		15
16	<b>TOTAL Health Care and Programs</b>	4,821,518	907,939	1,507,122	7,236,579		7,236,579	(255,553)	6,981,026		16
	<b>C. General Administration</b>										
17	Administrative	157,738		2,094,122	2,251,860		2,251,860	(2,031,612)	220,248		17
18	Directors Fees										18
19	Professional Services			147,941	147,941	(5,554)	142,387	(40,676)	101,711		19
20	Dues, Fees, Subscriptions & Promotions			122,504	122,504	3,440	125,944	3,407	129,351		20
21	Clerical & General Office Expenses	384,695	130,651	184,563	699,909	(3,440)	696,469	485,826	1,182,295		21
22	Employee Benefits & Payroll Taxes			942,530	942,530	37,396	979,926		979,926		22
23	Inservice Training & Education			3,121	3,121		3,121	3,888	7,009		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			26,377	26,377	(6,925)	19,452	1,435	20,887		25
26	Insurance-Prop.Liab.Malpractice			723,693	723,693		723,693	2,022	725,715		26
27	Other (specify):* <b>Allocated Employee Benefits</b>							75,787	75,787		27
28	<b>TOTAL General Administration</b>	542,433	130,651	4,244,851	4,917,935	24,917	4,942,852	(1,499,923)	3,442,929		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	6,381,865	1,985,738	6,247,264	14,614,867	(12,479)	14,602,388	(1,827,186)	12,775,202		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	
	<b>D. Ownership</b>											
30	Depreciation			222,003	222,003		222,003	205,702	427,705			30
31	Amortization of Pre-Op. & Org.							102	102			31
32	Interest			2,815	2,815		2,815	1,244,750	1,247,565			32
33	Real Estate Taxes					5,554	5,554	673,298	678,852			33
34	Rent-Facility & Grounds			2,867,185	2,867,185		2,867,185	(2,867,185)				34
35	Rent-Equipment & Vehicles			9,760	9,760	6,925	16,685	7,689	24,374			35
36	Other (specify):* <b>Mortgage Insurance</b>							163,807	163,807			36
37	<b>TOTAL Ownership</b>			3,101,763	3,101,763	12,479	3,114,242	(571,837)	2,542,405			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		436,053	143,668	579,721		579,721		579,721			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			165,348	165,348		165,348		165,348			42
43	Other (specify):* <b>Non-Allowable</b>			229,375	229,375		229,375	(229,375)				43
44	<b>TOTAL Special Cost Centers</b>		436,053	538,391	974,444		974,444	(229,375)	745,069			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,381,865	2,421,791	9,887,418	18,691,074		18,691,074	(2,628,398)	16,062,676			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	(36,049)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,507)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(450)	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	(195,258)	43		24
25	Fund Raising, Advertising and Promotional	(31,918)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(721)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(343,694)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (609,597)		\$	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)	(2,018,801)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (2,018,801)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (2,628,398)		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			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY							
48		49		50		51	

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Bridge Nursing & Rehabilitation Centre

ID# 0035014

Report Period Beginning: 1/01/2009

Ending: 12/31/2009

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Patient clothing	\$ (242)	43	1
2	Adjust Mgt Co. med supplies - "other" to cost	(105,680)	10	2
3	Adjust Mgt Co. med supplies - med"A" to cost	(49,231)	10	3
4	Adjust Mgt Co. food to cost	(85,682)	2	4
5	Non-allowable professional fees	(83,643)	19	5
6	Non-allowable auto expense - marketing	(6,387)	25	6
7	Non-allowable bank charges	(51)	43	7
8	Non-allowable IL Council on Long Term Care Fee	(9,684)	20	8
9	Non-allowable AMJED Trust interest expense	(2,815)	32	9
10	Non-allowable clerical expense	(279)	43	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(343,694)		49

## STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

1/01/2009

Ending:

12/31/2009

## 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)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(85,682)	0	0	0	0	88	0	0	0	0	0	(85,594)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	5,380	0	0	0	0	0	0	0	0	5,380	5
6	Maintenance	0	0	7,985	0	0	0	0	0	0	0	0	7,985	6
7	Other (specify):*	0	0	519	0	0	0	0	0	0	0	0	519	7
8	<b>TOTAL General Services</b>	<b>(85,682)</b>	<b>0</b>	<b>13,884</b>	<b>0</b>	<b>0</b>	<b>88</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(71,710)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(154,911)	0	0	0	0	0	0	0	0	0	0	(154,911)	10
10a	Therapy	0	0	0	0	0	(222,472)	0	0	0	0	0	(222,472)	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	121,830	0	0	0	0	0	121,830	15
16	<b>TOTAL Health Care and Programs</b>	<b>(154,911)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(100,642)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(255,553)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	(969,132)	(1,062,480)	0	0	0	0	0	0	0	(2,031,612)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(83,643)	0	36,936	0	5,554	477	0	0	0	0	0	(40,676)	19
20	Fees, Subscriptions & Promotions	(9,684)	0	6,915	0	0	6,176	0	0	0	0	0	3,407	20
21	Clerical & General Office Expenses	0	0	469,623	0	0	16,203	0	0	0	0	0	485,826	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	703	0	0	3,185	0	0	0	0	0	3,888	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(6,387)	0	6,677	0	0	1,145	0	0	0	0	0	1,435	25
26	Insurance-Prop.Liab.Malpractice	0	0	2,022	0	0	0	0	0	0	0	0	2,022	26
27	Other (specify):*	0	0	74,693	0	0	1,094	0	0	0	0	0	75,787	27
28	<b>TOTAL General Administration</b>	<b>(99,714)</b>	<b>0</b>	<b>(371,563)</b>	<b>(1,062,480)</b>	<b>5,554</b>	<b>28,280</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,499,923)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(340,307)</b>	<b>0</b>	<b>(357,679)</b>	<b>(1,062,480)</b>	<b>5,554</b>	<b>(72,274)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,827,186)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

1/01/2009 Ending:

12/31/2009

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	0	0	11,920	0	193,533	249	0	0	0	0	0	205,702	30
31	Amortization of Pre-Op. & Org.	0	0	102	0	0	0	0	0	0	0	0	102	31
32	Interest	(38,864)	0	0	0	1,283,614	0	0	0	0	0	0	1,244,750	32
33	Real Estate Taxes	0	0	10,713	0	662,585	0	0	0	0	0	0	673,298	33
34	Rent-Facility & Grounds	0	0	0	0	(2,867,185)	0	0	0	0	0	0	(2,867,185)	34
35	Rent-Equipment & Vehicles	0	0	7,689	0	0	0	0	0	0	0	0	7,689	35
36	Other (specify):*	0	0	0	0	163,807	0	0	0	0	0	0	163,807	36
37	<b>TOTAL Ownership</b>	<b>(38,864)</b>	<b>0</b>	<b>30,424</b>	<b>0</b>	<b>(563,646)</b>	<b>249</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(571,837)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(230,426)	0	0	0	1,051	0	0	0	0	0	0	(229,375)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(230,426)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,051</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(229,375)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(609,597)	0	(327,255)	(1,062,480)	(557,041)	(72,025)	0	0	0	0	0	(2,628,398)	45

