

Facility Name & ID Number Glenshire Nrsg & Rehab Ctre

0039321 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>152</u>	Skilled (SNF)	<u>152</u>	<u>55,480</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>142</u>	Intermediate (ICF)	<u>142</u>	<u>51,830</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>294</u>	TOTALS	<u>294</u>	<u>107,310</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>43,022</u>	<u>787</u>	<u>5,686</u>	<u>49,495</u>	8
9	SNF/PED					9
10	ICF	<u>15,912</u>	<u>291</u>	<u>1,892</u>	<u>18,095</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>58,934</u>	<u>1,078</u>	<u>7,578</u>	<u>67,590</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 62.99%

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

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

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

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

YES NO

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

Date started 03/01/94

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

YES Date 03/01/94 NO

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

YES NO If YES, enter number of beds certified 146 and days of care provided 4,189

Medicare Intermediary Wisconsin Physicians Service Insurance Corporation

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number

Glenshire Nrsg & Rehab Ctr

0039321

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	413,051	46,289	42,241	501,581		501,581		501,581		1
2	Food Purchase		510,329		510,329	(22,381)	487,948	(102,380)	385,568		2
3	Housekeeping		11,274	354,100	365,374		365,374		365,374		3
4	Laundry			236,882	236,882		236,882		236,882		4
5	Heat and Other Utilities			280,245	280,245		280,245	4,218	284,463		5
6	Maintenance	138,438	56,779	174,161	369,378		369,378	6,482	375,860		6
7	Other (specify):* Allocated Employee Benefits							432	432		7
8	TOTAL General Services	551,489	624,671	1,087,629	2,263,789	(22,381)	2,241,408	(91,248)	2,150,160		8
	B. Health Care and Programs										
9	Medical Director			168,361	168,361		168,361		168,361		9
10	Nursing and Medical Records	4,296,224	1,398,461	110,318	5,805,003		5,805,003	(516,765)	5,288,238		10
10a	Therapy	621,984	11,987	722,136	1,356,107		1,356,107	(158,794)	1,197,313		10a
11	Activities	142,511	6,873	3,636	153,020		153,020		153,020		11
12	Social Services	127,822		3,607	131,429		131,429		131,429		12
13	CNA Training										13
14	Program Transportation			2,728	2,728		2,728		2,728		14
15	Other (specify):* Allocated Employee Benefits							53,473	53,473		15
16	TOTAL Health Care and Programs	5,188,541	1,417,321	1,010,786	7,616,648		7,616,648	(622,086)	6,994,562		16
	C. General Administration										
17	Administrative	191,298		1,423,478	1,614,776		1,614,776	(1,373,446)	241,330		17
18	Directors Fees										18
19	Professional Services			178,270	178,270	(72,125)	106,145	65,457	171,602		19
20	Dues, Fees, Subscriptions & Promotions			83,483	83,483	3,030	86,513	(17,535)	68,978		20
21	Clerical & General Office Expenses	539,107	58,302	52,310	649,719	(3,030)	646,689	316,346	963,035		21
22	Employee Benefits & Payroll Taxes			1,110,300	1,110,300	22,381	1,132,681	(27,603)	1,105,078		22
23	Inservice Training & Education			4,857	4,857		4,857	2,544	7,401		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			25,435	25,435	(10,808)	14,627	3,910	18,537		25
26	Insurance-Prop.Liab.Malpractice			1,803,504	1,803,504		1,803,504	5,766	1,809,270		26
27	Other (specify):* Allocated Employee Benefits							83,210	83,210		27
28	TOTAL General Administration	730,405	58,302	4,681,637	5,470,344	(60,552)	5,409,792	(941,351)	4,468,441		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,470,435	2,100,294	6,780,052	15,350,781	(82,933)	15,267,848	(1,654,685)	13,613,163		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number

