

Facility Name & ID Number Glen Oaks Nrsg & Rehab Ctr

0022111 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

N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>164</u>	Skilled (SNF)	<u>164</u>	<u>59,860</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>134</u>	Intermediate (ICF)	<u>134</u>	<u>48,910</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>298</u>	TOTALS	<u>298</u>	<u>108,770</u>	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	<u>20,947</u>	<u>673</u>	<u>1,819</u>	<u>23,439</u>	8
9	SNF/PED					9
10	ICF	<u>62,839</u>	<u>2,020</u>	<u>0</u>	<u>64,859</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>83,786</u>	<u>2,693</u>	<u>1,819</u>	<u>88,298</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.18%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 12/01/75

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

YES Date 1/15/85 NO

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

YES NO If YES, enter number of beds certified 150 and days of care provided 1,506

Medicare Intermediary Wisconsin Physicians Service Insurance Corporation

IV. ACCOUNTING BASIS

ACCRAUAL 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.

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	535,833	82,877	7,097	625,807		625,807		625,807		1
2	Food Purchase		615,127		615,127	(27,815)	587,312	(34,566)	552,746		2
3	Housekeeping	375,678	84,665		460,343		460,343		460,343		3
4	Laundry	97,569	19,737	17,283	134,589		134,589		134,589		4
5	Heat and Other Utilities			254,281	254,281		254,281	5,511	259,792		5
6	Maintenance	150,047	40,476	104,235	294,758		294,758	8,460	303,218		6
7	Other (specify):* Allocated Employee Benefits							565	565		7
8	TOTAL General Services	1,159,127	842,882	382,896	2,384,905	(27,815)	2,357,090	(20,030)	2,337,060		8
	B. Health Care and Programs										
9	Medical Director			52,039	52,039		52,039		52,039		9
10	Nursing and Medical Records	4,351,947	401,462	66,214	4,819,623		4,819,623	(123,440)	4,696,183		10
10a	Therapy	153,943	806	564,363	719,112		719,112	(158,187)	560,925		10a
11	Activities	152,610	8,280	2,424	163,314		163,314		163,314		11
12	Social Services	100,046		975	101,021		101,021		101,021		12
13	CNA Training										13
14	Program Transportation			1,410	1,410		1,410		1,410		14
15	Other (specify):* Allocated Employee Benefits							38,555	38,555		15
16	TOTAL Health Care and Programs	4,758,546	410,548	687,425	5,856,519		5,856,519	(243,072)	5,613,447		16
	C. General Administration										
17	Administrative	203,542		1,406,633	1,610,175		1,610,175	(1,341,272)	268,903		17
18	Directors Fees										18
19	Professional Services			183,419	183,419	(32,710)	150,709	17,289	167,998		19
20	Dues, Fees, Subscriptions & Promotions			89,482	89,482	1,490	90,972	(19,499)	71,473		20
21	Clerical & General Office Expenses	359,414	74,452	55,761	489,627	(1,490)	488,137	480,280	968,417		21
22	Employee Benefits & Payroll Taxes			1,002,771	1,002,771	27,815	1,030,586	(19,455)	1,011,131		22
23	Inservice Training & Education			3,181	3,181		3,181	2,643	5,824		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			33,829	33,829	(24,761)	9,068	10,552	19,620		25
26	Insurance-Prop.Liab.Malpractice			227,788	227,788		227,788	7,113	234,901		26
27	Other (specify):* Allocated Employee Benefits							108,387	108,387		27
28	TOTAL General Administration	562,956	74,452	3,002,864	3,640,272	(29,656)	3,610,616	(753,962)	2,856,654		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,480,629	1,327,882	4,073,185	11,881,696	(57,471)	11,824,225	(1,017,064)	10,807,161		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 Oaks Nrsg & Rehab Ctr

#0022111

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

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			123,887	123,887		123,887	43,053	166,940			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							943,418	943,418			32
33	Real Estate Taxes					32,710	32,710	513,978	546,688			33
34	Rent-Facility & Grounds			2,820,363	2,820,363		2,820,363	(2,820,363)				34
35	Rent-Equipment & Vehicles			9,272	9,272	24,761	34,033	7,254	41,287			35
36	Other (specify):* Mortgage Insurance							181,559	181,559			36
37	TOTAL Ownership			2,953,522	2,953,522	57,471	3,010,993	(1,131,101)	1,879,892			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		135,172	3,392	138,564		138,564	(1,694)	136,870			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			691,820	691,820		691,820		691,820			42
43	Other (specify):* Non-Allowable			33,850	33,850		33,850	(33,850)				43
44	TOTAL Special Cost Centers		135,172	729,062	864,234		864,234	(35,544)	828,690			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,480,629	1,463,054	7,755,769	15,699,452		15,699,452	(2,183,709)	13,515,743			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 Oaks Nrsng & Rehab Ctr

0022111

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	(16,517)	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	(112,911)	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	(731)	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	853	43		19
20	Contributions	(1,160)	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	(31,286)	43		24
25	Fund Raising, Advertising and Promotional	(860)	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:	(404,994)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (567,606)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,616,103)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,616,103)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (2,183,709)		37

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

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

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

BHF USE ONLY						
48		49		50		51
						52

Glen Oaks Nrsg & Rehab Ctr

ID# 0022111

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Adjust Mgt Co. medical supplies"A" to cost	\$ (11,144)	10	1
2	Adjust Mgt Co. medical supplies"other" to cost	(112,296)	10	2
3	Adjust Mgt Co. food to cost	(34,566)	2	3
4	Non-allowable professional fees	(79,427)	19	4
5	Non-allowable patient clothing	(666)	43	5
6	Non-allowable Illinois Council on Long Term Care Dues	(21,138)	20	6
7	Non-allowable office expense	(795)	43	7
8	Non-allowable auto expense - marketing	(776)	25	8
9	Non-allowable annual credit card fees	(103)	20	9
10	Adjust pharmacy expense to cost	(1,694)	39	10
11	Non-allowable marketing employee benefits	(19,022)	22	11
12	Non-allowable insurance reimbursement	(433)	22	12
13	Non-allowable marketing salaries	(122,934)	21	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		(404,994)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glen Oaks Nrsg & Rehab Ctr# 0022111

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	(34,566)	0	0	0	0	0	0	0	0	0	0	(34,566)	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	5,511	0	0	0	0	0	0	0	0	5,511	5
6	Maintenance	0	0	8,450	0	10	0	0	0	0	0	0	8,460	6
7	Other (specify):*	0	0	565	0	0	0	0	0	0	0	0	565	7
8	TOTAL General Services	(34,566)	0	14,526	0	10	0	0	0	0	0	0	(20,030)	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	(123,440)	0	0	0	0	0	0	0	0	0	0	(123,440)	10
10a	Therapy	0	0	0	0	(158,187)	0	0	0	0	0	0	(158,187)	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	38,555	0	0	0	0	0	0	38,555	15
16	TOTAL Health Care and Programs	(123,440)	0	0	0	(119,632)	0	0	0	0	0	0	(243,072)	16
	C. General Administration													
17	Administrative	0	0	(1,341,272)	0	0	0	0	0	0	0	0	(1,341,272)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(79,427)	0	43,714	32,710	20,292	0	0	0	0	0	0	17,289	19
20	Fees, Subscriptions & Promotions	(21,241)	0	172	0	1,570	0	0	0	0	0	0	(19,499)	20
21	Clerical & General Office Expenses	(139,451)	0	614,650	0	5,081	0	0	0	0	0	0	480,280	21
22	Employee Benefits & Payroll Taxes	(19,455)	0	0	0	0	0	0	0	0	0	0	(19,455)	22
23	Inservice Training & Education	0	0	1,627	0	1,016	0	0	0	0	0	0	2,643	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(776)	0	10,475	0	853	0	0	0	0	0	0	10,552	25
26	Insurance-Prop.Liab.Malpractice	0	0	6,486	0	627	0	0	0	0	0	0	7,113	26
27	Other (specify):*	0	0	107,998	0	389	0	0	0	0	0	0	108,387	27
28	TOTAL General Administration	(260,350)	0	(556,150)	32,710	29,828	0	0	0	0	0	0	(753,962)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(418,356)	0	(541,624)	32,710	(89,794)	0	0	0	0	0	0	(1,017,064)	29

