

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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 302 beds eff 5/23/12

	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	302	Skilled (SNF)	302	110,230	1
2		Skilled Pediatric (SNF/PED)			2
3	0	Intermediate (ICF)	0	0	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	302	TOTALS	302	110,230	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	34,676	566	6,759	42,001	8
9	SNF/PED					9
10	ICF	52,014	849	0	52,863	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	86,690	1,415	6,759	94,864	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.06%

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)

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 03/01/89

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

YES Date 03/01/89 NO

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

YES NO If YES, enter number of beds certified 302 and days of care provided 6,328

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: 12/31/13 Fiscal Year: 12/31/13

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Glen Bridge N & Rehab Centre

0035014

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	511,319	67,939	51,621	630,879		630,879		630,879		1
2	Food Purchase		725,695		725,695	(27,944)	697,751	(137,695)	560,056		2
3	Housekeeping	301,011	51,979		352,990		352,990		352,990		3
4	Laundry	115,057	17,169	6,240	138,466		138,466		138,466		4
5	Heat and Other Utilities			258,685	258,685		258,685	5,032	263,717		5
6	Maintenance	99,475	37,754	103,122	240,351		240,351	13,996	254,347		6
7	Other (specify):* Allocated Employee Benefits							624	624		7
8	TOTAL General Services	1,026,862	900,536	419,668	2,347,066	(27,944)	2,319,122	(118,043)	2,201,079		8
	B. Health Care and Programs										
9	Medical Director			181,400	181,400		181,400		181,400		9
10	Nursing and Medical Records	4,623,168	823,307	360,528	5,807,003		5,807,003	(276,109)	5,530,894		10
10a	Therapy	288,648	3,938	1,876,984	2,169,570		2,169,570	(334,560)	1,835,010		10a
11	Activities	157,855	3,986	2,200	164,041		164,041		164,041		11
12	Social Services	198,510		5,778	204,288		204,288		204,288		12
13	CNA Training										13
14	Program Transportation			2,200	2,200		2,200		2,200		14
15	Other (specify):* Allocated Employee Benefits							145,086	145,086		15
16	TOTAL Health Care and Programs	5,268,181	831,231	2,429,090	8,528,502		8,528,502	(465,583)	8,062,919		16
	C. General Administration										
17	Administrative	172,083		1,345,443	1,517,526		1,517,526	(1,307,115)	210,411		17
18	Directors Fees										18
19	Professional Services			99,925	99,925	(2,935)	96,990	58,983	155,973		19
20	Dues, Fees, Subscriptions & Promotions			80,808	80,808	5,190	85,998	8,134	94,132		20
21	Clerical & General Office Expenses	285,458	61,112	76,289	422,859	(5,190)	417,669	659,252	1,076,921		21
22	Employee Benefits & Payroll Taxes			1,165,414	1,165,414	27,944	1,193,358		1,193,358		22
23	Inservice Training & Education			292	292		292	4,463	4,755		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			23,117	23,117	(17,160)	5,957	9,115	15,072		25
26	Insurance-Prop.Liab.Malpractice			682,896	682,896		682,896	7,874	690,770		26
27	Other (specify):* Allocated Employee Benefits							101,796	101,796		27
28	TOTAL General Administration	457,541	61,112	3,474,184	3,992,837	7,849	4,000,686	(457,498)	3,543,188		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,752,584	1,792,879	6,322,942	14,868,405	(20,095)	14,848,310	(1,041,124)	13,807,186		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glen Bridge N & Rehab Centre

#0035014

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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			237,972	237,972		237,972	209,321	447,293			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			44,993	44,993		44,993	639,328	684,321			32
33	Real Estate Taxes					2,935	2,935	693,478	696,413			33
34	Rent-Facility & Grounds			2,720,642	2,720,642		2,720,642	(2,720,642)				34
35	Rent-Equipment & Vehicles			20,930	20,930	17,160	38,090	12,002	50,092			35
36	Other (specify):* Mortgage Insurance							98,821	98,821			36
37	TOTAL Ownership			3,024,537	3,024,537	20,095	3,044,632	(1,067,692)	1,976,940			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		362,697	182,899	545,596		545,596		545,596			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			702,643	702,643		702,643		702,643			42
43	Other (specify):* Non-Allowable			407,597	407,597		407,597	(407,597)				43
44	TOTAL Special Cost Centers		362,697	1,293,139	1,655,836		1,655,836	(407,597)	1,248,239			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,752,584	2,155,576	10,640,618	19,548,778		19,548,778	(2,516,413)	17,032,365			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

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	(12,647)	21		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	(29,196)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(743)	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	(2,084)	43		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(12,500)	43		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(372,000)	43		24
25	Fund Raising, Advertising and Promotional	(20,270)	43		25
	Income Taxes and Illinois Personal				
26	Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(2,230,579)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (2,680,019)		\$	30

BHF USE ONLY					
48		49		50	
				51	
				52	

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	163,606		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 163,606		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (2,516,413)		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	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Bridge N & Rehab Centre

ID# 0035014

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Adjust Mgt Co. med supplies - med"A" to cost	\$ (57,667)	10	1
2	Adjust Mgt Co. med supplies - "other" to cost	(218,442)	10	2
3	Adjust Mgt Co. food to cost	(137,695)	2	3
4	Non-allowable professional fees	(48,031)	19	4
5	Non-allowable auto expense - marketing	(61)	25	5
6	Non-allowable clerical expense	(567)	43	6
7	Non-allowable IL Council on Long Term Care Fee	(10,165)	20	7
8	Non-allowable related party interest expense	(44,993)	32	8
9	Non-allowable loss on early extinguishment of debt	(1,712,958)	43	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(2,230,579)	49

STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(137,695)	0	0	0	0	0	0	0	0	0	0	(137,695)	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	5,032	0	0	0	0	0	0	0	0	5,032	5
6	Maintenance	0	0	13,993	0	3	0	0	0	0	0	0	13,996	6
7	Other (specify):*	0	0	624	0	0	0	0	0	0	0	0	624	7
8	TOTAL General Services	(137,695)	0	19,649	0	3	0	0	0	0	0	0	(118,043)	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	(276,109)	0	0	0	0	0	0	0	0	0	0	(276,109)	10
10a	Therapy	0	0	0	0	(334,560)	0	0	0	0	0	0	(334,560)	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	145,086	0	0	0	0	0	0	145,086	15
16	TOTAL Health Care and Programs	(276,109)	0	0	0	(189,474)	0	0	0	0	0	0	(465,583)	16
	C. General Administration													
17	Administrative	0	0	(1,307,115)	0	0	0	0	0	0	0	0	(1,307,115)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(48,031)	0	40,919	4,410	61,685	0	0	0	0	0	0	58,983	19
20	Fees, Subscriptions & Promotions	(10,165)	0	2,114	0	16,185	0	0	0	0	0	0	8,134	20
21	Clerical & General Office Expenses	(12,647)	0	667,392	0	4,507	0	0	0	0	0	0	659,252	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	1,376	0	3,087	0	0	0	0	0	0	4,463	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(61)	0	7,176	0	2,000	0	0	0	0	0	0	9,115	25
26	Insurance-Prop.Liab.Malpractice	0	0	7,874	0	0	0	0	0	0	0	0	7,874	26
27	Other (specify):*	0	0	101,593	0	203	0	0	0	0	0	0	101,796	27
28	TOTAL General Administration	(70,904)	0	(478,671)	4,410	87,667	0	0	0	0	0	0	(457,498)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(484,708)	0	(459,022)	4,410	(101,804)	0	0	0	0	0	0	(1,041,124)	29

STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

01/01/2013 Ending:

12/31/2013

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	15,372	193,533	416	0	0	0	0	0	0	209,321	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(74,189)	0	0	713,517	0	0	0	0	0	0	0	639,328	32
33	Real Estate Taxes	0	0	11,836	681,642	0	0	0	0	0	0	0	693,478	33
34	Rent-Facility & Grounds	0	0	0	(2,720,642)	0	0	0	0	0	0	0	(2,720,642)	34
35	Rent-Equipment & Vehicles	0	0	12,002	0	0	0	0	0	0	0	0	12,002	35
36	Other (specify):*	0	0	0	98,821	0	0	0	0	0	0	0	98,821	36
37	TOTAL Ownership	(74,189)	0	39,210	(1,033,129)	416	0	0	0	0	0	0	(1,067,692)	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):*	(2,121,122)	0	0	1,713,525	0	0	0	0	0	0	0	(407,597)	43
44	TOTAL Special Cost Centers	(2,121,122)	0	0	1,713,525	0	(407,597)	44						
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(2,680,019)	0	(419,812)	684,806	(101,388)	0	0	0	0	0	0	(2,516,413)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Sidney Glenner	100.00	See Page 6 - Supplemental		See Attached Schedule A		

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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
	V		\$					1
	V	Total from Page 6A	1,345,443	Glen Health and Home Management, Inc.	A	925,631	(419,812)	2
	V							3
	V	Total from Page 6B	2,720,642	GlenBridge Real Estate and Development, L.L.C.	B	3,405,448	684,806	4
	V							5
	V	Total from Page 6C	1,876,983	Therapy Masters, Inc.	C	1,775,595	(101,388)	6
	V							7
	V							8
	V							9
	V			A: Sidney Glenner - 100 % through attribution				10
	V			B: Sidney Glenner - 100.00 % (constructively)				11
	V			C: Sidney Glenner - 100.00 %				12
	V							13
14	Total		\$ 5,943,068			\$ 6,106,674	\$ * 163,606	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2	Sidney Glenner	100.00 %	GlenCrest Nursing & Rehabilitation	Chicago	See Attached Schedule A			2
3			Centre, Ltd.					3
4								4
5	Sidney Glenner	100.00 %	Glen Elston Nursing & Rehabilitation	Chicago				5
6			Centre, Ltd.					6
7								7
8	Sidney Glenner	100.00 %	Glen Oaks Nursing & Rehabilitation	Northbrook				8
9			Centre, Ltd.					9
10								10
11	Sidney Glenner	100.00 %	GlenShire Nursing & Rehabilitation	Richton Park				11
12			Centre, Ltd.					12
13								13
14	Sidney Glenner	80.00 %	GlenLake Terrace Nursing & Rehabilitation	Waukegan				14
15	Joshua Ray	20.00 %	Centre, Ltd.					15
16								16
17	Sidney Glenner	99.00 %	Brentwood North Healthcare & Rehabilitation	Riverwoods				17
18	Joshua Ray	1.00 %	Centre, Inc.					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

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 Management Fees	\$ 1,345,443	Glen Health and Home Management, Inc.	A	\$	\$ (1,345,443) 15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	5,032	5,032 16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	9,920	9,920 17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	40,919	40,919 18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	2,114	2,114 19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	42,075	42,075 20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	102,217	102,217 21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	1,376	1,376 22
23	V	25 Auto Expense		Glen Health and Home Management, Inc.	A	7,176	7,176 23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	7,874	7,874 24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	15,372	15,372 25
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	11,836	11,836 26
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	12,002	12,002 27
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	4,073	4,073 28
29	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	38,328	38,328 29
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	625,317	625,317 30
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(102,217)	(102,217) 31
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	624	624 32
33	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	5,867	5,867 33
34	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	95,726	95,726 34
35	V						
36	V						
37	V						
38	V			A - OWNERSHIP: Sidney Glenner - 100 % through attribution			
39	Total		\$ 1,345,443			\$ 925,631	\$ * (419,812) 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.	B	\$ 567	\$	567	15
16	V	30 Depreciation		GlenBridge Real Estate & Development, L.L.C.	B	193,533		193,533	16
17	V	32 Interest Expense		GlenBridge Real Estate & Development, L.L.C.	B	714,849		714,849	17
18	V	33 Real Estate Taxes		GlenBridge Real Estate & Development, L.L.C.	B	681,642		681,642	18
19	V	34 Rental	2,720,642	GlenBridge Real Estate & Development, L.L.C.	B			(2,720,642)	19
20	V	19 Professional Fees		GlenBridge Real Estate & Development, L.L.C.	B	4,410		4,410	20
21	V	32 Interest Income		GlenBridge Real Estate & Development, L.L.C.	B	(1,332)		(1,332)	21
22	V	36 Mortgage Insurance Premium		GlenBridge Real Estate & Development, L.L.C.	B	98,821		98,821	22
23	V	43 Loss on Early Extinguishment of Debt		GlenBridge Real Estate & Development, L.L.C.	B	1,712,958		1,712,958	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 - 100.00 % (constructively)					33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 2,720,642			\$ 3,405,448	\$ *	684,806	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge N & Rehab Centre# 0035014Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	\$ 1,876,983	Therapy Masters, Inc.	C	\$ 1,542,423	\$ (334,560)
16	V	19 Professional Fees		Therapy Masters, Inc.	C	61,685	61,685
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	C	211	211
18	V	6 Repairs and Maintenance		Therapy Masters, Inc.	C	3	3
19	V	21 Clerical		Therapy Masters, Inc.	C	2,425	2,425
20	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	145,289	145,289
21	V	23 Training and Education		Therapy Masters, Inc.	C	3,087	3,087
22	V	25 Auto Expenses		Therapy Masters, Inc.	C	2,000	2,000
23	V	20 Employment Fees		Therapy Masters, Inc.	C	15,974	15,974
24	V	21 Clerical Salaries		Therapy Masters, Inc.	C	2,082	2,082
25	V	22 Employee Benefits		Therapy Masters, Inc.	C	(145,289)	(145,289)
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	145,086	145,086
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	203	203
28	V	30 Depreciation		Therapy Masters, Inc.	C	416	416
29	V						
30	V						
31	V						
32	V						
33	V			C - OWNERSHIP: 100.00 % Sidney Glenner			
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,876,983			\$ 1,775,595	\$ * (101,388)

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge N & Rehab Centre # 0035014 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	100.00 %	177,434	10	16.62 %	Salary	\$ 38,328	Ln 17, Co 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	41,508	7	16.62 %	Salary	8,966	Ln 21, Co 7	2
3	Daniel Glenner	Administrative	Administrative	0.00 %	24,706	45	90.00 %	Salary	5,337	Ln 21, Co 1	3
4	Elliot Glenner	Administrative	Administrative	0.00 %	61,565	7	16.62 %	Salary	13,299	Ln 21, Co 7	4
5	Joshua Ray	V.P. of Operations	Administrative	0.00 %	177,434	10	16.62 %	Salary	38,328	Ln 21, Co 7	5
6											6
7											7
8											8
9											9
10			See Schedule B								10
11											11
12											12
13								TOTAL	\$ 104,258		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 N & Rehab Centre

0035014

Report Period Beginning:

01/01/2013

Ending: 2/31/2013

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	534,020	7	\$ 28,326	\$ 94,864	\$ 5,032	1
2	6	Repairs and Maintenance	Resident Days	534,020	7	55,844	94,864	9,920	2
3	19	Professional Fees	Resident Days	534,020	7	230,348	94,864	40,919	3
4	20	Licenses, Permits and Inspection	Resident Days	534,020	7	11,901	94,864	2,114	4
5	21	Clerical	Resident Days	534,020	7	236,851	94,864	42,075	5
6	22	Employee Benefits and Payroll	Resident Days	534,020	7	575,413	94,864	102,217	6
7	23	Training and Education	Resident Days	534,020	7	7,744	94,864	1,376	7
8	25	Auto Expenses	Resident Days	534,020	7	40,394	94,864	7,176	8
9	26	Insurance	Resident Days	534,020	7	44,323	94,864	7,874	9
10	30	Depreciation	Resident Days	534,020	7	86,534	94,864	15,372	10
11	33	Real Estate Taxes	Resident Days	534,020	7	66,629	94,864	11,836	11
12	35	Equipment and Vehicle Rental	Resident Days	534,020	7	67,562	94,864	12,002	12
13	6	Janitorial Salaries	Resident Days	534,020	7	22,929	22,929	4,073	13
14	17	Officer's Salaries	Resident Days	534,020	7	215,760	215,760	38,328	14
15	21	Administrative Salaries	Resident Days	534,020	7	3,520,113	3,520,113	625,317	15
16	22	Employee Benefits	Payroll					(102,217)	16
17	7	Employee Benefits - Janitorial	Payroll					624	17
18	27	Employee Benefits - Officer's	Payroll					5,867	18
19	27	Employee Benefits - Admin	Payroll					95,726	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 5,210,671	\$ 3,758,802	\$ 925,631	25

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	Oppenheimer MHHF, Inc.		X	Mortgage	\$79,367.32	2/17/2011	\$ 20,432,100	\$ 19,605,327	6/01/2043	0.0260	\$ 713,511	1					
2	Oppenheimer MHHF, Inc.		X	Amortization of mortgage costs							1,338	2					
3												3					
4												4					
5												5					
Working Capital																	
6	Sidney Glenner	X		Working Capital		Various	857,000	857,000		0.0525	44,993	6					
7	Sidney Glenner	X		Working Capital		Various	8,918,420	8,918,420				7					
8	AMJED GST Trust	X		Working Capital		Various	2,229,605	2,229,605				8					
9	TOTAL Facility Related				\$79,367.32		\$ 32,437,125	\$ 31,610,352			\$ 759,842	9					
B. Non-Facility Related*																	
10											Interest Income Offset:	(30,528)	10				
11											Non-allowable related party interest:	(44,993)	11				
12													12				
13													13				
14	TOTAL Non-Facility Related						\$	\$			\$ (75,521)	14					
15	TOTALS (line 9+line14)						\$ 32,437,125	\$ 31,610,352			\$ 684,321	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 98,821 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.)

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2012 report.		\$	642,000		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	645,642		2
3. Under or (over) accrual (line 2 minus line 1).		\$	3,642		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	678,000		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	2,935		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	684,577		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2008	692,818	8		
	2009	558,272	9		
	2010	608,642	10		
	2011	616,784	11		
	2012	645,642	12		
See Attached Schedule G For Calculation of 2013 Real Estate Tax Accrual.					
				FOR BHF USE ONLY	
				13	13
				14	14
				15	15
				16	16

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

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 and 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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>58,949</u>	<u>1989</u>	<u>\$ 263,180</u>	1
2	<u>Allocated from Management Company:</u>			<u>15,086</u>	2
3	TOTALS	58,949		\$ 278,266	3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	1970	\$ 6,703,340	\$	35	\$ 191,524	\$ 191,524	\$ 4,724,259	4
5										5
6	Mgt Comp	1996		310,726			8,486	8,486		6
7	Allocation									7
8	Schedule J									8
Improvement Type**										
9	Building Improvements		1989	66,436	1,898	35	1,898		46,819	9
10	Building Improvements		1990	7,195		35	206	206	5,078	10
11	Building Improvements		1990	3,885	111	35	111		2,628	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		10			4,968	26
27	Window treatments		1997	2,226		10			2,226	27
28	Walls, cabinets and tub		1997	5,520		10			5,520	28
29	Cabinets, sink and lighting		1997	4,571		10			4,571	29
30	Walls, platform and ramp		1997	9,286		10			9,286	30
31	Window treatments		1997	2,394		10			2,394	31
32	Cabinets and cubicles		1997	9,631		10			9,631	32
33	Cabinets		1997	2,500		10			2,500	33
34	Base covers		1997	630		10			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

