



Facility Name & ID Number Glenlake Terrace Nrsg & Reh

# 0048637 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>183</u>	Skilled (SNF)	<u>183</u>	<u>66,795</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>88</u>	Intermediate (ICF)	<u>88</u>	<u>32,120</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>271</u>	TOTALS	<u>271</u>	<u>98,915</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>15,788</u>	<u>958</u>	<u>8,534</u>	<u>25,280</u>	8
9	SNF/PED					9
10	ICF	<u>47,364</u>	<u>2,234</u>	<u>6</u>	<u>49,604</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>63,152</u>	<u>3,192</u>	<u>8,540</u>	<u>74,884</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.71%

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

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

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES  NO

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

YES  NO

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

Date started 12/07/06

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

YES  Date 12/07/06 NO

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

YES  NO  If YES, enter number of beds certified 138 and days of care provided 6,011

Medicare Intermediary National Government Services, Inc.

**IV. ACCOUNTING BASIS**

ACCRAUAL  MODIFIED CASH\*  CASH\*

Is your fiscal year identical to your tax year? YES  NO

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

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

Facility Name & ID Number Glenlake Terrace Nrsng & Reh # 0048637 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	399,114	61,181	32,107	492,402		492,402	492,402			1
2	Food Purchase		616,061		616,061	(28,803)	587,258	(103,081)	484,177		2
3	Housekeeping		12,264	336,830	349,094		349,094		349,094		3
4	Laundry			226,720	226,720		226,720		226,720		4
5	Heat and Other Utilities			240,360	240,360		240,360	4,674	245,034		5
6	Maintenance	115,536	48,092	147,363	310,991		310,991	7,181	318,172		6
7	Other (specify):* <b>Allocated Employee Benefits</b>							479	479		7
8	<b>TOTAL General Services</b>	514,650	737,598	983,380	2,235,628	(28,803)	2,206,825	(90,747)	2,116,078		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			172,571	172,571		172,571		172,571		9
10	Nursing and Medical Records	4,863,447	1,000,293	255,307	6,119,047		6,119,047	(339,393)	5,779,654		10
10a	Therapy	479,493	8,890	827,740	1,316,123		1,316,123	(164,899)	1,151,224		10a
11	Activities	213,255	6,450	2,588	222,293		222,293		222,293		11
12	Social Services	118,301		9,942	128,243		128,243		128,243		12
13	CNA Training										13
14	Program Transportation			7,305	7,305		7,305		7,305		14
15	Other (specify):* <b>Allocated Employee Benefits</b>							62,917	62,917		15
16	<b>TOTAL Health Care and Programs</b>	5,674,496	1,015,633	1,275,453	7,965,582		7,965,582	(441,375)	7,524,207		16
	<b>C. General Administration</b>										
17	Administrative	111,366		1,334,543	1,445,909		1,445,909	(1,279,111)	166,798		17
18	Directors Fees										18
19	Professional Services			151,586	151,586		151,586	17,650	169,236		19
20	Dues, Fees, Subscriptions & Promotions			92,870	92,870	1,770	94,640	(16,441)	78,199		20
21	Clerical & General Office Expenses	473,285	81,502	70,928	625,715	(1,770)	623,945	367,295	991,240		21
22	Employee Benefits & Payroll Taxes			1,050,013	1,050,013	28,803	1,078,816	(31,516)	1,047,300		22
23	Inservice Training & Education			4,700	4,700		4,700	2,870	7,570		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			20,176	20,176	(4,431)	15,745	2,288	18,033		25
26	Insurance-Prop.Liab.Malpractice			276,055	276,055		276,055	6,420	282,475		26
27	Other (specify):* <b>Allocated Employee Benefits</b>							92,227	92,227		27
28	<b>TOTAL General Administration</b>	584,651	81,502	3,000,871	3,667,024	24,372	3,691,396	(838,318)	2,853,078		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	6,773,797	1,834,733	5,259,704	13,868,234	(4,431)	13,863,803	(1,370,440)	12,493,363		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.

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			261,802	261,802		261,802	305,123	566,925			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			270,832	270,832		270,832	220,376	491,208			32
33	Real Estate Taxes							208,639	208,639			33
34	Rent-Facility & Grounds			886,988	886,988		886,988	(886,988)				34
35	Rent-Equipment & Vehicles			14,593	14,593	4,431	19,024	6,152	25,176			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			1,434,215	1,434,215	4,431	1,438,646	(146,698)	1,291,948			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		492,720	198,590	691,310		691,310		691,310			39
40	Barber and Beauty Shops			72	72		72		72			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			567,234	567,234		567,234		567,234			42
43	Other (specify):* <b>Non-Allowable</b>			751,586	751,586		751,586	(751,586)				43
44	<b>TOTAL Special Cost Centers</b>		492,720	1,517,482	2,010,202		2,010,202	(751,586)	1,258,616			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,773,797	2,327,453	8,211,401	17,312,651		17,312,651	(2,268,724)	15,043,927			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 Glenlake Terrace Nrsg & Reh

# 0048637

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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
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	(10,731)	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	(487)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,372)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,490)	43		18
19	Entertainment				19
20	Contributions	(500)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(746,974)	43		24
25	Fund Raising, Advertising and Promotional				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:	(1,110,651)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (1,872,205)</b>		<b>\$</b>	<b>30</b>

**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	
		<b>Amount</b>	<b>Reference</b>	
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)	(396,519)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (396,519)</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	<b>\$ (2,268,724)</b>		<b>37</b>

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

<b>BHF USE ONLY</b>						
48		49		50		51
						52

## Glenlake Terrace Nrsg &amp; Reh

ID# 0048637

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	\$ (89,861)	10	1
2	Adjust Mgt Co. medical supplies"other" to cost	(249,532)	10	2
3	Adjust Mgt Co. food to cost	(103,081)	2	3
4	Non-allowable patient clothing	(1,250)	43	4
5	Non-allowable professional fees	(49,237)	19	5
6	Non-allowable owner interest expense	(139,300)	32	6
7	Non-allowable auto expense - marketing	(7,811)	25	7
8	Non-allowable Illinois Council on Long Term Care Dues	(18,889)	20	8
9	Non-allowable office expense	(251)	43	9
10	Non-allowable trust fees	(386)	43	10
11	Non-allowable marketing employee benefits	(23,360)	22	11
12	Non-allowable owner interest expense	(268,803)	32	12
13	Non-allowable auto expense - ticket	(35)	25	13
14	Non-allowable marketing salaries	(150,699)	21	14
15	Non-allowable insurance reimbursement	(8,156)	22	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(1,110,651)		49