STATE OF ILLINOIS

Facility Name & ID Number Glen Oaks Nrsng & Rehab Ctr# 0022111

Report Period Beginning:

01/01/2015 Ending:

Summary B

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	(112,911)	0	11,996	143,968	0	0	0	0	0	0	0	43,053	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	943,418	0	0	0	0	0	0	0	943,418	32
33	Real Estate Taxes	0	0	9,699	504,279	0	0	0	0	0	0	0	513,978	33
34	Rent-Facility & Grounds	0	0	0	(2,820,363)	0	0	0	0	0	0	0	(2,820,363)	34
35	Rent-Equipment & Vehicles	0	0	7,254	0	0	0	0	0	0	0	0	7,254	35
36	Other (specify):*	0	0	0	181,559	0	0	0	0	0	0	0	181,559	36
37	TOTAL Ownership	(112,911)	0	28,949	(1,047,139)	0	(1,131,101)	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	(1,694)	0	0	0	0	0	0	0	0	0	0	(1,694)	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):*	(34,645)	0	0	795	0	0	0	0	0	0	0	(33,850)	43
44	TOTAL Special Cost Centers	(36,339)	0	0	795	0	(35,544)	44						
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(567,606)	0	(512,675)	(1,013,634)	(89,794)	0	0	0	0	0	0	(2,183,709)	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	From Page 6A	1,406,633	Glen Health and Home Management, Inc.	A	893,958	(512,675)	2
	V							3
	V	From Page 6B	2,820,363	Glen Oaks Real Estate and Development, L.L.C.	B	1,806,729	(1,013,634)	4
	V							5
	V	From Page 6C	564,363	Therapy Masters, Inc.	C	474,569	(89,794)	6
	V							7
	V							8
	V							9
	V			OWNERSHIP REFERENCE:				10
	V			A-Sidney Glenner - 100.00% through attribution				10
	V			B-Sidney Glenner - 100.00%				11
	V			C-Sidney Glenner - 100.00%				12
	V							13
14	Total		\$ 4,791,359			\$ 3,175,256	\$ * (1,616,103)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 Management Fees	\$ 1,406,633	Glen Health and Home Management, Inc.	A	\$	\$ (1,406,633) 15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	5,511	5,511 16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	5,092	5,092 17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	43,714	43,714 18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	172	172 19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	38,976	38,976 20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	108,563	108,563 21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	1,627	1,627 22
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	10,475	10,475 23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	6,486	6,486 24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	11,996	11,996 25
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	9,699	9,699 26
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	7,254	7,254 27
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	3,358	3,358 28
29	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	65,361	65,361 29
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	575,674	575,674 30
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(108,563)	(108,563) 31
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	565	565 32
33	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	11,008	11,008 33
34	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	96,990	96,990 34
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,406,633			\$ 893,958	\$ * (512,675) 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	19 Professional Fees	\$	Glen Oaks Real Estate and Development, L.L.C.	B	\$ 32,710	\$	32,710	15
16	V	43 Office Expense		Glen Oaks Real Estate and Development, L.L.C.	B	795		795	16
17	V	30 Depreciation		Glen Oaks Real Estate and Development, L.L.C.	B	143,968		143,968	17
18	V	32 Interest Expense		Glen Oaks Real Estate and Development, L.L.C.	B	944,159		944,159	18
19	V	32 Interest Income		Glen Oaks Real Estate and Development, L.L.C.	B	(741)		(741)	19
20	V	36 Mortgage Insurance Premium		Glen Oaks Real Estate and Development, L.L.C.	B	181,559		181,559	20
21	V	33 Real Estate Taxes		Glen Oaks Real Estate and Development, L.L.C.	B	504,279		504,279	21
22	V	34 Rental Income	2,820,363	Glen Oaks Real Estate and Development, L.L.C.	B			(2,820,363)	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 2,820,363			\$ 1,806,729	\$ *	(1,013,634)	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	\$ 564,363	Therapy Masters, Inc.	C	\$ 406,176	\$ (158,187)
16	V	19 Professional Fees		Therapy Masters, Inc.	C	20,292	20,292
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	C	56	56
18	V	6 Repairs and Maintenance		Therapy Masters, Inc.	C	10	10
19	V	21 Clerical Salaries		Therapy Masters, Inc.	C	4,583	4,583
20	V	21 Clerical		Therapy Masters, Inc.	C	498	498
21	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	38,944	38,944
22	V	23 Training and Education		Therapy Masters, Inc.	C	1,016	1,016
23	V	25 Auto Expenses		Therapy Masters, Inc.	C	853	853
24	V	20 Employment Fees		Therapy Masters, Inc.	C	1,514	1,514
25	V	22 Employee Benefits		Therapy Masters, Inc.	C	(38,944)	(38,944)
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	38,555	38,555
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	389	389
28	V	26 Insurance - Liability		Therapy Masters, Inc.	C	627	627
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 564,363			\$ 474,569	\$ * (89,794)

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

Facility Name & ID Number

Glen Oaks Nrsg & Rehab Ctr

0022111

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2	Sidney Glenner	100.00%	GlenBridge Nursing & Rehabilitation	Niles	See Attached Schedule A			2
3			Centre, Ltd.					3
4								4
5	Sidney Glenner	100.00%	GlenCrest Nursing & Rehabilitation	Chicago				5
6			Centre, Ltd.					6
7								7
8	Sidney Glenner	100.00%	Glen Elston Nursing & Rehabilitation	Chicago				8
9			Centre, Ltd.					9
10								10
11	Sidney Glenner	100.00%	GlenShire Nursing & Rehabilitation	Richton Park				11
12			Centre, Ltd.					12
13								13
14	Sidney Glenner	80.00%	GlenLake Terrace Nursing & Rehabilitation	Waukegan				14
15	Joshua Ray	20.00%	Centre, Ltd.					15
16								16
17	Sidney Glenner	99.00%	Brentwood North Healthcare & Rehabilitation	Riverwoods				17
18	Joshua Ray	1.00%	Centre, Inc.					18
19								19
20	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 Oaks Nrsg & Rehab Ctr # 0022111 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 %	193,520	12	19.36%	Salary	\$ 32,680	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	45,714	8	19.36%	Salary	7,720	Ln 21, Col 7	2
3	Daniel Glenner	Administrative	Administrative	0.00 %	56,973	1	2.00%	Salary	9,621	Ln 21, Col 7	3
4	Elliot Glenner	Administrative	Administrative	0.00 %	25,628	8	19.36%	Salary	4,328	Ln 21, Col 7	4
5	Joshua Ray	V.P. of Operations	Administrative	0.00 %	193,520	12	19.36%	Salary	32,680	Ln 17, Col 7	5
6											6
7											7
8											8
9											9
10	See Attached Schedule B										10
11											11
12											12
13								TOTAL	\$ 87,029		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 Oaks Nrsng & Rehab Ctr

