

Facility Name & ID Number Glenlake Terrace Nrsg & Reh

0048637 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

N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	183	Skilled (SNF)	183	66,795	1
2		Skilled Pediatric (SNF/PED)			2
3	88	Intermediate (ICF)	88	32,120	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	271	TOTALS	271	98,915	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	17,064	1,007	6,437	24,508	8
9	SNF/PED					9
10	ICF	51,192	2,350	0	53,542	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	68,256	3,357	6,437	78,050	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.91%

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 12/07/06

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

YES Date 12/07/06 NO

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

YES NO If YES, enter number of beds certified 138 and days of care provided 5,062

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRAUAL 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

Glenlake Terrace Nrsng & Reh

0048637

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	393,123	54,610	23,328	471,061		471,061	471,061			1
2	Food Purchase		607,758		607,758	(25,058)	582,700	(136,980)	445,720		2
3	Housekeeping		9,606	336,830	346,436		346,436	346,436			3
4	Laundry		24	224,970	224,994		224,994	224,994			4
5	Heat and Other Utilities			233,671	233,671		233,671	4,140	237,811		5
6	Maintenance	107,097	52,067	83,092	242,256		242,256	11,514	253,770		6
7	Other (specify):* Allocated Employee Benefits							513	513		7
8	TOTAL General Services	500,220	724,065	901,891	2,126,176	(25,058)	2,101,118	(120,813)	1,980,305		8
	B. Health Care and Programs										
9	Medical Director			112,200	112,200		112,200	112,200			9
10	Nursing and Medical Records	4,841,225	757,138	125,245	5,723,608		5,723,608	(183,269)	5,540,339		10
10a	Therapy	61,570	7,661	830,725	899,956		899,956	(160,091)	739,865		10a
11	Activities	167,944	7,696	2,448	178,088		178,088	178,088			11
12	Social Services	133,518		16,501	150,019		150,019	150,019			12
13	CNA Training										13
14	Program Transportation			756	756		756	756			14
15	Other (specify):* Allocated Employee Benefits							63,050	63,050		15
16	TOTAL Health Care and Programs	5,204,257	772,495	1,087,875	7,064,627		7,064,627	(280,310)	6,784,317		16
	C. General Administration										
17	Administrative	90,300		1,180,034	1,270,334		1,270,334	(1,148,499)	121,835		17
18	Directors Fees										18
19	Professional Services			91,023	91,023		91,023	32,059	123,082		19
20	Dues, Fees, Subscriptions & Promotions			76,997	76,997	1,670	78,667	(61)	78,606		20
21	Clerical & General Office Expenses	361,465	80,017	56,521	498,003	(1,670)	496,333	542,032	1,038,365		21
22	Employee Benefits & Payroll Taxes			874,179	874,179	25,058	899,237	899,237			22
23	Inservice Training & Education			5,018	5,018		5,018	2,498	7,516		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			17,006	17,006		17,006	1,685	18,691		25
26	Insurance-Prop.Liab.Malpractice			285,563	285,563		285,563	6,478	292,041		26
27	Other (specify):* Allocated Employee Benefits							83,675	83,675		27
28	TOTAL General Administration	451,765	80,017	2,586,341	3,118,123	25,058	3,143,181	(480,133)	2,663,048		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,156,242	1,576,577	4,576,107	12,308,926		12,308,926	(881,256)	11,427,670		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

Glenlake Terrace Nrsg & Reh

#0048637

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			230,579	230,579	230,579	296,800	527,379				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			262,157	262,157	262,157	207,448	469,605				32
33	Real Estate Taxes						283,784	283,784				33
34	Rent-Facility & Grounds			1,853,687	1,853,687	1,853,687	(1,853,687)					34
35	Rent-Equipment & Vehicles			20,914	20,914	20,914	9,875	30,789				35
36	Other (specify):*											36
37	TOTAL Ownership			2,367,337	2,367,337	2,367,337	(1,055,780)	1,311,557				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		355,960	146,118	502,078	502,078		502,078				39
40	Barber and Beauty Shops			30	30	30		30				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			591,800	591,800	591,800		591,800				42
43	Other (specify):* Non-Allowable			547,461	547,461	547,461	(547,461)					43
44	TOTAL Special Cost Centers		355,960	1,285,409	1,641,369	1,641,369	(547,461)	1,093,908				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,156,242	1,932,537	8,228,853	16,317,632	16,317,632	(2,484,497)	13,833,135				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 Glenlake Terrace Nrsg & Reh

0048637

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	(9,063)	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	(5,168)	30		9
10	Interest and Other Investment Income	(19,372)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,342)	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	(1,870)	43		18
19	Entertainment		43		19
20	Contributions	(250)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(543,511)	43		24
25	Fund Raising, Advertising and Promotional	26	43		25
	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(808,372)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,388,922)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,095,575)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,095,575)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (2,484,497)		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

BHF USE ONLY					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

Glenlake Terrace Nrsg & Reh

ID# 0048637

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. medical supplies"A" to cost	\$ (47,770)	10	1
2	Adjust Mgt Co. medical supplies"other" to cost	(135,499)	10	2
3	Adjust Mgt Co. food to cost	(136,980)	2	3
4	Non-allowable patient clothing	(514)	43	4
5	Non-allowable professional fees	(62,818)	19	5
6	Non-allowable owner interest expense	(145,779)	32	6
7	Non-allowable auto expense - marketing	(5,104)	25	7
8	Non-allowable Illinois Council on Long Term Care Dues	(8,961)	20	8
9	Non-allowable office expense	(394)	43	9
10	Non-allowable trust fees	(2,575)	43	10
11	Non-allowable depreciation - marketing	(6,300)	30	11
12	Non-allowable owner interest expense	(255,678)	32	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		(808,372)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glenlake Terrace Nrsng & Reh# 0048637