Glenshire Nrsg & Rehab Ctre

#0039321

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			210,358	210,358		210,358	423,304	633,662			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			311,955	311,955		311,955	118,521	430,476			32
33	Real Estate Taxes					72,125	72,125	932,021	1,004,146			33
34	Rent-Facility & Grounds			1,459,980	1,459,980		1,459,980	(1,459,980)				34
35	Rent-Equipment & Vehicles			19,589	19,589	10,808	30,397	5,553	35,950			35
36	Other (specify):* Mortgage Insurance							39,679	39,679			36
37	TOTAL Ownership			2,001,882	2,001,882	82,933	2,084,815	59,098	2,143,913			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		488,879	252,520	741,399		741,399		741,399			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			546,027	546,027		546,027		546,027			42
43	Other (specify):* Non-Allowable			280,651	280,651		280,651	(280,651)				43
44	TOTAL Special Cost Centers		488,879	1,079,198	1,568,077		1,568,077	(280,651)	1,287,426			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,470,435	2,589,173	9,861,132	18,920,740		18,920,740	(1,876,238)	17,044,502			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 Glenshire Nrsg & Rehab Ctre

0039321

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(11,485)	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	(2,782)	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	(955)	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	(830)	43		18
19	Entertainment	(231)	43		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(274,311)	43		24
25	Fund Raising, Advertising and Promotional	(3,000)	43		25
	Income Taxes and Illinois Personal				
26	Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(1,201,709)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,495,303)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	(380,935)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (380,935)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,876,238)		37

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

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

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

BHF USE ONLY					
48		49		50	51
					52

Glenshire Nrsg & Rehab Ctre

ID# 0039321

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Adjust Mgt Co. medical supplies"A" to cost	\$ (112,866)	10	1
2	Adjust Mgt Co. medical supplies"other" to cost	(403,899)	10	2
3	Adjust Mgt Co. food to cost	(102,380)	2	3
4	Non-allowable professional fees	(66,052)	19	4
5	Non-allowable patient clothing	(824)	43	5
6	Non-allowable IL Council on Long Term Care fee	(19,673)	20	6
7	Non-allowable auto expense - marketing	(5,198)	25	7
8	Non-allowable owner interest expense	(311,955)	32	8
9	Non-allowable office expense	(1,600)	43	9
10	Non-allowable insurance reimbursement	(2,008)	22	10
11	Non-allowable marketing salaries	(149,159)	21	11
12	Non-allowable marketing employee benefits	(25,595)	22	12
13	Non-allowable patient storage	(500)	43	13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(1,201,709)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glenshire Nrsg & Rehab Ctre# 0039321

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	(102,380)	0	0	0	0	0	0	0	0	0	0	(102,380)	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	4,218	0	0	0	0	0	0	0	0	4,218	5
6	Maintenance	0	0	6,469	0	13	0	0	0	0	0	0	6,482	6
7	Other (specify):*	0	0	432	0	0	0	0	0	0	0	0	432	7
8	TOTAL General Services	(102,380)	0	11,119	0	13	0	0	0	0	0	0	(91,248)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(516,765)	0	0	0	0	0	0	0	0	0	0	(516,765)	10
10a	Therapy	0	0	0	0	(158,794)	0	0	0	0	0	0	(158,794)	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	53,473	0	0	0	0	0	0	53,473	15
16	TOTAL Health Care and Programs	(516,765)	0	0	0	(105,321)	0	0	0	0	0	0	(622,086)	16
	C. General Administration													
17	Administrative	0	0	(1,373,446)	0	0	0	0	0	0	0	0	(1,373,446)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(66,052)	0	33,462	72,125	25,922	0	0	0	0	0	0	65,457	19
20	Fees, Subscriptions & Promotions	(19,673)	0	132	0	2,006	0	0	0	0	0	0	(17,535)	20
21	Clerical & General Office Expenses	(160,644)	0	470,499	0	6,491	0	0	0	0	0	0	316,346	21
22	Employee Benefits & Payroll Taxes	(27,603)	0	0	0	0	0	0	0	0	0	0	(27,603)	22
23	Inservice Training & Education	0	0	1,246	0	1,298	0	0	0	0	0	0	2,544	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(5,198)	0	8,019	0	1,089	0	0	0	0	0	0	3,910	25
26	Insurance-Prop.Liab.Malpractice	0	0	4,965	0	801	0	0	0	0	0	0	5,766	26
27	Other (specify):*	0	0	82,670	0	540	0	0	0	0	0	0	83,210	27
28	TOTAL General Administration	(279,170)	0	(772,453)	72,125	38,147	0	0	0	0	0	0	(941,351)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(898,315)	0	(761,334)	72,125	(67,161)	0	0	0	0	0	0	(1,654,685)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glenshire Nrsg & Rehab Ctr# 0039321