## STATE OF ILLINOIS

Summary A

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

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	(103,081)	0	0	0	0	0	0	0	0	0	0	(103,081)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	4,674	0	0	0	0	0	0	0	0	4,674	5
6	Maintenance	0	0	7,166	0	15	0	0	0	0	0	0	7,181	6
7	Other (specify):*	0	0	479	0	0	0	0	0	0	0	0	479	7
8	<b>TOTAL General Services</b>	<b>(103,081)</b>	<b>0</b>	<b>12,319</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(90,747)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(339,393)	0	0	0	0	0	0	0	0	0	0	(339,393)	10
10a	Therapy	0	0	0	0	(164,899)	0	0	0	0	0	0	(164,899)	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	62,917	0	0	0	0	0	0	62,917	15
16	<b>TOTAL Health Care and Programs</b>	<b>(339,393)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(101,982)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(441,375)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	(1,279,111)	0	0	0	0	0	0	0	0	(1,279,111)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(49,237)	0	37,073	60	29,754	0	0	0	0	0	0	17,650	19
20	Fees, Subscriptions & Promotions	(18,889)	0	146	0	2,302	0	0	0	0	0	0	(16,441)	20
21	Clerical & General Office Expenses	(161,430)	0	521,274	0	7,451	0	0	0	0	0	0	367,295	21
22	Employee Benefits & Payroll Taxes	(31,516)	0	0	0	0	0	0	0	0	0	0	(31,516)	22
23	Inservice Training & Education	0	0	1,380	0	1,490	0	0	0	0	0	0	2,870	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(7,846)	0	8,884	0	1,250	0	0	0	0	0	0	2,288	25
26	Insurance-Prop.Liab.Malpractice	0	0	5,501	0	919	0	0	0	0	0	0	6,420	26
27	Other (specify):*	0	0	91,591	0	636	0	0	0	0	0	0	92,227	27
28	<b>TOTAL General Administration</b>	<b>(268,918)</b>	<b>0</b>	<b>(613,262)</b>	<b>60</b>	<b>43,802</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(838,318)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(711,392)</b>	<b>0</b>	<b>(600,943)</b>	<b>60</b>	<b>(58,165)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,370,440)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(487)	0	10,173	295,437	0	0	0	0	0	0	0	305,123	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(408,103)	0	0	628,479	0	0	0	0	0	0	0	220,376	32
33	Real Estate Taxes	0	0	8,226	200,413	0	0	0	0	0	0	0	208,639	33
34	Rent-Facility & Grounds	0	0	0	(886,988)	0	0	0	0	0	0	0	(886,988)	34
35	Rent-Equipment & Vehicles	0	0	6,152	0	0	0	0	0	0	0	0	6,152	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(408,590)</b>	<b>0</b>	<b>24,551</b>	<b>237,341</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(146,698)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(752,223)	0	0	637	0	0	0	0	0	0	0	(751,586)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(752,223)</b>	<b>0</b>	<b>0</b>	<b>637</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(751,586)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(1,872,205)</b>	<b>0</b>	<b>(576,392)</b>	<b>238,038</b>	<b>(58,165)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(2,268,724)</b>	<b>45</b>

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Sidney Glenner	80.00%	See Attached Page 6-Supplemental		See Attached Schedule A		
Joshua Ray	20.00%					

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

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

1	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)	
	V	Total from Page 6A	\$ 1,334,543	Glen Health and Home Management, Inc.	A	\$ 758,151	\$ (576,392)	1
	V							2
	V	Total from Page 6B	886,988	GlenLake Terrace Realty LLC	B	1,125,026	238,038	3
	V							4
	V	Total from Page 6C	827,740	Therapy Masters, Inc.	C	769,575	(58,165)	5
	V							6
	V							7
	V			OWNERSHIP REFERENCE:				8
	V			A: Owned 100.00 % by Sidney Glenner through attribution				9
	V			B: Owned 80.00 % by Sidney Glenner & 20.00 % by Joshua Ray				10
	V			C: Owned 100.00 % by Sidney Glenner				11
	V							12
	V							13
14	Total		\$ 3,049,271			\$ 2,652,752	\$ * (396,519)	14

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

Facility Name &amp; ID Number

Glenlake Terrace Nrsg &amp; Reh

# 0048637

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 %	Glen Oaks Nursing & Rehabilitation	Northbrook				11
12			Centre, Ltd.					12
13								13
14	Sidney Glenner	100.00 %	GlenShire Nursing & Rehabilitation	Richton Park				14
15			Centre, Ltd.					15
16								16
17	Sidney Glenner	99.00 %	Brentwood North Healthcare & Rehabilitation	Riverwoods				17
18	Joshua Ray	1.00 %	Centre, Inc.					18
19								19
20	Sidney Glenner	50.00 %	Ballard Respiratory and 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

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	\$ 1,334,543	Glen Health and Home Management, Inc.	A	\$	\$ (1,334,543)
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	4,674	4,674
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	4,318	4,318
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	37,073	37,073
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	146	146
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	33,055	33,055
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	92,070	92,070
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	1,380	1,380
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	8,884	8,884
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	5,501	5,501
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	10,173	10,173
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	8,226	8,226
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	6,152	6,152
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	2,848	2,848
29	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	55,432	55,432
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	488,219	488,219
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(92,070)	(92,070)
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	479	479
33	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	9,336	9,336
34	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	82,255	82,255
35	V						
36	V						
37	V			A - OWNERSHIP: Sidney Glenner - 100 % through attribution			
38	V						
39	Total		\$ 1,334,543			\$ 758,151	\$ * (576,392)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	43 Clerical	\$	GlenLake Terrace Realty LLC	B	\$ 251	\$	251	15
16	V	30 Depreciation		GlenLake Terrace Realty LLC	B	295,437		295,437	16
17	V	32 Interest Income		GlenLake Terrace Realty LLC	B	(29)		(29)	17
18	V	32 Interest Expense		GlenLake Terrace Realty LLC	B	628,508		628,508	18
19	V	33 Real Estate Taxes		GlenLake Terrace Realty LLC	B	200,413		200,413	19
20	V	34 Rental Income	886,988	GlenLake Terrace Realty LLC	B			(886,988)	20
21	V	43 Trust Fees		GlenLake Terrace Realty LLC	B	386		386	21
22	V	19 Professional Fees		GlenLake Terrace Realty LLC	B	60		60	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V			B - OWNERSHIP:					27
28	V			Sidney Glenner - 80.00 %					28
29	V			Joshua Ray - 20.00 %					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		\$ 886,988			\$ 1,125,026	\$ *	238,038	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	\$ 827,740	Therapy Masters, Inc.	C	\$ 662,841	\$ (164,899)
16	V	19 Professional Fees		Therapy Masters, Inc.	C	29,754	29,754
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	C	82	82
18	V	6 Repairs and Maintenance		Therapy Masters, Inc.	C	15	15
19	V	21 Clerical Salaries		Therapy Masters, Inc.	C	6,719	6,719
20	V	21 Clerical		Therapy Masters, Inc.	C	732	732
21	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	63,553	63,553
22	V	23 Training and Education		Therapy Masters, Inc.	C	1,490	1,490
23	V	25 Auto Expenses		Therapy Masters, Inc.	C	1,250	1,250
24	V	20 Employment Fees		Therapy Masters, Inc.	C	2,220	2,220
25	V	22 Employee Benefits		Therapy Masters, Inc.	C	(63,553)	(63,553)
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	62,917	62,917
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	636	636
28	V	26 Insurance - Liability		Therapy Masters, Inc.	C	919	919
29	V						
30	V						
31	V						
32	V						
33	V			C - OWNERSHIP: Sidney Glenner 100 %			
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 827,740			\$ 769,575	\$ * (58,165)