0022111 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	\$ 88,298	\$ 5,511	1
2	6	Repairs and Maintenance	Resident Days	611,160	9	35,244	88,298	5,092	2
3	19	Professional Fees	Resident Days	611,160	9	302,569	88,298	43,714	3
4	20	Licenses, Permits and Inspection	Resident Days	611,160	9	1,190	88,298	172	4
5	21	Clerical	Resident Days	611,160	9	269,777	88,298	38,976	5
6	22	Employee Benefits and Payroll	Resident Days	611,160	9	751,422	88,298	108,563	6
7	23	Training and Education	Resident Days	611,160	9	11,264	88,298	1,627	7
8	25	Auto Expenses	Resident Days	611,160	9	72,505	88,298	10,475	8
9	26	Insurance	Resident Days	611,160	9	44,894	88,298	6,486	9
10	30	Depreciation	Resident Days	611,160	9	83,029	88,298	11,996	10
11	33	Real Estate Taxes	Resident Days	611,160	9	67,133	88,298	9,699	11
12	35	Equipment and Vehicle Rental	Resident Days	611,160	9	50,212	88,298	7,254	12
13	6	Janitorial Salaries	Resident Days	611,160	9	23,245	23,245	3,358	13
14	17	Officer's Salaries	Resident Days	611,160	9	452,400	452,400	65,361	14
15	21	Administrative Salaries	Resident Days	611,160	9	3,984,560	3,984,560	575,674	15
16	22	Employee Benefits	Payroll					(108,563)	16
17	7	Employee Benefits - Janitorial	Payroll					565	17
18	27	Employee Benefits - Officer's	Payroll					11,008	18
19	27	Employee Benefits - Admin	Payroll					96,990	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 6,187,587	\$ 4,460,205	\$ 893,958	25

Facility Name & ID Number

Glen Oaks Nrsg & Rehab Ctr

0022111

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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**					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	\$150,300.68	5/01/2013	\$ 38,021,826	\$ 35,918,896	01/01/2044	0.0260	\$ 944,159					
2																
3																
4																
5																
Working Capital																
6																
7																
8																
9	TOTAL Facility Related				\$150,300.68		\$ 38,021,826	\$ 35,918,896			\$ 944,159					
B. Non-Facility Related*																
10									Interest Income Offset:		(741)					
11																
12																
13																
14	TOTAL Non-Facility Related						\$	\$			(741)					
15	TOTALS (line 9+line14)						\$ 38,021,826	\$ 35,918,896			\$ 943,418					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 181,559 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.		\$	602,000		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.)		\$	563,717		2
3. Under or (over) accrual (line 2 minus line 1).		\$	(38,283)		3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	587,000		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.)		\$	32,710		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 \$ 44,438 For 2012 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	(44,438)		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	536,989		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2010	<u>510,063</u>			8
	2011	<u>528,288</u>			9
	2012	<u>556,970</u>			10
	2013	<u>578,173</u>			11
	2014	<u>563,717</u>			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: 72,000 B. General Construction Type: Exterior Brick Frame 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>98,518</u>	<u>1985</u>	<u>\$ 345,000</u>	1
2	<u>Allocated From Management Company:</u>			<u>12,274</u>	2
3	TOTALS	98,518		\$ 357,274	3

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	298	1985	1961	\$ 3,587,393	\$ 102,497	30	\$	\$ (102,497)	\$ 3,587,393	4
5										5
6	Alloc from		1996	262,045			8,655	8,655		6
7	Mgt Comp									7
8	Schedule J									8
	Improvement Type**									
9	Leasehold Improvements		1980	7,274		65 months			7,274	9
10	Leasehold Improvements		1981	4,127		35 months			4,127	10
11	Sprinkler		1981	15,769		25			15,769	11
12	Ceiling - dining room		1982	3,621		10			3,621	12
13	Masonry - building		1982	15,200		10			15,200	13
14	Generator fixture		1982	7,967		10			7,967	14
15	Roofing		1983	28,000		10			28,000	15
16	Parking lot		1983	4,632		15			4,632	16
17	Painting		1983	14,000		5			14,000	17
18	Air-conditioner		1983	3,033		10			3,033	18
19	Leasehold Improvements		1984	40,296		10			40,296	19
20	Building Improvements		1985	28,578	817	10		(817)	28,578	20
21	Building Improvements		1986	14,578	429	10		(429)	14,578	21
22	Building Improvements		1987	7,225		10			7,225	22
23	Painting and decorating		1985	11,028		3			11,028	23
24	Sprinkler		1987	117,905	3,685	26		(3,685)	117,905	24
25	Building Improvements		1988	37,503	985	10		(985)	37,503	25
26	Building Improvements		1989	52,259	1,493	10		(1,493)	52,259	26
27	Building Improvements		1990	17,633		10			17,633	27
28	Building Improvements		1990	2,100		10			2,100	28
29	Building Improvements		1991	8,500		10			8,500	29
30	Building Improvements		1991	2,322		10			2,322	30
31	Building Improvements		1992	371,526		10			371,526	31
32	Building Improvements		1993	21,620		10			21,620	32
33	Building Improvements		1993	9,267		10			9,267	33
34	Building Improvements		1993	151,464		10			151,464	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 Oaks Nrsg & Rehab Ctr

0022111

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	Leasehold Improvements	1994	\$ 118,383	\$	10	\$	\$	\$ 118,383	37
38	Building Improvements	1995	20,792		10			20,792	38
39	New closets in rooms 150 and 180	1995	2,600		10			2,600	39
40	New 200 amp and 50 amp lines to activity room	1996	4,900		10			4,900	40
41	Construct office room in basement	1996	1,650		10			1,650	41
42	Roofing work	1996	95,112		10			95,112	42
43	Overbed tables	1997	3,537		10			3,537	43
44	Sprinklers	1997	8,367		10			8,367	44
45	Exiss observation system	1997	975		10			975	45
46	Fence post and rail	1997	1,885		10			1,885	46
47	Exhaust fan and stove	1997	8,143		10			8,143	47
48	Brick floor	1997	7,707		10			7,707	48
49	Wiring for telephones	1997	1,832		10			1,832	49
50	Fire alarm	1997	16,271		10			16,271	50
51	Piping	1997	821		10			821	51
52	Emergency lighting fixtures	1997	3,000		10			3,000	52
53	Wiring for exhaust fan	1997	1,610		10			1,610	53
54	Replacement door	1997	1,445		10			1,445	54
55	Therapy room	1997	6,116		10			6,116	55
56	Concrete	1997	895		10			895	56
57	Remodeling of physical and occupational therapy rooms	1997	268,920		10			268,920	57
58	Flooring	1997	585		10			585	58
59	Handrails: corner and bumper guards	1997	11,954		10			11,954	59
60	Fire alarm system improvements	1997	3,450		10			3,450	60
61	Ceiling tile	1997	3,985		10			3,985	61
62	New walls - therapy room	1997	2,982		10			2,982	62
63	Signs	1997	1,713		10			1,713	63
64	Electric service	1997	1,700		10			1,700	64
65	Chain link fence	1997	3,100		10			3,100	65
66	Dining room ceiling	1997	2,000		10			2,000	66
67	Balance air conditioner system	1997	24,290		10			24,290	67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,477,585	\$ 109,906		\$ 8,655	\$ (101,251)	\$ 5,215,540	70

**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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,477,585	\$ 109,906		\$ 8,655	\$ (101,251)	\$ 5,215,540	1
2	Video monitoring system	1997	1,932		10			1,932	2
3	Electric service	1998	3,250		10			3,250	3
4	Fire alarm system improvements	1998	2,625		10			2,625	4
5	Floor tiles	1998	3,598		10			3,598	5
6	Electrical work: install outlets, amp feeders	1999	16,737		10			16,737	6
7	Aquarium	1999	10,500		10			10,500	7
8	Hot water tanks	1999	5,132		10			5,132	8
9	Ceiling tiles	1999	2,689		10			2,689	9
10	Fabrication of 211 sleeves for fire dampers	1999	2,532		10			2,532	10
11	Two gold chandeliers	1999	4,193		10			4,193	11
12	Fire dampers installation	1999	5,083		10			5,083	12
13	Fire dampers installation	1999	1,641		10			1,641	13
14	Install new gas valves & gaskets on boiler	1999	4,173		10			4,173	14
15	Install new motor in water heater	1999	2,397		10			2,397	15
16	Install security cameras	1999	3,109		10			3,109	16
17	Furnish, wire & install lights in the main dining room	2000	2,640		10			2,640	17
18	Install 2 fan coils, water piping, drain & insulation	2000	4,300		10			4,300	18
19	Install new chiller	2000	1,925		10			1,925	19
20	Install handrails, wall bumpers & rubber cove base	2000	14,570		10			14,570	20
21	Install handrails, wall bumpers & rubber cove base	2000	5,904		10			5,904	21
22	Install corner guards	2000	1,616		10			1,616	22
23	Vinyl tiles & rubber cove base	2000	1,875		10			1,875	23
24	Electrical work	2000	30,000		10			30,000	24
25	Install metal partition walls with drywall	2000	3,280		10			3,280	25
26	Generator installation	2000	3,610		10			3,610	26
27	Relaminate bedside units and closet doors	2000	3,200		10			3,200	27
28	Install 6 circuits for new dialysis room	2000	3,485		10			3,485	28
29	Electrical project	2001	32,903		10			32,903	29
30	2 dura glide 3000 single door packages	2001	11,408		10			11,408	30
31	Nurses station with solid surface counter tops	2001	9,180		10			9,180	31
32	78 custom built-in wardrobes with sliding doors	2001	13,650		10			13,650	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,690,722	\$ 109,906		\$ 8,655	\$ (101,251)	\$ 5,428,677	34

