



Facility Name & ID Number Glen Bridge N & Rehab Centre

# 0035014 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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

	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	34,629	220	6,752	41,601	8
9	SNF/PED					9
10	ICF	51,944	330	0	52,274	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	86,573	550	6,752	93,875	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.16%

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 5,660

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: 12/31/14 Fiscal Year: 12/31/14

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

Facility Name &amp; ID Number

Glen Bridge N &amp; Rehab Centre

# 0035014

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	512,688	73,677	44,726	631,091		631,091		631,091		1
2	Food Purchase		744,752		744,752	(30,316)	714,436	(128,394)	586,042		2
3	Housekeeping	304,299	61,054		365,353		365,353		365,353		3
4	Laundry	125,678	16,213	8,932	150,823		150,823		150,823		4
5	Heat and Other Utilities			264,277	264,277		264,277	6,572	270,849		5
6	Maintenance	98,633	61,054	136,033	295,720		295,720	9,506	305,226		6
7	Other (specify):* <b>Allocated Employee Benefits</b>							621	621		7
8	<b>TOTAL General Services</b>	1,041,298	956,750	453,968	2,452,016	(30,316)	2,421,700	(111,695)	2,310,005		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			160,687	160,687		160,687		160,687		9
10	Nursing and Medical Records	4,862,262	960,861	276,295	6,099,418		6,099,418	(367,293)	5,732,125		10
10a	Therapy	390,881	6,678	1,637,750	2,035,309		2,035,309	(242,579)	1,792,730		10a
11	Activities	159,865	5,276	2,350	167,491		167,491		167,491		11
12	Social Services	232,948		6,269	239,217		239,217		239,217		12
13	CNA Training										13
14	Program Transportation			3,017	3,017		3,017		3,017		14
15	Other (specify):* <b>Allocated Employee Benefits</b>							120,294	120,294		15
16	<b>TOTAL Health Care and Programs</b>	5,645,956	972,815	2,086,368	8,705,139		8,705,139	(489,578)	8,215,561		16
	<b>C. General Administration</b>										
17	Administrative	164,213		1,403,190	1,567,403		1,567,403	(1,363,896)	203,507		17
18	Directors Fees										18
19	Professional Services			182,001	182,001	(271,492)	(89,491)	312,024	222,533		19
20	Dues, Fees, Subscriptions & Promotions			94,962	94,962	2,100	97,062	(11,589)	85,473		20
21	Clerical & General Office Expenses	321,348	72,691	78,908	472,947	(2,100)	470,847	606,839	1,077,686		21
22	Employee Benefits & Payroll Taxes			1,202,689	1,202,689	30,316	1,233,005	(19,185)	1,213,820		22
23	Inservice Training & Education			926	926		926	3,467	4,393		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			27,038	27,038	(17,814)	9,224	5,668	14,892		25
26	Insurance-Prop.Liab.Malpractice			618,573	618,573		618,573	8,299	626,872		26
27	Other (specify):* <b>Allocated Employee Benefits</b>							103,426	103,426		27
28	<b>TOTAL General Administration</b>	485,561	72,691	3,608,287	4,166,539	(258,990)	3,907,549	(354,947)	3,552,602		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	7,172,815	2,002,256	6,148,623	15,323,694	(289,306)	15,034,388	(956,220)	14,078,168		29

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

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: 01/01/2014 Ending: 12/31/2014

12/31/2014

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			202,410	202,410		202,410	270,336	472,746			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			34,945	34,945		34,945	461,360	496,305			32
33	Real Estate Taxes					271,492	271,492	163,278	434,770			33
34	Rent-Facility & Grounds			1,914,195	1,914,195		1,914,195	(1,914,195)				34
35	Rent-Equipment & Vehicles			13,121	13,121	17,814	30,935	9,473	40,408			35
36	Other (specify):* <b>Mortgage Insurance</b>							96,868	96,868			36
37	<b>TOTAL Ownership</b>			2,164,671	2,164,671	289,306	2,453,977	(912,880)	1,541,097			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		447,038	211,961	658,999		658,999	(62)	658,937			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			700,574	700,574		700,574		700,574			42
43	Other (specify):* <b>Non-Allowable</b>			412,142	412,142		412,142	(412,142)				43
44	<b>TOTAL Special Cost Centers</b>		447,038	1,324,677	1,771,715		1,771,715	(412,204)	1,359,511			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	7,172,815	2,449,294	9,637,971	19,260,080		19,260,080	(2,281,304)	16,978,776			45

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

Facility Name & ID Number Glen Bridge N & Rehab Centre

# 0035014

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

**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	(14,318)	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	4,040	30		9
10	Interest and Other Investment Income	(6,127)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(906)	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	(1,593)	43		18
19	Entertainment	(278)	43		19
20	Contributions	(1,949)	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	(386,944)	43		24
25	Fund Raising, Advertising and Promotional	(20,020)	43		25
26	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:	(714,295)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (1,142,390)		\$	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
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,138,914)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (1,138,914)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (2,281,304)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

## Glen Bridge N &amp; Rehab Centre

ID# 0035014

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Adjust Mgt Co. med supplies - med "A" to cost	\$ (83,265)	10	1
2	Adjust Mgt Co. med supplies - "other" to cost	(284,028)	10	2
3	Adjust Mgt Co. food to cost	(128,394)	2	3
4	Non-allowable professional fees	(63,176)	19	4
5	Non-allowable auto expense - marketing	(4,237)	25	5
6	Non-allowable clerical expense	(707)	43	6
7	Non-allowable IL Council on Long Term Care Fee	(18,042)	20	7
8	Non-allowable related party interest expense	(34,945)	32	8
9	Adjust pharmacy expense to cost	(62)	39	9
10	Non-allowable patient clothing	(452)	43	10
11	Non-allowable insurance reimbursement	(6,196)	22	11
12	Non-allowable marketing salaries	(77,802)	21	12
13	Non-allowable marketing employee benefits	(12,989)	22	13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>		(714,295)	49

## STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## 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	(128,394)	0	0	0	0	0	0	0	0	0	0	(128,394)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	6,572	0	0	0	0	0	0	0	0	6,572	5
6	Maintenance	0	0	9,500	0	6	0	0	0	0	0	0	9,506	6
7	Other (specify):*	0	0	621	0	0	0	0	0	0	0	0	621	7
8	<b>TOTAL General Services</b>	<b>(128,394)</b>	<b>0</b>	<b>16,693</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(111,695)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(367,293)	0	0	0	0	0	0	0	0	0	0	(367,293)	10
10a	Therapy	0	0	0	0	(242,579)	0	0	0	0	0	0	(242,579)	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	120,294	0	0	0	0	0	0	120,294	15
16	<b>TOTAL Health Care and Programs</b>	<b>(367,293)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(122,285)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(489,578)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	(1,363,896)	0	0	0	0	0	0	0	0	(1,363,896)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(63,176)	0	50,642	271,932	52,626	0	0	0	0	0	0	312,024	19
20	Fees, Subscriptions & Promotions	(18,042)	0	166	0	6,287	0	0	0	0	0	0	(11,589)	20
21	Clerical & General Office Expenses	(92,120)	0	690,978	0	7,981	0	0	0	0	0	0	606,839	21
22	Employee Benefits & Payroll Taxes	(19,185)	0	0	0	0	0	0	0	0	0	0	(19,185)	22
23	Inservice Training & Education	0	0	870	0	2,597	0	0	0	0	0	0	3,467	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(4,237)	0	8,419	0	1,486	0	0	0	0	0	0	5,668	25
26	Insurance-Prop.Liab.Malpractice	0	0	6,922	0	1,377	0	0	0	0	0	0	8,299	26
27	Other (specify):*	0	0	102,785	0	641	0	0	0	0	0	0	103,426	27
28	<b>TOTAL General Administration</b>	<b>(196,760)</b>	<b>0</b>	<b>(503,114)</b>	<b>271,932</b>	<b>72,995</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(354,947)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(692,447)</b>	<b>0</b>	<b>(486,421)</b>	<b>271,932</b>	<b>(49,284)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(956,220)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

01/01/2014 Ending:

12/31/2014

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	4,040	0	14,764	251,357	175	0	0	0	0	0	0	270,336	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(41,072)	0	0	502,432	0	0	0	0	0	0	0	461,360	32
33	Real Estate Taxes	0	0	12,763	150,515	0	0	0	0	0	0	0	163,278	33
34	Rent-Facility & Grounds	0	0	0	(1,914,195)	0	0	0	0	0	0	0	(1,914,195)	34
35	Rent-Equipment & Vehicles	0	0	9,473	0	0	0	0	0	0	0	0	9,473	35
36	Other (specify):*	0	0	0	96,868	0	0	0	0	0	0	0	96,868	36
37	<b>TOTAL Ownership</b>	<b>(37,032)</b>	<b>0</b>	<b>37,000</b>	<b>(913,023)</b>	<b>175</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(912,880)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(62)	0	0	0	0	0	0	0	0	0	0	(62)	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):*	(412,849)	0	0	707	0	0	0	0	0	0	0	(412,142)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(412,911)</b>	<b>0</b>	<b>0</b>	<b>707</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(412,204)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(1,142,390)</b>	<b>0</b>	<b>(449,421)</b>	<b>(640,384)</b>	<b>(49,109)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(2,281,304)</b>	<b>45</b>

**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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V		\$					1
2	V	Total from Page 6A	1,403,190	Glen Health and Home Management, Inc.	A	953,769	(449,421)	2
3	V							3
4	V	Total from Page 6B	1,914,195	GlenBridge Real Estate and Development, L.L.C.	B	1,273,811	(640,384)	4
5	V							5
6	V	Total from Page 6C	1,637,750	Therapy Masters, Inc.	C	1,588,641	(49,109)	6
7	V							7
8	V							8
9	V							9
10	V			A: Sidney Glenner - 100.00% through attribution				10
11	V			B: Sidney Glenner - 100.00% (constructively)				11
12	V			C: Sidney Glenner - 100.00%				12
13	V							13
14	Total		\$ 4,955,135			\$ 3,816,221	\$ * (1,138,914)	14

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

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, Ltd.					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

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	\$ 1,403,190	Glen Health and Home Management, Inc.	A	\$	\$ (1,403,190) 15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	6,572	6,572 16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	5,416	5,416 17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	50,642	50,642 18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	166	166 19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	43,124	43,124 20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	103,406	103,406 21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	870	870 22
23	V	25 Auto Expense		Glen Health and Home Management, Inc.	A	8,419	8,419 23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	6,922	6,922 24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	14,764	14,764 25
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	12,763	12,763 26
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	9,473	9,473 27
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	4,084	4,084 28
29	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	39,294	39,294 29
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	647,854	647,854 30
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(103,406)	(103,406) 31
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	621	621 32
33	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	5,873	5,873 33
34	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	96,912	96,912 34
35	V						
36	V						
37	V						
38	V			A - OWNERSHIP: Sidney Glenner - 100% through attribution			
39	Total		\$ 1,403,190			\$ 953,769	\$ * (449,421) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	43 Clerical	\$	GlenBridge Real Estate & Development, L.L.C.	B	\$ 707	\$ 707
16	V	30 Depreciation		GlenBridge Real Estate & Development, L.L.C.	B	251,357	251,357
17	V	32 Interest Expense		GlenBridge Real Estate & Development, L.L.C.	B	503,454	503,454
18	V	33 Real Estate Taxes		GlenBridge Real Estate & Development, L.L.C.	B	150,515	150,515
19	V	34 Rental	1,914,195	GlenBridge Real Estate & Development, L.L.C.	B		(1,914,195)
20	V	19 Professional Fees		GlenBridge Real Estate & Development, L.L.C.	B	271,932	271,932
21	V	32 Interest Income		GlenBridge Real Estate & Development, L.L.C.	B	(1,022)	(1,022)
22	V	36 Mortgage Insurance Premium		GlenBridge Real Estate & Development, L.L.C.	B	96,868	96,868
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V			B - OWNERSHIP:			
33	V			Sidney Glenner - 100.00% (constructively)			
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,914,195			\$ 1,273,811	\$ * (640,384)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	10a Therapy	\$ 1,637,750	Therapy Masters, Inc.	C	\$ 1,395,171	\$ (242,579)
16	V	19 Professional Fees		Therapy Masters, Inc.	C	52,626	52,626
17	V	20 Licenses, Permits, and Inspection		Therapy Masters, Inc.	C	153	153
18	V	6 Repairs and Maintenance		Therapy Masters, Inc.	C	6	6
19	V	21 Clerical		Therapy Masters, Inc.	C	849	849
20	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	120,935	120,935
21	V	23 Training and Education		Therapy Masters, Inc.	C	2,597	2,597
22	V	25 Auto Expenses		Therapy Masters, Inc.	C	1,486	1,486
23	V	20 Employment Fees		Therapy Masters, Inc.	C	6,134	6,134
24	V	21 Clerical Salaries		Therapy Masters, Inc.	C	7,132	7,132
25	V	22 Employee Benefits		Therapy Masters, Inc.	C	(120,935)	(120,935)
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	120,294	120,294
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	641	641
28	V	30 Depreciation		Therapy Masters, Inc.	C	175	175
29	V	26 Insurance - Liability		Therapy Masters, Inc.	C	1,377	1,377
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		\$ 1,637,750			\$ 1,588,641	\$ * (49,109)