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

Facility Name & ID Number Glenlake Terrace Nrsg & Reh # 0048637 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	80.00 %	198,484	10	16.21%	Salary	\$ 27,716	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	46,887	6	16.21%	Salary	6,547	Ln 21, Col 7	2
3	Elliot Glenner	Administrative	Administrative	0.00 %	58,434	6	16.21%	Salary	3,671	Ln 21, Col 7	3
4	Daniel Glenner	Administrative	Administrative	0.00 %	26,285	1	2.00%	Salary	8,160	Ln 21, Col 7	4
5	Joshua Ray	V.P. of Operations	Administrative	20.00 %	198,484	10	16.21%	Salary	27,716	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	\$ 73,810		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 Glenlake Terrace Nrsg & Reh

# 0048637

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 & 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	\$ 74,884	\$ 4,674	1
2	6	Repairs and Maintenance	Resident Days	611,160	9	35,244	74,884	4,318	2
3	19	Professional Fees	Resident Days	611,160	9	302,569	74,884	37,073	3
4	20	Licenses, Permits and Inspection	Resident Days	611,160	9	1,190	74,884	146	4
5	21	Clerical	Resident Days	611,160	9	269,777	74,884	33,055	5
6	22	Employee Benefits and Payroll	Resident Days	611,160	9	751,422	74,884	92,070	6
7	23	Training and Education	Resident Days	611,160	9	11,264	74,884	1,380	7
8	25	Auto Expenses	Resident Days	611,160	9	72,505	74,884	8,884	8
9	26	Insurance	Resident Days	611,160	9	44,894	74,884	5,501	9
10	30	Depreciation	Resident Days	611,160	9	83,029	74,884	10,173	10
11	33	Real Estate Taxes	Resident Days	611,160	9	67,133	74,884	8,226	11
12	35	Equipment and Vehicle Rental	Resident Days	611,160	9	50,212	74,884	6,152	12
13	6	Janitorial Salaries	Resident Days	611,160	9	23,245	23,245	2,848	13
14	17	Officer's Salaries	Resident Days	611,160	9	452,400	452,400	55,432	14
15	21	Administrative Salaries	Resident Days	611,160	9	3,984,560	3,984,560	488,219	15
16	22	Employee Benefits	Payroll					(92,070)	16
17	7	Employee Benefits - Janitorial	Payroll					479	17
18	27	Employee Benefits - Officer's	Payroll					9,336	18
19	27	Employee Benefits - Admin	Payroll					82,255	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 6,187,587	\$ 4,460,205	\$ 758,151	25

Facility Name &amp; ID Number

Glenlake Terrace Nrsrg &amp; Reh

# 0048637

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		7	8	9	10						
			Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
			YES	NO											Original	Balance			
		<b>A. Directly Facility Related</b>																	
		<b>Long-Term</b>																	
1		UBS Wealth Management		X	Mortgage	\$30,955.56	10/26/10	\$ 15,600,000	\$ 15,600,000	9/15/2020	0.0398	\$ 489,208	1						
2		SLG Limited Partnership	X		Mortgage	\$18,435.66	11/15/10	3,500,000	3,500,000	12/01/2035	0.0398	139,300	2						
3													3						
4										Non-allowable owner interest expense:		(139,300)	4						
5													5						
		<b>Working Capital</b>																	
6		Sidney Glenner	X		Working Capital		Various	274,661	274,661		0.0525	13,580	6						
7		AMJED GST Trust	X		Working Capital		Various	5,995,405	5,995,405		0.0525	231,598	7						
8		Joshua Ray	X		Working Capital		Various	850,000	850,000		0.0525	23,625	8						
9		<b>TOTAL Facility Related</b>				\$49,391.22		\$ 26,220,066	\$ 26,220,066			\$ 758,011	9						
		<b>B. Non-Facility Related*</b>																	
10		MB Financial Bank		X	Working Capital		12/01/15	1,293,000	1,293,000	6/17/2015	0.0233	2,029	10						
11													11						
12										Non-allowable owner interest expense:		(268,803)	12						
13										Interest Income Offset:		(29)	13						
14		<b>TOTAL Non-Facility Related</b>						\$ 1,293,000	\$ 1,293,000			\$ (266,803)	14						
15		<b>TOTALS (line 9+line14)</b>						\$ 27,513,066	\$ 27,513,066			\$ 491,208	15						

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

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

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



## 2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glenlake Terrace Nrsg & Reh COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0048637

CONTACT PERSON REGARDING THIS REPORT Charles J. Fischer

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

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

Enter the tax index number and real estate tax assessed for 2014 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2014.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>08-32-109-021</u>	<u>2222 14th Street, Waukegan, IL</u>	\$ <u>182,842.71</u>	\$ <u>182,842.71</u>
2. <u>08-32-109-020</u>	<u>2300 14th Street, Waukegan, IL</u>	\$ <u>2,569.97</u>	\$ <u>2,569.97</u>
3. <u>Allocated from Management Company:</u>		\$ <u>67,133.00</u>	\$ <u>8,226.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>252,545.68</u></u>	\$ <u><u>193,638.68</u></u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?                 YES            X       NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home.  
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 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: 48,925 B. General Construction Type: Exterior Brick Frame Concrete and Steel Number of Stories Four

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
 List entity name, type of business, square footage, and number of beds/units available (where applicable).  
2300 WEST 14TH STREET, WAUKEGAN, IL - LAND LOCATED ADJACENT TO THE FACILITY.

