

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

	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	33,006	829	6,467	40,302	8
9	SNF/PED					9
10	ICF	49,508	1,243	685	51,436	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	82,514	2,072	7,152	91,738	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.22%

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 4,761

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: 12/31/15 Fiscal Year: 12/31/15

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

Facility Name & ID Number

Glen Bridge N & Rehab Centre

0035014

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	517,898	71,595	38,604	628,097		628,097	628,097			1
2	Food Purchase		800,997		800,997	(32,627)	768,370	(151,035)	617,335		2
3	Housekeeping	290,011	54,099		344,110		344,110		344,110		3
4	Laundry	117,022	16,332	10,212	143,566		143,566		143,566		4
5	Heat and Other Utilities			298,543	298,543		298,543	5,725	304,268		5
6	Maintenance	115,771	69,864	166,058	351,693		351,693	8,802	360,495		6
7	Other (specify):* Allocated Employee Benefits							587	587		7
8	TOTAL General Services	1,040,702	1,012,887	513,417	2,567,006	(32,627)	2,534,379	(135,921)	2,398,458		8
	B. Health Care and Programs										
9	Medical Director			171,609	171,609		171,609		171,609		9
10	Nursing and Medical Records	5,012,682	959,126	172,707	6,144,515		6,144,515	(266,873)	5,877,642		10
10a	Therapy	489,466	8,810	1,284,294	1,782,570		1,782,570	(244,451)	1,538,119		10a
11	Activities	160,027	4,930	2,224	167,181		167,181		167,181		11
12	Social Services	231,723		4,680	236,403		236,403		236,403		12
13	CNA Training										13
14	Program Transportation			4,183	4,183		4,183		4,183		14
15	Other (specify):* Allocated Employee Benefits							98,703	98,703		15
16	TOTAL Health Care and Programs	5,893,898	972,866	1,639,697	8,506,461		8,506,461	(412,621)	8,093,840		16
	C. General Administration										
17	Administrative	148,370		1,506,070	1,654,440		1,654,440	(1,438,163)	216,277		17
18	Directors Fees										18
19	Professional Services			180,585	180,585	(220)	180,365	44,627	224,992		19
20	Dues, Fees, Subscriptions & Promotions			105,025	105,025	3,450	108,475	(16,187)	92,288		20
21	Clerical & General Office Expenses	460,225	68,690	72,487	601,402	(3,450)	597,952	454,887	1,052,839		21
22	Employee Benefits & Payroll Taxes			1,139,189	1,139,189	32,627	1,171,816	(47,945)	1,123,871		22
23	Inservice Training & Education			1,977	1,977		1,977	4,002	5,979		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			31,453	31,453	(17,115)	14,338	4,283	18,621		25
26	Insurance-Prop.Liab.Malpractice			928,672	928,672		928,672	8,164	936,836		26
27	Other (specify):* Allocated Employee Benefits							113,202	113,202		27
28	TOTAL General Administration	608,595	68,690	3,965,458	4,642,743	15,292	4,658,035	(873,130)	3,784,905		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,543,195	2,054,443	6,118,572	15,716,210	(17,335)	15,698,875	(1,421,672)	14,277,203		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: 01/01/2015 Ending: 12/31/2015

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			217,317	217,317		217,317	290,387	507,704			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			18,782	18,782		18,782	472,278	491,060			32
33	Real Estate Taxes					220	220	698,510	698,730			33
34	Rent-Facility & Grounds			2,017,707	2,017,707		2,017,707	(2,017,707)				34
35	Rent-Equipment & Vehicles			30,292	30,292	17,115	47,407	7,537	54,944			35
36	Other (specify):* Mortgage Insurance							94,541	94,541			36
37	TOTAL Ownership			2,284,098	2,284,098	17,335	2,301,433	(454,454)	1,846,979			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		388,574	202,278	590,852		590,852	(158)	590,694			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			692,220	692,220		692,220		692,220			42
43	Other (specify):* Non-Allowable			295,113	295,113		295,113	(295,113)				43
44	TOTAL Special Cost Centers		388,574	1,189,611	1,578,185		1,578,185	(295,271)	1,282,914			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,543,195	2,443,017	9,592,281	19,578,493		19,578,493	(2,171,397)	17,407,096			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: 01/01/2015

Ending: 12/31/2015

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	(14,138)	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	4,039	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,051)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(500)	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	(276,180)	43		24
25	Fund Raising, Advertising and Promotional	(16,605)	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:	(743,146)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,047,581)		\$	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)	(1,123,816)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,123,816)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,171,397)		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			X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Glen Bridge N & Rehab Centre

ID# 0035014

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Adjust Mgt Co. med supplies - med "A" to cost	\$ (52,228)	10	1
2	Adjust Mgt Co. med supplies - "other" to cost	(214,645)	10	2
3	Adjust Mgt Co. food to cost	(151,035)	2	3
4	Non-allowable professional fees	(47,137)	19	4
5	Non-allowable auto expense - marketing	(8,539)	25	5
6	Non-allowable clerical expense	(831)	43	6
7	Non-allowable IL Council on Long Term Care Fee	(19,936)	20	7
8	Non-allowable related party interest expense	(18,782)	32	8
9	Adjust pharmacy expense to cost	(158)	39	9
10	Non-allowable patient clothing	(777)	43	10
11	Non-allowable insurance reimbursement	(20,604)	22	11
12	Non-allowable marketing salaries	(181,133)	21	12
13	Non-allowable marketing employee benefits	(27,341)	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	Total		(743,146)	49

STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	(151,035)	0	0	0	0	0	0	0	0	0	0	(151,035)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	5,725	0	0	0	0	0	0	0	0	5,725	5
6	Maintenance	0	0	8,779	0	23	0	0	0	0	0	0	8,802	6
7	Other (specify):*	0	0	587	0	0	0	0	0	0	0	0	587	7
8	TOTAL General Services	(151,035)	0	15,091	0	23	0	0	0	0	0	0	(135,921)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(266,873)	0	0	0	0	0	0	0	0	0	0	(266,873)	10
10a	Therapy	0	0	0	0	(244,451)	0	0	0	0	0	0	(244,451)	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	98,703	0	0	0	0	0	0	98,703	15
16	TOTAL Health Care and Programs	(266,873)	0	0	0	(145,748)	0	0	0	0	0	0	(412,621)	16
	C. General Administration													
17	Administrative	0	0	(1,438,163)	0	0	0	0	0	0	0	0	(1,438,163)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(47,137)	0	45,417	220	46,127	0	0	0	0	0	0	44,627	19
20	Fees, Subscriptions & Promotions	(19,936)	0	179	0	3,570	0	0	0	0	0	0	(16,187)	20
21	Clerical & General Office Expenses	(195,271)	0	638,596	0	11,562	0	0	0	0	0	0	454,887	21
22	Employee Benefits & Payroll Taxes	(47,945)	0	0	0	0	0	0	0	0	0	0	(47,945)	22
23	Inservice Training & Education	0	0	1,691	0	2,311	0	0	0	0	0	0	4,002	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(8,539)	0	10,883	0	1,939	0	0	0	0	0	0	4,283	25
26	Insurance-Prop.Liab.Malpractice	0	0	6,739	0	1,425	0	0	0	0	0	0	8,164	26
27	Other (specify):*	0	0	112,205	0	997	0	0	0	0	0	0	113,202	27
28	TOTAL General Administration	(318,828)	0	(622,453)	220	67,931	0	0	0	0	0	0	(873,130)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(736,736)	0	(607,362)	220	(77,794)	0	0	0	0	0	0	(1,421,672)	29

STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	4,039	0	12,463	273,885	0	0	0	0	0	0	0	290,387	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(18,782)	0	0	491,060	0	0	0	0	0	0	0	472,278	32
33	Real Estate Taxes	0	0	10,077	688,433	0	0	0	0	0	0	0	698,510	33
34	Rent-Facility & Grounds	0	0	0	(2,017,707)	0	0	0	0	0	0	0	(2,017,707)	34
35	Rent-Equipment & Vehicles	0	0	7,537	0	0	0	0	0	0	0	0	7,537	35
36	Other (specify):*	0	0	0	94,541	0	0	0	0	0	0	0	94,541	36
37	TOTAL Ownership	(14,743)	0	30,077	(469,788)	0	(454,454)	37						
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(158)	0	0	0	0	0	0	0	0	0	0	(158)	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):*	(295,944)	0	0	831	0	0	0	0	0	0	0	(295,113)	43
44	TOTAL Special Cost Centers	(296,102)	0	0	831	0	(295,271)	44						
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(1,047,581)	0	(577,285)	(468,737)	(77,794)	0	0	0	0	0	0	(2,171,397)	45

VII. RELATED PARTIES

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

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

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
	V		\$			\$		1
	V	Total from Page 6A	1,506,070	Glen Health and Home Management, Inc.	A	928,785	(577,285)	2
	V							3
	V	Total from Page 6B	2,017,707	GlenBridge Real Estate and Development, L.L.C.	B	1,548,970	(468,737)	4
	V							5
	V	Total from Page 6C	1,284,294	Therapy Masters, Inc.	C	1,206,500	(77,794)	6
	V							7
	V							8
	V							9
	V			A: Sidney Glenner - 100.00% through attribution				10
	V			B: Sidney Glenner - 100.00% (constructively)				11
	V			A: Sidney Glenner - 100.00%				12
	V							13
14	Total		\$ 4,808,071			\$ 3,684,255	\$ * (1,123,816)	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	Sidney Glenner	50.00 %	Ballard Respiratory & Rehabilitation	Des Plaines				20
21	Joshua Ray	50.00 %	Center, LLC.					21
22								22
23	Sidney Glenner	50.00 %	Glen Saint Andrew Living Community, LLC.	Niles				23
24	Joshua Ray	50.00 %						24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Glen Bridge N & Rehab Centre# 0035014Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	\$ 1,506,070	Glen Health and Home Management, Inc.	A	\$	\$ (1,506,070) 15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	5,725	5,725 16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	5,290	5,290 17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	45,417	45,417 18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	179	179 19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	40,495	40,495 20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	112,792	112,792 21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	1,691	1,691 22
23	V	25 Auto Expense		Glen Health and Home Management, Inc.	A	10,883	10,883 23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	6,739	6,739 24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	12,463	12,463 25
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	10,077	10,077 26
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	7,537	7,537 27
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	3,489	3,489 28
29	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	67,907	67,907 29
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	598,101	598,101 30
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(112,792)	(112,792) 31
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	587	587 32
33	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	11,437	11,437 33
34	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	100,768	100,768 34
35	V						
36	V						
37	V						
38	V			A - OWNERSHIP: Sidney Glenner - 100% through attribution			
39	Total		\$ 1,506,070			\$ 928,785	\$ * (577,285) 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	\$ 831	\$	831	15
16	V	30 Depreciation		GlenBridge Real Estate & Development, L.L.C.	B	273,885		273,885	16
17	V	32 Interest Expense		GlenBridge Real Estate & Development, L.L.C.	B	491,641		491,641	17
18	V	33 Real Estate Taxes		GlenBridge Real Estate & Development, L.L.C.	B	688,433		688,433	18
19	V	34 Rental	2,017,707	GlenBridge Real Estate & Development, L.L.C.	B			(2,017,707)	19
20	V	19 Professional Fees		GlenBridge Real Estate & Development, L.L.C.	B	220		220	20
21	V	32 Interest Income		GlenBridge Real Estate & Development, L.L.C.	B	(581)		(581)	21
22	V	36 Mortgage Insurance Premium		GlenBridge Real Estate & Development, L.L.C.	B	94,541		94,541	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V			B - OWNERSHIP:					32
33	V			Sidney Glenner - 100.00% (constructively)					33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 2,017,707			\$ 1,548,970	\$ *	(468,737)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	10a Therapy	\$ 1,284,294	Therapy Masters, Inc.	C	\$ 1,039,843	\$ (244,451)
16	V	19 Professional Fees		Therapy Masters, Inc.	C	46,127	46,127
17	V	20 Licenses, Permits, and Inspection		Therapy Masters, Inc.	C	127	127
18	V	6 Repairs and Maintenance		Therapy Masters, Inc.	C	23	23
19	V	21 Clerical		Therapy Masters, Inc.	C	1,143	1,143
20	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	99,700	99,700
21	V	23 Training and Education		Therapy Masters, Inc.	C	2,311	2,311
22	V	25 Auto Expenses		Therapy Masters, Inc.	C	1,939	1,939
23	V	20 Employment Fees		Therapy Masters, Inc.	C	3,443	3,443
24	V	21 Clerical Salaries		Therapy Masters, Inc.	C	10,419	10,419
25	V	22 Employee Benefits		Therapy Masters, Inc.	C	(99,700)	(99,700)
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	98,703	98,703
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	997	997
28	V	26 Insurance - Liability		Therapy Masters, Inc.	C	1,425	1,425
29	V						
30	V						
31	V						
32	V						
33	V			C - OWNERSHIP: 100.00% Sidney Glenner			
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,284,294			\$ 1,206,500	\$ * (77,794)

* 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: 01/01/2015 Ending: 12/31/2015

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 %	192,246	10	16.62 %	Salary	\$ 33,954	Ln 17, Co 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	45,413	7	16.62 %	Salary	8,021	Ln 21, Co 7	2
3	Daniel Glenner	Administrative	Administrative	0.00 %	56,598	45	90.00 %	Salary	77,948	Ln21,Co1&7	3
4	Elliot Glenner	Administrative	Administrative	0.00 %	25,459	7	16.62 %	Salary	4,497	Ln 21, Co 7	4
5	Joshua Ray	V.P. of Operations	Administrative	0.00 %	192,246	10	16.62 %	Salary	33,954	Ln 17, Co 7	5
6											6
7											7
8											8
9											9
10			See Schedule B								10
11											11
12											12
13								TOTAL	\$ 158,374		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:

01/01/2015

Ending: 2/31/2015

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	611,160	9	\$ 38,143	\$ 91,738	\$ 5,725	1
2	6	Repairs and Maintenance	Resident Days	611,160	9	35,244	91,738	5,290	2
3	19	Professional Fees	Resident Days	611,160	9	302,569	91,738	45,417	3
4	20	Licenses, Permits and Inspection	Resident Days	611,160	9	1,190	91,738	179	4
5	21	Clerical	Resident Days	611,160	9	269,777	91,738	40,495	5
6	22	Employee Benefits and Payroll	Resident Days	611,160	9	751,422	91,738	112,792	6
7	23	Training and Education	Resident Days	611,160	9	11,264	91,738	1,691	7
8	25	Auto Expenses	Resident Days	611,160	9	72,505	91,738	10,883	8
9	26	Insurance	Resident Days	611,160	9	44,894	91,738	6,739	9
10	30	Depreciation	Resident Days	611,160	9	83,029	91,738	12,463	10
11	33	Real Estate Taxes	Resident Days	611,160	9	67,133	91,738	10,077	11
12	35	Equipment and Vehicle Rental	Resident Days	611,160	9	50,212	91,738	7,537	12
13	6	Janitorial Salaries	Resident Days	611,160	9	23,245	23,245	3,489	13
14	17	Officer's Salaries	Resident Days	611,160	9	452,400	452,400	67,907	14
15	21	Administrative Salaries	Resident Days	611,160	9	3,984,560	3,984,560	598,101	15
16	22	Employee Benefits	Payroll					(112,792)	16
17	7	Employee Benefits - Janitorial	Payroll					587	17
18	27	Employee Benefits - Officer's	Payroll					11,437	18
19	27	Employee Benefits - Admin	Payroll					100,768	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 6,187,587	\$ 4,460,205	\$ 928,785	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	Oppenheimer MHHF, Inc.		X	Mortgage	\$79,367.32	5/1/2013	\$ 19,824,993	\$ 18,697,575	6/01/2043	0.0260	\$ 491,641	1					
2												2					
3												3					
4												4					
5												5					
Working Capital																	
6	Sidney Glenner	X		Working Capital		Various	657,754	657,754		0.0525	18,782	6					
7	AMJED GST Trust	X		Working Capital		Various	11,907,271	11,907,271				7					
8												8					
9	TOTAL Facility Related				\$79,367.32		\$ 32,390,018	\$ 31,262,600			\$ 510,423	9					
B. Non-Facility Related*																	
10									Interest Income Offset:		(581)	10					
11									Non-allowable related party interest:		(18,782)	11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$ (19,363)	14					
15	TOTALS (line 9+line14)						\$ 32,390,018	\$ 31,262,600			\$ 491,060	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 94,541 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

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2014 report.		\$	685,000		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	676,433		2
3. Under or (over) accrual (line 2 minus line 1).		\$	(8,567)		3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	697,000		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	220		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	688,653		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2010	608,642			8
	2011	616,784			9
	2012	645,642			10
	2013	664,285			11
	2014	676,433			12
See Attached Schedule G For Calculation of 2015 Real Estate Tax Accrual.					
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2014	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

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

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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>58,949</u>	<u>1989</u>	<u>\$ 263,180</u>	1
2	<u>Allocated from Management Company:</u>			<u>12,750</u>	2
3	TOTALS	58,949		\$ 275,930	3

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

Report Period Beginning:

01/01/2015

Ending:

12/31/2015**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	\$ 5,107,307	4
5											5
6	Mgt Comp		1996		272,254			8,992	8,992		6
7	Allocation										7
8	Schedule J										8
	Improvement Type**										
9	Building Improvements		1989		66,436	1,898	35	1,898		50,615	9
10	Building Improvements		1990		7,195		35	206	206	5,490	10
11	Building Improvements		1990		3,885	111	35	111		2,850	11
12	Building Improvements		1990		35,167		10			35,167	12
13	Building Improvements		1991		8,342		10			8,342	13
14	Building Improvements		1991		12,621		10			12,621	14
15	Building Improvements		1992		78,993		10			78,993	15
16	Building Improvements		1993		5,350		10			5,350	16
17	Building Improvements		1993		109,105		10			109,105	17
18	Land Improvements		1993		45,615		15			45,615	18
19	Building Improvements		1993		53,394		10			53,394	19
20	Land Improvements		1993		10,717		15			10,717	20
21	Building Improvements		1995		29,767		10			29,767	21
22	Electrical wiring work to 2nd floor from basement		1996		23,000		10			23,000	22
23	Dialysis room construction		1996		7,439		10			7,439	23
24	Fireplace construction		1996		1,065		10			1,065	24
25	Mounted door alarm system and wiring		1996		2,505		10			2,505	25
26	PVC hand rail and wall bumper		1997		4,968		10			4,968	26
27	Window treatments		1997		2,226		10			2,226	27
28	Walls, cabinets and tub		1997		5,520		10			5,520	28
29	Cabinets, sink and lighting		1997		4,571		10			4,571	29
30	Walls, platform and ramp		1997		9,286		10			9,286	30
31	Window treatments		1997		2,394		10			2,394	31
32	Cabinets and cubicles		1997		9,631		10			9,631	32
33	Cabinets		1997		2,500		10			2,500	33
34	Base covers		1997		630		10			630	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

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)		\$ 7,678,977	\$ 2,009		\$ 202,731	\$ 200,722	\$ 5,792,129	70

**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:

01/01/2015

Ending:

12/31/2015

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,678,977	\$ 2,009		\$ 202,731	\$ 200,722	\$ 5,792,129	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		10			2,960	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,988,372	\$ 2,009		\$ 202,731	\$ 200,722	\$ 6,101,524	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 12B, Carried Forward		\$ 7,988,372	\$ 2,009		\$ 202,731	\$ 200,722	\$ 6,101,524	1
2	Furnish and install new elevator door detector unit	2004	2,004		10			2,004	2
3	Installation of remote DVD system	2004	2,339		10			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	274	10	274		5,565	5
6	Philadelphia insurance refund	2005	(15,497)	(772)	10	(772)		(15,497)	6
7	Replacement of the fire alarm panel	2005	7,803	393	10	393		7,803	7
8	Cable installation	2005	13,115	651	10	651		13,115	8
9	Installed new detector edge and power pack on elevator	2005	1,983	102	10	102		1,983	9
10	Replace cooling tower fan motor	2005	1,726	83	10	83		1,726	10
11	Change relief valve on compressor	2005	1,594	83	10	83		1,594	11
12	Install handrails, vinyl tile, ceiling and lighting in 2 elevators	2005	11,091	555	10	555		11,091	12
13	Cable installation project	2005	21,100	1,055	10	1,055		21,100	13
14	Install cove base, ceramic tile, wallpaper and painting	2005	105,973	5,301	10	5,301		105,973	14
15	Install cove base, carpeting and vinyl tile	2005	17,729	886	10	886		17,729	15
16	Install vinyl/ceramic tile, furnish & install new sink, faucet	2005	2,235	107	10	107		2,235	16
17	Installation of wiring for vent machine	2005	1,393	72	10	72		1,393	17
18	Installation of FTA satellite system	2005	1,310	65	10	65		1,310	18
19	Valve installation on sprinkler heads	2006	3,175	318	10	318		3,021	19
20	Rework heads on sprinkler system	2006	2,033	203	10	203		1,929	20
21	Raise piping above soffit, relocate sprinkler heads	2006	5,258	526	10	526		4,997	21
22	Custom built-in wall units with drawers	2006	17,672	1,767	10	1,767		16,787	22
23	Furnish and install fire-rated doors, ceiling, ceramic tiles	2006	99,654	9,965	10	9,965		94,668	23
24	Furnish and install 44 gallon shower	2006	11,512	1,151	10	1,151		10,935	24
25	Installation of access door	2006	3,450	345	10	345		3,278	25
26	Purchase of cooling tower	2006	20,505	2,050	10	2,050		19,475	26
27	Installation of new electrical receptacles	2006	14,960	1,496	10	1,496		14,212	27
28	Installation of evaporator control unit in electrical room	2006	2,593	259	10	259		2,461	28
29	Installation of patch panel and computer jacks	2006	3,742	374	10	374		3,553	29
30	Removal of asbestos from cooling tower	2006	4,250	425	10	425		4,038	30
31	Installation of new coils, repair patch and connect piping	2006	2,946	295	10	295		2,802	31
32	Furnish and install fire alarm equipment	2006	6,390	639	10	639		6,071	32
33	Disconnect, remove and rewire cooling tower	2006	16,266	1,627	10	1,627		15,456	33
34	TOTAL (lines 1 thru 33)		\$ 8,386,441	\$ 32,304		\$ 233,026	\$ 200,722	\$ 6,488,870	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