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

Facility Name & ID Number Glen Bridge N & Rehab Centre # 0035014 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

## 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 %	181,686	10	16.62 %	Salary	\$ 39,294	Ln 17, Co 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	44,254	7	16.62 %	Salary	9,571	Ln 21, Co 7	2
3	Daniel Glenner	Administrative	Administrative	0.00 %	24,777	45	90.00 %	Salary	5,359	Ln 21, Co 1	3
4	Elliot Glenner	Administrative	Administrative	0.00 %	57,213	7	16.62 %	Salary	12,374	Ln 21, Co 7	4
5	Joshua Ray	V.P. of Operations	Administrative	0.00 %	181,686	10	16.62 %	Salary	39,294	Ln 21, Co 7	5
6											6
7											7
8											8
9											9
10			See Schedule B								10
11											11
12											12
13								TOTAL	\$ 105,892		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

Facility Name & ID Number Glen Bridge N & Rehab Centre

# 0035014

Report Period Beginning:

01/01/2014

Ending: 2/31/2014

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	527,928	7	\$ 36,959	\$ 93,875	\$ 6,572	1
2	6	Repairs and Maintenance	Resident Days	527,928	7	30,456	93,875	5,416	2
3	19	Professional Fees	Resident Days	527,928	7	284,797	93,875	50,642	3
4	20	Licenses, Permits and Inspection	Resident Days	527,928	7	936	93,875	166	4
5	21	Clerical	Resident Days	527,928	7	242,517	93,875	43,124	5
6	22	Employee Benefits and Payroll	Resident Days	527,928	7	581,530	93,875	103,406	6
7	23	Training and Education	Resident Days	527,928	7	4,894	93,875	870	7
8	25	Auto Expenses	Resident Days	527,928	7	47,346	93,875	8,419	8
9	26	Insurance	Resident Days	527,928	7	38,927	93,875	6,922	9
10	30	Depreciation	Resident Days	527,928	7	83,031	93,875	14,764	10
11	33	Real Estate Taxes	Resident Days	527,928	7	71,773	93,875	12,763	11
12	35	Equipment and Vehicle Rental	Resident Days	527,928	7	53,275	93,875	9,473	12
13	6	Janitorial Salaries	Resident Days	527,928	7	22,970	22,970	4,084	13
14	17	Officer's Salaries	Resident Days	527,928	7	220,980	220,980	39,294	14
15	21	Administrative Salaries	Resident Days	527,928	7	3,643,358	3,643,358	647,854	15
16	22	Employee Benefits	Payroll					(103,406)	16
17	7	Employee Benefits - Janitorial	Payroll					621	17
18	27	Employee Benefits - Officer's	Payroll					5,873	18
19	27	Employee Benefits - Admin	Payroll					96,912	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 5,363,749	\$ 3,887,308	\$ 953,769	25

Facility Name &amp; ID Number

Glen Bridge N &amp; Rehab Centre

# 0035014

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2	3	4	5	6		7	8	9	10									
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
	<b>A. Directly Facility Related</b>																			
	<b>Long-Term</b>																			
1	Oppenheimer MHHF, Inc.		X	Mortgage	\$79,367.32	5/1/2013	\$ 19,824,993	\$ 19,157,345	6/01/2043	0.0260	\$ 503,454	1								
2												2								
3												3								
4												4								
5												5								
	<b>Working Capital</b>																			
6	Sidney Glenner	X		Working Capital		Various	857,000	357,754		0.0525	34,945	6								
7	AMJED GST Trust	X		Working Capital		Various	11,907,271	11,907,271				7								
8												8								
9	<b>TOTAL Facility Related</b>				\$79,367.32		\$ 32,589,264	\$ 31,422,370			\$ 538,399	9								
	<b>B. Non-Facility Related*</b>																			
10											Interest Income Offset:	(7,149)	10							
11											Non-allowable related party interest:	(34,945)	11							
12													12							
13													13							
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (42,094)	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 32,589,264	\$ 31,422,370			\$ 496,305	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 96,868 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.)

\*\* 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><b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b></p>																																
1. Real Estate Tax accrual used on 2013 report.		\$ <b>678,000</b>	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.)		\$ <b>664,285</b>	2																													
3. Under or (over) accrual (line 2 minus line 1).		\$ <b>(13,715)</b>	3																													
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ <b>685,000</b>	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$ <b>271,492</b>	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. <b>TOTAL REFUND \$ 520,770 For 07-12 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$ <b>(520,770)</b>	6																													
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ <b>422,007</b>	7																													
Real Estate Tax History:																																
Real Estate Tax Bill for Calendar Year:	<table border="1"> <tr> <td>2009</td> <td><u>558,272</u></td> <td>8</td> </tr> <tr> <td>2010</td> <td><u>608,642</u></td> <td>9</td> </tr> <tr> <td>2011</td> <td><u>616,784</u></td> <td>10</td> </tr> <tr> <td>2012</td> <td><u>645,642</u></td> <td>11</td> </tr> <tr> <td>2013</td> <td><u>664,285</u></td> <td>12</td> </tr> </table>	2009	<u>558,272</u>	8	2010	<u>608,642</u>	9	2011	<u>616,784</u>	10	2012	<u>645,642</u>	11	2013	<u>664,285</u>	12	<table border="1"> <tr> <td colspan="2"><b>FOR BHF USE ONLY</b></td> <td></td> </tr> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2013 \$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td>16</td> </tr> </table>	<b>FOR BHF USE ONLY</b>			13	FROM R. E. TAX STATEMENT FOR 2013 \$	13	14	PLUS APPEAL COST FROM LINE 5 \$	14	15	LESS REFUND FROM LINE 6 \$	15	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
2009	<u>558,272</u>	8																														
2010	<u>608,642</u>	9																														
2011	<u>616,784</u>	10																														
2012	<u>645,642</u>	11																														
2013	<u>664,285</u>	12																														
<b>FOR BHF USE ONLY</b>																																
13	FROM R. E. TAX STATEMENT FOR 2013 \$	13																														
14	PLUS APPEAL COST FROM LINE 5 \$	14																														
15	LESS REFUND FROM LINE 6 \$	15																														
16	AMOUNT TO USE FOR RATE CALCULATION \$	16																														
<b>See Attached Schedule G For Calculation of 2014 Real Estate Tax Accrual.</b>																																