**VII. RELATED PARTIES**

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

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

**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)	
1	V		\$					
2	V	Total from Page 6A	1,031,642	Glen Health and Home Management, Inc.	A	704,387	(327,255)	1
3	V							2
4	V	Total from Page 6B	1,062,480	GlenBar Management Company, Ltd.	B		(1,062,480)	3
5	V							4
6	V	Total from Page 6C	2,867,185	GlenBridge Real Estate and Development, L.L.C.	C	2,310,144	(557,041)	5
7	V							6
8	V	Total from Page 6D	1,394,447	Therapy Masters, Inc.	D	1,322,422	(72,025)	7
9	V							8
10	V							9
11	V							10
12	V							11
13	V							12
14	Total		\$ 6,355,754			\$ 4,336,953	\$ * (2,018,801)	13
								14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 Management Fees	\$ 1,031,642	Glen Health and Home Management, Inc.	A	\$	(1,031,642)
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	5,380	5,380
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	4,550	4,550
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	36,936	36,936
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	6,915	6,915
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	40,260	40,260
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	75,212	75,212
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	703	703
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	6,677	6,677
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	2,022	2,022
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	11,920	11,920
26	V	31 Amortization		Glen Health and Home Management, Inc.	A	102	102
27	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	10,713	10,713
28	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	7,689	7,689
29	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	3,435	3,435
30	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	62,510	62,510
31	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	429,363	429,363
32	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(75,212)	(75,212)
33	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	519	519
34	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	9,492	9,492
35	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	65,201	65,201
36	V						
37	V						
38	V			A - OWNERSHIP: Sidney Glenner - 100 % through attribution			
39	Total		\$ 1,031,642			\$ 704,387	\$ * (327,255)

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

VII. RELATED PARTIES (continued)

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	43 State Replacement Taxes	\$	GlenBridge Real Estate & Development, L.L.C.	C	\$ 721	\$	721	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	1,289,008		1,289,008	17
18	V	33 Real Estate Taxes		GlenBridge Real Estate & Development, L.L.C.	C	662,585		662,585	18
19	V	34 Rental	2,867,185	GlenBridge Real Estate & Development, L.L.C.	C			(2,867,185)	19
20	V	19 Professional Fees		GlenBridge Real Estate & Development, L.L.C.	C	5,554		5,554	20
21	V	32 Interest Income		GlenBridge Real Estate & Development, L.L.C.	C	(5,394)		(5,394)	21
22	V	36 Mortgage Insurance Premium		GlenBridge Real Estate & Development, L.L.C.	C	163,807		163,807	22
23	V	43 Bank Charges		GlenBridge Real Estate & Development, L.L.C.	C	51		51	23
24	V	43 Clerical		GlenBridge Real Estate & Development, L.L.C.	C	279		279	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V			C - OWNERSHIP:					33
34	V			Sidney Glenner - 80.00 % (constructively)					34
35	V			Barry Ray - 20.00 %					35
36	V								36
37	V								37
38	V								38
39	Total		\$ 2,867,185			\$ 2,310,144	\$ *	(557,041)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	10a Therapy	\$ 1,394,447	Therapy Masters, Inc.	D	\$ 1,171,975	\$ (222,472)
16	V	19 Professional Fees		Therapy Masters, Inc.	D	477	477
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	D	189	189
18	V	20 Employment Fees		Therapy Masters, Inc.	D	5,987	5,987
19	V	21 Clerical		Therapy Masters, Inc.	D	5,558	5,558
20	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	D	122,924	122,924
21	V	23 Training and Education		Therapy Masters, Inc.	D	3,185	3,185
22	V	25 Auto Expenses		Therapy Masters, Inc.	D	1,145	1,145
23	V	2 Food Purchase		Therapy Masters, Inc.	D	88	88
24	V	21 Clerical Salaries		Therapy Masters, Inc.	D	10,645	10,645
25	V	22 Employee Benefits		Therapy Masters, Inc.	D	(122,924)	(122,924)
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	D	121,830	121,830
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	D	1,094	1,094
28	V	30 Depreciation		Therapy Masters, Inc.	D	249	249
29	V						
30	V						
31	V						
32	V						
33	V						
34	V			D - OWNERSHIP:			
35	V			Sidney Glenner - 80.00 %			
36	V			Barry Ray - 20.00 %			
37	V						
38	V						
39	Total		\$ 1,394,447			\$ 1,322,422	\$ * (72,025)

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

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centr # 0035014 Report Period Beginning: 1/01/2009 Ending: 12/31/2009

## 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 %	161,495	13	21.80 %	Salary	\$ 33,386	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	44,467	9	21.80 %	Salary	9,193	Ln 21, Col 7	2
3	Daniel Glenner	Administrative	Administrative	0.00 %	24,487	9	21.80 %	Salary	5,062	Ln 21, Col 7	3
4	Elliot Glenner	Clerical	Clerical	0.00 %	8,667	9	21.80 %	Salary	1,792	Ln 21, Col 7	4
5	David Weinschneider	Administrative	Administrative	0.00 %	43,502	9	21.80 %	Salary	8,994	Ln 21, Col 7	5
6	Joshua Ray	V.P. of Operations	Administrative	0.00 %	161,495	9	21.80 %	Salary	33,386	Ln 21, Col 7	6
7	Barry Ray	Vice-President	Administrative	20.00 %	140,876	9	21.80 %	Salary	29,124	Ln 17, Col 7	7
8	Daniel Glenner	Asst Administrator	Administrative	0.00 %		9	21.80 %	Salary	51,524	Ln 17, Col 1	8
9											9
10			See Schedule B								10
11											11
12											12
13								TOTAL	\$ 172,461		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: 1/01/2009 Ending: 2/31/2009