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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		10			11,401	46
47	Mini-blinds	1999	3,963		10			3,963	47
48	Carpeting, cove base installation	1999	14,797		10			14,797	48
49	Amtico, cove base installation	1999	5,616		10			5,616	49
50	Carpeting, cove base installation	1999	1,634		10			1,634	50
51	Wallpaper	1999	10,900		10			10,900	51
52	Handrail/bumper corner guard installation, accent rails	1999	11,401		10			11,401	52
53	Insurance claim: boiler	1999	(19,000)		10			(19,000)	53
54	Panel interior, interior mat installation	1999	2,468		10			2,468	54
55	Install alarms for ventilators	1999	1,560		10			1,560	55
56	Install handrails and bumper chair rails	1999	4,600		10			4,600	56
57	Carpeting	1999	4,497		10			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		10			2,135	59
60	Installation of mini-blinds	1999	3,476		10			3,476	60
61	Installation of handrails, bumpers, corner guards, chair rails	1999	5,500		10			5,500	61
62	Tube bundles for heat exchanger	1999	3,382		10			3,382	62
63	Install new tubes & door gaskets on boiler	1999	7,400		10			7,400	63
64	Install new motor, drain valve, drain hoses on washer	1999	1,903		10			1,903	64
65	Cove base installation, floor patches, vinyl tiles & powerbond	1999	11,459		10			11,459	65
66	Cove base installation	2000	3,267		10			3,267	66
67	Cove base installation	2000	1,939		10			1,939	67
68	Installation of fire dampers & exhaust fan	2000	2,773		10			2,773	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,717,449	\$ 2,009		\$ 202,225	\$ 200,216	\$ 5,404,651	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 and Improvement Costs-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		\$ 7,717,449	\$ 2,009		\$ 202,225	\$ 200,216	\$ 5,404,651	1
2	New interior for kitchen panel	2000	2,630		10			2,630	2
3	Electrical work for 6 dialysis chairs	2000	3,975		10			3,975	3
4	Install exhaust fan, ductwork, exhaust grille & fire-rated door	2000	2,560		10			2,560	4
5	Ductwork fabrication and installation	2000	4,120		10			4,120	5
6	Plumbing project	2000	14,517		10			14,517	6
7	Carpeting, floor patches	1999	2,969		10			2,969	7
8	4 custom nurses stations	2000	10,025		10			10,025	8
9	4 custom nurses stations	2000	33,284		10			33,284	9
10	5 sinks in nurses station	2000	1,642		10			1,642	10
11	Fire alarm system	2000	3,324		10			3,324	11
12	Cove base & vinyl installation, floor patches	2000	2,705		10			2,705	12
13	Install door restrictors, emergency lights & elevator telephone	2000	11,500		10			11,500	13
14	Dura glide 3000 single slide door packages	2000	12,218		10			12,218	14
15	Furnish and install two oil tank coolers in elevator pit	2001	6,750		10			6,750	15
16	Replace gasket, valves and coils on compressor	2001	3,200		10			3,200	16
17	Remove lobby wall, build new wall and install new ceiling	2001	26,841		10			26,841	17
18	Pre-wiring, televisions, brackets and electrical outlets	2001	68,526		10			68,526	18
19	Window caulking and masonry	2000	4,320		10			4,320	19
20	Ceramic tile, carpet, floor patches and cove base installation	2001	8,147		10			8,147	20
21	Ceiling/lighting project and remove/build wall in copy room	2001	24,145		10			24,145	21
22	Wallcovering installation and painting	2001	6,115		10			6,115	22
23	Ceiling fixture, 2 chandeliers, 4 wall sconces	2001	3,006		10			3,006	23
24	Installation of television system	2002	3,569		10			3,569	24
25	Furnish and install blinds	2002	3,616		10			3,616	25
26	Dialysis room renovation	2002	12,000		10			12,000	26
27	Cove base & vinyl installation, floor patches	2002	5,467		10			5,467	27
28	Replace tubes in boiler	2002	8,006		10			8,006	28
29	Television system installation	2003	10,846	539	10	539		10,846	29
30	Elevator pump installation	2003	2,450	123	10	123		2,450	30
31	Power amplifier and speaker installation	2003	3,962	200	10	200		3,962	31
32	Install receptacles to attach emergency panels for respirators	2004	2,960	296	10	296		2,812	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,026,844	\$ 3,167		\$ 203,383	\$ 200,216	\$ 5,713,898	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 and Improvement Costs-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		\$ 8,026,844	\$ 3,167		\$ 203,383	\$ 200,216	\$ 5,713,898	1
2	Furnish and install new elevator door detector unit	2004	2,004	200	10	200		1,900	2
3	Installation of remote DVD system	2004	2,339	234	10	234		2,223	3
4	Repipe and patch alarm system	2003	2,200	110	10	110		2,200	4
5	Furnish and install head gaskets on boilers	2005	5,565	557	10	557		4,734	5
6	Philadelphia insurance refund	2005	(15,497)	(1,550)	10	(1,550)		(13,175)	6
7	Replacement of the fire alarm panel	2005	7,803	780	10	780		6,630	7
8	Cable installation	2005	13,115	1,312	10	1,312		11,152	8
9	Installed new detector edge and power pack on elevator	2005	1,983	198	10	198		1,683	9
10	Replace cooling tower fan motor	2005	1,726	173	10	173		1,470	10
11	Change relief valve on compressor	2005	1,594	159	10	159		1,352	11
12	Install handrails, vinyl tile, ceiling and lighting in 2 elevators	2005	11,091	1,109	10	1,109		9,427	12
13	Cable installation project	2005	21,100	2,110	10	2,110		17,935	13
14	Install cove base, ceramic tile, wallpaper and painting	2005	105,973	10,597	10	10,597		90,075	14
15	Install cove base, carpeting and vinyl tile	2005	17,729	1,773	10	1,773		15,070	15
16	Install vinyl/ceramic tile, furnish & install new sink, faucet	2005	2,235	224	10	224		1,904	16
17	Installation of wiring for vent machine	2005	1,393	139	10	139		1,182	17
18	Installation of FTA satellite system	2005	1,310	131	10	131		1,114	18
19	Valve installation on sprinkler heads	2006	3,175	318	10	318		2,385	19
20	Rework heads on sprinkler system	2006	2,033	203	10	203		1,523	20
21	Raise piping above soffit, relocate sprinkler heads	2006	5,258	526	10	526		3,945	21
22	Custom built-in wall units with drawers	2006	17,672	1,767	10	1,767		13,253	22
23	Furnish and install fire-rated doors, ceiling, ceramic tiles	2006	99,654	9,965	10	9,965		74,738	23
24	Furnish and install 44 gallon shower	2006	11,512	1,151	10	1,151		8,633	24
25	Installation of access door	2006	3,450	345	10	345		2,588	25
26	Purchase of cooling tower	2006	20,505	2,050	10	2,050		15,375	26
27	Installation of new electrical receptacles	2006	14,960	1,496	10	1,496		11,220	27
28	Installation of evaporator control unit in electrical room	2006	2,593	259	10	259		1,943	28
29	Installation of patch panel and computer jacks	2006	3,742	374	10	374		2,805	29
30	Removal of asbestos from cooling tower	2006	4,250	425	10	425		3,188	30
31	Installation of new coils, repair patch and connect piping	2006	2,946	295	10	295		2,212	31
32	Furnish and install fire alarm equipment	2006	6,390	639	10	639		4,793	32
33	Disconnect, remove and rewire cooling tower	2006	16,266	1,627	10	1,627		12,202	33
34	TOTAL (lines 1 thru 33)		\$ 8,424,913	\$ 42,863		\$ 243,079	\$ 200,216	\$ 6,031,577	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 and Improvement Costs-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		\$ 8,424,913	\$ 42,863		\$ 243,079	\$ 200,216	\$ 6,031,577	1
2	Installation of elevator door frame protectors	2006	3,160	316	10	316		2,370	2
3	Telephone system upgrade	2006	2,995	300	10	300		2,249	3
4	Furnish and install outdoor signs	2007	10,532	1,053	10	1,053		6,845	4
5	Sealcoat and restripe parking lot project	2008	3,000	300	10	300		1,650	5
6	Parking lot drainage system	2008	11,200	1,120	10	1,120		6,160	6
7	Cable wiring of all televisions	2008	4,308	430	10	430		2,365	7
8	Plastering and painting project	2008	20,825	2,082	10	2,082		11,451	8
9	Carpeting project	2008	3,901	390	10	390		2,145	9
10	Installation of 77 electrical wallboxes for light fixture installation	2008	3,850	385	10	385		2,118	10
11	Wall tile, floor tile and carpet installation	2008	4,494	449	10	449		2,470	11
12	New nurses station, wallcovering, furnish & install cove base	2008	261,121	26,112	10	26,112		143,616	12
13	Automatic sprinkler system	2008	5,600	560	10	560		3,080	13
14	Wallcovering, corner guards, ceramic wall tile	2008	21,579	2,158	10	2,158		11,869	14
15	Interior drywall project	2008	6,550	655	10	655		3,603	15
16	Furnish solid vinyl tile	2008	7,687	769	10	769		4,229	16
17	Reposition exhaust ducts, install new sheet metal, ducts for	2009	3,333	333	10	333		1,499	17
18	fan coil, extend ductwork to outside wall								18
19	Demolition of walls, drywall & plaster, tile floors & walls,	2009	10,165	1,017	10	1,017		4,576	19
20	wallpaper, paint ceiling								20
21	Install 2 shower stalls, new supply lines, drain installed	2009	5,700	570	10	570		2,565	21
22	Furnish and install drywall in bathrooms and paint	2009	2,633	263	10	263		1,184	22
23	Trench drain installation, new vent line, install hot & cold	2009	6,800	680	10	680		3,060	23
24	supply lines								24
25	Remove front entrance concrete and install new concrete	2009	13,500	1,350	10	1,350		6,075	25
26	Remove driveway and patio concrete and install new concrete	2009	77,071	7,707	10	7,707		34,682	26
27	Remove and install fencing at exit areas and around patio	2009	34,890	3,489	10	3,489		15,701	27
28	Addition of telephone base stations, audit wireless system	2009	3,526	353	10	353		1,588	28
29	Remove driveway and patio concrete and install new concrete	2009	2,923	292	10	292		1,314	29
30	Remove and install fencing at exit areas and around patio	2009	(1,319)	(132)	10	(132)		(594)	30
31	Irrigation system for new patio addition	2009	9,339	934	10	934		4,203	31
32	Replace condenser water lines and valves	2009	2,690	269	10	269		1,211	32
33	Landscape installation	2009	7,500	750	10	750		3,375	33
34	TOTAL (lines 1 thru 33)		\$ 8,974,466	\$ 97,817		\$ 298,033	\$ 200,216	\$ 6,318,236	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 N & Rehab Centre