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(2,782)	0	9,182	416,904	0	0	0	0	0	0	0	423,304	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(311,955)	0	0	430,476	0	0	0	0	0	0	0	118,521	32
33	Real Estate Taxes	0	0	7,424	924,597	0	0	0	0	0	0	0	932,021	33
34	Rent-Facility & Grounds	0	0	0	(1,459,980)	0	0	0	0	0	0	0	(1,459,980)	34
35	Rent-Equipment & Vehicles	0	0	5,553	0	0	0	0	0	0	0	0	5,553	35
36	Other (specify):*	0	0	0	39,679	0	0	0	0	0	0	0	39,679	36
37	TOTAL Ownership	(314,737)	0	22,159	351,676	0	59,098	37						
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(282,251)	0	0	1,600	0	0	0	0	0	0	0	(280,651)	43
44	TOTAL Special Cost Centers	(282,251)	0	0	1,600	0	(280,651)	44						
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(1,495,303)	0	(739,175)	425,401	(67,161)	0	0	0	0	0	0	(1,876,238)	45

VII. RELATED PARTIES

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

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

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	Total from Page 6A	\$ 1,423,478	Glen Health and Home Management, Inc.	A	\$ 684,303	\$ (739,175)	1
2	V							2
3	V	Total from Page 6B	1,459,980	GlenShire Real Estate and Development Limited Partnership	B	1,885,381	425,401	3
4	V							4
5	V	Total from Page 6C	722,137	Therapy Masters, Inc.	C	654,976	(67,161)	5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 3,605,595			\$ 3,224,660	\$ * (380,935)	14

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

Facility Name & ID Number

Glenshire Nrsrg & Rehab Ctre

0039321

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	80.00 %	GlenLake Terrace Nursing & Rehabilitation	Waukegan				14
15	Joshua Ray	20.00 %	Centre, Ltd.					15
16								16
17	Sidney Glenner	99.00 %	Brentwood North Healthcare & Rehabilitation	Riverwoods				17
18	Joshua Ray	1.00 %	Centre, Inc.					18
19								19
20	Sidney Glenner	50.00 %	Ballard Respiratory 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

Facility Name & ID Number Glenshire Nrsg & Rehab Ctre# 0039321Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 Management Fees	\$ 1,423,478	Glen Health and Home Management, Inc.	A	\$	\$ (1,423,478)
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	4,218	4,218
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	3,898	3,898
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	33,462	33,462
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	132	132
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	29,835	29,835
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	83,102	83,102
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	1,246	1,246
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	8,019	8,019
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	4,965	4,965
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	9,182	9,182
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	7,424	7,424
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	5,553	5,553
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	2,571	2,571
29	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	50,032	50,032
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	440,664	440,664
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(83,102)	(83,102)
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	432	432
33	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	8,427	8,427
34	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	74,243	74,243
35	V						
36	V			A - OWNERSHIP: Sidney Glenner - 100 % through attribution			
37	V						
38	V						
39	Total		\$ 1,423,478			\$ 684,303	\$ * (739,175)