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	540,919	7	\$ 31,402	\$ 92,668	\$ 5,380	1	
2	6	Repairs and Maintenance	Resident Days	540,919	7	26,561	92,668	4,550	2	
3	19	Professional Fees	Resident Days	540,919	7	215,599	92,668	36,936	3	
4	20	Licenses, Permits and Inspection	Resident Days	540,919	7	40,365	92,668	6,915	4	
5	21	Clerical	Resident Days	540,919	7	235,006	92,668	40,260	5	
6	22	Employee Benefits and Payroll	Resident Days	540,919	7	439,026	92,668	75,212	6	
7	23	Training and Education	Resident Days	540,919	7	4,102	92,668	703	7	
8	25	Auto Expenses	Resident Days	540,919	7	38,975	92,668	6,677	8	
9	26	Insurance	Resident Days	540,919	7	11,803	92,668	2,022	9	
10	30	Depreciation	Resident Days	540,919	7	69,580	92,668	11,920	10	
11	31	Amortization	Resident Days	540,919	7	598	92,668	102	11	
12	33	Real Estate Taxes	Resident Days	540,919	7	62,534	92,668	10,713	12	
13	35	Equipment and Vehicle Rental	Resident Days	540,919	7	44,880	92,668	7,689	13	
14	6	Janitorial Salaries	Resident Days	540,919	7	20,053	20,053	92,668	3,435	14
15	17	Officer's Salaries	Resident Days	540,919	7	364,880	364,880	92,668	62,510	15
16	21	Administrative Salaries	Resident Days	540,919	7	2,506,264	2,506,264	92,668	429,363	16
17	22	Employee Benefits	Payroll						(75,212)	17
18	7	Employee Benefits - Janitorial	Payroll						519	18
19	27	Employee Benefits - Officer's	Payroll						9,492	19
20	27	Employee Benefits - Admin	Payroll						65,201	20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 4,111,628	\$ 2,891,197	\$ 704,387		25

SEE ACCOUNTANTS' COMPILATION REPORT

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	Midland Loan Services		X	Mortgage	\$121,125.03	5/27/08	\$ 20,631,900	\$ 20,374,690	6/01/2043	0.0625	\$ 1,278,462	1							
2	Midland Loan Services		X	Amortization of mortgage costs							10,546	2							
3												3							
4												4							
5												5							
<b>Working Capital</b>																			
6	AMJED Trust	X									2,815	6							
7							Non-allowable related party interest:				(2,815)	7							
8												8							
9	<b>TOTAL Facility Related</b>				\$121,125.03		\$ 20,631,900	\$ 20,374,690			\$ 1,289,008	9							
<b>B. Non-Facility Related*</b>																			
10									Interest Income Offset:		(41,443)	10							
11												11							
12												12							
13												13							
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (41,443)	14							
15	<b>TOTALS (line 9+line14)</b>						\$ 20,631,900	\$ 20,374,690			\$ 1,247,565	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 163,807 Line # 36

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

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.)





**X. BUILDING AND GENERAL INFORMATION:**

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

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

NONE

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

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

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>58,949</u>	<u>1989</u>	<u>\$ 263,180</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>14,551</u>	<u>2</u>
3	<b>TOTALS</b>	<b>58,949</b>		<b>\$ 277,731</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

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

Report Period Beginning:

1/01/2009

Ending:

12/31/2009**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	\$ 3,958,163
5										
6	Mgt Comp									
7	Allocation				310,726			8,511	8,511	
8	Schedule J									
	<b>Improvement Type**</b>									
9	Building Improvements		1989		66,436		35	1,898	1,898	39,227
10	Building Improvements		1990		7,195		35	206	206	4,254
11	Building Improvements		1990		3,885		35	111	111	2,184
12	Building Improvements		1990		35,167		10			35,167
13	Building Improvements		1991		8,342		10			8,342
14	Building Improvements		1991		12,621		10			12,621
15	Building Improvements		1992		78,993		10			78,993
16	Building Improvements		1993		5,350		10			5,350
17	Building Improvements		1993		109,105		10			109,105
18	Land Improvements		1993		45,615		15			45,615
19	Building Improvements		1993		53,394		10			53,394
20	Land Improvements		1993		10,717		15			10,717
21	Building Improvements		1995		29,767		10			29,767
22	Electrical wiring work to 2nd floor from basement		1996		23,000		10			23,000
23	Dialysis room construction		1996		7,439		10			7,439
24	Fireplace construction		1996		1,065		10			1,065
25	Mounted door alarm system and wiring		1996		2,505		10			2,505
26	PVC hand rail and wall bumper		1997		4,968		10			4,968
27	Window treatments		1997		2,226		10			2,226
28	Walls, cabinets and tub		1997		5,520		10			5,520
29	Cabinets, sink and lighting		1997		4,571		10			4,571
30	Walls, platform and ramp		1997		9,286		10			9,286
31	Window treatments		1997		2,394		10			2,394
32	Cabinets and cubicles		1997		9,631		10			9,631
33	Cabinets		1997		2,500		10			2,500
34	Base covers		1997		630		10			630
35										
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:

1/01/2009 Ending: 12/31/2009

**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	\$	10	\$	\$	\$ 1,950	37
38	Sink	1997	2,236		10			2,236	38
39	Fire alarm equipment	1997	1,975		10			1,975	39
40	Walls and doors	1997	2,480		10			2,480	40
41	80 ton compressor	1998	20,800		10			20,800	41
42	Telephone system improvements	1998	2,503		10			2,503	42
43	Carpeting, window treatments, mini-blinds	1998	20,703		10			20,703	43
44	Handrail/bumper corner guard installation	1998	4,200		10			4,200	44
45	Cove base installation	1998	2,508		10			2,508	45
46	Handrail/bumper corner guard installation, accent rails	1999	11,401	381	10	381		11,401	46
47	Mini-blinds	1999	3,963	134	10	134		3,963	47
48	Carpeting, cove base installation	1999	14,797	491	10	491		14,797	48
49	Amtico, cove base installation	1999	5,616	184	10	184		5,616	49
50	Carpeting, cove base installation	1999	1,634	57	10	57		1,634	50
51	Wallpaper	1999	10,900	363	10	363		10,900	51
52	Handrail/bumper corner guard installation, accent rails	1999	11,401	381	10	381		11,401	52
53	Insurance claim: boiler	1999	(19,000)	(633)	10	(633)		(19,000)	53
54	Panel interior, interior mat installation	1999	2,468	81	10	81		2,468	54
55	Install alarms for ventilators	1999	1,560	52	10	52		1,560	55
56	Install handrails and bumper chair rails	1999	4,600	153	10	153		4,600	56
57	Carpeting	1999	4,497	148	10	148		4,497	57
58	Lighting improvements on the 5th floor	1998	4,635		10			4,635	58
59	Install new braille signs/slots	1999	2,135	199	10	199		2,135	59
60	Installation of mini-blinds	1999	3,476	316	10	316		3,476	60
61	Installation of handrails, bumpers, corner guards, chair rails	1999	5,500	504	10	504		5,500	61
62	Tube bundles for heat exchanger	1999	3,382	311	10	311		3,382	62
63	Install new tubes & door gaskets on boiler	1999	7,400	678	10	678		7,400	63
64	Install new motor, drain valve, drain hoses on washer	1999	1,903	177	10	177		1,903	64
65	Cove base installation, floor patches, vinyl tiles & powerbond	1999	11,459	1,718	10	1,718		11,459	65
66	Cove base installation	2000	3,267	327	10	327		3,106	66
67	Cove base installation	2000	1,939	194	10	194		1,843	67
68	Installation of fire dampers & exhaust fan	2000	2,773	277	10	277		2,632	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,717,449	\$ 6,493		\$ 208,743	\$ 202,250	\$ 4,629,297	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 7,717,449	\$ 6,493		\$ 208,743	\$ 202,250	\$ 4,629,297	1
2	New interior for kitchen panel	2000	2,630	263	10	263		2,498	2
3	Electrical work for 6 dialysis chairs	2000	3,975	398	10	398		3,780	3
4	Install exhaust fan, ductwork, exhaust grille & fire-rated door	2000	2,560	256	10	256		2,432	4
5	Ductwork fabrication and installation	2000	4,120	412	10	412		3,914	5
6	Plumbing project	2000	14,517	1,452	10	1,452		13,794	6
7	Carpeting, floor patches	1999	2,969	98	10	98		2,969	7
8	4 custom nurses stations	2000	10,025	1,002	10	1,002		9,520	8
9	4 custom nurses stations	2000	33,284	3,328	10	3,328		31,617	9
10	5 sinks in nurses station	2000	1,642	164	10	164		1,558	10
11	Fire alarm system	2000	3,324	332	10	332		3,155	11
12	Cove base & vinyl installation, floor patches	2000	2,705	270	10	270		2,566	12
13	Install door restrictors, emergency lights & elevator telephone	2000	11,500	1,150	10	1,150		10,925	13
14	Dura glide 3000 single slide door packages	2000	12,218	1,222	10	1,222		11,609	14
15	Furnish and install two oil tank coolers in elevator pit	2001	6,750	675	10	675		5,738	15
16	Replace gasket, valves and coils on compressor	2001	3,200	320	10	320		2,720	16
17	Remove lobby wall, build new wall and install new ceiling	2001	26,841	2,684	10	2,684		22,814	17
18	Pre-wiring, televisions, brackets and electrical outlets	2001	68,526	6,852	10	6,852		58,242	18
19	Window caulking and masonry	2000	4,320	432	10	432		4,104	19
20	Ceramic tile, carpet, floor patches and cove base installation	2001	8,147	814	10	814		6,919	20
21	Ceiling/lighting project and remove/build wall in copy room	2001	24,145	2,414	10	2,414		20,519	21
22	Wallcovering installation and painting	2001	6,115	612	10	612		5,202	22
23	Ceiling fixture, 2 chandeliers, 4 wall sconces	2001	3,006	300	10	300		2,550	23
24	Installation of television system	2002	3,569	357	10	357		2,677	24
25	Furnish and install blinds	2002	3,616	362	10	362		2,715	25
26	Dialysis room renovation	2002	12,000	1,200	10	1,200		9,000	26
27	Cove base & vinyl installation, floor patches	2002	5,467	547	10	547		4,102	27
28	Replace tubes in boiler	2002	8,006	801	10	801		6,007	28
29	Television system installation	2003	10,846	1,085	10	1,085		7,052	29
30	Elevator pump installation	2003	2,450	245	10	245		1,592	30
31	Power amplifier and speaker installation	2003	3,962	396	10	396		2,574	31
32	Install receptacles to attach emergency panels for respirators	2004	2,960	296	10	296		1,628	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,026,844	\$ 37,232		\$ 239,482	\$ 202,250	\$ 4,895,789	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:

1/01/2009 Ending: 12/31/2009

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 8,026,844	\$ 37,232		\$ 239,482	\$ 202,250	\$ 4,895,789	1
2	Furnish and install new elevator door detector unit	2004	2,004	200	10	200		1,100	2
3	Installation of remote DVD system	2004	2,339	234	10	234		1,287	3
4	Repipe and patch alarm system	2003	2,200	220	10	220		1,430	4
5	Furnish and install head gaskets on boilers	2005	5,565	557	10	557		2,506	5
6	Philadelphia insurance refund	2005	(15,497)	(1,550)	10	(1,550)		(6,975)	6
7	Replacement of the fire alarm panel	2005	7,803	780	10	780		3,510	7
8	Cable installation	2005	13,115	1,312	10	1,312		5,904	8
9	Installed new detector edge and power pack on elevator	2005	1,983	198	10	198		891	9
10	Replace cooling tower fan motor	2005	1,726	173	10	173		778	10
11	Change relief valve on compressor	2005	1,594	159	10	159		716	11
12	Install handrails, vinyl tile, ceiling and lighting in 2 elevators	2005	11,091	1,109	10	1,109		4,991	12
13	Cable installation project	2005	21,100	2,110	10	2,110		9,495	13
14	Install cove base, ceramic tile, wallpaper and painting	2005	105,973	10,597	10	10,597		47,687	14
15	Install cove base, carpeting and vinyl tile	2005	17,729	1,773	10	1,773		7,978	15
16	Install vinyl/ceramic tile, furnish & install new sink, faucet	2005	2,235	224	10	224		1,008	16
17	Installation of wiring for vent machine	2005	1,393	139	10	139		626	17
18	Installation of FTA satellite system	2005	1,310	131	10	131		590	18
19	Valve installation on sprinkler heads	2006	3,175	318	10	318		1,113	19
20	Rework heads on sprinkler system	2006	2,033	203	10	203		711	20
21	Raise piping above soffit, relocate sprinkler heads	2006	5,258	526	10	526		1,841	21
22	Custom built-in wall units with drawers	2006	17,672	1,767	10	1,767		6,185	22
23	Furnish and install fire-rated doors, ceiling, ceramic tiles	2006	99,654	9,965	10	9,965		34,878	23
24	Furnish and install 44 gallon shower	2006	11,512	1,151	10	1,151		4,029	24
25	Installation of access door	2006	3,450	345	10	345		1,208	25
26	Purchase of cooling tower	2006	20,505	2,050	10	2,050		7,175	26
27	Installation of new electrical receptacles	2006	14,960	1,496	10	1,496		5,236	27
28	Installation of evaporator control unit in electrical room	2006	2,593	259	10	259		907	28
29	Installation of patch panel and computer jacks	2006	3,742	374	10	374		1,309	29
30	Removal of asbestos from cooling tower	2006	4,250	425	10	425		1,488	30
31	Installation of new coils, repair patch and connect piping	2006	2,946	295	10	295		1,032	31
32	Furnish and install fire alarm equipment	2006	6,390	639	10	639		2,237	32
33	Disconnect, remove and rewire cooling tower	2006	16,266	1,627	10	1,627		5,694	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,424,913	\$ 77,038		\$ 279,288	\$ 202,250	\$ 5,054,354	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	<b>Totals from Page 12C, Carried Forward</b>		\$ 8,424,913	\$ 77,038		\$ 279,288	\$ 202,250	\$ 5,054,354	1
2	Installation of elevator door frame protectors	2006	3,160	316	10	316		1,106	2
3	Telephone system upgrade	2006	2,995	300	10	300		1,049	3
4	Furnish and install outdoor signs	2007	10,532	1,053	10	1,053		2,633	4
5	Sealcoat and restripe parking lot project	2008	3,000	300	10	300		450	5
6	Parking lot drainage system	2008	11,200	1,120	10	1,120		1,680	6
7	Cable wiring of all televisions	2008	4,308	430	10	430		645	7
8	Plastering and painting project	2008	20,825	2,082	10	2,082		3,123	8
9	Carpeting project	2008	3,901	390	10	390		585	9
10	Installation of 77 electrical wallboxes for light fixture installation	2008	3,850	385	10	385		578	10
11	Wall tile, floor tile and carpet installation	2008	4,494	449	10	449		674	11
12	New nurses station, wallcovering, furnish & install cove base	2008	261,121	26,112	10	26,112		39,168	12
13	Automatic sprinkler system	2008	5,600	560	10	560		840	13
14	Wallcovering, corner guards, ceramic wall tile	2008	21,579	2,158	10	2,158		3,237	14
15	Interior drywall project	2008	6,550	655	10	655		983	15
16	Furnish solid vinyl tile	2008	7,687	769	10	769		1,153	16
17	Reposition exhaust ducts, install new sheet metal, ducts for fan coil, extend ductwork to outside wall	2009	3,333	167	10	167		167	17
18									18
19	Demolition of walls, drywall & plaster, tile floors & walls, wallpaper, paint ceiling	2009	10,165	508	10	508		508	19
20									20
21	Install 2 shower stalls, new supply lines, drain installed	2009	5,700	285	10	285		285	21
22	Furnish and install drywall in bathrooms and paint	2009	2,633	132	10	132		132	22
23	Trench drain installation, new vent line, install hot & cold supply lines	2009	6,800	340	10	340		340	23
24									24
25	Remove front entrance concrete and install new concrete	2009	13,500	675	10	675		675	25
26	Remove driveway and patio concrete and install new concrete	2009	77,071	3,854	10	3,854		3,854	26
27	Remove and install fencing at exit areas and around patio	2009	34,890	1,745	10	1,745		1,745	27
28	Addition of telephone base stations, audit wireless system	2009	3,526	176	10	176		176	28
29	Remove driveway and patio concrete and install new concrete	2009	2,923	146	10	146		146	29
30	Remove and install fencing at exit areas and around patio	2009	(1,319)	(66)	10	(66)		(66)	30
31	Irrigation system for new patio addition	2009	9,339	467	10	467		467	31
32	Replace condenser water lines and valves	2009	2,690	135	10	135		135	32
33	Landscape installation	2009	7,500	375	10	375		375	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,974,466	\$ 123,056		\$ 325,306	\$ 202,250	\$ 5,121,197	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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 8,974,466	\$ 123,056		\$ 325,306	\$ 202,250	\$ 5,121,197	1
2	Floor tile (2 x 2 mosaic)	2009	(2,502)	(125)	10	(125)		(125)	2
3	Corner guards, cove base, furnish and install toilet partitions	2009	5,686	284	10	284		284	3
4									4
5									5
6	Leasehold Improvements Allocated from Management Company:		27,690			701	701	24,050	6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,005,340	\$ 123,215		\$ 326,166	\$ 202,951	\$ 5,145,406	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 910,966	\$ 91,097	\$ 91,097	\$	10 years	\$ 423,698	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	485,591	7,733	7,733		5, 10 years	485,591	73
74	Allocated from Management Company:	133,769		1,380	1,380		130,663	74
75	TOTALS	\$ 1,530,326	\$ 98,830	\$ 100,210	\$ 1,380		\$ 1,039,952	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:			\$ 15,287	\$	\$ 1,329	\$ 1,329		\$ 8,009	76
77										77
78										78
79										79
80	TOTALS			\$ 15,287	\$	\$ 1,329	\$ 1,329		\$ 8,009	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)	\$ 10,828,684	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 222,045	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 427,705	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 205,660	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,193,367	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

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

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.  YES  NO

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

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

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

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

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 13,050 Description: Postage meter \$696, Ice maker \$2,040, Copy Machine \$7,024, Allocated from Mgt Co: \$3,290

(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>2009 Toyota Sienna</u>	\$ <u>575.00</u>	\$ <u>6,925</u>	17
18					18
19	<u>Allocated from Management Company:</u>			<u>4,399</u>	19
20					20
21	TOTAL		\$ <u>575.00</u>	\$ <u>11,324</u>	21

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_  
Ending \_\_\_\_\_

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2010</u>	\$ _____
13.	<u>/2011</u>	\$ _____
14.	<u>/2012</u>	\$ _____

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

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

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

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

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

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	Ln10a, Col 1,2&3	1199 hrs	\$ 30,443	10,893	\$ 581,713	\$ 2,951	12,092	\$ 615,107	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 3	hrs		2,586	149,550		2,586	149,550	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a, Col 2&3	hrs		10,901	663,184	705	10,901	663,889	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				436,053		436,053	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Radiology, Laboratory & Dialysis Other (specify): <u>Respiratory Therapy</u>	Ln 39, Col 3 Ln 10a, Col 1	10,184 hours	205,277		143,668 513		10,184	143,668 205,790	13
14	<b>TOTAL</b>			\$ 235,720	24,380	\$ 1,538,628	\$ 439,709	35,763	\$ 2,214,057	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: 1/01/2009Ending: 12/31/2009