0035014

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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 12D, Carried Forward		\$ 8,974,466	\$ 97,817		\$ 298,033	\$ 200,216	\$ 6,318,236	1
2	Floor tile (2 x 2 mosaic)	2009	(2,502)	(250)	10	(250)		(1,125)	2
3	Corner guards, cove base, furnish and install toilet partitions	2009	5,686	569	10	569		2,560	3
4	Elevator frame wraps, door casings, grab bars, cove base, tile	2009	29,734	2,973	10	2,973		13,379	4
5	Category 6 cable (550 mhz)	2010	4,418	442	10	442		1,547	5
6	Seepage project along sewer line	2010	2,900	290	10	290		1,015	6
7	Furnish and install wood casing	2010	3,761	376	10	376		1,316	7
8	Remove cove base, install vinyl floor tile and cove base	2010	265,344	26,534	10	26,534		92,869	8
9	Installation of walk-in freezer/cooler	2011	21,813	2,182	10	2,182		5,455	9
10	Replace cooling tower time delay, drier cores, vac pump, valve	2012	10,587	1,059	10	1,059		1,588	10
11	Install sprinkler heads in elevator shafts	2012	4,475	448	10	448		672	11
12	Sealcoat, stripe parking lot, fill potholes	2012	4,100	410	10	410		615	12
13	Install new hydraulic power unit for elevator	2013	11,800	590	10	590		590	13
14	Install sprinklers in bedroom closets on floors two through five	2013	20,300	1,015	10	1,015		1,015	14
15	Replace condensing unit in walk-in cooler	2013	4,441	222	10	222		222	15
16	Furnish and install carpet, floor tile, and vinyl base in the fourth floor hallway	2013	15,500	775	10	775		775	16
17									17
18	Parking lot mill and pave renovations	2013	33,691	1,685	10	1,685		1,685	18
19									19
20									20
21									21
22									22
23	See Attached Schedule L:								23
24	Leasehold Improvements Allocated from Management Company:	1998	17,112						24
25	Leasehold Improvements Allocated from Management Company:	1999	7,147						25
26	Leasehold Improvements Allocated from Management Company:	2000	856						26
27	Leasehold Improvements Allocated from Management Company:	2008	2,575			597	597	25,763	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,438,204	\$ 137,137		\$ 337,950	\$ 200,813	\$ 6,468,177	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 N & Rehab Centre**

0035014

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-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	\$ 846,110	\$ 90,413	\$ 90,413	\$	10 years	\$ 595,199	71
72	Current Year Purchases	197,013	11,019	11,019		10 years	11,019	72
73	Fully Depreciated Assets	115,979	1,206	1,206		5, 10 years	115,979	73
74	Allocated from Therapy Masters, Mgt Co:	114,091		2,454	2,454		109,113	74
75	TOTALS	\$ 1,273,193	\$ 102,638	\$ 105,092	\$ 2,454		\$ 831,310	75

D. Vehicle Costs. (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:			\$ 28,881	\$	\$ 4,251	\$ 4,251		\$ 22,926	76
77										77
78										78
79										79
80	TOTALS			\$ 28,881	\$	\$ 4,251	\$ 4,251		\$ 22,926	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)	\$ 11,018,544	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 239,775	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 447,293	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 207,518	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,322,413	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

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

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. _____ /2014 \$ _____

13. _____ /2015 \$ _____

14. _____ /2016 \$ _____

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

This amount was calculated by dividing the total amount to be amortized

by the length of the lease N/A.

N/A

N/A

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 25,569 Description: Postage meter \$443, Copy Machine \$18,447, Ice-maker \$2,040, Allocated from Mgt Co: \$4,639

(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>2012 Toyota Sienna</u>	\$ <u>699.34</u>	\$ <u>8,392</u>	17
18	<u>Patient Care</u>	<u>2010 Acura MDX</u>	<u>725.00</u>	<u>2,900</u>	18
19	<u>Patient Care</u>	<u>2014 Acura MDX</u>	<u>724.74</u>	<u>5,868</u>	19
20	<u>Allocated from Management Company:</u>			<u>7,363</u>	20
21	TOTAL		\$ #####	\$ 24,523	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.

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

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

1	Service	Schedule V Line & Column Reference	2 Staff		3		4 Outside Practitioner (other than consultant)		5	6	7	8
			Units of Service	Cost	Units	Cost	Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)			
1	Licensed Occupational Therapist	Ln10a, Col 1,2&3	1827 hrs	\$ 42,641	13,268	\$ 759,720	\$ 1,216	15,095	\$ 803,577	1		
2	Licensed Speech and Language Development Therapist	Ln10a, Col 2&3	hrs		4,357	251,844	956	4,357	252,800	2		
3	Licensed Recreational Therapist		hrs							3		
4	Licensed Physical Therapist	Ln10a, Col 2&3	hrs		13,623	865,420	1,766	13,623	867,186	4		
5	Physician Care		visits							5		
6	Dental Care		visits							6		
7	Work Related Program		hrs							7		
8	Habilitation		hrs							8		
9	Pharmacy	Ln 39, Col 2	# of prescrpts				362,697		362,697	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 Ln10a, Col 1	10295	246,007		182,899		10,295	246,007	13		
14	TOTAL			\$ 288,648	31,248	\$ 2,059,883	\$ 366,635	43,370	\$ 2,715,166	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 N & Rehab Centre# 0035014Report Period Beginning: 01/01/2013

Ending:

12/31/2013

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 277,729	\$ 1,223,192	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>331,047</u>)	7,658,861	7,658,861	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	319,946	344,622	6
7	Other Prepaid Expenses	10,469	10,469	7
8	Accounts Receivable (owners or related parties)	(1,320,426)		8
9	Other(specify): <u>Receivable from Insurance</u>	305,000	305,000	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 7,251,579	\$ 9,542,144	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		278,266	13
14	Buildings, at Historical Cost		7,014,066	14
15	Leasehold Improvements, at Historical Cost	2,272,764	2,424,138	15
16	Equipment, at Historical Cost	1,159,102	1,302,074	16
17	Accumulated Depreciation (book methods)	(2,339,660)	(7,322,413)	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 (spec <u>Escrows</u>)		1,046,488	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,092,206	\$ 4,742,619	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,343,785	\$ 14,284,763	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 894,868	\$ 894,868	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	15,737	15,737	28
29	Short-Term Notes Payable		447,982	29
30	Accrued Salaries Payable	489,468	489,468	30
31	Accrued Taxes Payable (excluding real estate taxes)	(18,310)	(18,310)	31
32	Accrued Real Estate Taxes(Sch.IX-B)		678,000	32
33	Accrued Interest Payable	44,993	87,471	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37	<u>See Attached Schedule E:</u>	2,775,944	2,775,944	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,202,700	\$ 5,371,160	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		19,157,345	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Loans Payable Stockholders:</u>	12,005,025	12,005,025	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 12,005,025	\$ 31,162,370	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 16,207,725	\$ 36,533,530	46
47	TOTAL EQUITY(page 18, line 24)	\$ (7,863,940)	\$ (22,248,767)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,343,785	\$ 14,284,763	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,849,042)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (5,849,042)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(2,014,898)	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)	\$ (2,014,898)	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)	\$ (7,863,940)	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	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 15,357,618	1
2	Discounts and Allowances for all Levels	(3,616,281)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,741,337	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,288,996	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 4,288,996	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	5,860	15
16	Rental of Facility Space		16
17	Sale of Drugs	366,715	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	43,229	19
20	Radiology and X-Ray	7,999	20
21	Other Medical Services	1,050,548	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,474,351	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	29,196	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 29,196	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)	\$ 17,533,880	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,347,066	31
32	Health Care	8,528,502	32
33	General Administration	3,992,837	33
B. Capital Expense			
34	Ownership	3,024,537	34
C. Ancillary Expense			
35	Special Cost Centers	953,193	35
36	Provider Participation Fee	702,643	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 19,548,778	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,014,898)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,014,898)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,683,560	44
45	Private Pay - Net Inpatient Revenue	251,733	45
46	Medicare - Net Inpatient Revenue	1,695,192	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	105,399	47
48	Other-(specify) <u>Veterans - Net Inpatient Revenue</u>	5,453	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,741,337	49

* 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.