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	(136,980)	0	0	0	0	0	0	0	0	0	0	(136,980)	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	4,140	0	0	0	0	0	0	0	0	4,140	5
6	Maintenance	0	0	11,513	0	1	0	0	0	0	0	0	11,514	6
7	Other (specify):*	0	0	513	0	0	0	0	0	0	0	0	513	7
8	TOTAL General Services	(136,980)	0	16,166	0	1	0	0	0	0	0	0	(120,813)	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	(183,269)	0	0	0	0	0	0	0	0	0	0	(183,269)	10
10a	Therapy	0	0	0	0	(160,091)	0	0	0	0	0	0	(160,091)	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	63,050	0	0	0	0	0	0	63,050	15
16	TOTAL Health Care and Programs	(183,269)	0	0	0	(97,041)	0	0	0	0	0	0	(280,310)	16
	C. General Administration													
17	Administrative	0	0	(1,148,499)	0	0	0	0	0	0	0	0	(1,148,499)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(62,818)	0	33,667	33,920	27,290	0	0	0	0	0	0	32,059	19
20	Fees, Subscriptions & Promotions	(8,961)	0	1,739	0	7,161	0	0	0	0	0	0	(61)	20
21	Clerical & General Office Expenses	(9,063)	0	549,101	0	1,994	0	0	0	0	0	0	542,032	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	1,132	0	1,366	0	0	0	0	0	0	2,498	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(5,104)	0	5,904	0	885	0	0	0	0	0	0	1,685	25
26	Insurance-Prop.Liab.Malpractice	0	0	6,478	0	0	0	0	0	0	0	0	6,478	26
27	Other (specify):*	0	0	83,587	0	88	0	0	0	0	0	0	83,675	27
28	TOTAL General Administration	(85,946)	0	(466,891)	33,920	38,784	0	0	0	0	0	0	(480,133)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(406,195)	0	(450,725)	33,920	(58,256)	0	0	0	0	0	0	(881,256)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glenlake Terrace Nrsg & Reh# 0048637

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	(11,468)	0	12,647	295,437	184	0	0	0	0	0	0	296,800	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(420,829)	0	0	628,277	0	0	0	0	0	0	0	207,448	32
33	Real Estate Taxes	0	0	9,738	274,046	0	0	0	0	0	0	0	283,784	33
34	Rent-Facility & Grounds	0	0	0	(1,853,687)	0	0	0	0	0	0	0	(1,853,687)	34
35	Rent-Equipment & Vehicles	0	0	9,875	0	0	0	0	0	0	0	0	9,875	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(432,297)	0	32,260	(655,927)	184	0	0	0	0	0	0	(1,055,780)	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):*	(550,430)	0	0	2,969	0	0	0	0	0	0	0	(547,461)	43
44	TOTAL Special Cost Centers	(550,430)	0	0	2,969	0	0	0	0	0	0	0	(547,461)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,388,922)	0	(418,465)	(619,038)	(58,072)	0	0	0	0	0	0	(2,484,497)	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	80.00 %	See Attached Page 6-Supplemental		See Attached Schedule A		
Joshua Ray	20.00 %					

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)	
1	V	Total from Page 6A	\$ 1,180,034	Glen Health and Home Management, Inc.	A	\$ 761,569	\$ (418,465)	1
2	V							2
3	V	Total from Page 6B	1,853,687	GlenLake Terrace Realty LLC	B	1,234,649	(619,038)	3
4	V							4
5	V	Total from Page 6C	830,693	Therapy Masters, Inc.	C	772,621	(58,072)	5
6	V							6
7	V							7
8	V			OWNERSHIP REFERENCE:				8
9	V			A: Owned 100.00 % by Sidney Glenner through attribution				9
10	V			B: Owned 80.00 % by Sidney Glenner & 20.00 % by Joshua Ray				10
11	V			C: Owned 100.00 % by Sidney Glenner				11
12	V							12
13	V							13
14	Total		\$ 3,864,414			\$ 2,768,839	\$ * (1,095,575)	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 %	GlenBridge Nursing & Rehabilitation	Niles	See Attached Schedule A			2
3			Centre, Ltd.					3
4								4
5	Sidney Glenner	100.00 %	GlenCrest Nursing & Rehabilitation	Chicago				5
6			Centre, Ltd.					6
7								7
8	Sidney Glenner	100.00 %	Glen Elston Nursing & Rehabilitation	Chicago				8
9			Centre, Ltd.					9
10								10
11	Sidney Glenner	100.00 %	Glen Oaks Nursing & Rehabilitation	Northbrook				11
12			Centre, Ltd.					12
13								13
14	Sidney Glenner	100.00 %	GlenShire Nursing & Rehabilitation	Richton Park				14
15			Centre, Ltd.					15
16								16
17	Sidney Glenner	99.00 %	Brentwood North Healthcare & Rehabiliatation	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	\$ 1,180,034	Glen Health and Home Management, Inc.	A	\$	\$ (1,180,034) 15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	4,140	4,140 16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	8,162	8,162 17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	33,667	33,667 18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	1,739	1,739 19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	34,617	34,617 20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	84,100	84,100 21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	1,132	1,132 22
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	5,904	5,904 23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	6,478	6,478 24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	12,647	12,647 25
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	9,738	9,738 26
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	9,875	9,875 27
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	3,351	3,351 28
29	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	31,535	31,535 29
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	514,484	514,484 30
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(84,100)	(84,100) 31
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	513	513 32
33	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	4,827	4,827 33
34	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	78,760	78,760 34
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,180,034			\$ 761,569	\$ * (418,465) 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	\$	GlenLake Terrace Realty LLC	B	\$ 394	\$	394	15
16	V	30 Depreciation		GlenLake Terrace Realty LLC	B	295,437		295,437	16
17	V	32 Interest Income		GlenLake Terrace Realty LLC	B	(328)		(328)	17
18	V	32 Interest Expense		GlenLake Terrace Realty LLC	B	628,605		628,605	18
19	V	33 Real Estate Taxes		GlenLake Terrace Realty LLC	B	274,046		274,046	19
20	V	34 Rental Income	1,853,687	GlenLake Terrace Realty LLC	B			(1,853,687)	20
21	V	43 Trust Fees		GlenLake Terrace Realty LLC	B	2,575		2,575	21
22	V	19 Professional Fees		GlenLake Terrace Realty LLC	B	33,920		33,920	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,853,687			\$ 1,234,649	\$ *	(619,038)	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	10a Therapy	\$ 830,693	Therapy Masters, Inc.	C	\$ 670,602	\$ (160,091)
16	V	19 Professional Fees		Therapy Masters, Inc.	C	27,290	27,290
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	C	94	94
18	V	6 Repairs and Maintenance		Therapy Masters, Inc.	C	1	1
19	V	21 Clerical Salaries		Therapy Masters, Inc.	C	921	921
20	V	21 Clerical		Therapy Masters, Inc.	C	1,073	1,073
21	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	63,138	63,138
22	V	23 Training and Education		Therapy Masters, Inc.	C	1,366	1,366
23	V	25 Auto Expenses		Therapy Masters, Inc.	C	885	885
24	V	20 Employment Fees		Therapy Masters, Inc.	C	7,067	7,067
25	V	22 Employee Benefits		Therapy Masters, Inc.	C	(63,138)	(63,138)
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	63,050	63,050
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	88	88
28	V	30 Depreciation		Therapy Masters, Inc.	C	184	184
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 830,693			\$ 772,621	\$ * (58,072)