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

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Patient Care	79,750	2006	\$ 502,844	1
2	Allocated from Management Company:			10,406	2
3	TOTALS	79,750		\$ 513,250	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	271	2006	1974	\$ 7,636,686	\$ 254,556	30	\$ 254,556	\$	\$ 2,302,575	4
5										5
6	Alloc from		1996	222,236			7,340	7,340		6
7	Mgt Comp									7
8	Schedule J									8
	<b>Improvement Type**</b>									
9										9
10	Furnish and install outdoor signs		2007	10,055	1,006	10	1,006		8,551	10
11	Remove and install vinyl cove base		2007	9,986	999	10	999		8,491	11
12	Furnish and install light fixture and run new piping		2007	2,672	267	10	267		2,270	12
13	Replace leaking hydraulic supply lines for elevators		2007	5,000	500	10	500		4,250	13
14	Furnish and install motor bearings and gasket on washing machine		2008	2,535	254	10	254		1,905	14
15	Coil rebuilding and water heater retubing		2008	3,276	328	10	328		2,460	15
16	Replace tube sheet and water return pump, replace piping		2008	2,717	272	10	272		2,040	16
17										17
18										18
19	Indoor cameras with power supply		2008	6,889	689	10	689		5,167	19
20	Indoor cameras and power supply		2008	3,211	321	10	321		2,408	20
21	Replace 2 inch galvanized hot water piping in laundry room		2009	2,500	250	10	250		1,625	21
22	Wiring for television system, create television outlets		2009	2,750	275	10	275		1,788	22
23	Furnish and install sentry guard water coil		2009	5,169	517	10	517		3,360	23
24	Install new receptacles on existing circuits for televisions		2009	8,800	880	10	880		5,720	24
25	Furnish and install wet-pipe sprinkler protection		2009	56,112	5,611	10	5,611		36,472	25
26	Remove existing cove base and carpet, floor prep, new carpet and wallpap		2009	3,364	336	10	336		2,184	26
27	Category 6 cable (550mhz)		2010	3,964	396	10	396		2,178	27
28	Installation of front door electrolock security system with intercom		2010	3,985	399	10	399		2,194	28
29	Install fire alarm wiring and power supervision relays		2010	4,544	454	10	454		2,497	29
30	Install new mixing valve on plumbing project		2011	3,160	316	10	316		1,422	30
31	Install fire protection sprinkler heads		2011	3,088	309	10	309		1,390	31
32	Remove and install ceiling, nurses station, vinyl tile project and wallpaper		2011	365,930	36,593	10	36,593		164,669	32
33	Install new light poles		2011	13,753	1,375	10	1,375		6,188	33
34	New parking lot and curbs		2011	127,628	12,763	10	12,763		57,433	34
35	Parking lot striping and install compacted mix		2011	18,495	1,850	10	1,850		8,325	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 &amp; ID Number Glenlake Terrace Nrsg &amp; Reh

# 0048637

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	Concrete project, install curbs, walkway and patio	2011	\$ 37,699	\$ 3,770	10	\$ 3,770	\$	\$ 16,965	37
38	Installation of new annunciators for nursing stations	2011	2,838	284	10	284		1,278	38
39	Exterior fire main project	2011	10,220	1,022	10	1,022		4,599	39
40	Remove and install ceramic tile and carpet	2011	24,568	2,688	10	2,457	(231)	11,172	40
41	Purchase of food waste disposer	2011	3,132	313	10	313		1,409	41
42	Install annunciator panel, conduit and elbows	2011	4,835	484	10	484		2,178	42
43									43
44	Furnish and install new single casement windows	2012	2,700	270	10	270		945	44
45	Remove wallpaper, patch and paint walls in bedrooms	2012	17,634	1,763	10	1,763		6,171	45
46	Furnish and install water heater	2012	27,706	2,771	10	2,771		9,698	46
47	Wallcovering, corner guards, ceiling, doors	2012	54,209	5,677	10	5,421	(256)	18,973	47
48	Laminate doors, install vinyl tile, wallpaper and paint	2012	157,820	15,782	10	15,782		55,237	48
49	Repair broken sewer line	2012	5,290	529	10	529		1,852	49
50	Fireproofing	2012	2,716	272	10	272		952	50
51	Furnish sprinklers for elevator pit	2012	2,600	260	10	260		910	51
52	Remove closet walls, install ceramic wall, ceiling, tile, doors & sign	2012	50,868	5,087	10	5,087		17,804	52
53	Remove tiles, handrails, drywall, painting, guards & vinyl cove	2012	55,300	5,530	10	5,530		19,355	53
54	Freight on Econocare invoice # 39801	2012	14,497	1,450	10	1,450		5,075	54
55	Install new annunciator panels for nursing stations	2012	2,880	288	10	288		1,008	55
56									56
57	Furnish and install drywall, paint and corner guards in the	2012	12,560	1,256	10	1,256		4,396	57
58	fourth floor dining rooms								58
59									59
60	Furnish and install bumper guards behind the beds on the	2012	8,150	815	10	815		2,853	60
61	fourth floor and first floor bedrooms								61
62	Furnish and install drywall, tile, wallpaper and handrails	2012	50,250	5,025	10	5,025		17,588	62
63	in the second floor hallway								63
64	Patch walls and paint in common areas on the first, second,	2012	3,835	384	10	384		1,344	64
65	third floors and janitor closets								65
66	Wallcovering, ceiling tile, corner guards, plumbing, drywall, paint	2012	111,049	11,105	10	11,105		38,867	66
67	in the elevator, fourth floor corridor, family lounge, dining room,								67
68	shower rooms and first floor therapy room								68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 9,191,861	\$ 388,341		\$ 395,194	\$ 6,853	\$ 2,878,191	70

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

Facility Name &amp; ID Number Glenlake Terrace Nrsg &amp; Reh

# 0048637

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	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,191,861	\$ 388,341		\$ 395,194	\$ 6,853	\$ 2,878,191	1
2	Furnish and install steel decking, drains, mixing valve for shower in the second floor west shower rooms	2012	3,100	310	10	310		1,085	2
3									3
4	Furnish and install bumper guards in the second floor and fourth floor dining rooms	2012	2,569	257	10	257		899	4
5									5
6	Sealcoat, patch and fill potholes, striping of parking lot	2012	3,748	375	10	375		1,312	6
7	Credit on TCL Electric & Lighting invoice	2011	(13,753)	(1,375)	10	(1,375)		(6,188)	7
8	Furnish and install shower drains, tile	2012	3,250	325	10	325		1,138	8
9	Fabricate new nursing station	2012	14,900	1,490	10	1,490		5,215	9
10	Fabricate new nursing station	2012	14,900	1,490	10	1,490		5,215	10
11	Demo 2 shower stalls & furnish and install drains and plumbing	2012	2,535	254	10	254		889	11
12	Wallcovering and bumper and corner guards in the second floor dining room and first floor resident rooms	2012	5,483	548	10	548		1,918	12
13									13
14	Furnish ceiling tile and elevator wraps for 2nd and 4th floors	2013	8,983	898	10	898		2,245	14
15	Replace sewer line and recement	2013	8,800	880	10	880		2,200	15
16	Replace shorted compressor on walk-in cooler	2013	3,136	317	10	317		791	16
17	Remove existing cove base and carpet, install carpet & base in Administrative office. Remove and replace existing plumbing fixtures in bathroom, wallcovering, paint doors and frames	2013	8,571	857	10	857		2,143	17
18									18
19									19
20	Install openings for power outlets, receptacles, wiring	2014	20,420	2,042	10	2,042		3,063	20
21	Telephone wiring project	2014	4,445	445	10	445		667	21
22	Install new bearing assembly and gaskets on chiller pump	2014	2,872	287	10	287		431	22
23	Iron wrought railings 42" high	2014	3,200	320	10	320		480	23
24	Install sheet vinyl flooring and cove base in dialysis room	2014	5,919	592	10	592		888	24
25	Install new electrical tubes, burner heads & gaskets on boiler	2014	14,000	1,400	10	1,400		2,100	25
26	Install new electrical tubes, burner heads & gaskets on boiler	2015	14,000	700	10	700		700	26
27	Repiping, rewiring and relocate existing heater to another wall, supply and install 100A/3p disconnect, double logs, 100 amp feeder and pool box, new electrical breakers and circuits	2015	7,400	370	10	370		370	27
28									28
29									29
30	Install new T775 controller on chiller and rewiring	2015	2,923	146	10	146		146	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,333,262	\$ 401,269		\$ 408,122	\$ 6,853	\$ 2,905,898	34