* 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	\$	GlenShire Real Estate & Development Limited Partnership	B	\$ 1,600	\$ 1,600	15	
16	V	30 Depreciation		GlenShire Real Estate & Development Limited Partnership	B	416,904	416,904	16	
17	V	32 Interest Income		GlenShire Real Estate & Development Limited Partnership	B	(139)	(139)	17	
18	V	32 Interest Expense		GlenShire Real Estate & Development Limited Partnership	B	426,255	426,255	18	
19	V	33 Real Estate Taxes		GlenShire Real Estate & Development Limited Partnership	B	924,597	924,597	19	
20	V	34 Rental Income	1,459,980	GlenShire Real Estate & Development Limited Partnership	B		(1,459,980)	20	
21	V	32 Amortization of Mortgage Costs		GlenShire Real Estate & Development Limited Partnership	B	4,360	4,360	21	
22	V	36 Mortgage Insurance Premium		GlenShire Real Estate & Development Limited Partnership	B	39,679	39,679	22	
23	V	19 Professional Fees		GlenShire Real Estate & Development Limited Partnership	B	72,125	72,125	23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V			B - OWNERSHIP: Owned 100 % constructively by Sidney Glenner					31
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 1,459,980			\$ 1,885,381	\$ * 425,401	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	\$ 722,137	Therapy Masters, Inc.	C	\$ 563,343	\$ (158,794)
16	V	19 Professional Fees		Therapy Masters, Inc.	C	25,922	25,922
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	C	72	72
18	V	6 Repairs and Maintenance		Therapy Masters, Inc.	C	13	13
19	V	21 Clerical Salaries		Therapy Masters, Inc.	C	5,854	5,854
20	V	21 Clerical		Therapy Masters, Inc.	C	637	637
21	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	54,013	54,013
22	V	23 Training and Education		Therapy Masters, Inc.	C	1,298	1,298
23	V	25 Auto Expenses		Therapy Masters, Inc.	C	1,089	1,089
24	V	20 Employment Fees		Therapy Masters, Inc.	C	1,934	1,934
25	V	22 Employee Benefits		Therapy Masters, Inc.	C	(54,013)	(54,013)
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	53,473	53,473
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	540	540
28	V	26 Insurance - Liability		Therapy Masters, Inc.	C	801	801
29	V						
30	V						
31	V						
32	V						
33	V						
34	V			C - OWNERSHIP: 100 % Sidney Glenner			
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 722,137			\$ 654,976	\$ * (67,161)

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

Facility Name & ID Number Glenshire Nrsg & Rehab Ctre # 0039321 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Sidney Glenner	President	Administrative	100.00 %	201,184	9	14.56%	Salary	\$ 25,016	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	47,525	6	14.56%	Salary	5,909	Ln 21, Col 7	2
3	Daniel Glenner	Administrative	Administrative	0.00 %	59,229	1	2.00%	Salary	7,365	Ln 21, Col 7	3
4	Elliot Glenner	Administrative	Administrative	0.00 %	26,643	6	14.56%	Salary	3,313	Ln 21, Col 7	4
5	Joshua Ray	V.P. of Operations	Administrative	0.00 %	201,184	9	14.56%	Salary	25,016	Ln 17, Col 7	5
6											6
7											7
8											8
9											9
10											10
11			See Schedule B								11
12											12
13								TOTAL	\$ 66,619		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 Glenshire Nrsg & Rehab Ctre