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenlake Terrace Nrsg & Reh # 0048637 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	80.00 %	184,227	10	16.21 %	Salary	\$ 31,535	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	43,097	6	16.21 %	Salary	7,377	Ln 21, Col 7	2
3	Elliot Glenner	Administrative	Administrative	0.00 %	25,652	6	16.21 %	Salary	4,391	Ln 21, Col 7	3
4	Daniel Glenner	Administrative	Administrative	0.00 %	63,922	1	2.00 %	Salary	10,942	Ln 21, Col 7	4
5	Joshua Ray	V.P. of Operations	Administrative	20.00 %	184,227	10	16.21 %	Salary	31,535	Ln 21, Col 7	5
6											6
7											7
8											8
9											9
10		See Attached Schedule B									10
11											11
12											12
13								TOTAL	\$ 85,780		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 Glenlake Terrace Nrsg & Reh

0048637

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 & 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	\$ 78,050	\$ 4,140	1
2	6	Repairs and Maintenance	Resident Days	534,020	7	55,844	78,050	8,162	2
3	19	Professional Fees	Resident Days	534,020	7	230,348	78,050	33,667	3
4	20	Licenses, Permits and Inspection	Resident Days	534,020	7	11,901	78,050	1,739	4
5	21	Clerical	Resident Days	534,020	7	236,851	78,050	34,617	5
6	22	Employee Benefits and Payroll	Resident Days	534,020	7	575,413	78,050	84,100	6
7	23	Training and Education	Resident Days	534,020	7	7,744	78,050	1,132	7
8	25	Auto Expenses	Resident Days	534,020	7	40,394	78,050	5,904	8
9	26	Insurance	Resident Days	534,020	7	44,323	78,050	6,478	9
10	30	Depreciation	Resident Days	534,020	7	86,534	78,050	12,647	10
11	33	Real Estate Taxes	Resident Days	534,020	7	66,629	78,050	9,738	11
12	35	Equipment and Vehicle Rental	Resident Days	534,020	7	67,562	78,050	9,875	12
13	6	Janitorial Salaries	Resident Days	534,020	7	22,929	22,929	3,351	13
14	17	Officer's Salaries	Resident Days	534,020	7	215,760	215,760	31,535	14
15	21	Administrative Salaries	Resident Days	534,020	7	3,520,113	3,520,113	514,484	15
16	22	Employee Benefits	Payroll					(84,100)	16
17	7	Employee Benefits - Janitorial	Payroll					513	17
18	27	Employee Benefits - Officer's	Payroll					4,827	18
19	27	Employee Benefits - Admin	Payroll					78,760	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 5,210,671	\$ 3,758,802	\$ 761,569	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Glenlake Terrace Nrsrg & Reh

0048637

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	UBS Wealth Management		X	Mortgage	\$30,955.56	10/26/10	\$ 15,600,000	\$ 15,600,000	9/15/2020	0.0398	\$ 489,305	1					
2	SLG Limited Partnership	X		Mortgage	\$18,435.66	11/15/10	3,500,000	3,500,000	12/01/2035	0.0398	139,300	2					
3	Glenner 1995 Family Trust	X		Finance Insurance Policy	\$19,125.97	1/01/13	223,116		12/01/2013	0.0525	6,479	3					
4												4					
5												5					
Working Capital																	
6	Sidney Glenner	X		Working Capital		Various	274,661	274,661		0.0525	13,475	6					
7	AMJED GST Trust	X		Working Capital		Various	5,995,405	5,995,405		0.0525	231,703	7					
8	Joshua Ray	X		Working Capital		Various	850,000	850,000		0.0525	10,500	8					
9	TOTAL Facility Related				\$68,517.19		\$ 26,443,182	\$ 26,220,066			\$ 744,983	9					
B. Non-Facility Related*																	
10												10					
11												11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$ (275,378)	14					
15	TOTALS (line 9+line14)						\$ 26,443,182	\$ 26,220,066			\$ 469,605	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

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

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

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

B. Real Estate Taxes

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2012 report.		\$ 179,000	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.)		\$ 218,043	2
3. Under or (over) accrual (line 2 minus line 1).		\$ 39,043	3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 232,000	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.)		\$	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.		\$ 271,043	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2008	145,704	8
	2009	150,382	9
	2010	175,055	10
	2011	171,774	11
	2012	218,043	12
See Attached Schedule G For Calculation Of 2013 Real Estate Tax Accrual.			