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		\$ 8,386,441	\$ 32,304		\$ 233,026	\$ 200,722	\$ 6,488,870	1
2	Installation of elevator door frame protectors	2006	3,160	316	10	316		3,002	2
3	Telephone system upgrade	2006	2,995	300	10	300		2,849	3
4	Furnish and install outdoor signs	2007	10,532	1,053	10	1,053		8,951	4
5	Sealcoat and restripe parking lot project	2008	3,000	300	10	300		2,250	5
6	Parking lot drainage system	2008	11,200	1,120	10	1,120		8,400	6
7	Cable wiring of all televisions	2008	4,308	430	10	430		3,225	7
8	Plastering and painting project	2008	20,825	2,082	10	2,082		15,615	8
9	Carpeting project	2008	3,901	390	10	390		2,925	9
10	Installation of 77 electrical wallboxes for light fixture installation	2008	3,850	385	10	385		2,888	10
11	Wall tile, floor tile and carpet installation	2008	4,494	449	10	449		3,368	11
12	New nurses station, wallcovering, furnish & install cove base	2008	261,121	26,112	10	26,112		195,840	12
13	Automatic sprinkler system	2008	5,600	560	10	560		4,200	13
14	Wallcovering, corner guards, ceramic wall tile	2008	21,579	2,158	10	2,158		16,185	14
15	Interior drywall project	2008	6,550	655	10	655		4,913	15
16	Furnish solid vinyl tile	2008	7,687	769	10	769		5,767	16
17	Reposition exhaust ducts, install new sheet metal, ducts for	2009	3,333	333	10	333		2,165	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		6,610	19
20	wallpaper, paint ceiling								20
21	Install 2 shower stalls, new supply lines, drain installed	2009	5,700	570	10	570		3,705	21
22	Furnish and install drywall in bathrooms and paint	2009	2,633	263	10	263		1,710	22
23	Trench drain installation, new vent line, install hot & cold	2009	6,800	680	10	680		4,420	23
24	supply lines								24
25	Remove front entrance concrete and install new concrete	2009	13,500	1,350	10	1,350		8,775	25
26	Remove driveway and patio concrete and install new concrete	2009	77,071	7,707	10	7,707		50,096	26
27	Remove and install fencing at exit areas and around patio	2009	34,890	3,489	10	3,489		22,679	27
28	Addition of telephone base stations, audit wireless system	2009	3,526	353	10	353		2,294	28
29	Remove driveway and patio concrete and install new concrete	2009	2,923	292	10	292		1,898	29
30	Remove and install fencing at exit areas and around patio	2009	(1,319)	(132)	10	(132)		(858)	30
31	Irrigation system for new patio addition	2009	9,339	934	10	934		6,071	31
32	Replace condenser water lines and valves	2009	2,690	269	10	269		1,749	32
33	Landscape installation	2009	7,500	750	10	750		4,875	33
34	TOTAL (lines 1 thru 33)		\$ 8,935,994	\$ 87,258		\$ 287,980	\$ 200,722	\$ 6,885,437	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:

01/01/2015

Ending:

12/31/2015

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	Totals from Page 12D, Carried Forward		\$ 8,935,994	\$ 87,258		\$ 287,980	\$ 200,722	\$ 6,885,437	1
2	Floor tile (2 x 2 mosaic)	2009	(2,502)	(250)	10	(250)		(1,625)	2
3	Corner guards, cove base, furnish and install toilet partitions	2009	5,686	569	10	569		3,698	3
4	Elevator frame wraps, door casings, grab bars, cove base, tile	2009	29,734	2,546	10	2,973	427	19,325	4
5	Category 6 cable (550 mhz)	2010	4,418	386	10	442	56	2,431	5
6	Seepage project along sewer line	2010	2,900	254	10	290	36	1,595	6
7	Furnish and install wood casing	2010	3,761	376	10	376		2,068	7
8	Remove cove base, install vinyl floor tile and cove base	2010	265,344	23,600	10	26,534	2,934	145,937	8
9	Installation of walk-in freezer/cooler	2011	21,813	2,019	10	2,182	163	9,819	9
10	Replace cooling tower time delay, drier cores, vac pump, valve	2012	10,587	999	10	1,059	60	3,706	10
11	Install sprinkler heads in elevator shafts	2012	4,475	421	10	448	27	1,568	11
12	Sealcoat, stripe parking lot, fill potholes	2012	4,100	410	10	410		1,435	12
13	Install new hydraulic power unit for elevator	2013	11,800	1,146	10	1,180	34	2,950	13
14	Install sprinklers in bedroom closets on floors two through five	2013	20,300	1,965	10	2,030	65	5,075	14
15	Replace condensing unit in walk-in cooler	2013	4,441	433	10	444	11	1,110	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	3,875	16
17									17
18	Parking lot mill and pave renovations	2013	33,691	3,369	10	3,369		8,423	18
19	Install new dd solenoids and change vacuum pump in a/c compressor unit	2014	3,125	313	10	313		469	19
20									20
21	Telephone wiring project	2014	7,071	707	10	707		1,061	21
22	New nursing station on the 5th floor with storage cabinets & sink	2014	19,800	1,980	10	1,980		2,970	22
23	Furnish and install drywall, plaster, ceiling grid, fixtures, tile in storage area	2014	5,200	520	10	520		780	23
24									24
25	Prep flooring, furnish and install vinyl plank floor and base, paint on the 5th floor	2014	8,200	820	10	820		1,230	25
26									26
27	Furnish and install ceiling grid, ceiling tile and fixtures on the 1st floor	2014	6,120	612	10	612		918	27
28									28
29	New controller, door operators, hatch lock, wire on elevators	2014	98,000	9,800	10	9,800		14,700	29
30	New nursing station on the 5th floor with cabinets, gate doors and countertops	2014	6,300	630	10	630		945	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,525,858	\$ 142,412		\$ 346,968	\$ 204,556	\$ 7,119,900	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

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 12E, Carried Forward		\$ 9,525,858	\$ 142,412		\$ 346,968	\$ 204,556	\$ 7,119,900	1
2	Vinyl tile, cove base, wallpaper, handrail/corner guards in the	2014	201,708	20,171	10	20,171		30,256	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	1,487	10	1,487		2,231	5
6	Replace ramp railing and concrete path	2014	14,000	1,400	10	1,400		2,100	6
7	Install doors and recessed lighting	2014	20,637	2,064	10	2,064		3,096	7
8	Install fire pump controllers with transfer switch	2014	45,500	4,550	10	4,550		6,825	8
9									9
10	Installation of New Generator; Removal of Old Generator;	2015	240,715	12,036	10	12,036		12,036	10
11	Install New Bollards - Entire Facility								11
12	Replace Door Handles and Locks - -1st Floor	2015	5,598	280	10	280		280	12
13	Switchboard Installation for Generator	2015	70,363	3,518	10	3,518		3,518	13
14	Outdoor Service Entrance & Indoor Main Switch Section								14
15	Switchboard Panel & Circuit Breakers Outside for Generator	2015	2,668	133	10	133		133	15
16	Curcuit Breaker Connection to Switchboard - Generator Outside	2015	15,805	790	10	790		790	16
17	Installation of Door, Front Panel and Frame - 1st Floor	2015	7,200	360	10	360		360	17
18	Install Damper & Access Panel - 1st Floor	2015	5,500	275	10	275		275	18
19	Seal Supply Duct - Basement								19
20	Install Control Box, Contractors & Wires for Dishwasher - Kitchen	2015	3,500	175	10	175		175	20
21	Install Water Resistance Conduit above Dishwasher - Kitchen	2015	3,500	175	10	175		175	21
22	Install Floor Tile, Grout & Seal for Damage Area - Kitchen	2015	7,212	361	10	361		361	22
23	Install 4 Doors and Frames - 1st Floor;	2015	3,200	160	10	160		160	23
24	Re-Install Alarm for Door - Basement								24
25	Generator & Initial Cost to Put into Service	2015	97,912	4,896	10	4,896		4,896	25
26									26
27									27
28	1st Fl. Sprinkler System	2015	12,000	600	10	600		600	28
29	Install Ceramic, Vinyl & Carpet Tiles; Millwork Base	2015	18,964	948	10	948		948	29
30	Vestibule, Lobby, Reception & Copy Room								30
31	Wall Covering, Window Treatments, Install Light Fixture,	2015	5,518	276	10	276		276	31
32	Cornice, Custom Carpet 7 Cove Base								32
33	Admissions & Administrator Office; Conference Room								33
34	TOTAL (lines 1 thru 33)		\$ 10,322,232	\$ 197,068		\$ 401,624	\$ 204,556	\$ 7,189,392	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:

01/01/2015 Ending: 12/31/2015

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 12F, Carried Forward		\$ 10,322,232	\$ 197,068		\$ 401,624	\$ 204,556	\$ 7,189,392	1
2	Install Vinyl Tile, Millwork Base, Ceiling Light & Door Casings	2015	36,209	1,810	10	1,810		1,810	2
3	Facility Corridors								3
4	Install Ceramic Tile & Cove Base; Wall Covering & Tiles; Plumbing	2015	9,983	499	10	499		499	4
5	Guest Training Baths								5
6	Install Vinyl Tile & Cove Base; Install Drywall & Door	2015	4,963	248	10	248		248	6
7	Golden Age Room								7
8	Install Vinyl Tile & Cove Base; Install Wall, Door & Frame	2015	12,634	632	10	632		632	8
9	Install 2 Windows, Wall Covering, Blinds & Cornice								9
10	Install Ceiling Tile & Lights - Beauty Salon								10
11	Millwork Base: Install Rods & Drapes - Dining Room	2015	3,081	154	10	154		154	11
12	Furnish & Install Window Treatments, Blinds & Shades - Common Ar	2015	6,944	347	10	347		347	12
13	Build & Install Reception Desk/Credenza with Panels &	2015	34,757	1,738	10	1,738		1,738	13
14	Granite/Laminate Countertops; Carpet Installation;								14
15	Ceiling Tile & Electrical Fixtures - Reception/Lobby Areas								15
16	Purchase of Ceramic Tile for Kitchen Floor	2015	5,150	258	10	258		258	16
17	Remove and Replace Gas Train on Boiler #2	2015	5,950	298	10	298		298	17
18	Concrete Work on Patio & Driveway, Ramp & Wall Patching	2015	5,800	290	10	290		290	18
19	Exterior Fence Project	2015	4,900	245	10	245		245	19
20	Replace Soft Starter & Pump Motor on Elevators	2015	11,557	578	10	578		578	20
21	Plumbing, Drywall, Build Out Walls for Dialysis Room, Paint	2015	31,200	1,560	10	1,560		1,560	21
22	Install New PID Modules, Run New Wiring to Elevators,	2015	9,182	459	10	459		459	22
23	New Recall Device								23
24	Removal and Installation of New Magic Air Fan Coil	2015	5,900	295	10	295		295	24
25	Install Gas Train Venting and Replace Gas Venting	2015	7,180	359	10	359		359	25
26	Interior Plumbing Remodeling, Install Water Line In Dialysis Room	2015	19,500	975	10	975		975	26
27	Install Sheet Metal on Roof, Prime and Paint	2015	3,400	170	10	170		170	27
28	Tone, Trace and Tag All Riser Pairs from IDF'S to MDF'S	2015	5,400	270	10	270		270	28
29	on Floors 2,3,4,5								29
30	Reinstall Compressor Termination and Wiring	2015	9,820	491	10	491		491	30
31	Install Two Service Disconnects for Lighting Circuits in Elevator	2015	6,320	316	10	316		316	31
32	Relocate Electric, Furnish Can Lights, Remove & Install Drywall,	2015	16,365	818	10	818		818	32
33	Reception Desk								33
34	TOTAL (lines 1 thru 33)		\$ 10,578,427	\$ 209,878		\$ 414,434	\$ 204,556	\$ 7,202,202	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 12G, Carried Forward		\$ 10,578,427	\$ 209,878		\$ 414,434	\$ 204,556	\$ 7,202,202	1
2	Blend Valve Assembly With Cold Water Bypass	2015	3,882	194	10	194		194	2
3	Carpeting, Base, Install 2 New Chandeliers, Corner Guard	2015	5,917	296	10	296		296	3
4	In Lobby, Corridor								4
5	120 Yards of Wallcovering for Offices, Dining Room,	2015	3,123	156	10	156		156	5
6	Lobby, Corridor								6
7	Fire Pump and Controller Replacement	2015	2,500	125	10	125		125	7
8	Replace Existing Ceiling Grid and Tile, LED Light Fixtures In	2015	5,536	277	10	277		277	8
9	Vestibule, Conference Room								9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	See Attached Schedule L:								26
27	Leasehold Improvements Allocated from Management Company:	1998	14,994			689	689	23,951	27
28	Leasehold Improvements Allocated from Management Company:	1999	6,262						28
29	Leasehold Improvements Allocated from Management Company:	2000	750						29
30	Leasehold Improvements Allocated from Management Company:	2008	2,256						30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,623,648	\$ 210,926		\$ 416,171	\$ 205,245	\$ 7,227,201	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	\$ 682,071	\$ 74,110	\$ 74,110	\$	10 years	\$ 390,507	71
72	Current Year Purchases	99,374	4,969	4,969		10 years	4,969	72
73	Fully Depreciated Assets	524,940	9,673	9,673		5, 10 years	524,940	73
74	Allocated from Therapy Masters, Mgt Co:	119,432		1,740	1,740		99,989	74
75	TOTALS	\$ 1,425,817	\$ 88,752	\$ 90,492	\$ 1,740		\$ 1,020,405	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:			\$ 25,305	\$	\$ 1,041	\$ 1,041		\$ 24,386	76
77										77
78										78
79										79
80	TOTALS			\$ 25,305	\$	\$ 1,041	\$ 1,041		\$ 24,386	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)	\$ 12,350,700	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 299,678	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 507,704	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 208,026	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,271,992	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: 01/01/2015

Ending: 12/31/2015

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. _____ /2016 \$ _____

13. _____ /2017 \$ _____

14. _____ /2018 \$ _____

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: \$ 32,163

Description: See Attached Schedule M

(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	\$ 8,393	17
18	Patient Care	2014 Acura MDX	724.74	8,722	18
19					19
20	Allocated from Management Company:			5,666	20
21	TOTAL		\$ #####	\$ 22,781	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: 01/01/2015 Ending: 12/31/2015
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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&3	3,208 hrs	\$ 82,291	8,489	\$ 477,918		11,697	\$ 560,209	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 2&3	hrs		2,029	121,413	890	2,029	122,303	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a, Col 2&3	hrs		11,538	684,963	7,920	11,538	692,883	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				388,574		388,574	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	17,407 hours	407,175		202,278		17,407	407,175	13
14	TOTAL			\$ 489,466	22,056	\$ 1,486,572	\$ 397,384	42,671	\$ 2,373,422	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: 01/01/2015