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

Facility Name & ID Number Glenlake Terrace Nrsg & Reh

# 0048637

Report Period Beginning:

01/01/2015 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	<b>Totals from Page 12B, Carried Forward</b>								
2		\$ 9,333,262	\$ 401,269		\$ 408,122	\$ 6,853	\$ 2,905,898		1
3	<b>See Attached Schedule L:</b>								
4	Leasehold Improvements Allocated from Management Company:	1998	12,239		562	562	19,551		4
5	Leasehold Improvements Allocated from Management Company:	1999	5,111						5
6	Leasehold Improvements Allocated from Management Company:	2000	612						6
7	Leasehold Improvements Allocated from Management Company:	2008	1,842						7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,353,066	\$ 401,269		\$ 408,684	\$ 7,415	\$ 2,925,449	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	\$ 1,376,759	\$ 148,085	\$ 148,085	\$	5, 10 years	\$ 742,017	71
72	Current Year Purchases	82,380	4,119	4,119		5, 10 years	4,119	72
73	Fully Depreciated Assets	27,028	2,703	2,703		5 years	27,028	73
74	Allocated from Therapy Masters, Mgt Co:	97,490		1,420	1,420		81,619	74
75	TOTALS	\$ 1,583,657	\$ 154,907	\$ 156,327	\$ 1,420		\$ 854,783	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Care	2001 Ford Bus	2000	\$ 20,000	\$	\$	\$	5 years	\$ 20,000	76
77	Marketing	2009 Lincoln MKX	2009	31,500				5 years	31,500	77
78	Patient Care	2002 Ford Econoline	2015	10,641	1,064	1,064		5 years	1,064	78
79	Allocated from Management Company:			20,656		850	850		19,906	79
80	TOTALS			\$ 82,797	\$ 1,064	\$ 1,914	\$ 850		\$ 72,470	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,532,770	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 557,240	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 566,925	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 9,685	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,852,702	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.

**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: \$ 16,121 Description: See Attached Schedule M

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Patient Care	2014 Cadillac CTS	\$ 629.40	\$ 4,430	17
18					18
19	Allocated from Management Company:			4,625	19
20					20
21	TOTAL		\$ 629.40	\$ 9,055	21

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

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

Facility Name & ID Number Glenlake Terrace Nrsng & Reh # 0048637 Report Period Beginning: 01/01/2015 Ending: 12/31/2015  
**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)**

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

1	Service	Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	Ln10a,Col 3	hrs	\$	4,801	\$ 271,952	\$	4,801	\$ 271,952	1
2	Licensed Speech and Language Development Therapist	Ln10a,Col 2&3	hrs		1,784	100,307	1,285	1,784	101,592	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		7,841	455,481	7,605	7,841	463,086	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescripts				492,720		492,720	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Radiology, Laboratory & Dialysis Other (specify): <u>Respiratory Therapy</u>	Ln 39, Col 3 Ln10a, Col 1	21,061 hours	479,493		198,590		21,061	198,590 479,493	13
14	<b>TOTAL</b>			\$ 479,493	14,426	\$ 1,026,330	\$ 501,610	35,487	\$ 2,007,433	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 Glenlake Terrace Nrsg & Reh

# 0048637

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*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 162,097	\$ 408,076	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	8,640,067	8,640,067	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	332,296	332,296	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(2,821,883)		8
9	Other(specify): <u>Other Receivables</u>	209,301	247,872	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 6,521,878</b>	<b>\$ 9,628,311</b>	<b>10</b>
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		513,250	13
14	Buildings, at Historical Cost		7,858,922	14
15	Leasehold Improvements, at Historical Cost	1,526,020	1,494,144	15
16	Equipment, at Historical Cost	1,139,495	1,666,454	16
17	Accumulated Depreciation (book methods)	(1,091,248)	(3,852,702)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 1,574,267</b>	<b>\$ 7,680,068</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 8,096,145</b>	<b>\$ 17,308,379</b>	<b>25</b>

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,946,646	\$ 1,946,646	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	368,774	368,774	30
31	Accrued Taxes Payable (excluding real estate taxes)	6,860	6,860	31
32	Accrued Real Estate Taxes(Sch.IX-B)		195,000	32
33	Accrued Interest Payable	361,099	383,809	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Attached Schedule E:</u>	3,523,418	3,523,418	36
37	<u>Due to Related Parties:</u>	513,017	513,017	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	<b>\$ 6,719,814</b>	<b>\$ 6,937,524</b>	<b>38</b>
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		19,100,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to Stockholders:</u>	7,120,066	7,120,066	43
44	<u>Loans Payable - Bank:</u>	1,293,000	1,293,000	44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	<b>\$ 8,413,066</b>	<b>\$ 27,513,066</b>	<b>45</b>
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	<b>\$ 15,132,880</b>	<b>\$ 34,450,590</b>	<b>46</b>
47	<b>TOTAL EQUITY(page 18, line 24)</b>	<b>\$ (7,036,735)</b>	<b>\$ (17,142,211)</b>	<b>47</b>
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	<b>\$ 8,096,145</b>	<b>\$ 17,308,379</b>	<b>48</b>

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,754,454)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (5,754,454)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(1,282,281)	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)	\$ (1,282,281)	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (7,036,735)	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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 14,755,666	1
2	Discounts and Allowances for all Levels	(2,202,543)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 12,553,123</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,524,331	6
7	Oxygen	384,750	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 1,909,081</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	550,665	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	89,385	19
20	Radiology and X-Ray	12,744	20
21	Other Medical Services	912,219	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 1,565,013</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	3,153	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 3,153</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28			28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>		<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 16,030,370</b>	<b>30</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,235,628	31
32	Health Care	7,965,582	32
33	General Administration	3,667,024	33
<b>B. Capital Expense</b>			
34	Ownership	1,434,215	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,442,968	35
36	Provider Participation Fee	567,234	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 17,312,651</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(1,282,281)</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (1,282,281)</b>	<b>43</b>