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2012	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	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

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glenlake Terrace Nrsg & Reh COUNTY Lake
 FACILITY IDPH LICENSE NUMBER 0048637
 CONTACT PERSON REGARDING THIS REPORT Charles J. Fischer
 TELEPHONE (312) 634-4580 FAX #: (312) 634-5518

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2012.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>08-32-109-021</u>	<u>2222 14th Street, Waukegan, IL</u>	\$ <u>218,042.84</u>	\$ <u>218,042.84</u>
2. <u>08-32-109-020</u>	<u>2300 14th Street, Waukegan, IL</u>	\$ <u>3,002.84</u>	\$ <u>3,002.84</u>
3. <u>Allocated from Management Company:</u>		\$ <u>67,604.86</u>	\$ <u>9,738.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>288,650.54</u></u>	\$ <u><u>230,783.68</u></u>

B. Real Estate Tax Cost Allocations

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: 48,925 B. General Construction Type: Exterior Brick Frame Concrete and Steel Number of Stories Four

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).
2300 WEST 14TH STREET, WAUKEGAN, IL - LAND LOCATED ADJACENT TO THE FACILITY.

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>79,750</u>	<u>2006</u>	<u>\$ 502,844</u>	1
2	<u>Allocated from Management Company:</u>			<u>12,419</u>	2
3	TOTALS	<u>79,750</u>		<u>\$ 515,263</u>	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenlake Terrace Nrsg & Reh# 0048637

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		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	271	2006	1974	\$ 7,636,686	\$ 254,556	30	\$ 254,556	\$	\$ 1,793,463	4
5										5
6	Alloc from		1996	276,645			6,982	6,982		6
7	Mgt Comp									7
8	Schedule J									8
	Improvement Type**									
9										9
10	Furnish and install outdoor signs		2007	10,055	1,006	10	1,006		6,539	10
11	Remove and install vinyl cove base		2007	9,986	999	10	999		6,493	11
12	Furnish and install light fixture and run new piping		2007	2,672	267	10	267		1,736	12
13	Replace leaking hydraulic supply lines for elevators		2007	5,000	500	10	500		3,250	13
14	Furnish and install motor bearings and gasket on washing machine		2008	2,535	254	10	254		1,397	14
15	Coil rebuilding and water heater retubing		2008	3,276	328	10	328		1,804	15
16	Replace tube sheet and water return pump, replace piping		2008	2,717	272	10	272		1,496	16
17										17
18										18
19	Indoor cameras with power supply		2008	6,889	689	10	689		3,789	19
20	Indoor cameras and power supply		2008	3,211	321	10	321		1,766	20
21	Replace 2 inch galvanized hot water piping in laundry room		2009	2,500	250	10	250		1,125	21
22	Wiring for television system, create television outlets		2009	2,750	275	10	275		1,238	22
23	Furnish and install sentry guard water coil		2009	5,169	517	10	517		2,326	23
24	Install new receptacles on existing circuits for televisions		2009	8,800	880	10	880		3,960	24
25	Furnish and install wet-pipe sprinkler protection		2009	56,112	5,611	10	5,611		25,250	25
26	Remove existing cove base and carpet, floor prep, new carpet and wallpap		2009	3,364	336	10	336		1,512	26
27	Category 6 cable (550mhz)		2010	3,964	396	10	396		1,386	27
28	Installation of front door electrolock security system with intercom		2010	3,985	399	10	399		1,396	28
29	Install fire alarm wiring and power supervision relays		2010	4,544	454	10	454		1,589	29
30	Install new mixing valve on plumbing project		2011	3,160	316	10	316		790	30
31	Install fire protection sprinkler heads		2011	3,088	309	10	309		772	31
32	Remove and install ceiling, nurses station, vinyl tile project and wallpaper		2011	365,930	36,593	10	36,593		91,483	32
33	Install new light poles		2011	13,753	1,375	10	1,375		3,438	33
34	New parking lot and curbs		2011	127,628	12,763	10	12,763		31,907	34
35	Parking lot striping and install compacted mix		2011	18,495	1,850	10	1,850		4,625	35
36										36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenlake Terrace Nrsg & Reh# 0048637