0039321 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	\$ 67,590	\$ 4,218	1
2	6	Repairs and Maintenance	Resident Days	611,160	9	35,244	67,590	3,898	2
3	19	Professional Fees	Resident Days	611,160	9	302,569	67,590	33,462	3
4	20	Licenses, Permits and Inspection	Resident Days	611,160	9	1,190	67,590	132	4
5	21	Clerical	Resident Days	611,160	9	269,777	67,590	29,835	5
6	22	Employee Benefits and Payroll	Resident Days	611,160	9	751,422	67,590	83,102	6
7	23	Training and Education	Resident Days	611,160	9	11,264	67,590	1,246	7
8	25	Auto Expenses	Resident Days	611,160	9	72,505	67,590	8,019	8
9	26	Insurance	Resident Days	611,160	9	44,894	67,590	4,965	9
10	30	Depreciation	Resident Days	611,160	9	83,029	67,590	9,182	10
11	33	Real Estate Taxes	Resident Days	611,160	9	67,133	67,590	7,424	11
12	35	Equipment and Vehicle Rental	Resident Days	611,160	9	50,212	67,590	5,553	12
13	6	Janitorial Salaries	Resident Days	611,160	9	23,245	23,245	2,571	13
14	17	Officer's Salaries	Resident Days	611,160	9	452,400	452,400	50,032	14
15	21	Administrative Salaries	Resident Days	611,160	9	3,984,560	3,984,560	440,664	15
16	22	Employee Benefits	Payroll					(83,102)	16
17	7	Employee Benefits - Janitorial	Payroll					432	17
18	27	Employee Benefits - Officer's	Payroll					8,427	18
19	27	Employee Benefits - Admin	Payroll					74,243	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 6,187,587	\$ 4,460,205	\$ 684,303	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
A. Directly Facility Related																
Long-Term																
1	Berkadia Commercial Mortgage	X	X	Mortgage	\$65,067.03	04/28/04	\$ 10,935,500	\$ 7,804,048	4/01/2030	0.0535	\$ 426,255	1				
2	Berkadia Commercial Mortgage	X		Amortization of mortgage costs							4,360	2				
3												3				
4												4				
5												5				
Working Capital																
6	Sidney Glenner	X		Working Capital		Various	1,623,320	1,623,320		0.0525	69,405	6				
7	AMJED GST Trust	X		Working Capital		Various	17,183,680	17,183,680		0.0525	242,550	7				
8							Non-allowable owner interest expense:				(311,955)	8				
9	TOTAL Facility Related				\$65,067.03		\$ 29,742,500	\$ 26,611,048			\$ 430,615	9				
B. Non-Facility Related*																
10									Interest Income Offset:		(139)	10				
11												11				
12												12				
13												13				
14	TOTAL Non-Facility Related						\$	\$			\$ (139)	14				
15	TOTALS (line 9+line14)						\$ 29,742,500	\$ 26,611,048			\$ 430,476	15				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 39,679 Line # 36

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2014 report.		\$	902,000		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	886,597		2
3. Under or (over) accrual (line 2 minus line 1).		\$	(15,403)		3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	940,000		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	72,125		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	996,722		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2010	701,966			8
	2011	734,594			9
	2012	796,990			10
	2013	839,633			11
	2014	886,597			12
See Attached Schedule G for Calculation of 2015 Real Estate Tax Accrual.					
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2014	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

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

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glenshire Nrsg & Rehab Ctre COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0039321
 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>31-34-100-012-0000</u>	<u>22660 S. Cicero Ave, Richton Park, IL</u>	\$ <u>886,597.23</u>	\$ <u>886,597.23</u>
2. <u>Allocated from Management Company:</u>		\$ <u>67,133.00</u>	\$ <u>7,424.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>953,730.23</u></u>	\$ <u><u>894,021.23</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: 91,624 B. General Construction Type: Exterior Brick Frame 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).

NONE

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>146,800</u>	<u>1994</u>	<u>\$ 300,792</u>	1
2	<u>Allocated from Management Company:</u>			<u>9,395</u>	2
3	TOTALS	146,800		\$ 310,187	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	294		1994	1976	\$ 11,663,928	\$	30	\$ 388,798	\$ 388,798	\$ 8,488,747	4
5											5
6	Alloc from			1996	200,589			6,625	6,625		6
7	Mgt Comp										7
8	Schedule J										8
	Improvement Type**										
9	Building Improvements		1994		78,204		10			78,204	9
10	Building Improvements		1995		107,573		10			107,573	10
11	Custom built 3rd floor nurses station		1995		6,595		10			6,595	11
12	Time delay egress locks and keypad		1995		3,550		10			3,550	12
13	Chimney		1995		1,016		10			1,016	13
14	Wall bumpers		1995		7,713		10			7,713	14
15	Room conversion - remodeling cost		1996		7,024		10			7,024	15
16	Electrical outlets and circuits		1997		18,500		10			18,500	16
17	Electrical outlets and circuits - dialysis room		1997		2,950		10			2,950	17
18	Air cleaner		1997		1,375		10			1,375	18
19	Fluorescent and incandescent lights		1997		9,775		10			9,775	19
20	Waste removal pump		1997		993		10			993	20
21	Boiler		1997		3,169		10			3,169	21
22	Food freezer floor		1997		2,700		10			2,700	22
23	New elevator clutch assembly		1997		1,644		10			1,644	23
24	Heat exchange for boiler		1997		2,392		10			2,392	24
25	Gazebo		1998		10,528		10			10,528	25
26	Fire sprinkler system repairs		1998		1,604		10			1,604	26
27	Security system		1998		1,917		10			1,917	27
28	Storage tank		1998		4,875		10			4,875	28
29	Elevator repairs		1998		2,706		10			2,706	29
30	HVAC replacements		1998		3,855		10			3,855	30
31	Hydraulic repack on all elevators		1998		2,500		10			2,500	31
32	Replace water heater		1998		2,697		10			2,697	32
33	Chain link fencing		1998		2,010		10			2,010	33
34	Elevator repairs		1998		2,747		10			2,747	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Glenshire Nrsg & Rehab Ctre