**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.**

## 2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glen Bridge N & Rehab Centre COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0035014

CONTACT PERSON REGARDING THIS REPORT Charles J. Fischer

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

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2013 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 2013.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>09-14-200-029-0000</u>	<u>8333 West Golf Road</u>	\$ <u>4,764.00</u>	\$ <u>4,764.00</u>
2. <u>09-14-200-032-0000</u>	<u>8333 West Golf Road</u>	\$ <u>659,521.02</u>	\$ <u>659,521.02</u>
3. <u>Allocated from Management Company:</u>		\$ <u>73,329.07</u>	\$ <u>12,763.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>737,614.09</u></u>	\$ <u><u>677,048.02</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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

**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>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>15,103</u>	<u>2</u>
3	<b>TOTALS</b>	<b>58,949</b>		<b>\$ 278,283</b>	<b>3</b>

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

Report Period Beginning:

01/01/2014

Ending:

12/31/2014**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	\$ 4,915,783
5										
6	Mgt Comp		1996		310,726			8,495	8,495	
7	Allocation									
8	Schedule J									
	<b>Improvement Type**</b>									
9	Building Improvements		1989		66,436	1,898	35	1,898		48,717
10	Building Improvements		1990		7,195		35	206	206	5,284
11	Building Improvements		1990		3,885	111	35	111		2,739
12	Building Improvements		1990		35,167		10			35,167
13	Building Improvements		1991		8,342		10			8,342
14	Building Improvements		1991		12,621		10			12,621
15	Building Improvements		1992		78,993		10			78,993
16	Building Improvements		1993		5,350		10			5,350
17	Building Improvements		1993		109,105		10			109,105
18	Land Improvements		1993		45,615		15			45,615
19	Building Improvements		1993		53,394		10			53,394
20	Land Improvements		1993		10,717		15			10,717
21	Building Improvements		1995		29,767		10			29,767
22	Electrical wiring work to 2nd floor from basement		1996		23,000		10			23,000
23	Dialysis room construction		1996		7,439		10			7,439
24	Fireplace construction		1996		1,065		10			1,065
25	Mounted door alarm system and wiring		1996		2,505		10			2,505
26	PVC hand rail and wall bumper		1997		4,968		10			4,968
27	Window treatments		1997		2,226		10			2,226
28	Walls, cabinets and tub		1997		5,520		10			5,520
29	Cabinets, sink and lighting		1997		4,571		10			4,571
30	Walls, platform and ramp		1997		9,286		10			9,286
31	Window treatments		1997		2,394		10			2,394
32	Cabinets and cubicles		1997		9,631		10			9,631
33	Cabinets		1997		2,500		10			2,500
34	Base covers		1997		630		10			630
35										
36										

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Glen Bridge N &amp; Rehab Centre

# 0035014

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## 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		\$ 202,234	\$ 200,225	\$ 5,598,390	70

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

Facility Name &amp; ID Number Glen Bridge N &amp; Rehab Centre

# 0035014

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

**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	<b>Totals from Page 12A, Carried Forward</b>		\$ 7,717,449	\$ 2,009		\$ 202,234	\$ 200,225	\$ 5,598,390	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		10			10,846	29
30	Elevator pump installation	2003	2,450		10			2,450	30
31	Power amplifier and speaker installation	2003	3,962		10			3,962	31
32	Install receptacles to attach emergency panels for respirators	2004	2,960	148	10	148		2,960	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,026,844	\$ 2,157		\$ 202,382	\$ 200,225	\$ 5,907,785	34

\*\*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:

01/01/2014 Ending: 12/31/2014**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	<b>Totals from Page 12B, Carried Forward</b>		\$ 8,026,844	\$ 2,157		\$ 202,382	\$ 200,225	\$ 5,907,785	1
2	Furnish and install new elevator door detector unit	2004	2,004	104	10	104		2,004	2
3	Installation of remote DVD system	2004	2,339	116	10	116		2,339	3
4	Repipe and patch alarm system	2003	2,200		10			2,200	4
5	Furnish and install head gaskets on boilers	2005	5,565	557	10	557		5,291	5
6	Philadelphia insurance refund	2005	(15,497)	(1,550)	10	(1,550)		(14,725)	6
7	Replacement of the fire alarm panel	2005	7,803	780	10	780		7,410	7
8	Cable installation	2005	13,115	1,312	10	1,312		12,464	8
9	Installed new detector edge and power pack on elevator	2005	1,983	198	10	198		1,881	9
10	Replace cooling tower fan motor	2005	1,726	173	10	173		1,643	10
11	Change relief valve on compressor	2005	1,594	159	10	159		1,511	11
12	Install handrails, vinyl tile, ceiling and lighting in 2 elevators	2005	11,091	1,109	10	1,109		10,536	12
13	Cable installation project	2005	21,100	2,110	10	2,110		20,045	13
14	Install cove base, ceramic tile, wallpaper and painting	2005	105,973	10,597	10	10,597		100,672	14
15	Install cove base, carpeting and vinyl tile	2005	17,729	1,773	10	1,773		16,843	15
16	Install vinyl/ceramic tile, furnish & install new sink, faucet	2005	2,235	224	10	224		2,128	16
17	Installation of wiring for vent machine	2005	1,393	139	10	139		1,321	17
18	Installation of FTA satellite system	2005	1,310	131	10	131		1,245	18
19	Valve installation on sprinkler heads	2006	3,175	318	10	318		2,703	19
20	Rework heads on sprinkler system	2006	2,033	203	10	203		1,726	20
21	Raise piping above soffit, relocate sprinkler heads	2006	5,258	526	10	526		4,471	21
22	Custom built-in wall units with drawers	2006	17,672	1,767	10	1,767		15,020	22
23	Furnish and install fire-rated doors, ceiling, ceramic tiles	2006	99,654	9,965	10	9,965		84,703	23
24	Furnish and install 44 gallon shower	2006	11,512	1,151	10	1,151		9,784	24
25	Installation of access door	2006	3,450	345	10	345		2,933	25
26	Purchase of cooling tower	2006	20,505	2,050	10	2,050		17,425	26
27	Installation of new electrical receptacles	2006	14,960	1,496	10	1,496		12,716	27
28	Installation of evaporator control unit in electrical room	2006	2,593	259	10	259		2,202	28
29	Installation of patch panel and computer jacks	2006	3,742	374	10	374		3,179	29
30	Removal of asbestos from cooling tower	2006	4,250	425	10	425		3,613	30
31	Installation of new coils, repair patch and connect piping	2006	2,946	295	10	295		2,507	31
32	Furnish and install fire alarm equipment	2006	6,390	639	10	639		5,432	32
33	Disconnect, remove and rewire cooling tower	2006	16,266	1,627	10	1,627		13,829	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,424,913	\$ 41,529		\$ 241,754	\$ 200,225	\$ 6,264,836	34