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		
37	Concrete project, install curbs, walkway and patio	2011	\$ 37,699	\$ 3,770	10	\$ 3,770		\$ 9,425	37
38	Installation of new annunciators for nursing stations	2011	2,838	284	10	284		710	38
39	Exterior fire main project	2011	10,220	1,022	10	1,022		2,555	39
40	Remove and install ceramic tile and carpet	2011	24,568	2,688	10	2,457	(231)	6,258	40
41	Purchase of food waste disposer	2011	3,132	313	10	313		783	41
42	Install annunciator panel, conduit and elbows	2011	4,835	484	10	484		1,210	42
43									43
44	Furnish and install new single casement windows	2012	2,700	270	10	270		405	44
45	Remove wallpaper, patch and paint walls in bedrooms	2012	17,634	1,763	10	1,763		2,645	45
46	Furnish and install water heater	2012	27,706	2,771	10	2,771		4,156	46
47	Wallcovering, corner guards, ceiling, doors	2012	54,209	5,677	10	5,421	(256)	8,131	47
48	Laminate doors, install vinyl tile, wallpaper and paint	2012	157,820	15,782	10	15,782		23,673	48
49	Repair broken sewer line	2012	5,290	529	10	529		794	49
50	Fireproofing	2012	2,716	272	10	272		408	50
51	Furnish sprinklers for elevator pit	2012	2,600	260	10	260		390	51
52	Remove closet walls, install ceramic wall, ceiling, tile, doors & sign	2012	50,868	5,087	10	5,087		7,630	52
53	Remove tiles, handrails, drywall, painting, guards & vinyl cove	2012	55,300	5,530	10	5,530		8,295	53
54	Freight on Econocare invoice # 39801	2012	14,497	1,450	10	1,450		2,175	54
55	Install new annunciator panels for nursing stations	2012	2,880	288	10	288		432	55
56									56
57	Furnish and install drywall, paint and corner guards in the fourth floor dining rooms	2012	12,560	1,256	10	1,256		1,884	57
58									58
59									59
60	Furnish and install bumper guards behind the beds on the fourth floor and first floor bedrooms	2012	8,150	815	10	815		1,223	60
61									61
62	Furnish and install drywall, tile, wallpaper and handrails in the second floor hallway	2012	50,250	5,025	10	5,025		7,538	62
63									63
64	Patch walls and paint in common areas on the first, second, third floors and janitor closets	2012	3,835	384	10	384		576	64
65									65
66	Wallcovering, ceiling tile, corner guards, plumbing, drywall, paint in the elevator, fourth floor corridor, family lounge, dining room, shower rooms and first floor therapy room	2012	111,049	11,105	10	11,105		16,657	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 9,246,270	\$ 388,341		\$ 394,836	\$ 6,495	\$ 2,102,483	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glenlake Terrace Nrsg & Reh

0048637

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 12A, Carried Forward		\$ 9,246,270	\$ 388,341		\$ 394,836	\$ 6,495	\$ 2,102,483	1
2	Furnish and install steel decking, drains, mixing valve for shower in the second floor west shower rooms	2012	3,100	310	10	310		465	2
3									3
4	Furnish and install bumper guards in the second floor and fourth floor dining rooms	2012	2,569	257	10	257		385	4
5									5
6	Sealcoat, patch and fill potholes, striping of parking lot	2012	3,748	375	10	375		562	6
7	Credit on TCL Electric & Lighting invoice	2011	(13,753)	(1,375)	10	(1,375)		(3,438)	7
8	Furnish and install shower drains, tile	2012	3,250	325	10	325		488	8
9	Fabricate new nursing station	2012	14,900	1,490	10	1,490		2,235	9
10	Fabricate new nursing station	2012	14,900	1,490	10	1,490		2,235	10
11	Demo 2 shower stalls & furnish and install drains and plumbing	2012	2,535	254	10	254		381	11
12	Wallcovering and bumper and corner guards in the second floor dining room and first floor resident rooms	2012	5,483	548	10	548		822	12
13									13
14	Furnish ceiling tile and elevator wraps for 2nd and 4th floors	2013	8,983	449	10	449		449	14
15	Replace sewer line and recement	2013	8,800	440	10	440		440	15
16	Replace shorted compressor on walk-in cooler	2013	3,136	157	10	157		157	16
17	Remove existing cove base and carpet, install carpet & base in Administrative office. Remove and replace existing plumbing fixtures in bathroom, wallcovering, paint doors and frames	2013	8,571	429	10	429		429	17
18									18
19									19
20									20
21									21
22									22
23	See Attached Schedule L:								23
24	Leasehold Improvements Allocated from Management Company:	1998	15,236						24
25	Leasehold Improvements Allocated from Management Company:	1999	6,363						25
26	Leasehold Improvements Allocated from Management Company:	2000	762						26
27	Leasehold Improvements Allocated from Management Company:	2008	2,292			491	491	22,937	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,337,145	\$ 393,490		\$ 400,476	\$ 6,986	\$ 2,131,030	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

C. Equipment 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	\$ 1,009,224	\$ 107,217	\$ 107,217	\$	5, 10 years	\$ 466,271	71
72	Current Year Purchases	264,836	14,327	14,327		5, 10 years	14,327	72
73	Fully Depreciated Assets							73
74	Allocated from Therapy Masters, Mgt Co:	101,578		1,861	1,861		97,146	74
75	TOTALS	\$ 1,375,638	\$ 121,544	\$ 123,405	\$ 1,861		\$ 577,744	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	Patient Care	2001 Ford Bus	2000	\$ 20,000	\$	\$	\$	5 years	\$ 20,000	76
77	Marketing	2009 Lincoln MKX	2009	31,500	6,300	6,300		5 years	28,350	77
78	Non-Allowable Marketing Depreciation Expense:				(6,300)	(6,300)				78
79	Allocated from Management Company:			25,713		3,498	3,498		20,411	79
80	TOTALS			\$ 77,213	\$	\$ 3,498	\$ 3,498		\$ 68,761	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)	\$ 11,305,259	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 515,034	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 527,379	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 12,345	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,777,535	85

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

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

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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: \$ 24,731 Description: Copiers \$14,929, Icemaker \$1,476, Dishmachine \$3,794, Postage Meter \$443, Pump \$272, Mgt Co: \$3,817

(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			\$	\$	17
18					18
19	<u>Allocated from Management Company:</u>			<u>6,058</u>	19
20					20
21	TOTAL		\$	\$ <u>6,058</u>	21