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2009 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 50,151	\$ 1,281,108	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>278,000</u> )	5,197,052	5,197,052	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	156,789	197,522	6
7	Other Prepaid Expenses	893,439	893,439	7
8	Accounts Receivable (owners or related parties)	(640,565)		8
9	Other(specify): <u>Employee Loans Receivable</u>	24,024	24,024	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 5,680,890	\$ 7,593,145	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		277,731	13
14	Buildings, at Historical Cost		7,014,066	14
15	Leasehold Improvements, at Historical Cost	1,868,097	1,991,274	15
16	Equipment, at Historical Cost	1,396,557	1,545,613	16
17	Accumulated Depreciation (book methods)	(2,008,283)	(6,193,367)	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 (spe <u>Escrow Accounts:</u>		326,086	22
23	Other(specify): <u>Mortgage Costs (Net):</u>		352,501	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,256,371	\$ 5,313,904	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,937,261	\$ 12,907,049	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 31,988	\$ 31,988	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	15,123	15,123	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	290,518	290,518	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		711,000	32
33	Accrued Interest Payable		106,118	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Attached Schedule E:</u>	1,324,474	1,324,474	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,662,103	\$ 2,479,221	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		20,374,690	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Loans Payable Stockholders</u>	8,110,025	8,110,025	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 8,110,025	\$ 28,484,715	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 9,772,128	\$ 30,963,936	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (2,834,867)	\$ (18,056,887)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 6,937,261	\$ 12,907,049	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(398,777)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(398,777)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(2,436,090)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(2,436,090)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(2,834,867)</b>	<b>24</b>

\* Operating Entity Only

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre# 0035014Report Period Beginning: 1/01/2009Ending: 12/31/2009

**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.**

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 14,490,327	1
2	Discounts and Allowances for all Levels	(3,497,563)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 10,992,764</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,072,082	6
7	Oxygen	377,090	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 3,449,172</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients	607,150	18
19	Laboratory	50,205	19
20	Radiology and X-Ray	12,599	20
21	Other Medical Services	1,096,512	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 1,766,466</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	36,049	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 36,049</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	Telephone Income	10,006	28
28a	Commissary Income	527	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 10,533</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 16,254,984</b>	<b>30</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,460,353	31
32	Health Care	7,236,579	32
33	General Administration	4,917,935	33
<b>B. Capital Expense</b>			
34	Ownership	3,101,763	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	809,096	35
36	Provider Participation Fee	165,348	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 18,691,074</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(2,436,090)</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (2,436,090)</b>	<b>43</b>

\* 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: 1/01/2009

Ending:

12/31/2009

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,933	2,190	\$ 101,352	\$ 46.28	1
2	Assistant Director of Nursing	1,811	1,980	78,641	39.72	2
3	Registered Nurses	56,327	60,488	1,628,469	26.92	3
4	Licensed Practical Nurses	18,380	19,014	448,054	23.56	4
5	CNAs & Orderlies	115,294	125,386	1,496,340	11.93	5
6	CNA Trainees	9,126	10,034	101,413	10.11	6
7	Licensed Therapist	10,667	11,469	227,962	19.88	7
8	Rehab/Therapy Aides	371	376	7,758	20.63	8
9	Activity Director	2,040	2,206	50,711	22.99	9
10	Activity Assistants	10,804	11,853	116,803	9.85	10
11	Social Service Workers	9,650	10,345	225,618	21.81	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	13,079	14,201	174,162	12.26	14
15	Cook Helpers/Assistants	28,695	30,790	314,991	10.23	15
16	Dishwashers					16
17	Maintenance Workers	6,212	6,782	91,142	13.44	17
18	Housekeepers	26,695	28,738	302,025	10.51	18
19	Laundry	11,881	13,173	135,594	10.29	19
20	Administrator	2,385	2,583	106,314	41.16	20
21	Assistant Administrator	1,637	1,709	51,424	30.09	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	14,708	16,258	384,695	23.66	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	2,000	2,086	59,186	28.37	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	13,771	14,492	279,211	19.27	33
34	TOTAL (lines 1 - 33)	357,466	386,153	\$ 6,381,865 *	\$ 16.53	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	\$ 32,539	Ln 1, Col 3	35
36	Medical Director	Monthly	81,900	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,500	Ln 10, 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	42	2,058	Ln 11, Col 3	44
45	Social Service Consultant	47	2,552	Ln 12, Col 3	45
46	Other(specify)				46
47	<u>Religious Consultant</u>	Monthly	4,800	Ln 12, Col 3	47
48					48
49	TOTAL (lines 35 - 48)	89	\$ 125,349		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. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
<u>Sue Bohne</u>	<u>Administrator</u>	<u>0.00 %</u>	\$ <u>106,314</u>	<u>Workers' Compensation Insurance</u>	\$ <u>106,098</u>	<u>IDPH License Fee</u>	\$ <u>995</u>	
<u>Daniel Glenner</u>	<u>Asst Administrator</u>	<u>0.00 %</u>	<u>51,424</u>	<u>Unemployment Compensation Insurance</u>	<u>35,069</u>	<u>Advertising: Employee Recruitment</u>	<u>9,320</u>	
				<u>FICA Taxes</u>	<u>476,151</u>	<u>Health Care Worker Background Check</u>		
				<u>Employee Health Insurance</u>	<u>119,048</u>	<u>(Indicate # of checks performed <u>275</u> )</u>	<u>2,750</u>	
				<u>Employee Meals</u>	<u>37,396</u>	<u>Patient Background Checks</u>	<u>69</u>	
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>				
				<u>Union Health and Welfare</u>	<u>151,348</u>	<u>See Attached Schedule K:</u>	<u>102,505</u>	
				<u>Union Pension</u>	<u>44,417</u>			
<b>TOTAL (agree to Schedule V, line 17, col. 1)</b>			<b>\$ <u>157,738</u></b>	<u>401K Match</u>	<u>3,539</u>	<u>Allocated from Management Company:</u>	<u>6,915</u>	
<b>(List each licensed administrator separately.)</b>				<u>Other Employee Benefits</u>	<u>4,313</u>	<u>Allocated from Therapy Masters:</u>	<u>6,176</u>	
				<u>Uniform Allowance</u>	<u>2,547</u>	<u>Less: Public Relations Expense</u>	( )	
				<u>See Attached Schedule D:</u>	<u>0</u>	<u>Non-allowable advertising</u>	( )	
						<u>Yellow page advertising</u>	( )	
				<b>TOTAL (agree to Schedule V, line 22, col.8)</b>	<b>\$ <u>979,926</u></b>	<b>TOTAL (agree to Sch. V, line 20, col. 8)</b>	<b>\$ <u>129,351</u></b>	
<b>TOTAL (agree to Schedule V, line 17, col. 3)</b>			<b>\$ <u>2,094,122</u></b>	<b>E. Schedule of Non-Cash Compensation Paid to Owners or Employees</b>			<b>G. Schedule of Travel and Seminar**</b>	
<b>(Attach a copy of any management service agreement)</b>				Description	Line #	Amount	Description	Amount
							<u>Out-of-State Travel</u>	\$ _____
							<u>In-State Travel</u>	
<u>See Attached Schedule C:</u>			<u>101,711</u>				<u>Seminar Expense</u>	
							<u>Entertainment Expense</u>	( )
<b>TOTAL (agree to Schedule V, line 19, column 3)</b>			<b>\$ <u>101,711</u></b>	<b>TOTAL</b>		<b>\$ _____</b>	<b>TOTAL (agree to Sch. V, line 24, col. 8)</b>	<b>\$ _____</b>
<b>(If total legal fees exceed \$5,000, attach copy of invoices.)</b>								