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

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	1,845	2,008	\$ 94,383	\$ 47.00	1
2	Assistant Director of Nursing	760	800	30,717	38.40	2
3	Registered Nurses	65,197	69,315	1,952,703	28.17	3
4	Licensed Practical Nurses	21,636	23,180	580,882	25.06	4
5	CNAs & Orderlies	127,061	138,493	1,639,043	11.83	5
6	CNA Trainees	9,476	10,004	100,622	10.06	6
7	Licensed Therapist	10,985	12,122	288,648	23.81	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,972	2,157	36,650	16.99	9
10	Activity Assistants	11,040	12,227	121,205	9.91	10
11	Social Service Workers	8,253	9,128	198,510	21.75	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	12,870	14,267	184,037	12.90	14
15	Cook Helpers/Assistants	26,719	29,267	327,282	11.18	15
16	Dishwashers					16
17	Maintenance Workers	6,086	6,740	99,475	14.76	17
18	Housekeepers	27,867	30,275	301,011	9.94	18
19	Laundry	8,807	9,963	115,057	11.55	19
20	Administrator	1,885	2,166	98,295	45.38	20
21	Assistant Administrator	1,988	2,166	73,788	34.07	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,168	14,270	285,458	20.00	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	1,989	2,286	50,124	21.93	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	13,334	14,579	174,694	11.98	33
34	TOTAL (lines 1 - 33)	372,938	405,413	\$ 6,752,584 *	\$ 16.66	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	\$ 51,621	Ln 1, Col 3	35
36	Medical Director	Monthly	181,400	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	18,684	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	44	2,200	Ln 11, Col 3	44
45	Social Service Consultant	107	6,178	Ln 12, Col 3	45
46	Other(specify)				46
47	<u>Religious Consultant</u>	Monthly	(400)	Ln 12, Col 3	47
48					48
49	TOTAL (lines 35 - 48)	151	\$ 259,683		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	12,489	\$ 337,193	Ln 10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	12,489	\$ 337,193		53

SEE ACCOUNTANTS' COMPILATION REPORT

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge N & Rehab Centre# 0035014Report Period Beginning: 01/01/2013 Ending: 12/31/2013**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 \$20,639
- (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. \$ 51,883 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. \$ 702,643
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 27,944 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.

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2013

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
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

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.	Glen Lake Terrace Nursing & Rehab	
Sidney Glenner	41,670	38,465	21,210	15,238	29,316	31,535	177,434
Jonathan Glenner	9,748	8,998	4,962	3,565	6,858	7,377	41,508
Daniel Glenner	5,802	5,356	2,953	2,122	4,082	4,391	24,706
Elliot Glenner	14,459	13,346	7,359	5,287	10,172	10,942	61,565
Joshua Ray	41,670	38,465	21,210	15,238	29,316	31,535	177,434
Total compensation received from other Nursing Homes	113,349	104,630	57,694	41,450	79,744	85,780	482,647

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	6,459
Point ClickCare	Computers	37,489
E Health Data Solutions	Computer System Consulting	4,860
McGladrey LLP	Accounting	30,117
Frost, Ruttenberg & Rothblatt	Accounting	400
Much Shelist	Legal	3,770
Marilyn P. Dunn	Legal	2,173
Ashman & Stein	Legal	1,569
Myers & Flowers, LLC.	Legal	1,928
Personnel Planners, Inc.	Unemployment Consulting	962
Commitment Consulting	A/R Collections	8,558
Cindy Stachura	Consultant	1,200
Sandra Bowling	Consultant	440
Total Schedule V, Line 19, Col. 3		<u>99,925</u>
Allocated from Management Co:		
Point ClickCare - Computer Services		1,492
Lexis Nexis - Computer Services		335
Health Data Systems, Inc. - Computer Services		351
Ashman & Stein - Legal		608
McGladrey LLP - Accounting Services		27,142
Harold Geiser - Accounting		8,810

Frost, Ruttenberg & Rothblatt - Accounting		1,402
Much Shelist - Legal		779
Total allocated from Management Co.		<u>40,919</u>
Total allocated from Therapy Masters:		
McGladrey LLP - Accounting Services		327
Frost, Ruttenberg & Rothblatt - Accounting		62
Theracore - Business Consulting		61,179
Personnel Planners - Unemployment Consulting		117
Total allocated from Therapy Masters:		<u>61,685</u>
GlenBridge Real Estate & Development, LLC:		
First Real Estate Services, Ltd.	Real Estate Tax Appraisal	2,750
Marilyn P. Dunn	Legal	1,475
Skidelsky & Associates	Real Estate Tax Reduction	185
Total from GlenBridge Real Estate LLC:		<u>4,410</u>
Reclass First Real Estate Services, Ltd. - real estate tax appraisal invoice to Line 33		-2,750
Reclass Skidelsky & Associates - real estate tax reduction invoice to Line 33		-185
Non-Allowable Expenses:		
Marilyn P. Dunn - Legal		-2,135
Meyers & Flowers, LLC - Legal - A/R collections		-1,928
Commitment Consulting - A/R Collections		-8,558
Sandra Bowling - Consulting		-440
McGladrey LLP - Accounting Services		-33,495
Marilyn P. Dunn - GlenBridge Real Estate & Development, LLC - Legal		-1,475
Total Non-Allowable Expenses:		<u>-48,031</u>
Total adjustments page 21, Sch C.		<u>56,048</u>
Total Schedule V, line 19, column 8		<u>155,973</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	46,174
FUTA	421
SUTA	1,802
401K Match	751
Insurance - Hospital	47,343
Employee Benefits	4,111
Other Employee Benefits	0
Workers Compensation Insurance	1,615
Total allocated from Management Co.	<u>102,217</u>
Employee Benefits reclassified to Lines 7, 27	-102,217
Allocated from Therapy Masters, Inc.:	
FICA taxes	99,390
FUTA	1,056
SUTA	1,663
401K Match	8,862
Insurance - Hospital	28,767
Workers Compensation Insurance	5,025
Other Employee Benefits	0
Insurance - Liability	526
Total allocated from Therapy Masters, Inc. Co.	<u>145,289</u>
Employee Benefits reclassified to Lines 15,27	-145,289
Total allocated to Page 21	<u>0</u>

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2013

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Due to Third Party	951,530
Accrued Management Fees	1,133,045
Accrued 401K	(801)
Accrued Union Dues	10,644
Accrued Profit Sharing	480
Accrued Provider Participation Fee - Tax	181,390
Workshop	4,142
Sundry Payable	190,514
Professional Liability Claims	305,000
Total, Page 17, Line36	<u>2,775,944</u>