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

Facility Name & ID Number Glen Oaks Nrsng & Rehab Ctr# 0022111

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 12B, Carried Forward		\$ 5,690,722	\$ 109,906		\$ 8,655	\$ (101,251)	\$ 5,428,677	1
2	Elevator shaft exterior brick	2001	11,980		10			11,980	2
3	Remove lobby wall and install ceiling	2001	12,508		10			12,508	3
4	New ceiling and lighting project	2001	14,758		10			14,758	4
5	82 custom built-in wardrobes with sliding doors	2001	18,749		10			18,749	5
6	Carpeting	2001	3,589		10			3,589	6
7	Wallcovering installation and painting project	2001	5,181		10			5,181	7
8	Concrete repairs on handicap and delivery ramp	2001	3,600		10			3,600	8
9	Tuckpointing	2001	2,500		10			2,500	9
10	Paneling	2001	5,756		10			5,756	10
11	Nurses station with doors, counters and hanging chart units	2001	10,695		10			10,695	11
12	Installation of wallcovering	2002	2,380		10			2,380	12
13	Cooling tower	2002	6,950		10			6,950	13
14	Wallcovering border	2002	4,034		10			4,034	14
15	Installation of cooling tower	2002	46,000		10			46,000	15
16	Installation of hydraulic pump unit	2002	6,200		10			6,200	16
17	Econocare project	2002	14,000		10			14,000	17
18	Insurance claim refund	2002	(7,118)		10			(7,118)	18
19	Painting project	2002	4,750		10			4,750	19
20	Installation of wood blinds	2003	2,140		10			2,140	20
21	Air conditioning compressor	2003	7,617		10			7,617	21
22	Insurance claim refund - compressor	2003	(6,367)		10			(6,367)	22
23	Furnish and install one new hydraulic tank unit	2003	8,400		10			8,400	23
24	Parking lot paving project	2003	76,765		10			76,765	24
25	Center roof section reroofing project	2003	4,200		10			4,200	25
26	Remove and install new ceilings, install ceramic tile	2003	16,559		10			16,559	26
27	Center roof section reroofing project	2002	2,100		10			2,100	27
28	Installation of custom built wardrobes	2003	25,830		10			25,830	28
29	Installation of cove base, vinyl tiles and wallcovering	2002	35,098		10			35,098	29
30	Relocate water meter and install RPZ for plumbing project	2004	16,066		10			16,066	30
31	Furnish and install smoke detectors by doors	2004	8,490		10			8,490	31
32	Furnish and install glass for windows	2004	1,980		10			1,980	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,056,112	\$ 109,906		\$ 8,655	\$ (101,251)	\$ 5,794,067	34