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 9,051,436	44
45	Private Pay - Net Inpatient Revenue	722,395	45
46	Medicare - Net Inpatient Revenue	1,716,598	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	1,061,805	47
48	Other-(specify) <u>Veterans - Net Inpatient Revenue</u>	889	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 12,553,123</b>	<b>49</b>

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

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

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

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

Facility Name & ID Number Glenlake Terrace Nrsg & Reh

# 0048637

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

**XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)**

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,893	2,102	\$ 91,478	\$ 43.52	1
2	Assistant Director of Nursing					2
3	Registered Nurses	76,860	81,793	2,346,783	28.69	3
4	Licensed Practical Nurses	26,899	28,932	739,872	25.57	4
5	CNAs & Orderlies	127,886	138,409	1,602,959	11.58	5
6	CNA Trainees					6
7	Licensed Therapist	19,692	21,061	479,493	22.77	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,539	1,697	28,121	16.57	9
10	Activity Assistants	17,605	18,890	185,134	9.80	10
11	Social Service Workers	6,105	6,603	118,301	17.92	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	9,466	10,290	107,154	10.41	14
15	Cook Helpers/Assistants	26,068	28,129	291,960	10.38	15
16	Dishwashers					16
17	Maintenance Workers	7,968	8,360	115,536	13.82	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,070	1,160	59,742	51.50	20
21	Assistant Administrator	1,343	1,509	51,624	34.21	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	22,259	24,615	473,285	19.23	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>	7,414	8,355	82,355	9.86	33
34	TOTAL (lines 1 - 33)	354,067	381,905	\$ 6,773,797 *	\$ 17.74	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	\$ 32,107	Ln 1, Col 3	35
36	Medical Director	Monthly	172,571	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	16,141	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	51	2,588	Ln 11, Col 3	44
45	Social Service Consultant	166	9,942	Ln 12, Col 3	45
46	Other(specify)				46
47	<u>Religious Consultant</u>	Monthly		Ln 12, Col 3	47
48					48
49	TOTAL (lines 35 - 48)	217	\$ 233,349		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	7,327	\$ 197,836	Ln 10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	7,327	\$ 197,836		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	
Jacqueline Prestel	Administrator	0.00%	\$ 59,742	Workers' Compensation Insurance	\$ 141,226	IDPH License Fee	\$	
Aaron Pancer	Asst Administrator	0.00 %	51,624	Unemployment Compensation Insurance	77,410	Advertising: Employee Recruitment		
				FICA Taxes	509,625	Health Care Worker Background Check		
				Employee Health Insurance	176,707	(Indicate # of checks performed <u>93</u> )	930	
				Employee Meals	28,803	Patient Background Checks	84	
				Illinois Municipal Retirement Fund (IMRF)*				
				Other Employee Benefits	16,163	See Attached Schedule K:	73,981	
				Uniform Allowance	2,358			
				Union Pension	113,612	Allocated from Therapy Masters:	2,302	
				401K Match	4,756	Allocated from Management Company:	146	
				Non-Allowable Marketing Employee Benefits:	(23,360)	Less: Public Relations Expense	( )	
				See Attached Schedule D:	0	Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 111,366				\$ 1,047,300			\$ 78,199	
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)			\$ 1,334,543			\$	Out-of-State Travel	\$
							In-State Travel	
							Seminar Expense	
							Entertainment Expense	( )
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$ 1,334,543				\$			\$	
C. Professional Services								
Vendor/Payee	Type		Amount					
			\$			\$		
See Attached Schedule C:			169,236					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				TOTAL			TOTAL	
\$ 169,236				\$			\$	

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

Facility Name & ID Number Glenlake Terrace Nrsg & Reh# 0048637Report Period Beginning: 01/01/2015 Ending: 12/31/2015**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Illinois Council on Long Term Care \$17,777
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 5,10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 36,599 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. \$ 567,234  
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. \$ 28,803 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? N/A  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) 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.

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.  
Provider I.D. # 0048637  
12/31/2015

SCHEDULE A

**SCHEDULE VII. RELATED PARTIES**

Part A. Col.3

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

**SCHEDULE B**

**SCHEDULE VII RELATED PARTIES**

**C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.**

Name	Compensation Received From Other Nursing Homes								Total
	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenCrest Nursing & Rehab. Centre, Ltd.	Glen Bridge Nursing & Rehab. Centre, Ltd.	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	Brentwood North Healthcare & Rehabilitation	Ballard Respiratory & Rehab	Glen Saint Andrew Living Comm	
Sidney Glenner	32,680	33,989	33,954	14,196	25,016	17,257	18,262	23,130	198,484
Jonathan Glenner	7,720	8,029	8,021	3,353	5,909	4,077	4,314	5,464	46,887
Elliot Glenner	9,621	10,007	9,996	4,179	7,365	5,081	5,376	6,809	58,434
Daniel Glenner	4,328	4,501	4,497	1,880	3,313	2,285	2,418	3,063	26,285
Joshua Ray	32,680	33,989	33,954	14,196	25,016	17,257	18,262	23,130	198,484
Total compensation received from other Nursing Homes	87,029	90,515	90,422	37,804	66,619	45,957	48,632	61,596	528,574

**SCHEDULE C**

**XIX. SUPPORT SCHEDULES**

C. Professional Services  
 Page 21

<u>Vendor/Payee</u>	<u>Type</u>	<u>AMOUNT</u>
Health Data Systems, Inc.	Computers	6,097
Point ClickCare	Computers	42,131
IIT Sourcetek	Computers	1,100
Ehealth Data Solutions	Computers	3,292
Maxxsource Computer Leasing	Computers	800
Net Health	Computers	6,375
Kronos	Computers	13,902
McGladrey LLP	Accounting	38,161
Frost, Ruttenberg & Rothblatt	Accounting	350
Much Shelist	Legal	11,889
Meyers & Flowers	Legal	9,580
Marilyn P. Dunn	Legal	2,554
Ashman & Stein	Legal	57
Littler	Legal	3,953
Leydig, Voit & Mayer, Ltd.	Legal	5,500
Company Nurse	Workers Injury Consultation	3,680
Field and Goldberg, LLC.	Real Estate Consulting	551
Personnel Planners, Inc.	Unemployment Consulting	1,614
Total Schedule V, Line 19, Col. 3		<u>151,586</u>

Allocated from Management Co:

Point ClickCare - Computer Services	239
Lexis Nexis - Computer Services	196
Health Data Systems, Inc. - Computer Services	116
Inpriva - Computer Services	252
S4 Group LLC - Financial Consulting	613
McGladrey LLP - Accounting Services	24,741
Perfect Staffing - Recruiter	4,135
Govig - Recruiter	3,063
Ashman & Stein - Legal	182