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenlake Terrace Nrsng & Reh # 0048637 Report Period Beginning: 01/01/2013 Ending: 12/31/2013
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		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	Ln10a, Col 2&3	hrs	\$	5,205	\$ 300,525	\$ 408	5,205	\$ 300,933	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 2	hrs		1,702	99,673		1,702	99,673	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a, Col 2&3	hrs		7,161	430,495	7,285	7,161	437,780	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				355,960		355,960	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	3,134 hours	61,570		146,118		3,134	146,118 61,570	13
14	TOTAL			\$ 61,570	14,068	\$ 976,811	\$ 363,653	17,202	\$ 1,402,034	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 Glenlake Terrace Nrsng & Reh# 0048637Report 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	\$ (308,871)	\$ 178,979	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>506,689</u>)	6,561,938	6,561,938	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	303,129	303,129	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(2,164,468)		8
9	Other(specify): <u>Other Receivables</u>	626,930	665,501	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,018,658	\$ 7,709,547	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		515,263	13
14	Buildings, at Historical Cost		7,913,331	14
15	Leasehold Improvements, at Historical Cost	1,450,841	1,423,814	15
16	Equipment, at Historical Cost	916,747	1,452,851	16
17	Accumulated Depreciation (book methods)	(577,220)	(2,777,535)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,790,368	\$ 8,527,724	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,809,026	\$ 16,237,271	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,531,506	\$ 1,531,506	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	367,402	367,402	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	293,378	293,378	30
31	Accrued Taxes Payable (excluding real estate taxes)	5,015	5,015	31
32	Accrued Real Estate Taxes(Sch.IX-B)		232,000	32
33	Accrued Interest Payable	18,909	39,713	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule E:</u>	2,447,820	2,447,820	36
37	<u>Due to Affiliates:</u>	198,854	198,854	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,862,884	\$ 5,115,688	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		19,100,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Stockholders:</u>	7,120,066	7,120,066	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 7,120,066	\$ 26,220,066	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,982,950	\$ 31,335,754	46
47	TOTAL EQUITY(page 18, line 24)	\$ (5,173,924)	\$ (15,098,483)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,809,026	\$ 16,237,271	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,806,795)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,806,795)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,367,129)	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)	\$ (2,367,129)	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)	\$ (5,173,924)	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	\$ 12,779,071	1
2	Discounts and Allowances for all Levels	(3,046,067)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,733,004	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,024,537	6
7	Oxygen	502,560	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,527,097	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	393,826	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	39,716	19
20	Radiology and X-Ray	9,430	20
21	Other Medical Services	1,228,058	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,671,030	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	19,372	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 19,372	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)	\$ 13,950,503	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,126,176	31
32	Health Care	7,064,627	32
33	General Administration	3,118,123	33
B. Capital Expense			
34	Ownership	2,367,337	34
C. Ancillary Expense			
35	Special Cost Centers	1,049,569	35
36	Provider Participation Fee	591,800	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,317,632	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,367,129)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,367,129)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,444,919	44
45	Private Pay - Net Inpatient Revenue	496,541	45
46	Medicare - Net Inpatient Revenue	1,343,603	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	442,459	47
48	Other-(specify) <u>Veterans - Net Inpatient Revenue</u>	5,482	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,733,004	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 Glenlake Terrace Nrsg & Reh

0048637

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	1,629	1,809	\$ 72,678	\$ 40.18	1
2	Assistant Director of Nursing					2
3	Registered Nurses	67,359	70,506	1,917,286	27.19	3
4	Licensed Practical Nurses	38,079	39,977	1,035,744	25.91	4
5	CNAs & Orderlies	149,244	160,897	1,709,536	10.63	5
6	CNA Trainees					6
7	Licensed Therapist	2,844	3,134	61,570	19.65	7
8	Rehab/Therapy Aides					8
9	Activity Director	957	994	14,926	15.02	9
10	Activity Assistants	13,771	15,410	153,018	9.93	10
11	Social Service Workers	7,631	8,091	133,518	16.50	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	7,986	8,833	92,339	10.45	14
15	Cook Helpers/Assistants	25,979	28,358	300,784	10.61	15
16	Dishwashers					16
17	Maintenance Workers	6,879	7,399	107,097	14.47	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,319	2,441	90,300	36.99	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	16,138	18,281	361,465	19.77	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					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	9,232	10,384	105,981	10.21	33
34	TOTAL (lines 1 - 33)	350,047	376,514	\$ 6,156,242 *	\$ 16.35	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	\$ 23,328	Ln 1, Col 3	35
36	Medical Director	Monthly	112,200	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	16,006	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	48	2,448	Ln 11, Col 3	44
45	Social Service Consultant	268	15,523	Ln 12, Col 3	45
46	Other(specify)				46
47	<u>Religious Consultant</u>	Monthly	978	Ln 12, Col 3	47
48					48
49	TOTAL (lines 35 - 48)	316	\$ 170,483		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	3,586	\$ 96,809	Ln 10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	3,586	\$ 96,809		53

SEE ACCOUNTANTS' COMPILATION REPORT

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Julie Stangel	Administrator	0.00 %	\$ 75,243	Workers' Compensation Insurance	\$ 134,420	IDPH License Fee	\$ 3,980	
Mary Claussen	Administrator	0.00 %	15,057	Unemployment Compensation Insurance	44,274	Advertising: Employee Recruitment	125	
				FICA Taxes	465,548	Health Care Worker Background Check		
				Employee Health Insurance	129,558	(Indicate # of checks performed <u>142</u>)	1,420	
				Employee Meals	25,058	Patient Background Checks	25	
				Illinois Municipal Retirement Fund (IMRF)*				
				Other Employee Benefits	6,597	See Attached Schedule K:	63,931	
				Union Health and Welfare	357			
				Union Pension	91,154	Allocated from Therapy Masters:	7,161	
				401K Match	2,059	Allocated from Management Company:	1,739	
				Uniform Allowance	212	Less: Public Relations Expense	()	
				See Attached Schedule D:	0	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 90,300				\$ 899,237			\$ 78,606	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees (eliminated in Column 7)			\$ 1,180,034				Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense	
\$ 1,180,034								
C. Professional Services							Entertainment Expense	
Vendor/Payee	Type		Amount				()	
See Attached Schedule C:			123,082					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)							TOTAL (agree to Sch. V, line 24, col. 8)	
\$ 123,082							\$	

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	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 Glenlake Terrace Nrsg & Reh

0048637

Report 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 \$18,193
- (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? 5,10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5,281 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. \$ 591,800
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. \$ 25,058 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? N/A
 - 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.