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 6,056,112	\$ 109,906		\$ 8,655	\$ (101,251)	\$ 5,794,067	1
2	Provide and install delay lock & keypads, relocate kill switch	2004	1,762		10			1,762	2
3	Furnish and install new door detector on elevator door	2004	2,115		10			2,115	3
4	Wiring for cameras and quad installation	2004	1,574		10			1,574	4
5	Heat exchanger	2004	1,598		10			1,598	5
6	Landscaping project: tree planting	2004	4,650		10			4,650	6
7	Installed new parts and replace discharge gauge on chillers	2005	2,123	109	10	109		2,123	7
8	Installation of new compressor	2005	11,900	595	10	595		11,900	8
9	Furnish and install iron fencing	2005	5,400	270	10	270		5,400	9
10	Fireproofing project	2005	6,220	311	10	311		6,220	10
11	Replace car sills in elevators	2005	8,130	406	10	406		8,130	11
12	Furnish and install new controller and selector on elevator	2005	18,500	925	10	925		18,500	12
13	Remove and replace smoke detector	2005	1,679	83	10	83		1,679	13
14	Build and install custom built-in wardrobes and cabinets	2005	55,002	2,752	10	2,752		55,002	14
15	Insurance reimbursement of compressor loss	2005	(11,144)	(561)	10	(561)		(11,144)	15
16									16
17									17
18	Install new window frame at receptionist counter	2005	1,450	72	10	72		1,450	18
19	Install new ceramic wall tile, toilets, sinks, plumbing	2006	82,802	8,780	10	8,280	(500)	79,910	19
20	Carrier chiller compressor	2006	14,850	1,485	10	1,485		14,108	20
21	Insurance claim refund for damaged compressor	2006	(11,900)	(1,190)	10	(1,190)		(11,305)	21
22	Furnish and install elevator car, station	2006	13,711	1,371	10	1,371		13,025	22
23	Remove plumbing, drywall and shower stalls	2006	3,833	383	10	383		3,639	23
24	New elevator lobby car, controller, selector and fixtures	2006	42,711	4,271	10	4,271		40,575	24
25	Metal doors with framing	2006	7,289	729	10	729		6,925	25
26	Furnish and install 8 vertical rod devices on doors	2006	6,020	602	10	602		5,719	26
27	Furnish and install new elevator pump unit and valve assembly	2006	8,000	800	10	800		7,600	27
28	Sidewalk concrete project	2006	3,230	323	10	323		3,069	28
29	Remove and install elevator flooring, ceiling and lighting	2006	5,369	537	10	537		5,101	29
30	Furnish and install new elevator door opener and locks	2006	6,750	675	10	675		6,413	30
31	Telephone system	2006	17,040	4,004	10		(4,004)	17,040	31
32	Install drain tile system in rehab room	2007	5,300	530	10	530		4,505	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,372,076	\$ 138,168		\$ 32,413	\$ (105,755)	\$ 6,101,350	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 12D, Carried Forward		\$ 6,372,076	\$ 138,168		\$ 32,413	\$ (105,755)	\$ 6,101,350	1
2	Power rodding project	2007	5,800	580	10	580		4,930	2
3	Delime heater system	2007	2,861	286	10	286		2,431	3
4	Carrier chiller leak	2007	4,238	424	10	424		3,604	4
5	Installation of water heater	2007	6,180	618	10	618		5,253	5
6	Rewire smoke detector system	2007	2,570	257	10	257		2,185	6
7	Installation of chemical feed system	2007	2,897	290	10	290		2,465	7
8	Boiler refractory project	2007	3,930	393	10	393		3,341	8
9	Roofing project	2008	8,000	800	10	800		6,000	9
10	Roofing project	2008	7,650	765	10	765		5,738	10
11	Furnish and install smoke detectors in dining area	2008	6,515	652	10	652		4,890	11
12	Installation of split air cooling system for elevator mechanical room	2008	4,700	470	10	470		3,525	12
13	Satellite cable headend installation	2008	9,500	2,200	10	950	(1,250)	7,750	13
14									14
15	Furnish and install new panic bars, remove hardware on doors	2008	4,575	458	10	458		3,435	15
16	Install electrical receptacles for new televisions	2008	11,500	1,150	10	1,150		8,625	16
17	Add smoke detectors in dining area for first and second floors	2008	2,649	265	10	265		1,987	17
18	Wallcovering	2009	13,113	1,311	10	1,311		8,522	18
19	Lever Handle Passage locks brushed chrome	2009	3,997	400	10	400		2,600	19
20	Install entire condensing unit	2009	4,966	497	10	497		3,230	20
21	Resurface roof	2009	49,850	4,985	10	4,985		32,403	21
22	Remodel-Sign installation, remove existing border, wallcovering	2009	326,303	32,630	10	32,630		212,095	22
23	New drywall, painting doorframes, install handrails,								23
24	bumper guards,custom nurses stations, floor tile, co-base								24
25	& new doors								25
26	Furnish & install new domestic hot water heaters	2009	21,200	2,120	10	2,120		13,780	26
27	Furnish and install new toilets	2009	12,316	1,232	10	1,232		8,008	27
28	Furnish and install new toilets	2009	(1,108)	(111)	10	(111)		(721)	28
29	Install drywall on ceilings in closets	2009	6,800	680	10	680		4,420	29
30	Install fire sprinklers in closets	2009	3,900	390	10	390		2,535	30
31	Replace copper lines and relief valve on storage tank	2009	5,000	500	10	500		3,250	31
32	Power supply installation for telephone system	2009	2,581	258	10	258		1,677	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,904,559	\$ 192,668		\$ 85,663	\$ (107,005)	\$ 6,459,308	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 12E, Carried Forward		\$ 6,904,559	\$ 192,668		\$ 85,663	\$ (107,005)	\$ 6,459,308	1
2	New fire alarm system	2010	75,855	6,494	10	7,586	1,092	41,723	2
3	Category 6 cable (550mhz)	2010	4,301	376	10	430	54	2,365	3
4	Remove and install new soffit, install lights, repairs walls	2009	21,697	2,170	10	2,170		14,105	4
5	New gas-fired commercial copper boiler	2010	5,391	471	10	539	68	2,965	5
6	Concrete project: sidewalk, steps and ramps	2011	18,400	1,840	10	1,840		8,280	6
7	Installation of new window screens	2011	2,675	240	10	268	28	1,206	7
8	Exterior wall tuckpointing, mortar grinding and brick replacemen	2011	13,900	1,266	10	1,390	124	6,255	8
9	Exterior fireproofing project	2011	22,985	2,100	10	2,299	199	10,345	9
10	Remove wallpaper, replace drywall and wallpaper in the	2011	9,000	825	10	900	75	4,050	10
11	cafeteria, lobby and elevator area								11
12	Installation of carpet tile, bumper/corner guards, wallpaper	2011	14,220	1,304	10	1,422	118	6,399	12
13	in the lobby and corridor								13
14	Purchase and install compressor for walk-in cooler	2011	2,676	241	10	268	27	1,206	14
15	Installation of fire dampers in ducting	2011	69,000	6,367	10	6,900	533	31,050	15
16	Furnish and install handrails, bumper and corner guards in	2012	8,869	824	10	887	63	3,104	16
17	the basement corridor								17
18	Furnish new venture & stack section, blower motor	2012	9,024	846	10	902	56	3,157	18
19	Installation of fire sprinkler heads in elevator shafts	2012	9,825	919	10	983	64	3,440	19
20	Furnish and install power supply boards on the fire alarm panel	2012	2,517	238	10	252	14	882	20
21	Credit on Benny's Decorator's invoice #2450	2011	(3,000)	(279)	10	(300)	(21)	(1,350)	21
22	Installation of water valves on new circulation pump	2012	3,878	367	10	388	21	1,358	22
23	Furnish and install new bell & gosset circulation pump and valves	2012	7,060	669	10	706	37	2,471	23
24	Upgrade the existing kitchen water heater and tanks	2012	22,442	2,125	10	2,244	119	7,854	24
25	Backflow preventer replacement project	2012	6,400	612	10	640	28	2,240	25
26	Replace elevator power unit motor and hydraulic supply line	2013	5,900	575	10	590	15	1,475	26
27	Installation of carpet, cove base and wallcovering in reception	2013	5,729	573	10	573		1,432	27
28	Removal and installation of wallpaper in reception/Admissions	2013	3,250	325	10	325		813	28
29	Insurance claim refund on air-conditioner due to power surge	2013	(7,445)	(730)	10	(745)	(15)	(1,862)	29
30	Furnish and install two Tramco lower pump sections, piping	2013	6,995	692	10	700	8	1,750	30
31	Furnish kitchen cooler floor plates	2013	2,983	292	10	298	6	745	31
32	Furnish 40 ton Copeland compressor	2013	9,850	966	10	985	19	2,463	32
33	Installation of new 40 ton Copeland compressor	2013	8,445	828	10	845	17	2,112	33
34	TOTAL (lines 1 thru 33)		\$ 7,267,381	\$ 226,204		\$ 121,948	\$ (104,256)	\$ 6,621,341	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 12F, Carried Forward	\$ 7,267,381	\$ 226,204		\$ 121,948	\$ (104,256)	\$ 6,621,341		1
2	Furnish delayed egress panic door system and power supply, rewire	2014	3,835	384	10	384	576		2
3	Sealcoat and stripe parking lot, sewer patching	2014	7,212	721	10	721	1,082		3
4	Telephone wiring project	2014	2,955	296	10	296	444		4
5	Furnish and install carpet and cove base in main offices and	2014	2,550	255	10	255	382		5
6	Admissions office								6
7	Remove and install new cylinder on elevator	2014	27,400	2,740	10	2,740	4,110		7
8	Replace air handler shaft and bearings	2014	7,820	782	10	782	1,173		8
9	Install new aluminum siding and new trim in therapy room	2014	2,600	260	10	260	390		9
10	Weld 450 linear feet to existing rails in four stairways	2015	2,800	140	10	140	140		10
11	Install 3 door restrictors and code data plates on elevators	2014	5,715	572	10	572	857		11
12	Install Copeland Compressor replacement	2015	13,102	655	10	655	655		12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21	See Attached Schedule L:								21
22	Leasehold Improvements Allocated from Management Co:	1998	14,432			663	663	23,053	22
23	Leasehold Improvements Allocated from Management Co:	1999	6,027						23
24	Leasehold Improvements Allocated from Management Co:	2000	722						24
25	Leasehold Improvements Allocated from Management Co:	2008	2,171						25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,366,721	\$ 233,009		\$ 129,416	\$ (103,593)	\$ 6,654,203	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	\$ 297,162	\$ 30,377	\$ 30,377	\$	5,10 years	\$ 155,108	71
72	Current Year Purchases	50,023	2,501	2,501		10 years	2,501	72
73	Fully Depreciated Assets	215,929	1,969	1,969		5,10 years	215,929	73
74	Allocated from Therapy Masters, Mgt Co:	114,954		1,675	1,675		96,240	74
75	TOTALS	\$ 678,068	\$ 34,847	\$ 36,522	\$ 1,675		\$ 469,778	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Care	2003 Buick Rendezvous	2004	\$ 15,800	\$	\$ 1,002	\$ 1,002	5 years	\$ 15,800	76
77										77
78	Allocated from Management Company:			24,356					23,471	78
79										79
80	TOTALS			\$ 40,156	\$	\$ 1,002	\$ 1,002		\$ 39,271	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)	\$ 8,442,219	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 267,856	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 166,940	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (100,916)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,163,252	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 Oaks Nrsg & Rehab Ctr

0022111

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: N/A

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

If NO, see instructions.

YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____ /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: \$ 11,073 Description: Ice-Maker \$1,860, Copy Machine \$6,968, Postage Meter \$444, Allocated from Mgt Company \$1,801

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>See Attached Schedule M:</u>		\$	\$ <u>24,761</u>	17
18					18
19					19
20	<u>Allocated from Management Company:</u>			\$ <u>5,453</u>	20
21	TOTAL		\$	\$ <u>30,214</u>	21

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

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

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>
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B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	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	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8				
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)					
			Units of Service			Units	Cost								
1	Licensed Occupational Therapist	Ln10a, Col 3	hrs	\$	3,039	\$	198,456	\$	3,039	\$	198,456	1			
2	Licensed Speech and Language Development Therapist	Ln10a, Col2&3	hrs		1,815		111,483		72		111,555	2			
3	Licensed Recreational Therapist		hrs									3			
4	Licensed Physical Therapist	Ln10a, Col2&3	hrs		3,533		254,424		734		255,158	4			
5	Physician Care		visits									5			
6	Dental Care		visits									6			
7	Work Related Program		hrs									7			
8	Habilitation		hrs									8			
9	Pharmacy	Ln 39, Col 2	# of prescrpts						135,172		135,172	9			
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10			
11	Academic Education		hrs									11			
12	Other (specify):											12			
13	Respiratory Therapy Other (specify): <u>Radiology, Dialysis, La</u>	Ln10a, Col 1 Ln39, Col 3	6,154 hours		153,943		3,392			6,154	153,943 3,392	13			
14	TOTAL			\$	153,943		8,387	\$	567,755	\$	135,978	14,541	\$	857,676	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 Oaks Nrsg & Rehab Ctr

0022111

Report 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 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ (362,937)	\$ 8,777	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>27,467</u>)	2,255,057	2,255,057	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	212,899	258,022	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(974,652)		8
9	Other(specify): <u>Other Receivables</u>	21,708	21,708	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,152,075	\$ 2,543,564	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		357,274	13
14	Buildings, at Historical Cost		3,849,438	14
15	Leasehold Improvements, at Historical Cost	2,626,490	3,517,283	15
16	Equipment, at Historical Cost	578,914	718,224	16
17	Accumulated Depreciation (book methods)	(2,783,014)	(7,163,252)	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 Escrows)		880,860	22
23	Other(specify): <u>Due from Related Parties:</u>	1,293,554	1,293,554	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,715,944	\$ 3,453,381	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,868,019	\$ 5,996,945	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 418,943	\$ 418,943	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	401,211	401,211	30
31	Accrued Taxes Payable (excluding real estate taxes)	564	564	31
32	Accrued Real Estate Taxes(Sch.IX-B)		587,000	32
33	Accrued Interest Payable		77,824	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule E:</u>	1,971,127	1,971,127	36
37	<u>Due to Glenner 1995 Family Trust:</u>	1,000,000	1,000,000	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,791,845	\$ 4,456,669	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		35,918,896	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Shareholders:</u>	2,848,485	2,848,485	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,848,485	\$ 38,767,381	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,640,330	\$ 43,224,050	46
47	TOTAL EQUITY(page 18, line 24)	\$ (3,772,311)	\$ (37,227,105)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,868,019	\$ 5,996,945	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,448,107)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,448,107)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(2,324,204)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (2,324,204)	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)	\$ (3,772,311)	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	\$ 12,569,047	1
2	Discounts and Allowances for all Levels	(889,673)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,679,374	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,125,721	6
7	Oxygen	41,782	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,167,503	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	98,799	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	128,986	19
20	Radiology and X-Ray	2,385	20
21	Other Medical Services	294,485	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 524,655	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	3,716	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,716	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)		29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,375,248	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,384,905	31
32	Health Care	5,856,519	32
33	General Administration	3,640,272	33
B. Capital Expense			
34	Ownership	2,953,522	34
C. Ancillary Expense			
35	Special Cost Centers	172,414	35
36	Provider Participation Fee	691,820	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,699,452	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,324,204)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,324,204)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 10,598,258	44
45	Private Pay - Net Inpatient Revenue	479,764	45
46	Medicare - Net Inpatient Revenue	394,969	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	206,383	47
48	Other-(specify) <u>Veterans - Net Inpatient Revenue</u>		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,679,374	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 Oaks Nrsg & Rehab Ctr

0022111

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	3,978	4,219	\$ 138,028	\$ 32.72	1
2	Assistant Director of Nursing	1,831	2,109	103,010	48.84	2
3	Registered Nurses	66,520	73,116	2,064,111	28.23	3
4	Licensed Practical Nurses	1,892	2,062	45,310	21.97	4
5	CNAs & Orderlies	124,237	138,125	1,771,138	12.82	5
6	CNA Trainees					6
7	Licensed Therapist	5,554	6,154	153,943	25.02	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,660	1,822	29,165	16.01	9
10	Activity Assistants	10,465	11,433	123,445	10.80	10
11	Social Service Workers	5,618	5,935	100,046	16.86	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	6,785	7,527	116,980	15.54	14
15	Cook Helpers/Assistants	31,479	34,304	418,853	12.21	15
16	Dishwashers					16
17	Maintenance Workers	7,953	8,695	150,047	17.26	17
18	Housekeepers	30,938	34,605	375,678	10.86	18
19	Laundry	8,793	9,650	97,569	10.11	19
20	Administrator	2,045	2,226	140,009	62.90	20
21	Assistant Administrator	1,749	1,890	63,533	33.62	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	15,361	16,481	359,414	21.81	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	13,067	14,147	230,350	16.28	33
34	TOTAL (lines 1 - 33)	339,925	374,500	\$ 6,480,629 *	\$ 17.30	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	\$ 7,097	Ln 1, Col 3	35
36	Medical Director	Monthly	52,039	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	19,424	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	2,424	Ln 11, Col 3	44
45	Social Service Consultant	16	975	Ln 12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	64	\$ 81,959		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,666	\$ 44,975	Ln 10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	1,666	\$ 44,975		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Simcha Dachs	Administrator	0.00%	\$ 140,009	Workers' Compensation Insurance	\$ 43,556	IDPH License Fee	\$ 3,980	
John Corso	Asst. Administrator	0.00%	63,533	Unemployment Compensation Insurance	20,028	Advertising: Employee Recruitment		
				FICA Taxes	479,140	Health Care Worker Background Check		
				Employee Health Insurance	199,882	(Indicate # of checks performed <u>30</u>)	300	
				Employee Meals	27,815	Patient Background Checks	119 1,190	
				Illinois Municipal Retirement Fund (IMRF)*				
				Other Employee Benefits	5,090	See Attached Schedule K:	64,261	
				Union Health and Welfare	184,887			
				Union Pension	52,895	Allocated from Therapy Masters:	1,570	
				401K Match	16,860	Allocated from Management Company:	172	
						Less: Public Relations Expense	()	
				Non-Allowable Marketing Employee Benefits:	(19,022)	Non-allowable advertising	()	
				See Attached Schedule D:	0	Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 203,542	TOTAL (agree to Schedule V, line 22, col.8)		\$ 71,473		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees (eliminated in Column 7)			\$ 1,406,633				Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,406,633				Seminar Expense	
C. Professional Services				TOTAL			Entertainment Expense ()	
Vendor/Payee	Type		Amount				(agree to Sch. V, line 24, col. 8)	
			\$				TOTAL	
See Attached Schedule C:			167,998				\$	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 167,998					

* Attach copy of IMRF notifications

**See instructions.

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

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

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Illinois Council on Long Term Care \$18,275
- (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. \$ 40,947 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. \$ 691,820
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. \$ 27,815 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.