See Accountants' Compilation Report

SCHEDULE F

SCHEDULE VI. ADJUSTMENT DETAIL

Schedule A. Nonallowable Expenses

Page 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>REFERENCE</u>
Non-allowable IL Council on Long Term Care fee	-10,165	20
Non-allowable professional fees	-48,031	19
Non-allowable clerical expense	-567	43
Adjust mgt co. med supplies - med'A' to cost	-57,667	10
Adjust mgt co. med supplies - 'other' to cost	-218,442	10
Adjust mgt co. food to cost	-137,695	2
Non-allowable related party interest expense	-44,993	32
Non-allowable auto expense - marketing	-61	25
Non-allowable loss on early extinguishment of debt	-1,712,958	43
Total	<u>-2,230,579</u>	

See Accountants' Compilation Report

GlenBridge Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2013

SCHEDULE G

	Accrued 1/01/13	Payments	Expense	Accrued 12/31/13
Balance @ 1/01/13 - G/L# 390	-642,000.00		-642,000.00	
2012 real estate taxes paid		645,641.59	645,641.59	
Estimated 2013 real estate taxes:				
2012 taxes	645,641.59			
Estimated increase	5.00%			
Estimated 2013 taxes	677,923.67			
USE	678,000.00		678,000.00	-678,000.00
 Totals	-642,000.00	645,641.59	681,641.59	-678,000.00

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%
2009	558,272.04	-134,546.20	-19.42%
2010	608,642.49	50,370.45	9.02%
2011	616,784.06	8,141.57	1.34%
2012	645,641.59	28,857.53	4.68%

See Accountants' Compilation Report

Provider Name: GlenBridge Nursing & Rehab Ctr.

Provider I.D. #: 0035014

Year Ended: December 31, 2013

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Daniel Glenner, Cora Chavez	4/11/2013	Skokie, IL	Illinois Council on Long Term Care OSHA Requirements: 2013 Updatge	210
Daniel Glenner, Tisha Evangelista	6/13/13	Skokie, IL	Illinois Council on Long Term Care Developing Leaders, Not Just Managers	210
Myra Leones	7/23/13	Skokie, IL	Illinois Council on Long Term Care In-Depth Training for Wound Care Nurses	195
Daniel Glenner	8/14/13	Skokie, IL	Illinois Council on Long Term Care Preparing for the Future of Managed Care	105
C N A Trainees (5)	11/9/2013	Niles, IL	SIUC-Carbondale C N A Competency Exam	325
Marlene Chan	9/4/2013	Chicago, IL	Cynthia Chow & Associates Dietary Review	120
Nursing Staff	11/26/13	Niles, IL	Omnicare Nurse IV Training	880
C N A Trainees			C N A Training payments for people who left program	(1,753)
			Allocated From Management Company	1,376
			Allocated From Therapy Masters	3,087
			Total	4,755

SEE ACCOUNTANTS' COMPILATION REPORT

SCHEDULE I

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

	Gasoline Allowance	Licenses/ Stickers	Employee Reimbursement: Parking, Tolls, Mileage	Repairs	Total
Direct Expense	2,880	303	495	2,280	5,957
Non-allowable auto expense - marketing					-61
Allocated from Management Company					7,176
Allocated from Therapy Masters					2,000
TOTAL	<u>2,880</u>	<u>303</u>	<u>495</u>	<u>2,280</u>	<u>15,072</u>

SEE ACCOUNTANTS' COMPILATION REPORT

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

ASSET DESCRIPTION	COST 6/30/1999	ADJUSTMENTS TO CAPITAL PROJECTION	ADJUSTED CAPITAL PROJECTION 6/30/1999	ADDITIONS		NURSING HOME PERCENTAGE 84.9438%	GLENBRIDGE 103,052/460292 0.223883969	GLENCREST 111,372/460,292 0.241959452	GLEN OAKS 101,895/460,292 0.221370348
				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 -
1998 BUILDING RENOVATION									
GENERAL CONTRACTOR	957,570		957,570		957,570				
ELECTRICAL CONTRACTOR	275,576		275,576		275,576				
HVAC CONTRACTOR	182,130		182,130		182,130				
PLUMBING CONTRACTOR	68,599		68,599		68,599				
ARCHITECT FEES	115,968		115,968		115,968				
OTHER FEES AND PERMITS	33,024		33,024		33,024				
SECURITY SYSTEM	17,953		17,953		17,953				
TELEPHONE SYSTEM	12,500		12,500		12,500				
MISC. BUILDING COMPONENTS	24,226		24,226		24,226				
CAPITALIZED INTEREST	121,387	-15,261	106,126		106,126				
LANDSCAPING	30,000		30,000		30,000				
SPRINKLER SYSTEM	10,720		10,720		10,720				
HVAC SYSTEMS	24,749	-24,749	0						
WALL CONSTRUCTION	10,235	-10,235	0						
ELECTRICAL	10,634	-10,634	0						
MISC. IMPROVEMENTS	26,075	-26,075	0						
ASPHALT DRIVEWAY	5,900	-5,900	0						
					<u>2,064,392</u>	1,753,573	392,597	424,294 -	388,189 -
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 -
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 -
2001 NO ADDITIONS									
2002 NO ADDITIONS					<u>2,132,420</u>	1,811,359	405,534	438,275 -	400,981 -
2003 SEAL COAT CORPORATION - SEAL PARKING LOT				2825	2825				
					<u>2,135,245</u>	1,813,758	406,071	438,856 -	401,512 -

2004 NO ADDITIONS	<u>2,135,245</u>	1,813,758	406,071	438,856	-	401,512	-
2005 NO ADDITIONS	<u>2,135,245</u>	1,813,758	406,071	438,856	-	401,512	-
2006 NO ADDITIONS	<u>2,135,245</u>	1,813,758	406,071	438,856	-	401,512	-

	NURSING HOME PERCENTAGE	RECALCULATION BASED ON 2007 CENSUS		GLEN OAKS
	84.9438%	GLENBRIDGE	GLENCREST	
		93767	95,262	106,511
		0.192053401	0.195115457	0.218155638

2007 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>348,338</u>	<u>353,892</u>	<u>395,682</u>
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	NURSING HOME PERCENTAGE	RECALCULATION BASED ON 2008 CENSUS		GLEN OAKS
	84.9438%	GLENBRIDGE	GLENCREST	
		93929	92,291	105,965
		18.66%	18.34%	21.05%

2008 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>338,471</u>	<u>332,568</u>	<u>381,842</u>
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		NURSING HOME PERCENTAGE	84.9438%	RECALCULATION BASED ON 2009 CENSUS		
				GLENBRIDGE	GLENCREST	GLEN OAKS
2009 NO ADDITIONS	<u>2,135,245</u>	1,813,758		<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
				92,668	90,627	105,904
				17.13%	16.75%	19.58%
2010 NO ADDITIONS	<u>2,135,245</u>	1,813,758		<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
				92,668	90,627	105,904
				17.13%	16.75%	19.58%
2011 NO ADDITIONS	<u>2,135,245</u>	1,813,758		<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
				92,668	90,627	105,904
				17.13%	16.75%	19.58%
2012 NO ADDITIONS	<u>2,135,245</u>	1,813,758		<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
				92,668	90,627	105,904
				17.13%	16.75%	19.58%
2013 NO ADDITIONS	<u>2,135,245</u>	1,813,758		<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
				92,668	90,627	105,904
				17.13%	16.75%	19.58%