\*\*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	\$ 41,529		\$ 241,754	\$ 200,225	\$ 6,264,836	1
2	Installation of elevator door frame protectors	2006	3,160	316	10	316		2,686	2
3	Telephone system upgrade	2006	2,995	300	10	300		2,549	3
4	Furnish and install outdoor signs	2007	10,532	1,053	10	1,053		7,898	4
5	Sealcoat and restripe parking lot project	2008	3,000	300	10	300		1,950	5
6	Parking lot drainage system	2008	11,200	1,120	10	1,120		7,280	6
7	Cable wiring of all televisions	2008	4,308	430	10	430		2,795	7
8	Plastering and painting project	2008	20,825	2,082	10	2,082		13,533	8
9	Carpeting project	2008	3,901	390	10	390		2,535	9
10	Installation of 77 electrical wallboxes for light fixture installation	2008	3,850	385	10	385		2,503	10
11	Wall tile, floor tile and carpet installation	2008	4,494	449	10	449		2,919	11
12	New nurses station, wallcovering, furnish & install cove base	2008	261,121	26,112	10	26,112		169,728	12
13	Automatic sprinkler system	2008	5,600	560	10	560		3,640	13
14	Wallcovering, corner guards, ceramic wall tile	2008	21,579	2,158	10	2,158		14,027	14
15	Interior drywall project	2008	6,550	655	10	655		4,258	15
16	Furnish solid vinyl tile	2008	7,687	769	10	769		4,998	16
17	Reposition exhaust ducts, install new sheet metal, ducts for	2009	3,333	333	10	333		1,832	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		5,593	19
20	wallpaper, paint ceiling								20
21	Install 2 shower stalls, new supply lines, drain installed	2009	5,700	570	10	570		3,135	21
22	Furnish and install drywall in bathrooms and paint	2009	2,633	263	10	263		1,447	22
23	Trench drain installation, new vent line, install hot & cold	2009	6,800	680	10	680		3,740	23
24	supply lines								24
25	Remove front entrance concrete and install new concrete	2009	13,500	1,350	10	1,350		7,425	25
26	Remove driveway and patio concrete and install new concrete	2009	77,071	7,707	10	7,707		42,389	26
27	Remove and install fencing at exit areas and around patio	2009	34,890	3,489	10	3,489		19,190	27
28	Addition of telephone base stations, audit wireless system	2009	3,526	353	10	353		1,941	28
29	Remove driveway and patio concrete and install new concrete	2009	2,923	292	10	292		1,606	29
30	Remove and install fencing at exit areas and around patio	2009	(1,319)	(132)	10	(132)		(726)	30
31	Irrigation system for new patio addition	2009	9,339	934	10	934		5,137	31
32	Replace condenser water lines and valves	2009	2,690	269	10	269		1,480	32
33	Landscape installation	2009	7,500	750	10	750		4,125	33
34	TOTAL (lines 1 thru 33)		\$ 8,974,466	\$ 96,483		\$ 296,708	\$ 200,225	\$ 6,606,449	34

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

Facility Name &amp; ID Number Glen Bridge N &amp; Rehab Centre

# 0035014

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

**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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 8,974,466	\$ 96,483		\$ 296,708	\$ 200,225	\$ 6,606,449	1
2	Floor tile (2 x 2 mosaic)	2009	(2,502)	(250)	10	(250)		(1,375)	2
3	Corner guards, cove base, furnish and install toilet partitions	2009	5,686	569	10	569		3,129	3
4	Elevator frame wraps, door casings, grab bars, cove base, tile	2009	29,734	2,546	10	2,973	427	16,352	4
5	Category 6 cable (550 mhz)	2010	4,418	386	10	442	56	1,989	5
6	Seepage project along sewer line	2010	2,900	254	10	290	36	1,305	6
7	Furnish and install wood casing	2010	3,761	376	10	376		1,692	7
8	Remove cove base, install vinyl floor tile and cove base	2010	265,344	23,600	10	26,534	2,934	119,403	8
9	Installation of walk-in freezer/cooler	2011	21,813	2,019	10	2,182	163	7,637	9
10	Replace cooling tower time delay, drier cores, vac pump, valve	2012	10,587	999	10	1,059	60	2,647	10
11	Install sprinkler heads in elevator shafts	2012	4,475	421	10	448	27	1,120	11
12	Sealcoat, stripe parking lot, fill potholes	2012	4,100	410	10	410		1,025	12
13	Install new hydraulic power unit for elevator	2013	11,800	1,146	10	1,180	34	1,770	13
14	Install sprinklers in bedroom closets on floors two through five	2013	20,300	1,965	10	2,030	65	3,045	14
15	Replace condensing unit in walk-in cooler	2013	4,441	433	10	444	11	666	15
16	Furnish and install carpet, floor tile, and vinyl base in the fourth floor hallway	2013	15,500	1,529	10	1,550	21	2,325	16
17									17
18	Parking lot mill and pave renovations	2013	33,691	3,369	10	3,369		5,054	18
19	Install new dd solenoids and change vacuum pump in a/c compressor unit	2014	3,125	156	10	156		156	19
20									20
21	Telephone wiring project	2014	7,071	354	10	354		354	21
22	New nursing station on the 5th floor with storage cabinets & sink	2014	19,800	990	10	990		990	22
23	Furnish and install drywall, plaster, ceiling grid, fixtures, tile in storage area	2014	5,200	260	10	260		260	23
24									24
25	Prep flooring, furnish and install vinyl plank floor and base, paint on the 5th floor	2014	8,200	410	10	410		410	25
26									26
27	Furnish and install ceiling grid, ceiling tile and fixtures on the 1st floor	2014	6,120	306	10	306		306	27
28									28
29	New controller, door operators, hatch lock, wire on elevators	2014	98,000	4,900	10	4,900		4,900	29
30	New nursing station on the 5th floor with cabinets, gate doors and countertops	2014	6,300	315	10	315		315	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,564,330	\$ 143,946		\$ 348,005	\$ 204,059	\$ 6,781,924	34