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

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

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	<b>TOTALS</b>		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Illinois Council on Long Term Care \$14,144
- (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. \$ 25,837 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. \$ 37,396 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
- (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  
12/31/2009

SCHEDULE A

**SCHEDULE VII. RELATED PARTIES**

Part A. Col.3

<b>3</b>		
<b>OTHER RELATED BUSINESS ENTITIES</b>		
<b>Name</b>	<b>City</b>	<b>Type of Business</b>
Glen Health & Home Management, Inc.	Skokie	Management Company
GlenBar Management Company, Ltd.	Skokie	Management Company
GlenBridge Real Estate & Development LLC	Skokie	Building Lessor
Fargo Real Estate & Development, LLC	Skokie	Building Lessor - Management Co.
Therapy Masters	Skokie	Therapy company

**See Accountants' Compilation Report**

GlenBridge Nursing and Rehabilitation Centre, LTD.  
 Provider # 0035014  
 12/31/2009

**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 Oaks Nursing & Rehab. Centre, Ltd.	GlenCrest Nursing & Rehab. Centre, Ltd.	Brentwood North Healthcare & Rehabilitation	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	GlenLake Terrace Nursing & Rehab. Centre, Ltd.	
Sidney Glenner	38,155	32,651	17,743	13,658	29,564	29,724	161,495
Jonathan Glenner	10,506	8,990	4,885	3,761	8,140	8,185	44,467
Daniel Glenner	5,785	4,951	2,690	2,071	4,483	4,507	24,487
Elliot Glenner	2,048	1,752	952	733	1,587	1,595	8,667
David Weinschneider	10,278	8,795	4,779	3,679	7,964	8,007	43,502
Joshua Ray	38,155	32,651	17,743	13,658	29,564	29,724	161,495
Barry Ray	33,284	28,482	15,477	11,914	25,790	25,929	140,876
Total compensation received from other Nursing Homes	138,211	118,272	64,269	49,474	107,092	107,671	584,989

**See Accountants' Compilation Report**

SCHEDULE C

**XIX. SUPPORT SCHEDULES**

C. Professional Services  
 Page 21

<u>Vendor/Payee</u>	<u>Type</u>	<u>AMOUNT</u>
Health Data Systems, Inc.	Computers	7,880
Advanced Answers on Demand	Computers	2,720
E Health Data Solutions	Computers	5,160
RSM McGladrey	Accounting	36,025
Frost, Ruttenberg & Rothblatt	Accounting	400
ReedSmith Sachnoff & Weaver	Legal	2,012
Myers, Miller & Krauskopf	Legal	24,108
Ira I. Silverstein	Legal	2,400
Much Shelist	Legal	6,064
Management Network Services	Management Consulting	1,550
Divinity Marketing	Consulting Fees	35,220
Personnel Planners, Inc.	Unemployment Consulting	1,116
Commitment Consulting	A/R Collections	22,086
Cindy Stachura	Consultant	1,200
Total Schedule V, Line 19, Col. 3		<u>147,941</u>
Allocated from Management Co:		
Health Data Systems, Inc. - Computer Services		1,020
RSM McGladrey - Accounting Services		32,978
ReedSmith Sachnoff & Weaver, Ltd. - Legal Services		818
Frost, Ruttenberg & Rothblatt - Accounting Services		1,970
Much Shelist - Legal Services		150
Total allocated from Management Co.		<u>36,936</u>
Total allocated from Therapy Masters:		477
GlenBridge Real Estate LLC:		
Schiller, Klein & McElroy, P.C.	Real Estate Reduction	5,554
Total from GlenBridge Real Estate LLC:		<u>5,554</u>

Reclass Schiller, Klein & McElroy P.C. invoice to Line 33	-5,554
Non-Allowable Expenses:	
Commitment Consulting - A/R Collections	-22,086
Divinity Marketing - Consulting Fees	-35,220
RSM McGladrey - Accounting Services	-23,937
Ira I. Silverstein - A/R collections	-2,400
Total Non-Allowable Expenses:	<u>-83,643</u>
<b>Total adjustments page 21, Sch C.</b>	<u><u>-46,230</u></u>
<b>Total Schedule V, line 19, column 8</b>	<u><u>101,711</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	33,966
FUTA	465
SUTA	1,056
401K Match	2,240
Insurance - Hospital	24,290
Employee Benefits	3,113
Other Employee Benefits	1,801
Workers Compensation Insurance	8,281
Total allocated from Management Co.	<u>75,212</u>
Employee Benefits reclassified to Lines 7, 27	-75,212
Allocated from Therapy Masters, Inc.:	
FICA taxes	77,794
FUTA	1,174
SUTA	1,464
401K Match	7,464
Insurance - Hospital	20,420
Workers Compensation Insurance	14,336
Other Employee Benefits	272
Total allocated from Therapy Masters, Inc. Co.	<u>122,924</u>
Employee Benefits reclassified to Lines 15,27	-122,924
Total allocated to Page 21	<u>0</u>

**See Accountants' Compilation Report**

GlenBridge Nursing and Rehabilitation Centre, Ltd.  
Provider I.D. # 0035014  
12/31/2009

SCHEDULE E

**SUPPORT SCHEDULES**

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Due to Third Party	778,930
Accrued Management Fees	496,265
Interco GlenBar	697
Accrued Union Dues	3,846
Accrued Profit Sharing	542
Accrued Wage Assignment	31,904
Workshop	2,332
Sundry Payable	16,499
Due Con. Mutual	4,758
Due to Patient Trust Fund	(11,299)
Total, Page 17, Line36	<u><u>1,324,474</u></u>

**See Accountants' Compilation Report**

GlenBridge Nursing and Rehabilitation Centre, Ltd.  
Provider I.D. # 0035014  
12/31/2009

SCHEDULE F

**SCHEDULE VI. ADJUSTMENT DETAIL**

Schedule A. Nonallowable Expenses

Page 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>REFERENCE</u>
Patient clothing	-242	43
Non-allowable IL Council on Long Term Care fee	-9,684	20
Non-allowable professional fees	-83,643	19
Non-allowable bank charges	-51	43
Non-allowable clerical expense	-279	43
Adjust mgt co. med supplies - med'A' to cost	-49,231	10
Adjust mgt co. med supplies - 'other' to cost	-105,680	10
Adjust mgt co. food to cost	-85,682	2
Non-allowable AMJED Trust interest expense	-2,815	32
Non-allowable auto expense - marketing	-6,387	25
Total	<u>-343,694</u>	