SEE ACCOUNTANTS' COMPILATION REPORT

SCHEDULE J

GLEN ELSTON	GLENSHIRE
41,220/460,292	102,753/460,292
0.08955185	0.223234382
17,496	43,614
157,036	391,458
161,830	403,409
162,211	404,358
162,211	404,358
162,425	404,893

162,425	404,893
162,425	404,893
162,425	404,893

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>TOTAL</u>
40,267	78,093	74,334	488,234
0.082474797	0.159949942	0.152250765	1
<u>149,589</u>	<u>290,111</u>	<u>276,146</u>	<u>1,813,758</u>

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
37,609	81,480	76,498	15,564	503,336
7.47%	16.19%	15.20%	3.09%	100.00%
<u>135,523</u>	<u>293,611</u>	<u>275,659</u>	<u>56,084</u>	<u>1,813,758</u>

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
37,909	82,060	82,504	49,247	540,919
7.01%	15.17%	15.25%	9.10%	100.00%
<u>127,113</u>	<u>275,156</u>	<u>276,645</u>	<u>165,130</u>	<u>1,813,758</u>

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
37,909	82,060	82,504	49,247	540,919
7.01%	15.17%	15.25%	9.10%	100.00%
<u>127,113</u>	<u>275,156</u>	<u>276,645</u>	<u>165,130</u>	<u>1,813,758</u>

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
37,909	82,060	82,504	49,247	540,919
7.01%	15.17%	15.25%	9.10%	100.00%
<u>127,113</u>	<u>275,156</u>	<u>276,645</u>	<u>165,130</u>	<u>1,813,758</u>

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
37,909	82,060	82,504	49,247	540,919
7.01%	15.17%	15.25%	9.10%	100.00%
<u>127,113</u>	<u>275,156</u>	<u>276,645</u>	<u>165,130</u>	<u>1,813,758</u>

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
37,909	82,060	82,504	49,247	540,919
7.01%	15.17%	15.25%	9.10%	100.00%
<u>127,113</u>	<u>275,156</u>	<u>276,645</u>	<u>165,130</u>	<u>1,813,758</u>

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	30,804
Employment Fees	43,905
Village of Niles Annual Business License, Fee	5,004
Secretary of State Annual Report, Fee	328
Thompson Elevator Inspection Fee	280
State Fire Marshall Boiler Inspection Fee	140
Cook County Department of Environmental Control Equipment Inspection	348
Non-allowable Illinois Council on Long Term Care PAC Fees	-10,165
Total allocated to Page 21	<u>70,643</u>

See Accountants' Compilation Report

**HEALTH AND HOME MANAGEMENT, INC.
ALLOCATION OF MANAGEMENT COMPANY LEASEHOLD IMPROVEMENTS**

SCHEDULE L

ASSET DESCRIPTION	COST	CAPITAL FROM FARGO @ 84.9438 %	ADJUSTED LEASEHOLD IMPROVEMENTS	COST	GLENBRIDGE 103,052/460292 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	
		6,647	6,647	6,647						
1998 PARKING LOT REPAVING	5,900		5,900	5,900						
LEASEHOLD IMPROVEMENTS -	87,339		87,339	87,339						
ADDITIONAL CONSTRUCTION COSTS				99,886	22,363	24,168	22,112	8,945	22,298	
FARGO BUILDING										
1999 LEASEHOLD IMPROVEMENTS -	41,710		41,710	41,710						
ADDITIONAL CONSTRUCTION COSTS				141,596	31,701	34,260	31,345	12,680	31,609	
FARGO BUILDING										
2000 AQUATIC WORKS - BUILT IN FISH TAN	5,000		5,000	5,000						
				146,596	32,820	35,470	32,452	13,128	32,725	
2001 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
2002 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
2003 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
2004 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
2005 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
2006 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
RECALCULATION BASED ON 2007 CENSUS - New facility added in 2007 (GlenLake Terrace Nursing Ctr)										
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
					93,767	95,262	106,511	40,267	78,093	74,334
					0.192053401	0.195115457	0.218155638	0.082474797	0.159949942	0.152250765
2007 NO ADDITIONS				146,596	28,154	28,603	31,981	12,090	23,448	22,319
RECALCULATION BASED ON 2008 CENSUS - New facility added in 2008 (Brentwood partial year 9/1/08-12/31/08)										
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
					93,929	92,291	105,965	37,609	81,480	76,498
					18.66%	18.34%	21.05%	7.47%	16.19%	15.20%
2008 INSTALLATION OF IRRIGATION SYSTEM	15,036			15,036						
				161,632	30,163	29,637	34,028	12,077	26,165	24,565
RECALCULATION BASED ON 2009 CENSUS - New facility added in 2008 (Brentwood) is now allocated over full year in 2009										
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
					92,668	90,627	105,904	37,909	82,060	82,504
					17.13%	16.75%	19.58%	7.01%	15.17%	15.25%
2009 NO ADDITIONS				161,632	27,690	27,080	31,645	11,328	24,520	24,653

		RECALCULATION BASED ON 2009 CENSUS					
		GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
		92,668	90,627	105,904	37,909	82,060	82,504
		17.13%	16.75%	19.58%	7.01%	15.17%	15.25%
2010 NO ADDITIONS	<u>161,632</u>	<u>27,690</u>	<u>27,080</u>	<u>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>
Amounts as reported on cost report:		27,464	26,860	31,387	11,235	24,320	24,452
Differences due to error in formula:		-226	-220	-258	-93	-200	-201
(Total allocated over 99.18 % not 100.00 %)							

		RECALCULATION BASED ON 2009 CENSUS					
		GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
		92,668	90,627	105,904	37,909	82,060	82,504
		17.13%	16.75%	19.58%	7.01%	15.17%	15.25%
2011 NO ADDITIONS	<u>161,632</u>	<u>27,690</u>	<u>27,080</u>	<u>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>

		RECALCULATION BASED ON 2009 CENSUS					
		GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
		92,668	90,627	105,904	37,909	82,060	82,504
		17.13%	16.75%	19.58%	7.01%	15.17%	15.25%
2012 NO ADDITIONS	<u>161,632</u>	<u>27,690</u>	<u>27,080</u>	<u>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>

		RECALCULATION BASED ON 2009 CENSUS					
		GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
		92,668	90,627	105,904	37,909	82,060	82,504
		17.13%	16.75%	19.58%	7.01%	15.17%	15.25%
2013 NO ADDITIONS	<u>161,632</u>	<u>27,690</u>	<u>27,080</u>	<u>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>

SEE ACCOUNTANTS' COMPILATION REPORT

TOTAL
488,234
100.00%
<u>146,596</u>

BRENTWOOD	TOTAL
<u>15,564</u>	<u>503,336</u>
3.09%	100.00%
<u>4,998</u>	<u>161,632</u>

BRENTWOOD	TOTAL
<u>49,247</u>	<u>540,919</u>
9.10%	100.00%
<u>14,715</u>	<u>161,632</u>

<u>BRENTWOOD</u>	<u>TOTAL</u>
49,247	540,919
9.10%	100.00%
<u>14,715</u>	<u>161,632</u>
14,596	160,314
-119	-1,318

<u>BRENTWOOD</u>	<u>TOTAL</u>
49,247	540,919
9.10%	100.00%
<u>14,715</u>	<u>161,632</u>

<u>BRENTWOOD</u>	<u>TOTAL</u>
49,247	540,919
9.10%	100.00%
<u>14,715</u>	<u>161,632</u>

<u>BRENTWOOD</u>	<u>TOTAL</u>
49,247	540,919
9.10%	100.00%
<u>14,715</u>	<u>161,632</u>