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
12/31/2015
Provider I.D. # 0022111

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
Glen Oaks Real Estate & Development LLC	Skokie	Building Lessor
Fargo Real Estate & Development, LLC	Skokie	Building Lessor - Management Company
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
	Brentwood North Healthcare & Rehabilitation	GlenCrest Nursing & Rehab. Centre, Ltd.	Glen Bridge Nursing & Rehab. Centre, Ltd.	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	17,257	33,989	33,954	14,196	25,016	27,716	18,262	23,130	193,520
Jonathan Glenner	4,077	8,029	8,021	3,353	5,909	6,547	4,314	5,464	45,714
Daniel Glenner	5,081	10,007	9,996	4,179	7,365	8,160	5,376	6,809	56,973
Elliot Glenner	2,285	4,501	4,497	1,880	3,313	3,671	2,418	3,063	25,628
Joshua Ray	17,257	33,989	33,954	14,196	25,016	27,716	18,262	23,130	193,520
Total compensation received from other Nursing Homes	45,957	90,515	90,422	37,804	66,619	73,810	48,632	61,596	515,355

XIX. SUPPORT SCHEDULES

SCHEDULE C

Page 21

C. Professional Services

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Health Data Systems, Inc.	Computers	6,136
Point ClickCare	Computers	50,387
Net Health	Computers	6,375
EHealth Data Solutions	Computer Services	4,860
Kronos	Computers	15,287
McGladrey LLP	Accounting	49,265
Frost, Ruttenberg & Rothblatt	Accounting	350
Much Shelist	Legal	3,318
Ashman & Stein	Legal	57
Marilyn P. Dunn	Legal	510
Meyers & Flowers, LLC	Legal	34,870
Berton Goldstein	Legal	700
Leydig, Voit & Mayer, Ltd.	Legal	5,500
Law Offices of Aaron Jacoby	Legal	1,161
Company Nurse	Workers Injury Consultation	240
Creative Technology Solutions	IT Consultation	1,500
Prospect Resources, Inc.	Maintenance Consulting	1,500
Personnel Planners, Inc.	Unemployment Consulting	1,403
		<u>183,419</u>
Allocated from Glen Oaks Real Estate & Development, LLC.:		
Skidelsky & Associates - Real Estate Tax Reduction		220
Skidelsky & Associates - Real Estate Tax Reduction		15,351
Skidelsky & Associates - Real Estate Tax Reduction		17,139
Total allocated from Glen Oaks Real Estate & Development, LLC.:		<u>32,710</u>

Reclass Skidelsky & Associates - Real Estate Tax Reduction to Line 33	-220
Reclass Skidelsky & Associates - Real Estate Tax Reduction to Line 33	-15,351
Reclass Skidelsky & Associates - Real Estate Tax Reduction to Line 33	-17,139

Allocated from Management Co:

Point ClickCare - Computer Services	282
Lexis Nexis - Computer Services	231
Health Data Systems, Inc. - Computer Services	137
Inpriva - Computer Services	298
S4 Group LLC - Financial Consulting	722
McGladrey LLP - Accounting Services	29,172
Harold Geiser - Accounting	0
Frost, Ruttenberg & Rothblatt - Accounting	0
Perfect Staffing - Recruiter	4,876
Govig - Recruiter	3,612
Marilyn Dunn - Legal	25
Polsinelli - Legal	2,693
Ashman & Stein - Legal	215
Much Shelist - Legal	1,451
Total allocated from Management Co.	<u>43,714</u>

Allocated from Therapy Masters, Inc.:

Casamba - Computer Services	2,362
Health Data Services - Computer Services	42
McGladrey LLP - Accounting Services	82
Theracore - Business Consulting	15,145
Personnel Planners - Financial Consulting	38
Career Tree Network - Therapist Recruitment	2,623
Total allocated from Therapy Masters, Inc.	<u>20,292</u>

Non-allowable Professional Fees:

McGladrey LLP - Accounting Fees	-42,549
Ashman & Stein - Legal - out of period	-57
Meyers & Flowers, LLC - A/R Collections	-34,870
Marilyn Dunn - Legal - out of period	-90
Berton Goldstein - Legal - Tax Consultation	-700
Law Offices of Aaron Jacoby - Legal - A/R Collections	-1,161
Total Non-allowable Professional Fees	<u>-79,427</u>

Total adjustments page 21, Sch C.

-15,421

Total Schedule V, line 19, column 8

167,998

SCHEDULE D

XIX. SUPPORT SCHEDULES

D. Employee Benefits and Payroll Taxes
 Page 21

DESCRIPTION	AMOUNT
Allocated from Management Co.	
FICA taxes	43,251
FUTA	335
SUTA	1,709
401K Match	3,989
Insurance - Hospital	52,619
Employee Benefits	0
Other Employee Benefits	0
Workers Compensation Insurance	6,660
Total allocated from Management Co.	<u>108,563</u>
Allocate Employee Benefits to Line #'s 7, 27	-108,563
Allocated from Therapy Masters, Inc.	
FICA taxes	28,109
FUTA	310
SUTA	445
401K Match	1,771
Insurance - Hospital	6,335
Uniform Allowance	0
Workers Compensation Insurance	1,974
Total allocated from Therapy Masters, Inc.	<u>38,944</u>
Allocate Employee Benefits to Line #'s 15, 27	-38,944
Total	<u>0</u>

SCHEDULE E

XV. SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Accrued Management Fee	1,271,432
Accrued Expenses	24,261
Insurance Payable	28,965
Due to Third Party	512,792
BlueCross BlueShield Advance	-6,642
Accrued Union Dues	5,607
Accrued 401K	-2,764
Accrued 401K Loan	5,089
Accrued Profit Sharing	-2,287
Accrued Provider Participation Fee - Tax	134,674
Total, Page 17, Line36, Column 1	<u>1,971,127</u>

SCHEDULE F

PAGE 5, SCHEDULE VI. ADJUSTMENT DETAIL
Schedule A. Nonallowable Expenses
Line 29 - Other Non-allowable costs

Description	Amount	Reference
Patient Clothing	-666	43
Non-allowable auto expense - marketing	-776	25
Non-allowable office expense	-795	43
Non-allowable professional fees	-79,427	19
Non-allowable Illinois Council on Long Term Care PAC Fees	-21,138	20
Non-allowable marketing salaries	-122,934	21
Non-allowable marketing employee benefits	-19,022	22
Non-allowable annual credit card membership fees	-103	20
Adjust Mgt. Co. Med Supplies - Med'A' purchases to cost	-11,144	10
Adjust Mgt. Co. Med Supplies - 'Other' purchases to cost	-112,296	10
Adjust Mgt. Co. Food purchases to cost	-34,566	2
Non-allowable insurance reimbursement	-433	22
Adjust pharmacy expense to cost	-1,694	39
Total	<u>-404,994</u>	

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

SCHEDULE G

	Accrued 1/01/15	Payments	Expense	Accrued 12/31/15
Balance @ 1/01/2015 - G/L # 251:	(602,000.00)		(602,000.00)	
2014 Real Estate Taxes Paid		563,716.79	563,716.79	
To record 12/21/15 cash receipt for the refund of 2012 real estate taxes		(44,437.34)	(44,437.34)	
Estimated 2015 real estate taxes:				
2014 taxes	563,716.79			
Estimated increase	4.00%			
Estimated 2015 taxes	586,265.46			
USE	587,000.00		587,000.00	(587,000.00)
Totals	<u>(602,000.00)</u>	519,279.45	504,279.45	<u>(587,000.00)</u>

Real estate tax history:

	Year	Amount	Increase	
		\$	%	
	1992	268,135.26		
	1993	276,387.40	8,252.14	3.08%
	1994	293,076.34	16,688.94	6.04%
	1995	299,722.22	6,645.88	2.27%
	1996	301,089.35	1,367.13	0.46%
	1997	303,074.24	1,984.89	0.66%
	1998	305,668.32	2,594.08	0.86%
	1999	312,803.95	7,135.63	2.33%
	2000	303,160.15	(9,643.80)	-3.08%
	2001	326,141.52	22,981.37	7.58%
	2002	314,693.25	(11,448.27)	-3.51%
	2003	322,112.64	7,419.39	2.36%
	2004	320,753.21	(1,359.43)	-0.42%
	2005	327,659.74	6,906.53	2.15%
	2006	337,697.40	10,037.66	3.06%
	2007	379,623.78	41,926.38	12.42%
	2008	383,926.13	4,302.35	1.13%
	2009	445,204.37	61,278.24	15.96%

2010	510,062.80	64,858.43	14.57%
2011	528,287.89	18,225.09	3.57%
2012	556,970.29	28,682.40	5.43%
2013	578,172.73	21,202.44	3.81%
2014	563,716.79	(14,455.94)	-2.50%