\*\*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	<b>Totals from Page 12E, Carried Forward</b>		\$ 9,564,330	\$ 143,946		\$ 348,005	\$ 204,059	\$ 6,781,924	1
2	Vinyl tile, cove base, wallpaper, handrail/corner guards in the	2014	201,708	10,085	10	10,085		10,085	2
3	corridors, staff dining room, beauty salon, social services, D.O.N								3
4	room, medical records and conference room								4
5	Carpet, wallpaper, cove base and paint in the basement	2014	14,874	744	10	744		744	5
6	Replace ramp railing and concrete path	2014	14,000	700	10	700		700	6
7	Install doors and recessed lighting	2014	20,637	1,032	10	1,032		1,032	7
8	Install fire pump controllers with transfer switch	2014	45,500	2,275	10	2,275		2,275	8
9									9
10									10
11									11
12	See Attached Schedule L:								12
13	Leasehold Improvements Allocated from Management Company:	1998	17,112						13
14	Leasehold Improvements Allocated from Management Company:	1999	7,147						14
15	Leasehold Improvements Allocated from Management Company:	2000	856						15
16	Leasehold Improvements Allocated from Management Company:	2008	2,575			816	816	26,550	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,888,739	\$ 158,782		\$ 363,657	\$ 204,875	\$ 6,823,310	34

\*\*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	\$ 811,363	\$ 89,478	\$ 89,478	\$	10 years	\$ 475,527	71
72	Current Year Purchases	47,909	2,395	2,395		10 years	2,395	72
73	Fully Depreciated Assets	347,739	11,588	11,588		5, 10 years	347,739	73
74	Allocated from Therapy Masters, Mgt Co:	116,196		2,310	2,310		111,170	74
75	TOTALS	\$ 1,323,207	\$ 103,461	\$ 105,771	\$ 2,310		\$ 936,831	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	\$	\$ 3,318	\$ 3,318		\$ 26,122	76
77										77
78										78
79										79
80	TOTALS			\$ 28,881	\$	\$ 3,318	\$ 3,318		\$ 26,122	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)	\$ 11,519,110	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 262,243	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 472,746	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 210,503	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,786,263	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.

Facility Name & ID Number Glen Bridge N & Rehab Centre

# 0035014

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

**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. \_\_\_\_\_ /2015 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2016 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2017 \$ \_\_\_\_\_

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: \$ 15,303 Description: Postage meter \$357, Copy Machine \$10,724, Ice-maker \$2,040, Allocated from Mgt Co: \$2,182

(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	Patient Care	2012 Toyota Sienna	\$ 699.34	\$ 8,392	17
18	Patient Care	2014 Acura MDX	724.74	9,422	18
19					19
20	Allocated from Management Company:			7,291	20
21	TOTAL		\$ #####	\$ 25,105	21

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

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

Facility Name & ID Number Glen Bridge N & Rehab Centre # 0035014 Report Period Beginning: 01/01/2014 Ending: 12/31/2014  
**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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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	<b>TOTALS</b>	\$	\$	\$	\$
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**

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost	Units	Cost					
1	Licensed Occupational Therapist	Ln10a,Col 1,2&3	3,946	hrs	\$ 115,972	10,599	\$ 615,609	\$ 231	14,545	\$ 731,812	1
2	Licensed Speech and Language Development Therapist	Ln10a,Col 2&3		hrs		3,480	204,781	974	3,480	205,755	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3		hrs		12,899	817,360	5,473	12,899	822,833	4
5	Physician Care			visits							5
6	Dental Care			visits							6
7	Work Related Program			hrs							7
8	Habilitation			hrs							8
9	Pharmacy	Ln 39, Col 2		# of prescripts				447,038		447,038	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	11,752	hours	274,909		211,961		11,752	274,909	13
14	<b>TOTAL</b>				\$ 390,881	26,978	\$ 1,849,711	\$ 453,716	42,676	\$ 2,694,308	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.

Facility Name & ID Number Glen Bridge N & Rehab Centre# 0035014Report Period Beginning: 01/01/2014

Ending:

12/31/2014

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ (753,861)	\$ (458,617)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	8,865,049	8,865,049	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	304,605	328,669	6
7	Other Prepaid Expenses	53,285	53,285	7
8	Accounts Receivable (owners or related parties)	(1,020,548)		8
9	Other(specify): <u>Receivable from Insurance</u>	1,175,057	1,175,057	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 8,623,587	\$ 9,963,443	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		278,283	13
14	Buildings, at Historical Cost		7,014,066	14
15	Leasehold Improvements, at Historical Cost	1,881,452	2,874,673	15
16	Equipment, at Historical Cost	1,207,011	1,352,088	16
17	Accumulated Depreciation (book methods)	(2,422,945)	(7,786,263)	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> )		1,203,479	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 665,518	\$ 4,936,326	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 9,289,105	\$ 14,899,769	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 951,739	\$ 951,739	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	84,851	84,851	28
29	Short-Term Notes Payable		459,770	29
30	Accrued Salaries Payable	551,299	551,299	30
31	Accrued Taxes Payable (excluding real estate taxes)	(1,300)	(1,300)	31
32	Accrued Real Estate Taxes(Sch.IX-B)		685,000	32
33	Accrued Interest Payable	79,938	121,446	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36				36
37	<u>See Attached Schedule E:</u>	3,372,720	3,372,720	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 5,039,247	\$ 6,225,525	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		18,697,575	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Loans Payable Stockholders:</u>	12,265,025	12,265,025	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 12,265,025	\$ 30,962,600	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 17,304,272	\$ 37,188,125	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (8,015,167)	\$ (22,288,356)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 9,289,105	\$ 14,899,769	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b> <b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(7,863,940)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(7,863,940)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(151,227)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(151,227)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(8,015,167)</b>	<b>24</b>

\* Operating Entity Only

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

**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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 17,262,314	1
2	Discounts and Allowances for all Levels	(2,308,661)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 14,953,653</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,771,355	6
7	Oxygen	484,274	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 3,255,629</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	6,220	15
16	Rental of Facility Space		16
17	Sale of Drugs	318,861	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	46,324	19
20	Radiology and X-Ray	12,135	20
21	Other Medical Services	429,098	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 812,638</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	6,127	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 6,127</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Miscellaneous Income</u>	18	28
28a	<u>Gain on Disposal of Assets</u>	80,788	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 80,806</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 19,108,853</b>	<b>30</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,452,016	31
32	Health Care	8,705,139	32
33	General Administration	4,166,539	33
<b>B. Capital Expense</b>			
34	Ownership	2,164,671	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,071,141	35
36	Provider Participation Fee	700,574	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 19,260,080</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(151,227)</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (151,227)</b>	<b>43</b>

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 12,729,976	44
45	Private Pay - Net Inpatient Revenue	135,804	45
46	Medicare - Net Inpatient Revenue	1,714,443	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	367,853	47
48	Other-(specify) <u>Veterans - Net Inpatient Revenue</u>	5,577	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 14,953,653</b>	<b>49</b>