Ending:

12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (1,976,998)	\$ (1,063,427)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	9,239,675	9,239,675	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	310,278	333,770	6
7	Other Prepaid Expenses	46,713	46,713	7
8	Accounts Receivable (owners or related parties)	(475,548)		8
9	Other(specify): <u>Receivable from Insurance</u>	1,175,057	1,175,057	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 8,319,177	\$ 9,731,788	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	56,332	275,930	13
14	Buildings, at Historical Cost		6,975,594	14
15	Leasehold Improvements, at Historical Cost	2,601,928	3,648,054	15
16	Equipment, at Historical Cost	1,306,384	1,451,122	16
17	Accumulated Depreciation (book methods)	(2,640,262)	(8,271,992)	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>)		1,024,576	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,324,382	\$ 5,103,284	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,643,559	\$ 14,835,072	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 379,600	\$ 379,600	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	604,483	604,483	30
31	Accrued Taxes Payable (excluding real estate taxes)	4,166	4,166	31
32	Accrued Real Estate Taxes(Sch.IX-B)		697,000	32
33	Accrued Interest Payable	98,720	139,231	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37	<u>See Attached Schedule E:</u>	4,068,640	4,068,640	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,155,609	\$ 5,893,120	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		18,697,575	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Loans Payable Stockholders:</u>	12,565,025	12,565,025	43
44	<u>Due to Related Parties:</u>	650,000	650,000	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 13,215,025	\$ 31,912,600	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 18,370,634	\$ 37,805,720	46
47	TOTAL EQUITY(page 18, line 24)	\$ (8,727,075)	\$ (22,970,648)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 9,643,559	\$ 14,835,072	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (8,015,167)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (8,015,167)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(711,908)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (711,908)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (8,727,075)	24

* 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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 17,720,928	1
2	Discounts and Allowances for all Levels	(2,692,466)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,028,462	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,379,264	6
7	Oxygen	459,584	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,838,848	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	6,555	15
16	Rental of Facility Space		16
17	Sale of Drugs	346,485	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	44,886	19
20	Radiology and X-Ray	10,015	20
21	Other Medical Services	590,049	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 997,990	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,285	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,285	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,866,585	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,567,006	31
32	Health Care	8,506,461	32
33	General Administration	4,642,743	33
B. Capital Expense			
34	Ownership	2,284,098	34
C. Ancillary Expense			
35	Special Cost Centers	885,965	35
36	Provider Participation Fee	692,220	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 19,578,493	40
41	Income before Income Taxes (line 30 minus line 40)**	(711,908)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (711,908)	43

		3	
III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 12,407,239	44
45	Private Pay - Net Inpatient Revenue	377,932	45
46	Medicare - Net Inpatient Revenue	1,431,115	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	691,340	47
48	Other-(specify) <u>Veterans - Net Inpatient Revenue</u>	120,836	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 15,028,462	49

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

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

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

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

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	1,394	1,635	\$ 78,937	\$ 48.28	1
2	Assistant Director of Nursing	1,703	1,851	72,860	39.36	2
3	Registered Nurses	75,666	81,775	2,294,520	28.06	3
4	Licensed Practical Nurses	21,955	23,800	621,542	26.12	4
5	CNAs & Orderlies	133,107	145,520	1,798,023	12.36	5
6	CNA Trainees					6
7	Licensed Therapist	19,427	20,615	489,466	23.74	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,942	2,113	35,904	16.99	9
10	Activity Assistants	11,229	12,398	124,123	10.01	10
11	Social Service Workers	9,615	10,500	231,723	22.07	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	10,505	11,508	154,728	13.45	14
15	Cook Helpers/Assistants	29,405	32,143	363,170	11.30	15
16	Dishwashers					16
17	Maintenance Workers	6,886	7,476	115,771	15.49	17
18	Housekeepers	26,603	28,975	290,011	10.01	18
19	Laundry	9,764	10,976	117,022	10.66	19
20	Administrator	2,072	2,259	98,650	43.67	20
21	Assistant Administrator	1,038	1,412	49,720	35.21	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	18,633	20,160	460,225	22.83	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,005	2,174	50,319	23.15	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	8,719	9,176	96,481	10.51	33
34	TOTAL (lines 1 - 33)	391,668	426,466	\$ 7,543,195 *	\$ 17.69	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	\$ 38,604	Ln 1, Col 3	35
36	Medical Director	Monthly	171,609	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	20,608	Ln 10, Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,224	Ln 11, Col 3	44
45	Social Service Consultant	78	4,680	Ln 12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	126	\$ 237,725		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	5,420	\$ 146,344	Ln 10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	5,420	\$ 146,344		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	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Glen Bridge N & Rehab Centre# 0035014Report Period Beginning: 01/01/2015 Ending: 12/31/2015**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 \$19,871
- (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. \$ 63,453 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. \$ 692,220
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. \$ 32,627 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
12/31/2015

SCHEDULE A

SCHEDULE VII. RELATED PARTIES

Part A. Col.3

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

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	Ballard Respiratory & Rehab	Glen Saint Andrew Living Comm	
Sidney Glenner	32,680	33,989	17,257	14,196	25,016	27,716	18,262	23,130	192,246
Jonathan Glenner	7,720	8,029	4,077	3,353	5,909	6,547	4,314	5,464	45,413
Daniel Glenner	9,621	10,007	5,081	4,179	7,365	8,160	5,376	6,809	56,598
Elliot Glenner	4,328	4,501	2,285	1,880	3,313	3,671	2,418	3,063	25,459
Joshua Ray	32,680	33,989	17,257	14,196	25,016	27,716	18,262	23,130	192,246
Total compensation received from other Nursing Homes	87,029	90,515	45,957	37,804	66,619	73,810	48,632	61,596	511,962

SCHEDULE C

XIX. SUPPORT SCHEDULES

C. Professional Services
 Page 21

<u>Vendor/Payee</u>	<u>Type</u>	<u>AMOUNT</u>
Health Data Systems, Inc.	Computers	6,120
Point ClickCare	Computers	51,060
E Health Data Solutions	Computer System Consulting	4,860
Net Health	Computers	6,375
Kronos	Computers	15,668
McGladrey LLP	Accounting	63,713
Frost, Ruttenberg & Rothblatt	Accounting	350
Meyers & Flowers, LLC.	Legal	776
Much Shelist	Legal	5,299
Ashman & Stein	Legal	57
Marilyn P. Dunn	Legal	1,348
Polsinelli Shughart	Legal	2,496
Leydig, Voit and Mayer, Ltd.	Legal	5,500
Cindy Stachura	Consultant	600
Company Nurse	Workers Injury Consulting	560
Admiral Environmental Service	Environmental Control Consulting	591
Personnel Planners, Inc.	Unemployment Consulting	1,304
Howard S. Chez & Associates, PC	Engineer Consulting	4,938
Command Engineering Company	Engineer Consulting	2,800
Legat Architects	Architect Consulting	50
2401 Incorporated	Construction Management	4,620
Creative Technology Solutions	IT Consulting	1,500
Total Schedule V, Line 19, Col. 3		<u>180,585</u>

Allocated from Management Co:

Point ClickCare - Computer Service	291
Lexis Nexis - Computer Services	240
Health Data Systems, Inc. - Computer Services	143
Inpriva - Computer Services	309
Ashman & Stein - Legal	223