0039321

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	Therapy room remodeling: drywall, electrical closet, piping	1998	\$ 8,525	\$	10	\$	\$	\$ 8,525	37
38	Dialysis room: kitchen area	1998	2,757		10			2,757	38
39	10-B label fire rated doors	1998	4,376		10			4,376	39
40	Install cooling units in elevator and MDS office	1998	11,649		10			11,649	40
41	Mini-blinds	1998	1,565		10			1,565	41
42	November 30, 1998 credit	1998	(1,755)		10			(1,755)	42
43	Add suction and liquid filters to compressor	2000	3,982		10			3,982	43
44	Replace wood fence	2000	2,300		10			2,300	44
45	Asphalt and striping project	2000	8,365		10			8,365	45
46	Metal doors, install lighting by staircase	2000	6,010		10			6,010	46
47	Install alarm with keypad at front door	2000	1,177		10			1,177	47
48	Furnish and install 9,000 BTU mini air-conditioning system	2000	2,200		10			2,200	48
49	Install ceramic tiles	2000	1,373		10			1,373	49
50	Power rinse tank for dish washing machine	2001	2,594		10			2,594	50
51	Rebuild condenser water pump	2001	5,198		10			5,198	51
52	Install two grey boxes and mixing valves	2001	4,111		10			4,111	52
53	Install portable chiller	2001	2,891		10			2,891	53
54	Provide panel and circuiting to feed 20 dialysis receptacles	2001	10,914		10			10,914	54
55	Circulating pump	2001	3,385		10			3,385	55
56	Exterior lock doors	2001	3,423		10			3,423	56
57	Painting project	2002	11,500		10			11,500	57
58	Vinyl blinds	2002	8,765		10			8,765	58
59	Installation of fire dampers and thermal blankets	2002	5,318		10			5,318	59
60	Dialysis room renovation	2002	14,500		10			14,500	60
61	Replace controller on air-conditioner	2002	3,570		10			3,570	61
62	Painting project	2002	9,540		10			9,540	62
63	Installation of chemical treatment system	2002	2,300		10			2,300	63
64	Roof project	2002	3,350		10			3,350	64
65	Remove and replace concrete patio	2002	1,800		10			1,800	65
66	Pro Tech Systems project	2002	1,793		10			1,793	66
67	Installation of oak fire doors	2003	2,156		10			2,156	67
68	Installation of new chandeliers and wall sconces	2003	4,635		10			4,635	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,309,396	\$		\$ 395,423	\$ 395,423	\$ 8,933,626	70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 12,309,396	\$		\$ 395,423	\$ 395,423	\$ 8,933,626	1
2	Chandeliers and wall sconces	2002	3,739		10			3,739	2
3	Installation of break tank system	2003	1,892		10			1,892	3
4	Fire pump project	2003	4,270		10			4,270	4
5	Installed gauge and adjust compressor core	2004	1,557		10			1,557	5
6	Replace and test 120VAC timer relay on elevator car	2004	2,058		10			2,058	6
7	Replace relay and diode in elevator	2004	3,398		10			3,398	7
8	Installed and rewired new detector edge	2004	1,600		10			1,600	8
9	Installed door locks	2004	3,192		10			3,192	9
10	Installation of new detector unit on elevator	2005	2,290	114	10	114		2,290	10
11	Furnish and install glass frame on receptionist counter	2005	1,495	70	10	70		1,495	11
12	Bearing job on washing machine	2005	1,718	84	10	84		1,718	12
13	Installed new coils in walk-in cooler	2005	1,955	93	10	93		1,955	13
14	Installed and wired new detector edge on elevator	2005	2,720	136	10	136		2,720	14
15	Installation of drier exhaust with booster fan	2005	1,500	75	10	75		1,500	15
16	Keypad alarm installation	2005	1,222	63	10	63		1,222	16
17	Two doors with custom hinges and locks	2005	1,042	54	10	54		1,042	17
18	Powertron loadbank electrical test project	2006	5,652	565	10	565		5,368	18
19	Water heating boiler system and valve repair	2006	12,648	1,265	10	1,265		12,017	19
20	Trane chiller troubleshooting	2006	2,647	265	10	265		2,517	20
21	Replace contactors and fuses for trane chiller	2006	4,651	465	10	465		4,418	21
22	Replace controller and isolation relay on chiller	2006	5,816	582	10	582		5,529	22
23	Repair 5' cast iron plumbing drain line	2006	5,200	520	10	520		4,940	23
24	Installation of new electrical receptacles	2006	4,229	423	10	423		4,018	24
25	Valve and sprinkler head replacement	2006	5,023	502	10	502		4,769	25
26	Furnish and install elevator car station	2006	1,794	179	10	179		1,701	26
27	Rewire entire building for telephones	2006	16,500	2,710	10		(2,710)	16,500	27
28	Furnish and install elevator mount and car stations	2006	5,660	566	10	566		5,377	28
29	Remove and install border, wallcovering, cove base, and paint	2006	96,260	9,626	10	9,626		91,447	29
30	Install electrical receptacles	2006	26,565	2,657	10	2,657		25,241	30
31	Remove and repipe sanitary plumbing line	2006	9,740	974	10	974		9,253	31
32	Bumper guards, wallcovering, laminate nurses station	2006	94,212	9,421	10	9,421		89,500	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,641,641	\$ 31,409		\$ 424,122	\$ 392,713	\$ 9,251,869	34