Marilyn Dunn - Legal	21
Polsinelli - Legal	2,284
Much Shelist - Legal	<u>1,231</u>
Total allocated from Management Co.	<u>37,073</u>

Allocated from Therapy Masters, Inc.:	
Casamba - Computer Services	3,465
Health Data Services - Computer Services	61
McGladrey LLP - Accounting Services	120
Theracore - Business Consulting	22,207
Personnel Planners - Business Consulting	56
Career Tree Network - Therapist Recruitment	3,845
Total allocated from Therapy Masters, Inc.:	<u>29,754</u>
Allocated from GlenLake Terrace Realty LLC:	
Marilyn P. Dunn - Legal	60
Total allocated from GlenLake Terrace Realty LLC:	<u>60</u>
Non-Allowable Expenses:	
McGladrey LLP - Accounting Fees	-38,694
Meyers & Flowers - Legal - A/R Collections	-9,580
Ashman & Stein - Legal - out of period	-57
Marilyn P. Dunn - out of period	-355
Field and Goldberg - Real Estate Consulting - out of period	-551
Total Non-Allowable Expenses:	<u>-49,237</u>
<b>Total adjustments page 21, Sch C.</b>	<u><u>17,650</u></u>
<b>Total Schedule V, line 19, column 8</b>	<u><u>169,236</u></u>

SCHEDULE D

**XIX. SUPPORT SCHEDULES**

D. Employee Benefits and Payroll Taxes  
 Page 21

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Allocated from Management Co:	
FICA taxes	36,681
FUTA	284
SUTA	1,449
401K Match	3,383
Insurance - Hospital	44,625
Workers Compensation Insurance	5,648
Total allocated from Management Co.	<u><u>92,070</u></u>
Employee Benefits reclassified to Lines 7, 27	-92,070
Allocated from Therapy Masters, Inc.:	
FICA taxes	45,869
FUTA	507
SUTA	727
401K Match	2,890
Insurance - Hospital	10,338
Workers Compensation Insurance	3,222
Uniform Allowance	0
Total allocated from Therapy Masters, Inc. Co.	<u><u>63,553</u></u>
Employee Benefits reclassified to Lines 15,27	-63,553
Total allocated to Page 21	<u><u>0</u></u>

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Accrued Expenses	34,883
Insurance Payable	270,193
Advance from HFS	716,814
Accrued Union Dues	2,721
Accrued Wage Assignment	63
Accrued Profit Sharing	-113
Due to Third Party	591,965
Accrued Management Fees	1,614,666
Accrued Provider Participation Fee - Tax	101,199
Accrued 401K	-160
Due-Patient Trust Fund	18,771
Refunds Exchange	-27,584
Professional Claims Liability	200,000
	<u>3,523,418</u>

Total, Page 17, Line36

SCHEDULE F

**SCHEDULE VI. ADJUSTMENT DETAIL**

Schedule A. Nonallowable Expenses

Page 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>REFERENCE</u>
Patient clothing	-1,250	43
Non-allowable owner interest expense	-139,300	32
Non-allowable owner interest expense	-268,803	32
Non-allowable office expense	-251	43
Non-allowable professional fees	-49,237	19
Non-allowable auto expense - marketing	-7,811	25
Non-allowable auto expense - ticket	-35	25
Non-allowable Illinois Council on Long Term Care PAC Fees	-18,889	20
Non-allowable marketing salaries	-150,699	21
Non-allowable marketing employee benefits	-23,360	22
Non-allowable insurance reimbursement	-8,156	22
Non-allowable trust fees	-386	43
Adjust mgt co. med supplies - med'A' to cost	-89,861	10
Adjust mgt co. med supplies - 'other' to cost	-249,532	10
Adjust mgt co. food to cost	-103,081	2
Total	<u>-1,110,651</u>	

**GlenLake Terrace Realty LLC**  
**Accrued Real Estate Taxes**  
**12/31/2015**

**SCHEDULE G**

	Accrued 1/01/15	Payments	Expense	Accrued 12/31/15
Balance @ 1/01/15	(180,000.00)		(180,000.00)	
2014 Real Estate Taxes Paid		182,842.71	182,842.71	
Estimated 2015 real estate taxes:				
2014 taxes	182,842.71			
Estimated increase	5.00%			
Estimated 2015 taxes	191,984.85			
<b>USE</b>	<b>195,000.00</b>		195,000.00	(195,000.00)
Totals	<u>(180,000.00)</u>	<u>182,842.71</u>	<u>197,842.71</u>	<u>(195,000.00)</u>

Real estate tax history:

Year	Amount	Increase	
		\$	%
2005	99,869.61		
2006	101,899.43	2,029.82	2.03%
2007	137,996.93	36,097.50	35.42%
2008	145,704.35	7,707.42	5.59%
2009	150,382.23	4,677.88	3.21%
2010	175,054.89	24,672.66	16.41%
2011	171,773.70	(3,281.19)	-1.87%
2012	218,042.84	46,269.14	26.94%
2013	171,062.97	(46,979.87)	-21.55%
2014	182,842.71	11,779.74	6.89%

Provider Name: GlenLake Nursing and Rehab Center

Provider I.D. #: 0048637

Year Ended: December 31, 2015

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Nursing Staff	2/24/2015	Waukegan, IL	Omincare of Northern Illinois EDU Essential Infusion Therapy Training	480
Nursing Staff	3/3/2015	Waukegan, IL	Omincare of Northern Illinois EDU Essential Infusion Therapy Training	320
Social Work Staff	3/19/2015	Chicago, IL	Social Work P.R.N Inc CEU and/or Presentation provided by George Savarese	350
Dietary Staff	4/18/2015	Lisle, IL	ServeSafe State of IL Foodservice MGR Exam & Certification	160
Marketing Staff	4/1/2015	Waukegan, IL	Prarie State College : Transforming Relationships by Understanding Yourself and Others	600
Social Work Staff	4/21/2015	Chicago, IL	Social Work P.R.N Inc CEU and/or Presentation provided by Gina Gaston	350
Nursing Staff	5/12/2015	Waukegan, IL	Omincare of Northern Illinois EDU Essential Infusion Therapy Training	160
Nursing Staff	7/21/2015	Waukegan, IL	Omincare of Northern Illinois EDU Essential Infusion Therapy Training	480
Nursing Staff	8/11/2015	Waukegan, IL	Omincare of Northern Illinois EDU Essential Infusion Therapy Training	310
Admissions Department	8/31/2015	Skokie, IL	Positive Vibe Coaching Training for Admissions Department	111
Nursing Staff	9/15/2015	Waukegan, IL	Omincare of Northern Illinois	480

EDU Essential Infusion Therapy Training

Aaron Pancer	10/27/2015	Westmont, IL	Pathway Health Restorative/Rehabilitation Certification Program for Licensed Nurses	899
			Allocated From Management Company	1,380
			Allocated From Therapy Masters	1,490
			Total	<u>7,570</u>