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

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

Facility Name & ID Number Glen Bridge N & Rehab Centre

# 0035014

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

**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	1,866	2,123	\$ 100,966	\$ 47.56	1
2	Assistant Director of Nursing	1,328	1,440	45,413	31.54	2
3	Registered Nurses	73,028	79,262	2,211,979	27.91	3
4	Licensed Practical Nurses	21,574	23,599	575,983	24.41	4
5	CNAs & Orderlies	131,739	144,024	1,729,679	12.01	5
6	CNA Trainees					6
7	Licensed Therapist	14,676	15,698	390,881	24.90	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,941	2,069	35,156	16.99	9
10	Activity Assistants	11,587	12,823	124,709	9.73	10
11	Social Service Workers	9,583	10,470	232,948	22.25	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	11,480	12,818	169,709	13.24	14
15	Cook Helpers/Assistants	28,137	31,130	342,979	11.02	15
16	Dishwashers					16
17	Maintenance Workers	5,999	6,687	98,633	14.75	17
18	Housekeepers	28,315	30,366	304,299	10.02	18
19	Laundry	9,901	11,387	125,678	11.04	19
20	Administrator	1,933	2,126	97,240	45.74	20
21	Assistant Administrator	1,933	2,122	66,973	31.56	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,448	14,465	321,348	22.22	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	1,885	2,237	52,752	23.58	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	11,561	12,463	145,490	11.67	33
34	TOTAL (lines 1 - 33)	381,914	417,309	\$ 7,172,815 *	\$ 17.19	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	\$ 44,726	Ln 1, Col 3	35
36	Medical Director	Monthly	160,687	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	20,646	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	47	2,350	Ln 11, Col 3	44
45	Social Service Consultant	106	6,269	Ln 12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	153	\$ 234,678		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	9,357	\$ 252,629	Ln 10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	9,357	\$ 252,629		53



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	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Glen Bridge N & Rehab Centre# 0035014Report Period Beginning: 01/01/2014 Ending: 12/31/2014**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 \$12,762
- (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. \$ 61,444 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. \$ 700,574  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 30,316 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) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees.

GlenBridge Nursing and Rehabilitation Centre, Ltd.  
Provider I.D. # 0035014  
12/31/2014

**SCHEDULE A**

**SCHEDULE VII. RELATED PARTIES**

Part A. Col.3

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

**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	39,600	39,574	21,376	16,409	29,647	35,080	181,686
Jonathan Glenner	9,645	9,639	5,207	3,997	7,221	8,545	44,254
Daniel Glenner	5,400	5,397	2,915	2,238	4,043	4,784	24,777
Elliot Glenner	12,470	12,462	6,731	5,167	9,336	11,047	57,213
Joshua Ray	39,600	39,574	21,376	16,409	29,647	35,080	181,686
Total compensation received from other Nursing Homes	106,715	106,646	57,605	44,220	79,894	94,536	489,616

**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	5,606
Point ClickCare	Computers	51,077
E Health Data Solutions	Computer System Consulting	4,860
IIT Sourcetek	Computers	600
McGladrey LLP	Accounting	55,479
Frost, Ruttenberg & Rothblatt	Accounting	425
Myers & Flowers, LLC.	Legal	11,563
Much Shelist	Legal	4,284
Ashman & Stein	Legal	413
Marilyn P. Dunn	Legal	120
Polsinelli Shughart	Legal	15,000
Personnel Planners, Inc.	Unemployment Consulting	1,960
Cindy Stachura	Consultant	1,200
Howard S. Chez & Associates, PC	Consulting Engineers	21,450
Management Network Services	Insurance Claims Management	750
Legat Architects	Architect Consulting	7,215
Total Schedule V, Line 19, Col. 3		<u>182,002</u>
Allocated from Management Co:		
Point ClickCare - Computer Service		913
Lexis Nexis - Computer Services		428
Health Data Systems, Inc. - Computer Services		131
S4 Group LLC - Financial Consulting		1,778
McGladrey LLP - Accounting Services		30,572
Harold Geiser - Accounting		6,001

Frost, Ruttenberg & Rothblatt - Accounting	1,369
Perfect Staffing - Recruiter	6,268
Attorney Registration - Legal	61
Much Shelist - Legal	3,120
Total allocated from Management Co.	<u>50,641</u>

Total allocated from Therapy Masters:	
Casamba - Computer Services	5,675
Health Data Systems - Computer Services	120
McGladrey LLP - Accounting Services	219
Theracore - Business Consulting	45,786
Career Tree Network - Therapy Recruitment	826
Total allocated from Therapy Masters:	<u>52,626</u>

GlenBridge Real Estate & Development, LLC:		
Stout, Risius, Ross	Real Estate Tax Appraisal	13,031
Marilyn P. Dunn	Legal	440
Skidelsky & Associates	Real Estate Tax Reduction	83,565
Skidelsky & Associates	Real Estate Tax Reduction	220
Skidelsky & Associates	Real Estate Tax Reduction	174,676
Total from GlenBridge Real Estate LLC:		<u>271,932</u>

Reclass Stout, Risius, Ross - real estate tax appraisal invoice to Line 33	-13,031
Reclass Skidelsky & Associates - real estate tax reduction invoice to Line 33	-83,565
Reclass Skidelsky & Associates - real estate tax reduction invoice to Line 33	-220
Reclass Skidelsky & Associates - real estate tax reduction invoice to Line 33	-174,676

Non-Allowable Expenses:	
Marilyn P. Dunn - Legal	-60
Meyers & Flowers, LLC - Legal - A/R collections	-11,563
Polsinelli Shughart - Reimbursement	-15,000
Management Network Services - Insurance Claims Management	-750
McGladrey LLP - Accounting Services	-35,513
Marilyn P. Dunn - GlenBridge Real Estate & Development, LLC - Legal	-290
Total Non-Allowable Expenses:	<u>-63,176</u>

**Total adjustments page 21, Sch C.** 40,531

**Total Schedule V, line 19, column 8** 222,533

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	46,146
FUTA	409
SUTA	1,393
401K Match	3,675
Insurance - Hospital	47,148
Employee Benefits	3,682
Other Employee Benefits	0
Workers Compensation Insurance	953
Total allocated from Management Co.	<u>103,406</u>
Employee Benefits reclassified to Lines 7, 27	-103,406
Allocated from Therapy Masters, Inc.:	
FICA taxes	88,761
FUTA	935
SUTA	1,761
401K Match	7,696
Insurance - Hospital	17,639
Workers Compensation Insurance	3,582
Uniform Allowance	561
Total allocated from Therapy Masters, Inc. Co.	<u>120,935</u>
Employee Benefits reclassified to Lines 15,27	-120,935
Total allocated to Page 21	<u>0</u>