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 12,641,641	\$ 31,409		\$ 424,122	\$ 392,713	\$ 9,251,869	1
2	Remove and install cove base, vinyl and ceramic tile	2006	70,249	7,025	10	7,025		66,737	2
3	Install kitchen fire suppression system and range guard	2006	2,900	290	10	290		2,755	3
4	Installation of water heater pump	2006	3,342	334	10	334		3,173	4
5	Purchase of ceiling tile	2006	3,868	387	10	387		3,676	5
6	Replacement of 100 ton compressor	2006	32,280	3,228	10	3,228		30,666	6
7	Insurance refund of damaged compressor	2006	(26,597)	(2,660)	10	(2,660)		(25,270)	7
8	Furnish and install heat exchanger	2006	6,040	604	10	604		5,738	8
9	Furnish garbage disposal and mounting gasket	2006	1,319	132	10	132		1,254	9
10	Installation of new current sensing relay for compressor	2006	1,312	131	10	131		1,245	10
11	Remove and rebuild concrete block firewall	2006	1,850	185	10	185		1,758	11
12	Furnish and install insulated window units	2006	1,025	103	10	103		978	12
13	Remove and install border, wallcovering and paint	2006	43,740	4,374	10	4,374		41,553	13
14	Remove and install cove base	2007	8,566	857	10	857		7,284	14
15	Furnish bed wall bumper guards	2007	8,318	832	10	832		7,072	15
16	Installation of cove base, vinyl tile and corner guards	2007	57,702	5,770	10	5,770		49,045	16
17	Ceiling project and cove base installation	2007	21,610	2,161	10	2,161		18,368	17
18	Installation of wall sconces	2007	16,350	1,635	10	1,635		13,898	18
19	Installation of cove base, wallpaper, walls and ceilings	2007	26,362	2,636	10	2,636		22,406	19
20	Custom laminate work station with cabinets	2007	5,277	528	10	528		4,488	20
21	Remove and install carpet and cove base	2007	3,322	332	10	332		2,822	21
22	Remove and install ceramic tile	2007	30,921	3,524	10	3,092	(432)	26,930	22
23	Remove and relocate lighting tracks	2007	4,732	473	10	473		4,021	23
24	Remove and install ceiling	2007	13,500	1,350	10	1,350		11,475	24
25	Installation of bumper guards, carpet and ceramic/vinyl tile	2007	88,803	8,880	10	8,880		75,480	25
26	Remove cove base and install ceramic tile	2007	22,464	2,246	10	2,246		19,091	26
27	Painting	2007	2,367	237	10	237		2,014	27
28	Remove and install cove base and corner guards	2007	17,586	1,759	10	1,759		14,951	28
29	Furnish signs, crown molding and window treatments	2007	8,791	879	10	879		7,472	29
30	Furnish and install quarry tile	2007	4,575	458	10	458		3,893	30
31	Install fireguard FST for generator	2007	18,993	1,899	10	1,899		16,142	31
32	Drywall project	2007	3,040	304	10	304		2,584	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,146,248	\$ 82,302		\$ 474,583	\$ 392,281	\$ 9,695,568	34