**SCHEDULE I**

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

	Gas Cards/ Allowance	Licenses/ Stickers	Employee Reimbursement: Mileage, Parking, I-Pass	Repairs & Maintenance	Ticket	Total
Direct Expense	8,676	158	5,490	1,386	35	15,745
Non-allowable auto expense - marketing						-7,811
Non-allowable auto expense - ticket						-35
Allocated from Management Company						8,884
Allocated from Therapy Masters						1,250
<b>TOTAL</b>	<b>8,676</b>	<b>158</b>	<b>5,490</b>	<b>1,386</b>	<b>35</b>	<b>18,033</b>

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

ASSET DESCRIPTION	COST 6/30/1999	ADJUSTMENTS TO CAPITAL PROJECTION	ADJUSTED CAPITAL PROJECTION 6/30/1999	ADDITIONS		NURSING HOME PERCENTAGE 84.9438%	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	RECALCULATION BASED ON 2007 CENSUS		GLEN OAKS
	84.9438%	GLENBRIDGE	GLENCREST	
		93767	95,262	106,511
		0.192053401	0.195115457	0.218155638

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

2008 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>338,471</u>	<u>332,568</u>	<u>381,842</u>
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		NURSING HOME PERCENTAGE	RECALCULATION BASED ON 2009 CENSUS		GLEN OAKS
		84.9438%	GLENBRIDGE	GLENCREST	
2009 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
		NURSING HOME PERCENTAGE	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>
		NURSING HOME PERCENTAGE	CALCULATION BASED ON 2009 CENSUS		GLEN OAKS
		84.9438%	GLENBRIDGE	GLENCREST	
2011 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
		NURSING HOME PERCENTAGE	CALCULATION BASED ON 2009 CENSUS		GLEN OAKS
		84.9438%	GLENBRIDGE	GLENCREST	
2012 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
		NURSING HOME PERCENTAGE	CALCULATION BASED ON 2009 CENSUS		GLEN OAKS
		84.9438%	GLENBRIDGE	GLENCREST	
2013 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
		NURSING HOME PERCENTAGE	CALCULATION BASED ON 2009 CENSUS		GLEN OAKS
		84.9438%	GLENBRIDGE	GLENCREST	
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

	NURSING HOME	CALCULATION BASED ON 2015 CENSUS		GLEN OAKS
PERCENTAGE		GLENBRIDGE	GLENCREST	
84.9438%		91,738	91,834	88,298
		15.01%	15.03%	14.45%
	<u>2,135,245</u>	<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	<b>74,334</b>	488,234
0.082474797	0.159949942	<b>0.152250765</b>	1
<u>149,589</u>	<u>290,111</u>	<u><b>276,146</b></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	<b>76,498</b>	15,564	503,336
7.47%	16.19%	<b>15.20%</b>	3.09%	1
<u>135,523</u>	<u>293,611</u>	<u><b>275,659</b></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	<b>82,504</b>	49,247	540,919
7.01%	15.17%	<b>15.25%</b>	9.10%	100.00%

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

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

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

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

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

<u>127,113</u>	<u>275,156</u>	<u><b>276,645</b></u>	<u>165,130</u>	<u>1,813,758</u>
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<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>BALLARD</u>	<u>GSALC</u>	<u>TOTAL</u>
38,356 6.28%	67,590 11.06%	<b>74,884</b> <b>12.25%</b>	46,627 7.63%	49,340 8.07%	62,493 10.23%	611,160 100.00%
<u>113,830</u>	<u>200,589</u>	<u><b>222,236</b></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	36,666
Employment Fees	49,500
Pathway Health Fees	1,798
City of Waukegan Business License, Elevator Inspection, Sign Ordinance Fee	870
Lake County Health Department Food Service Permit Fee	371
State Fire Marshall Boiler Inspection	140
Secretary of State Annual Report, Fee	250
IL Department of Professional Regulation License Fee	75
Joint Commission Annual Certification, Program Fee	3,200
Non-allowable Illinois Council on Long Term Care Dues	-18,889
Total allocated to Page 21	<u>73,981</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	
<b>RECALCULATION BASED ON 2007 CENSUS - New facility added in 2007 (GlenLake Terrace Nursing Ctr)</b>										
					<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
					93,767	95,262	106,511	40,267	78,093	74,334
					0.192053401	0.195115457	0.218155638	0.082474797	0.159949942	0.152250765
2007 NO ADDITIONS				146,596	28,154	28,603	31,981	12,090	23,448	22,319
<b>RECALCULATION BASED ON 2008 CENSUS - New facility added in 2008 (Brentwood partial year 9/1/08-12/31/08)</b>										
					<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
					93,929	92,291	105,965	37,609	81,480	76,498
					18.66%	18.34%	21.05%	7.47%	16.19%	15.20%
2008 INSTALLATION OF IRRIGATION SYSTEM	15,036			15,036						
				161,632	30,163	29,637	34,028	12,077	26,165	24,565
<b>RECALCULATION BASED ON 2009 CENSUS - New facility added in 2008 (Brentwood) is now allocated over full year in 2009</b>										
					<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
					92,668	90,627	105,904	37,909	82,060	82,504
					17.13%	16.75%	19.58%	7.01%	15.17%	15.25%
2009 NO ADDITIONS				161,632	27,690	27,080	31,645	11,328	24,520	24,653

2010 NO ADDITIONS

<b>RECALCULATION BASED ON 2009 CENSUS</b>							
	<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	
	92,668	90,627	105,904	37,909	82,060	82,504	
	17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	
	<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 %)							

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

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

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

2014 NO ADDITIONS	RECALCULATION BASED ON 2009 CENSUS					
	GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
	92,668 17.13%	90,627 16.75%	105,904 19.58%	37,909 7.01%	82,060 15.17%	82,504 15.25%
<u>161,632</u>	<u>27,690</u>	<u>27,080</u>	<u>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>

2015 NO ADDITIONS	CALCULATION BASED ON 2015 CENSUS					
	GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
	91,738 15.01%	91,834 15.03%	88,298 14.45%	38,356 6.28%	67,590 11.06%	74,884 12.25%
<u>161,632</u>	<u>24,262</u>	<u>24,287</u>	<u>23,352</u>	<u>10,144</u>	<u>17,875</u>	<u>19,804</u>

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

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

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

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

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

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

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

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

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

**SCHEDULE M**

Page 14, Line 16  
Rental Amount for Movable Equipment

	Ice- Maker	Copy Machine	Dish Machine	Postage	Midwest Tent & Event	Total
Direct Expense	1,476	6,968	4,133	444	1,572	14,593
Allocated from Management Company						1,528
Allocated from Therapy Masters						0
<b>TOTAL</b>	<u>1,476</u>	<u>6,968</u>	<u>4,133</u>	<u>444</u>	<u>1,572</u>	<u>16,121</u>