S4 Group LLC - Financial Consulting	751
McGladrey LLP - Accounting Services	30,309
Polsinelli - Legal	2,798
Govig - Legal	3,753
Perfect Staffing - Recruiter	5,066
Marilyn Dunn - Legal	26
Much Shelist - Legal	1,508
Total allocated from Management Co.	<u>45,417</u>
Total allocated from Therapy Masters:	
Casamba - Computer Services	5,372
Health Data Systems - Computer Services	95
McGladrey LLP - Accounting Services	186
Theracore - Business Consulting	34,427
Personnel Planners - Financial Consulting	86
Career Tree Network - Therapy Recruitment	5,961
Total allocated from Therapy Masters:	<u>46,127</u>
GlenBridge Real Estate & Development, LLC:	
Skidelsky & Associates	Real Estate Tax Reduction
	220
Total from GlenBridge Real Estate & Development, LLC:	<u>220</u>
Reclass Skidelsky & Associates - real estate tax reduction invoice to Line 33	-220
Non-Allowable Expenses:	
Meyers & Flowers, LLC - Legal - A/R collections	-776
Ashman & Stein - Legal - out of period	-57
Marilyn P. Dunn - Legal - out of period	-688
Polsinelli Shughart - Legal - A/R collections	-2,496
McGladrey LLP - Accounting Services	-43,120
Total Non-Allowable Expenses:	<u>-47,137</u>
Total adjustments page 21, Sch C.	<u>44,407</u>
Total Schedule V, line 19, column 8	<u>224,992</u>

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	44,936
FUTA	348
SUTA	1,776
401K Match	4,145
Insurance - Hospital	54,669
Workers Compensation Insurance	6,918
Total allocated from Management Co.	<u>112,792</u>
Employee Benefits reclassified to Lines 7, 27	-112,792
Allocated from Therapy Masters, Inc.:	
FICA taxes	71,958
FUTA	795
SUTA	1,140
401K Match	4,534
Insurance - Hospital	16,218
Workers Compensation Insurance	5,055
Total allocated from Therapy Masters, Inc. Co.	<u>99,700</u>
Employee Benefits reclassified to Lines 15,27	-99,700
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	1,039,458
Accrued Expenses	58,790
Accrued Management Fees	1,634,999
Accrued 401K	(801)
Accrued Union Dues	11,397
Credit Union	(30)
Accrued Profit Sharing	480
Accrued Provider Participation Fee - Tax	128,933
Due - Patient Trust Fund	(11,359)
Workshop	5,167
Advance from HFS	26,549
Professional Liability Claims	1,175,057
Total, Page 17, Line 36	<u><u>4,068,640</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	-19,936	20
Non-allowable professional fees	-47,137	19
Non-allowable clerical expense	-831	43
Adjust mgt co. med supplies - med'A' to cost	-52,228	10
Adjust mgt co. med supplies - 'other' to cost	-214,645	10
Adjust mgt co. food to cost	-151,035	2
Adjust pharmacy expense to cost	-158	39
Non-allowable patient clothing	-777	43
Non-allowable insurance reimbursement	-20,604	22
Non-allowable related party interest expense	-18,782	32
Non-allowable marketing salaries	-181,133	21
Non-allowable marketing employee benefits	-27,341	22
Non-allowable auto expense - marketing	-8,539	25
Total	<u>-743,146</u>	

GlenBridge Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2015

SCHEDULE G

	Accrued 1/01/15	Payments	Expense	Accrued 12/31/15
Balance @ 1/01/15 - G/L# 390	(685,000.00)		(685,000.00)	
2014 Real Estate Taxes Paid		676,432.69	676,432.69	
Estimated 2015 real estate taxes:				
2014 taxes	676,432.69			
Estimated increase	3.00%			
Estimated 2015 taxes	696,725.67			
USE	697,000.00		697,000.00	(697,000.00)

Totals	(685,000.00)	676,432.69	688,432.69	(697,000.00)
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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%
2014	676,432.69	12,147.67	1.83%

Provider Name: GlenBridge Nursing & Rehab Ctr.

Provider I.D. #: 0035014

Year Ended: December 31, 2015

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Daniel Glenner	1/28/2015	Skokie, IL	Illinois Council on Long Term Care Ethics in the News: End-of-Life Issues and the resident's Right to Choose	105
Clinical Staff	6/30/2015	Chicago, IL	Net Health W.E. EMR w/ADT and Clinical Docs Monthly License Fee Go Live 6/10/15	911
Daniel Glenner	5/28/2015	Skokie, IL	Illinois Council on Long Term Care Innovative Ways to Reduce Psychotropic Medications for Residents with Dementia	105
Daniel Glenner	8/11/2015	Skokie, IL	Illinois Council on Long Term Care Understanding the Payer Source for Long Term Care	105
Dietary Staff	9/26/2015	Lisle, IL	ServeSafe State of IL Foodservice MGR Exam & Certification	160
Marlene Chan	10/16/2015	Chicago, IL	Cynthia Chow & Associates, LLC	130
Daniel Glenner	10/13/2015	Skokie, IL	Illinois Council on Long Term Care Understanding the Complicated Long Term Care Survey Process	105
Amy Leverentz	10/22/2015	Westmont, IL	Charism Eldercare Services Ethics CEU for Presence Holy Family	245
Admissions Department	8/31/2015	Skokie, IL	Positive Vibe Coaching Training for Admissions Department	111

Allocated From Management Company	1,691
Allocated From Therapy Masters	2,311
Total	<u>5,979</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	10,680	101	1,169	2,388	14,338
Non-allowable auto expense - marketing					-8,539
Allocated from Management Company					10,883
Allocated from Therapy Masters					1,939
TOTAL	10,680	101	1,169	2,388	18,621

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

ASSET DESCRIPTION	COST 6/30/1999	ADJUSTMENTS TO CAPITAL PROJECTION	ADJUSTED CAPITAL PROJECTION 6/30/1999	ADDITIONS		NURSING HOME PERCENTAGE 84.9438%	GLENBRIDGE 103,052/460292 0.223883969	GLENCREST 111,372/460,292 0.241959452	GLEN OAKS 101,895/460,292 0.221370348
				7/1/99- 12/31/2004	COST 12/31/2000				
1996 BUILDING PURCHASE	230,000		230,000		<u>230,000</u>	195,371	43,740	47,272 -	43,249 -
1998 BUILDING RENOVATION									
GENERAL CONTRACTOR	957,570		957,570		957,570				
ELECTRICAL CONTRACTOR	275,576		275,576		275,576				
HVAC CONTRACTOR	182,130		182,130		182,130				
PLUMBING CONTRACTOR	68,599		68,599		68,599				
ARCHITECT FEES	115,968		115,968		115,968				
OTHER FEES AND PERMITS	33,024		33,024		33,024				
SECURITY SYSTEM	17,953		17,953		17,953				
TELEPHONE SYSTEM	12,500		12,500		12,500				
MISC. BUILDING COMPONENTS	24,226		24,226		24,226				
CAPITALIZED INTEREST	121,387	-15,261	106,126		106,126				
LANDSCAPING	30,000		30,000		30,000				
SPRINKLER SYSTEM	10,720		10,720		10,720				
HVAC SYSTEMS	24,749	-24,749	0						
WALL CONSTRUCTION	10,235	-10,235	0						
ELECTRICAL	10,634	-10,634	0						
MISC. IMPROVEMENTS	26,075	-26,075	0						
ASPHALT DRIVEWAY	5,900	-5,900	0						
					<u>2,064,392</u>	1,753,573	392,597	424,294 -	388,189 -
1999 ACCORD ELECTRIC				17,929	17,929				
HMS + ASSOCIATES-INTERIOR				31,505	31,505				
SAM MORMINO-LANDSCAPING				1,050	1,050				
ARCHITECTURAL DYNAMICS-ARCHITECT FEES				1,468	1,468				
MISC.				11,076	11,076				
					<u>2,127,420</u>	1,807,111	404,583	437,248 -	400,041 -
2000 AQUATIC WORKS - BUILT IN FISH TANK				5,000	5,000				
					<u>2,132,420</u>	1,811,359	405,534	438,275 -	400,981 -
2001 NO ADDITIONS									
2002 NO ADDITIONS					<u>2,132,420</u>	1,811,359	405,534	438,275 -	400,981 -
2003 SEAL COAT CORPORATION - SEAL PARKING LOT				2825	2825				
					<u>2,135,245</u>	1,813,758	406,071	438,856 -	401,512 -