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Due to Third Party	756,099
Accrued Management Fees	1,248,512
Accrued 401K	(801)
Accrued Union Dues	11,342
Accrued Profit Sharing	480
Accrued Provider Participation Fee - Tax	138,220
Workshop	3,988
Advance from HFS	39,823
Sundry Payable	0
Professional Liability Claims	1,175,057
Total, Page 17, Line36	<u><u>3,372,720</u></u>

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	-18,042	20
Non-allowable professional fees	-63,176	19
Non-allowable clerical expense	-707	43
Adjust mgt co. med supplies - med'A' to cost	-83,265	10
Adjust mgt co. med supplies - 'other' to cost	-284,028	10
Adjust mgt co. food to cost	-128,394	2
Adjust pharmacy expense to cost	-62	39
Non-allowable patient clothing	-452	43
Non-allowable insurance reimbursement	-6,196	22
Non-allowable related party interest expense	-34,945	32
Non-allowable marketing salaries	-77,802	21
Non-allowable marketing employee benefits	-12,989	22
Non-allowable auto expense - marketing	-4,237	25
Total	<u>-714,295</u>	

**GlenBridge Real Estate & Development, LLC**  
**Accrued Real Estate Taxes**  
**12/31/2014**

**SCHEDULE G**

	Accrued 1/01/14	Payments	Expense	Accrued 12/31/14
Balance @ 1/01/14 - G/L# 390	(678,000.00)		(678,000.00)	
2013 Real Estate Taxes Paid		664,285.02	664,285.02	
Estimated 2014 real estate taxes:				
2013 taxes	664,285.02			
Estimated increase	3.00%			
Estimated 2014 taxes	684,213.57			
<b>USE</b>	<b>685,000.00</b>		685,000.00	(685,000.00)
Cash received 12/30/14 for the reduction in 2007-2012 r.e. taxes		(520,770.28)	(520,770.28)	
Totals	<u>(678,000.00)</u>	<u>143,514.74</u>	<u>150,514.74</u>	<u>(685,000.00)</u>

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%
2013	664,285.02	18,643.43	2.89%

Provider Name: GlenBridge Nursing & Rehab Ctr.

Provider I.D. #: 0035014

Year Ended: December 31, 2014

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Daniel Glenner	2/19/2014	Skokie, IL	Illinois Council on Long Term Care Effective Fall Prevention Without the Use of Personal Alarms	105
Daniel Glenner	3/3/2014	Skokie, IL	Illinois Council on Long Term Care Managed Care Billing What You Need to Know	105
Daniel Glenner	5/1/2014	Skokie, IL	Illinois Council on Long Term Care An Insider's View of the Survey Process and Ombudsmen Program	105
Daniel Glenner	7/2/2014	Niles, IL	Sandra Bowling Evaluation of Manual Skills in Facility	550
C N A Trainees (4)	8/16/2014	Niles, IL	SIUC-Carbondale C N A Competency Exam	260
Daniel Glenner	3/3/2014	Skokie, IL	Illinois Council on Long Term Care Emergency Preparedness: Are You Ready?	105
Payroll Deductions				-304
			Allocated From Management Company	870
			Allocated From Therapy Masters	2,597
			Total	<u>4,393</u>

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	6,930	202	918	1,174	9,224
Non-allowable auto expense - marketing					-4,237
Allocated from Management Company					8,419
Allocated from Therapy Masters					1,486
<b>TOTAL</b>	<b>6,930</b>	<b>202</b>	<b>918</b>	<b>1,174</b>	<b>14,892</b>

**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%	<b>GLENBRIDGE</b> <b>103,052/460292</b> <b>0.223883969</b>	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
	GLENBRIDGE	GLENCREST	
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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NURSING HOME PERCENTAGE	RECALCULATION BASED ON 2008 CENSUS		GLEN OAKS
	GLENBRIDGE	GLENCREST	
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		
		NURSING HOME PERCENTAGE	GLENBRIDGE	GLENCREST	GLEN OAKS
		84.9438%	92,668 17.13%	90,627 16.75%	105,904 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>
			RECALCULATION BASED ON 2009 CENSUS		
		NURSING HOME PERCENTAGE	GLENBRIDGE	GLENCREST	GLEN OAKS
		84.9438%	92,668 17.13%	90,627 16.75%	105,904 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>
			RECALCULATION BASED ON 2009 CENSUS		
		NURSING HOME PERCENTAGE	GLENBRIDGE	GLENCREST	GLEN OAKS
		84.9438%	92,668 17.13%	90,627 16.75%	105,904 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>
			RECALCULATION BASED ON 2009 CENSUS		
		NURSING HOME PERCENTAGE	GLENBRIDGE	GLENCREST	GLEN OAKS
		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>
			RECALCULATION BASED ON 2009 CENSUS		
		NURSING HOME PERCENTAGE	GLENBRIDGE	GLENCREST	GLEN OAKS
		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>
			RECALCULATION BASED ON 2009 CENSUS		
		NURSING HOME PERCENTAGE	GLENBRIDGE	GLENCREST	GLEN OAKS
		84.9438%	92,668 17.13%	90,627 16.75%	105,904 19.58%
2014 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>

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
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161,830	403,409
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162,211	404,358
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162,211	404,358
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162,425	404,893
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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>
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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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<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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<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	30,804
Employment Fees	47,150
Village of Niles Annual Business License, Fee	5,679
Secretary of State Annual Report, Fee	326
Joint Commission Fee	3,500
Thompson Elevator Inspection Fee	120
State Fire Marshall Boiler Inspection Fee	140
CLIA Laboratory Program Certificate of Waiver User Fee	150
Cook County Department of Environmental Control Equipment Inspection	348
Non-allowable Illinois Council on Long Term Care PAC Fees	-18,042
Total allocated to Page 21	<u>70,175</u>

**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	
<b>RECALCULATION BASED ON 2007 CENSUS - New facility added in 2007 (GlenLake Terrace Nursing Ctr)</b>										
					<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
<b>RECALCULATION BASED ON 2008 CENSUS - New facility added in 2008 (Brentwood partial year 9/1/08-12/31/08)</b>										
					<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			15,036						
				161,632	30,163	29,637	34,028	12,077	26,165	24,565
<b>RECALCULATION BASED ON 2009 CENSUS - New facility added in 2008 (Brentwood) is now allocated over full year in 2009</b>										
					<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				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
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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>

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		GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
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		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
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2014 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>

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>

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