See Accountants' Compilation Report

**GlenBridge Real Estate and Development, LLC.**  
**Accrued Real Estate Taxes**  
**12/31/2009**

**SCHEDULE G**

	Accrued 1/01/09	Payments	Expense	Accrued 12/31/09
Balance @ 1/01/09	-698,000.00		-698,000.00	
2008 real estate taxes paid		692,818.24	692,818.24	
Cash received 6/03/09 for reduction in 2006 real estate taxes.		-43,232.76	-43,232.76	
Estimated 2009 real estate taxes:				
2008 taxes	692,818.24			
Estimated increase	2.50%			
Estimated 2009 taxes	710,138.70			
<b>USE</b>	711,000.00		711,000.00	-711,000.00
Totals	-698,000.00	649,585.48	662,585.48	-711,000.00

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%
2007	680,599.97	144,973.94	27.07%
2008	692,818.24	12,218.27	1.80%

**See Accountants' Compilation Report**

**Provider Name: GlenBridge Nursing & Rehab Ctr.**  
**Provider I.D. #: 0035014**  
**Year Ended: December 31, 2009**

**SCHEDULE H**

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Nursing & Respiratory Staff	4/8/2009	Facility	PULMONARY EXCHANGE Trach Care & Suctioning	195
D Hendershott, S Bohne, S McClean D Fahrenbach, S Hinkle	2/26/2009	Skokie, IL	ILLINOIS COUNCIL ON L.T.C. New OBRA Pain Requirements	475
S. Bohne, D Glenner, D Hendershott	5/26/2009	Skokie, IL	ILLINOIS COUNCIL ON L.T.C. Money Down the Drain-Top Ten Ways That Providers Lose Money	285
Department Heads, Administration Social Workers	5/20/09	Facility	STANLEY MCCRACKEN Adherence Issues: Motivation & Change	100
S. Bohne, D Glenner, D Hendershott	7/29/2009	Skokie, IL	ILLINOIS COUNCIL ON L.T.C. Hear it Directly from the Surveyors: What's Needed; What's Missing	285
Social Service and Nursing Dept	7/17/2009	Facility	Joseph Monahan Legal & Ethical Issues for Social Service Providers and Nursing Professionals	460
S. Bohne, D Glenner, D Hendershott	9/30/2009	Skokie, IL	ILLINOIS COUNCIL ON L.T.C. New Survival tools for the MDS Medicaid Audits	285
S. Bohne, D Glenner, C Chavez	10/28/2009	Skokie, IL	ILLINOIS COUNCIL ON L.T.C. The New IDPH Fingerprint Regulation	285
Nursing & Respiratory Staff	10/13/09	Facility	PULMONARY EXCHANGS LTD. Trach Care & Suctioning	211
S. Bohne, D Glenner, A Adams	12/9/2009	Skokie, IL	ILLINOIS COUNCIL ON L.T.C. Skills Training for Psychiatric Rehab	420
Annabelle Burns	10/23/2009	Chicago, IL	CYNTHIA CHOW & ASSOCIATES Dietary Service Manager Annual Review	120
			Allocated From Management Company	703
			Allocated From Therapy Masters	3,185
			<b>Total</b>	<b>7,009</b>

**SEE ACCOUNTANTS' COMPILATION REPORT**

GlenBridge Nursing and Rehabilitation Centre, LTD.  
 Provider I.D. #0035014  
 12/31/2009

**SCHEDULE I**

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

	Gasoline	Licenses/ Stickers	Mileage Reimburse	Repairs	Parking	Auto Rental	I-Pass	Total
Direct Expense	13,550	157	2,602	2,449	153	501	40	19,452
Non-allowable auto expense - marketing								-6,387
Allocated from Management Company								6,677
Allocated from Therapy Masters								1,145
<b>TOTAL</b>	<b>13,550</b>	<b>157</b>	<b>2,602</b>	<b>2,449</b>	<b>153</b>	<b>501</b>	<b>40</b>	<b>20,887</b>

**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		NURSING HOME PERCENTAGE 84.9438%	GLENBRIDGE 103,052/460,292 0.223883969	GLENCREST 111,372/460,292 0.241959452	GLEN OAKS 101,895/460,292 0.221370348	GLEN ELSTON 41,220/460,292 0.08955185	GLENSHIRE 102,753/460,292 0.223234382		
				7/1/99- 12/31/2004	COST 12/31/2000								
1996 BUILDING PURCHASE	230,000		230,000		<u>230,000</u>	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	RECALCULATION BASED ON 2007 CENSUS							TOTAL
	GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE		
PERCENTAGE	93767	95,262	106,511	40,267	78,093	74,334	488,234	
84.9438%	0.192053401	0.195115457	0.218155638	0.082474797	0.159949942	0.152250765	1	

2007 NO ADDITIONS 2,135,245 1,813,758 348,338 353,892 395,682 149,589 290,111 276,146 1,813,758

NURSING HOME	RECALCULATION BASED ON 2008 CENSUS							TOTAL
	GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	
PERCENTAGE	93929	92,291	105,965	37,609	81,480	76,498	15,564	503,336
84.9438%	18.66%	18.34%	21.05%	7.47%	16.19%	15.20%	3.09%	1

2008 NO ADDITIONS 2,135,245 1,813,758 338,471 332,568 381,842 135,523 293,611 275,659 56,084 1,813,758

NURSING HOME	RECALCULATION BASED ON 2009 CENSUS							TOTAL
	GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	
PERCENTAGE	92,668	90,627	105,904	37,909	82,060	82,504	49,247	540,919
84.9438%	17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%

2009 NO ADDITIONS 2,135,245 1,813,758 310,726 303,882 355,107 127,113 275,156 276,645 165,130 1,813,758

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	23,828
Illinois Association of Health Care Facilities Dues	2,868
Employment Fees	75,504
Village of Niles Annual Business License	4,889
Joint Commission Annual Fee	1,070
Joint Commission Long Term Care Program Fee	2,875
Secretary of State Annual Report Fee	25
State Fire Marshall Inspections	230
Anderson Elevator Permit Fee	450
Cook County Department of Environmental Control Equipment Inspection	348
State of Illinois Professional License Renewal Fee	103
Non-allowable Illinois Council on Long Term Care Fee	-9,684
Total allocated to Page 21	<u>102,505</u>

See Accountants' Compilation Report