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

	NURSING HOME PERCENTAGE	84.9438%	RECALCULATION BASED ON 2007 CENSUS	GLENBRIDGE	GLENCREST	GLEN OAKS
				<u>93767</u>	<u>95,262</u>	<u>106,511</u>
				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	84.9438%	RECALCULATION BASED ON 2008 CENSUS	GLENBRIDGE	GLENCREST	GLEN OAKS
				<u>93929</u>	<u>92,291</u>	<u>105,965</u>
				18.66%	18.34%	21.05%

2008 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>338,471</u>	<u>332,568</u>		<u>381,842</u>
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NURSING **RECALCULATION BASED ON 2009 CENSUS**

		HOME PERCENTAGE 84.9438%	GLENBRIDGE 92,668 17.13%	GLENCREST 90,627 16.75%	GLEN OAKS 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>
		NURSING HOME PERCENTAGE 84.9438%	CALCULATION BASED ON 2009 CENSUS GLENBRIDGE 92,668 17.13%	GLENCREST 90,627 16.75%	GLEN OAKS 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>
		NURSING HOME PERCENTAGE 84.9438%	CALCULATION BASED ON 2009 CENSUS GLENBRIDGE 92,668 17.13%	GLENCREST 90,627 16.75%	GLEN OAKS 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>
		NURSING HOME PERCENTAGE 84.9438%	CALCULATION BASED ON 2009 CENSUS GLENBRIDGE 92,668 17.13%	GLENCREST 90,627 16.75%	GLEN OAKS 105,904 19.58%
2012 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
		NURSING HOME PERCENTAGE 84.9438%	CALCULATION BASED ON 2009 CENSUS GLENBRIDGE 92,668 17.13%	GLENCREST 90,627 16.75%	GLEN OAKS 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>
		NURSING HOME PERCENTAGE 84.9438%	CALCULATION BASED ON 2009 CENSUS GLENBRIDGE 92,668 17.13%	GLENCREST 90,627 16.75%	GLEN OAKS 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>
		NURSING HOME	CALCULATION BASED ON 2015 CENSUS GLENBRIDGE	GLENCREST	GLEN OAKS

2015 NO ADDITIONS

	PERCENTAGE	91,738	91,834	88,298
	84.9438%	15.01%	15.03%	14.45%
<u>2,135,245</u>	1,813,758	<u>272,254</u>	<u>272,539</u>	<u>262,045</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%	1
<u>135,523</u>	<u>293,611</u>	<u>275,659</u>	<u>56,084</u>	<u>1,813,758</u>

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

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

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

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

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

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

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>BALLARD</u>	<u>GSALC</u>	<u>TOTAL</u>
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38,356 6.28%	67,590 11.06%	74,884 12.25%	46,627 7.63%	49,340 8.07%	62,493 10.23%	611,160 100.00%
<u>113,830</u>	<u>200,589</u>	<u>222,236</u>	<u>138,376</u>	<u>146,428</u>	<u>185,462</u>	<u>1,006,921</u>

SCHEDULE K

XIX. SUPPORT SCHEDULES

Page 21
F. Dues, Fees, Subscriptions and Promotions

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Illinois Council on Long Term Care Dues	39,807
Association for Professionals in Infection Control Dues	150
Employment Fees	43,000
Village of Niles Annual Business License	4,904
Secretary of State Annual Report, Fee	326
Joint Commission Fees	11,255
Reimbursement to Administrator for License Paid	75
State Fire Marshall Boiler Inspection Fee	200
Cook County Department of Environmental Control Equipment Inspection	349
Non-allowable Illinois Council on Long Term Care PAC Fees	-19,936
Total allocated to Page 21	<u>80,130</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	
RECALCULATION BASED ON 2007 CENSUS - New facility added in 2007 (GlenLake Terrace Nursing Ctr)										
					<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
					93,767	95,262	106,511	40,267	78,093	74,334
					0.192053401	0.195115457	0.218155638	0.082474797	0.159949942	0.152250765
2007 NO ADDITIONS				146,596	28,154	28,603	31,981	12,090	23,448	22,319
RECALCULATION BASED ON 2008 CENSUS - New facility added in 2008 (Brentwood partial year 9/1/08-12/31/08)										
					<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
					93,929	92,291	105,965	37,609	81,480	76,498
					18.66%	18.34%	21.05%	7.47%	16.19%	15.20%
2008 INSTALLATION OF IRRIGATION SYSTEM	15,036			15,036						
				161,632	30,163	29,637	34,028	12,077	26,165	24,565
RECALCULATION BASED ON 2009 CENSUS - New facility added in 2008 (Brentwood) is now allocated over full year in 2009										
					<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
					92,668	90,627	105,904	37,909	82,060	82,504
					17.13%	16.75%	19.58%	7.01%	15.17%	15.25%
2009 NO ADDITIONS				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
2010 NO ADDITIONS		92,668 17.13%	90,627 16.75%	105,904 19.58%	37,909 7.01%	82,060 15.17%	82,504 15.25%
	<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>
		27,464	26,860	31,387	11,235	24,320	24,452
		-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
2011 NO ADDITIONS		92,668 17.13%	90,627 16.75%	105,904 19.58%	37,909 7.01%	82,060 15.17%	82,504 15.25%
	<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
2012 NO ADDITIONS		92,668 17.13%	90,627 16.75%	105,904 19.58%	37,909 7.01%	82,060 15.17%	82,504 15.25%
	<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
2013 NO ADDITIONS		92,668 17.13%	90,627 16.75%	105,904 19.58%	37,909 7.01%	82,060 15.17%	82,504 15.25%
	<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
2014 NO ADDITIONS		92,668 17.13%	90,627 16.75%	105,904 19.58%	37,909 7.01%	82,060 15.17%	82,504 15.25%
	<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>
		CALCULATION BASED ON 2015 CENSUS					
		GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
2015 NO ADDITIONS		91,738 15.01%	91,834 15.03%	88,298 14.45%	38,356 6.28%	67,590 11.06%	74,884 12.25%
	<u>161,632</u>	<u>24,262</u>	<u>24,287</u>	<u>23,352</u>	<u>10,144</u>	<u>17,875</u>	<u>19,804</u>

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

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

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

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

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

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

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

<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>BALLARD</u>	<u>GSALC</u>	<u>TOTAL</u>
46,627	49,340	62,493	611,160
7.63%	8.07%	10.23%	100.00%
<u>12,331</u>	<u>13,049</u>	<u>16,527</u>	<u>161,632</u>

SCHEDULE M

XIX. SUPPORT SCHEDULES

Page 14

Line 16. Rental Amount for Movable Equipment

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Postage meter	444
Copy machine	6,968
Ice-maker	2,040
Telephone system	10,980
Therapy equipment	5,715
Generator	4,145
Allocated from Management Company:	1,871
Total allocated to Page 14, Line 16	<u>32,163</u>