Provider Name: Glen Oaks Nursing Rehab Center

Provider I.D. #: 0022111

Year Ended: December 31, 2015

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Sim Dachs	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
Sim Dachs, Dennis Ong, Alma Grace Francisco, Lyndon Bugarin	4/22/2015	Skokie, IL	Illinois Council on Long Term Care 2015 Medicare Updates for Skilled Nursing Facilities	420
Sim Dachs	9/9/2015	Westmont, IL	Pathway Health Restorative/Rehabilitation Certification Program for Licensed Nurses	899
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
Sim Dachs	7/14/2015	Skokie, IL	Illinois Council on Long Term Care Integrating 5 Star Rating and QAPI: A 5 Star Experience	105
Sim Dachs	8/11/2015	Skokie, IL	Illinois Council on Long Term Care Understanding the Payer Sources for Long Term Care	105
Admissions Department	8/31/2015	Skokie, IL	Positive Vibe Coaching Training for Admissions Department	111
Sim Dachs	10/13/2015	Skokie, IL	Illinois Council on Long Term Care Understanding the Complicated Long Term Care Survey Process	105
Sim Dachs	11/4/2015	Skokie, IL	Illinois Council on Long Term Care What is Healthcare Turnaround and How Can Your Facility Benefit	420

Allocated From Management Company	1,627
Allocated From Therapy Masters	1,016
Total	<u>5,824</u>

Glen Oaks Nursing and Rehabilitation Centre, LTD.
 Provider #0022111
 12/31/2015

SCHEDULE I

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

	Gasoline	Registration/ Stickers	UHaul Rental	Repairs	Employee Reimbursement: Mileage, Tolls, Parking	Total
Direct Expense	6,749	424	121	1,198	576	9,068
Non-allowable - Marketing						(776)
Allocated from Therapy Masters, Inc.						853
Allocated from Management Company						10,475
TOTAL	<u>6,749</u>	<u>424</u>	<u>121</u>	<u>1,198</u>	<u>576</u>	<u>19,620</u>

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

ASSET DESCRIPTION	COST 6/30/1999	ADJUSTMENTS TO CAPITAL PROJECTION	ADJUSTED CAPITAL PROJECTION 6/30/1999	ADDITIONS		NURSING HOME PERCENTAGE 84.9438%	GLENBRIDGE 103,052/460,292 0.223883969	GLENCREST 111,372/460,292 0.241959452	GLEN OAKS 101,895/460,292 0.221370348		
				7/1/99- 12/31/2004	COST 12/31/2000						
1996 BUILDING PURCHASE	230,000		230,000		<u>230,000</u>	195,371	43,740	47,272	-	43,249	-
1998 BUILDING RENOVATION											
GENERAL CONTRACTOR	957,570		957,570		957,570						
ELECTRICAL CONTRACTOR	275,576		275,576		275,576						
HVAC CONTRACTOR	182,130		182,130		182,130						
PLUMBING CONTRACTOR	68,599		68,599		68,599						
ARCHITECT FEES	115,968		115,968		115,968						
OTHER FEES AND PERMITS	33,024		33,024		33,024						
SECURITY SYSTEM	17,953		17,953		17,953						
TELEPHONE SYSTEM	12,500		12,500		12,500						
MISC. BUILDING COMPONENTS	24,226		24,226		24,226						
CAPITALIZED INTEREST	121,387	-15,261	106,126		106,126						
LANDSCAPING	30,000		30,000		30,000						
SPRINKLER SYSTEM	10,720		10,720		10,720						
HVAC SYSTEMS	24,749	-24,749	0								
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		GLEN OAKS
			<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>106,511</u>
			93767	95,262	
			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		GLEN OAKS
			<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>105,965</u>
			93929	92,291	
			18.66%	18.34%	21.05%

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

2009 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>310,726</u>	<u>303,882</u>		<u>355,107</u>
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		NURSING HOME PERCENTAGE	CALCULATION BASED ON 2009 CENSUS		GLEN OAKS
		84.9438%	GLENBRIDGE	GLENCREST	
2010 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
2011 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
2012 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
2013 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
2014 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
2015 NO ADDITIONS	<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>
38,356	67,590	74,884	46,627	49,340	62,493	611,160
6.28%	11.06%	12.25%	7.63%	8.07%	10.23%	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	39,413
Employment Fees	39,000
Village of Northbrook Elevator Inspections, Fees	1,160
Cook County Department of Environmental Control Equipment Inspection	454
Secretary of State Annual Report	150
IIT Sourcetek Fees	320
Joint Commission Fees	4,000
State Fire Marshall Inspection Fee	700
Cardmember Services annual credit card fee	103
Department of Financial & Professional Regulation license fee	100
Non-Allowable Illinois Council on Long Term Care Dues	-21,138
Total	<u>64,261</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 103,052/460,292 0.223883969	GLENCREST 111,372/460,292 0.241959452	GLEN OAKS 101,895/460,292 0.221370348	GLEN ELSTON 41,220/460,292 0.08955185	GLENSHIRE 102,753/460,292 0.223234382	
		6,647	6,647	6,647						
1998 PARKING LOT REPAVING	5,900		5,900	5,900						
LEASEHOLD IMPROVEMENTS -	87,339		87,339	87,339						
ADDITIONAL CONSTRUCTION COSTS				99,886	22,363	24,168	22,112	8,945	22,298	
FARGO BUILDING										
1999 LEASEHOLD IMPROVEMENTS -	41,710		41,710	41,710						
ADDITIONAL CONSTRUCTION COSTS				141,596	31,701	34,260	31,345	12,680	31,609	
FARGO BUILDING										
2000 AQUATIC WORKS - BUILT IN FISH TAN	5,000		5,000	5,000						
				146,596	32,820	35,470	32,452	13,128	32,725	
2001 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
2002 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
2003 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
2004 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
2005 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
2006 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
RECALCULATION BASED ON 2007 CENSUS - New facility added in 2007 (GlenLake Terrace Nursing Ctr)										
					<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
					93,767	95,262	106,511	40,267	78,093	74,334
					0.192053401	0.195115457	0.218155638	0.082474797	0.159949942	0.152250765
2007 NO ADDITIONS				146,596	28,154	28,603	31,981	12,090	23,448	22,319
RECALCULATION BASED ON 2008 CENSUS - New facility added in 2008 (Brentwood partial year 9/1/08-12/31/08)										
					<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
					93,929	92,291	105,965	37,609	81,480	76,498
					18.66%	18.34%	21.05%	7.47%	16.19%	15.20%
2008 INSTALLATION OF IRRIGATION SYSTEM	15,036			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

2010 NO ADDITIONS

RECALCULATION BASED ON 2009 CENSUS							
	<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%	
	<u>161,632</u>	<u>27,690</u>	<u>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>	
Amounts as reported on cost report:	27,464	26,860	31,387	11,235	24,320	24,452	
Differences due to error in formula:	-226	-220	-258	-93	-200	-201	
(Total allocated over 99.18 % not 100.00 %)							

	RECALCULATION BASED ON 2009 CENSUS		GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
	GLENBRIDGE	GLENCREST				
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>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>
	RECALCULATION BASED ON 2009 CENSUS		GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
	GLENBRIDGE	GLENCREST				
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>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>
	RECALCULATION BASED ON 2009 CENSUS		GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
	GLENBRIDGE	GLENCREST				
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>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>
	RECALCULATION BASED ON 2009 CENSUS		GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
	GLENBRIDGE	GLENCREST				
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>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>
	CALCULATION BASED ON 2015 CENSUS		GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
	GLENBRIDGE	GLENCREST				
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>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%
<hr/>	<hr/>
14,715	161,632
<hr/>	<hr/>
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>

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2015

SCHEDULE M

PAGE 14, C. VEHICLE RENTAL

1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense For This Period
Patient Care	2011 Acura MDX	795.00	9,565.00
Patient Care	2014 Infiniti QX70 AWD	697.00	8,389.00
Patient Care	2014 Infiniti Q50	563.40	6,807.00
Subtotal			24,761.00