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0048637
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
GlenLake Terrace Realty 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.	Glen Bridge Nursing & Rehab. Centre, Ltd.	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	Brentwood North Healthcare & Rehabilitation	
Sidney Glenner	41,670	38,465	38,328	15,238	29,316	21,210	184,227
Jonathan Glenner	9,748	8,998	8,966	3,565	6,858	4,962	43,097
Elliot Glenner	5,802	5,356	5,337	2,122	4,082	2,953	25,652
Daniel Glenner	14,459	13,346	13,299	5,287	10,172	7,359	63,922
Joshua Ray	41,670	38,465	38,328	15,238	29,316	21,210	184,227
Total compensation received from other Nursing Homes	113,349	104,630	104,258	41,450	79,744	57,694	501,125

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	33,538
IIT Sourcedtech	Computers	1,100
EHealth Data Solutions	Computer Services	3,292
McGladrey LLP	Accounting	27,025
Frost, Ruttenberg & Rothblatt	Accounting	400
Much Shelist	Legal	13,266
Ashman & Stein	Legal	1,569
Commitment Consulting	A/R Collections	517
Personnel Planners, Inc.	Unemployment Consulting	2,357
Prospect Resources	Maintenance Consulting	1,500
Total Schedule V, Line 19, Col. 3		<u>91,023</u>

Allocated from Management Co:

Point ClickCare - Computer Services		1,228
Lexis Nexis - Computer Services		276
Health Data Systems, Inc. - Computer Services		288
Ashman & Stein - Legal		500
McGladrey LLP - Accounting Services		22,332
Harold Geiser - Accounting		7,248

Frost, Ruttenberg & Rothblatt - Accounting	1,154
Much Shelist - Legal	641
Total allocated from Management Co.	<u>33,667</u>
Allocated from Therapy Masters, Inc.:	
McGladrey LLP - Accounting Services	145
Frost, Ruttenberg & Rothblatt - Accounting	27
Theracore - Business Consulting	27,066
Personnel Planners - Unemployment Consulting	52
Total allocated from Therapy Masters, Inc.:	<u>27,290</u>
Allocated from GlenLake Terrace Realty LLC:	
The English Company - Environmental Assessment	2,050
The Private Bank - Loan Restructuring	20,000
Marilyn P. Dunn - Loan Restructuring	11,870
Total allocated from GlenLake Terrace Realty LLC:	<u>33,920</u>
Non-Allowable Expenses:	
Commitment Consulting - A/R Collections	-517
Much Shelist - Legal - out of period	-375
McGladrey LLP - Accounting Fees	-30,056
The Private Bank - GlenLake Terrace Realty LLC - Loan Restructuring	-20,000
Marilyn P. Dunn - GlenLake Terrace Realty LLC - Loan Restructuring	-11,870
Total Non-Allowable Expenses:	<u>-62,818</u>
Total adjustments page 21, Sch C.	<u>32,059</u>
Total Schedule V, line 19, column 8	<u>123,082</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	37,990
FUTA	347
SUTA	1,483
401K Match	617
Insurance - Hospital	38,952
Employee Benefits	3,382
Other Employee Benefits	0
Workers Compensation Insurance	1,329
Total allocated from Management Co.	<u>84,100</u>
Employee Benefits reclassified to Lines 7, 27	-84,100
Allocated from Therapy Masters, Inc.:	
FICA taxes	43,189
FUTA	459
SUTA	723
401K Match	3,851
Insurance - Hospital	12,500
Workers Compensation Insurance	2,183
Other Employee Benefits	0
Insurance - Liability	233
Total allocated from Therapy Masters, Inc. Co.	<u>63,138</u>
Employee Benefits reclassified to Lines 15,27	-63,138
Total allocated to Page 21	<u>0</u>

See Accountants' Compilation Report

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0048637
12/31/2013

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
B/C B/S Advance	(15,249)
Sundry Payable	9,894
Accrued Union Dues	3,143
Accrued Wage Assignment	23
Accrued Profit Sharing	(113)
Due to Third Party	665,984
Accrued Management Fees	981,284
Accrued Provider Participation Fee - Tax	152,782
Accrued 401K	(160)
Refunds Exchange	32,232
Professional Claims Liability	618,000
	<u>2,447,820</u>

Total, Page 17, Line36

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>
Patient clothing	-514	43
Non-allowable owner interest expense	-145,779	32
Non-allowable owner interest expense	-255,678	32
Non-allowable office expense	-394	43
Non-allowable professional fees	-62,818	19
Non-allowable depreciation - marketing	-6,300	30
Non-allowable auto expense - marketing	-5,104	25
Non-allowable Illinois Council on Long Term Care PAC Fees	-8,961	20
Non-allowable trust fees	-2,575	43
Adjust mgt co. med supplies - med'A' to cost	-47,770	10
Adjust mgt co. med supplies - 'other' to cost	-135,499	10
Adjust mgt co. food to cost	-136,980	2
Total	<u>-808,372</u>	

See Accountants' Compilation Report

**GlenLake Terrace Realty LLC
Accrued Real Estate Taxes
12/31/2013**

SCHEDULE G

	Accrued 1/01/13	Payments	Expense	Accrued 12/31/13
Balance @ 1/01/2013:	(179,000.00)		(179,000.00)	
2012 real estate taxes paid		218,042.84	218,042.84	
Estimated 2013 real estate taxes:				
2012 taxes	218,042.84			
Estimated increase	6.00 %			
Estimated 2013 taxes	231,125.41			
USE	232,000.00		232,000.00	232,000.00
Totals	(179,000.00)	218,042.84	271,042.84	232,000.00

Real estate tax history:

Year	Amount	Increase	
	\$	\$	%
2005	99,869.61		
2006	101,899.43	2,029.82	2.03%
2007	137,996.93	36,097.50	35.42%
2008	145,704.35	7,707.42	5.59%
2009	150,382.23	4,677.88	3.21%
2010	175,054.89	24,672.66	16.41%
2011	171,773.70	-3,281.19	-1.87%
2012	218,042.84	46,269.14	26.94%

SEE ACCOUNTANTS' COMPILATION REPORT

Provider Name: Glen Lake Terrace Nursing & Rehabilitation Center
Provider I.D. #: 0048637
Year Ended: December 31, 2013

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Julie Stangel, Chelsea Toth	4/24/2013	Skokie, IL	Illinois Council on Long Term Care Conquering the Readmission Challenge	210
Julie Stangel, Monette Sacameno Vanessa Pahilan	2/28/2013	Skokie, IL	Illinois Council on Long Term Care New OBRA Guidelines on End-of-Life Care	315
Julie Stangel	6/5/13	Crystal Lake, IL	INR 2013 Medicare Update	272
Julie Stangel, Vanessa Pahilan	6/13/2013	Skokie, IL	Illinois Council on Long Term Care Developing Leaders, Not Just Managers	210
Katherine McBride	6/3,5,12,17,24,26	Skokie, IL	Oakton Community College Continuing Education for Activity/Recreation Professionals	458
Julie Stangel, Wilva Bonifacio, Pureza Minoza, Monnette Sacameno Barb Bailey	7/31/2013	Skokie, IL	Illinois Council on Long Term Care Are you ready for Medicaid RUG 48?	1,055
Porshia Glass	4/12/2013	Crystal Lake, IL	Bright Star Collection Strategies in the Health Care Environment	300
Sharon Moravec, Joshua Ray Donna Fahrenbach	8/14/2013	Skokie, IL	Illinois Council on Long Term Care Preparing for the Future of Managed Care	408
Chelsea Toth, Julie Stangel Divya Paramavisam, Sharon Moravec	4/22/2013	Skokie, IL	Illinois Council on Long Term Care Conquering the Readmission Challenge	825
Nursing & Administrative Staff	10/31/2013	Waukegan, IL	Social Work PRN Developing Skills to Deal with Difficult People	725
Nursing Staff	12/1/13	Waukegan, IL	Ominicare Nurse IV Training	450
			Allocated From Management Company	1,132
			Allocated From Therapy Masters	1,366

Total

7,516

SEE ACCOUNTANTS' COMPILATION REPORT

SCHEDULE I

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

	<u>Gas Cards/ Allowance</u>	<u>Licenses/ Stickers</u>	<u>Employee Reimbursement: Mileage, Parking, I-Pass</u>	<u>Repairs & Maintenance</u>	<u>Total</u>
Direct Expense	8,597	158	3,874	4,376	17,006
Non-allowable auto expense - marketing					-5,104
Allocated from Management Company					5,904
Allocated from Therapy Masters					885
TOTAL	<u>8,597</u>	<u>158</u>	<u>3,874</u>	<u>4,376</u>	<u>18,691</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 103,052/460,292 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		0						
WALL CONSTRUCTION	10,235	-10,235	0		0						
ELECTRICAL	10,634	-10,634	0		0						
MISC. IMPROVEMENTS	26,075	-26,075	0		0						
ASPHALT DRIVEWAY	5,900	-5,900	0		0						
					<u>2,064,392</u>	1,753,573	392,597	424,294	-	388,189	-
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	-

			RECALCULATION BASED ON 2007 CENSUS		
			<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>
NURSING HOME PERCENTAGE			93767	95,262	106,511
84.9438%			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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			RECALCULATION BASED ON 2008 CENSUS		
			<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>
NURSING HOME PERCENTAGE			93929	92,291	105,965
84.9438%			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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			RECALCULATION BASED ON 2009 CENSUS		
			<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>
NURSING HOME PERCENTAGE			92,668	90,627	105,904
84.9438%			17.13%	16.75%	19.58%

2009 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>310,726</u>	<u>303,882</u>		<u>355,107</u>	
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			RECALCULATION BASED ON 2009 CENSUS		
			<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>
NURSING HOME PERCENTAGE			92,668	90,627	105,904
84.9438%			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>	
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			RECALCULATION BASED ON 2009 CENSUS		
			<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>
NURSING HOME PERCENTAGE			92,668	90,627	105,904
84.9438%			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>	
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		NURSING HOME	RECALCULATION BASED ON 2009 CENSUS		
			PERCENTAGE	GLENBRIDGE	GLENCREST
		84.9438%	92,668 17.13%	90,627 16.75%	105,904 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>

		NURSING HOME	RECALCULATION BASED ON 2009 CENSUS		
			PERCENTAGE	GLENBRIDGE	GLENCREST
		84.9438%	92,668 17.13%	90,627 16.75%	105,904 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>

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%	1
<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>
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<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>
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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	27,154
Employment Fees	39,500
City of Waukegan Business License, Elevator Inspection, Sign Ordinance Fee	1,630
Lake County Health Department Food Service Permit Fee	362
State Fire Marshall Boiler Inspection	200
Secretary of State Annual Report	100
Joint Commission Annual Certification, Program Fee	3,946
Non-allowable Illinois Council on Long Term Care Dues	-8,961
Total allocated to Page 21	<u>63,931</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 103,052/460,292 0.223883969	GLENCREST 111,372/460,292 0.241959452	GLEN OAKS 101,895/460,292 0.221370348	GLEN ELSTON 41,220/460,292 0.08955185	GLENSHIRE 102,753/460,292 0.223234382	
		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)										
					<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
					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)										
					<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
					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						
				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

	<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
	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	<u>161,632</u>	<u>27,690</u>	<u>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>

	<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
	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>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 %)						

	<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
	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>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>

	<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
	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>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>

	<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
	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>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

<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>
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>