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 13,146,248	\$ 82,302		\$ 474,583	\$ 392,281	\$ 9,695,568	1
2	Relocate controller and rewire chiller	2007	2,661	266	10	266		2,261	2
3	Furnish and install new elevator mount stations	2007	7,177	718	10	718		6,103	3
4	Furnish and install elevator car station	2007	17,640	1,764	10	1,764		14,994	4
5	Flush mount hall elevator station	2007	2,000	200	10	200		1,700	5
6	Furnish and install new tramco sewage pump	2007	5,315	532	10	532		4,522	6
7	Furnish & install elevator key switch, provide piping & wiring	2007	4,750	475	10	475		4,038	7
8	Relocate sprinkler heads	2007	2,785	279	10	279		2,371	8
9	Plumbing project	2007	3,040	304	10	304		2,584	9
10	Installation of respirator monitor system	2007	3,244	324	10	324		2,754	10
11	Replace 2 valves on water heater	2008	2,920	292	10	292		2,190	11
12	Sheet vinyl for dialysis area	2008	2,966	297	10	297		2,227	12
13	Install pipe run across ceiling, electrical wiring	2009	2,530	253	10	253		1,645	13
14									14
15	Furnish and install drywall, paint walls	2009	4,125	413	10	413		2,684	15
16	Install new microprocessor controllers on both elevators,	2009	75,000	7,500	10	7,500		48,750	16
17	new selectors, new wiring, new power door operators								17
18	Level, petromat, resurface and strip pavement in parking lot	2009	79,790	7,979	10	7,979		51,864	18
19	Bathroom - Remodel (32 rooms)	2009	89,600	9,856	10	8,960	(896)	58,240	19
20	- Remove ceramic tile in bathrooms, new ceramic wall								20
21	tile, new wallcoverings, sheet vinyl, light fixtures,								21
22	mirrors, grab bars, new sinks & towel bars								22
23	Install conduit with new circuits and new receptacles in elevators	2009	2,575	258	10	258		1,677	23
24	Installation to power rod out station	2009	4,850	485	10	485		3,153	24
25	Category 6 cable (550mhz)	2010	4,301	430	10	430		2,365	25
26	Repack both sides of fire pump, replace flow switches	2010	3,278	328	10	328		1,804	26
27									27
28	Elevator oil contamination removal	2011	3,500	317	10	350	33	1,575	28
29	Remove pilot assembly and clean hot water heater	2011	2,751	251	10	275	24	1,238	29
30	Purchase of six shower pan bases	2011	4,332	398	10	433	35	1,949	30
31	Purchase of six shower stalls	2011	7,112	700	10	711	11	3,200	31
32	Purchase of six shower stalls	2011	7,636	665	10	764	99	3,438	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,492,126	\$ 117,586		\$ 509,173	\$ 391,587	\$ 9,924,894	34

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

Facility Name & ID Number Glenshire Nrsg & Rehab Ctre# 0039321

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 13,492,126	\$ 117,586		\$ 509,173	\$ 391,587	\$ 9,924,894	1
2	Remove and install new hot water heater in mechanical room	2011	8,850	809	10	885	76	3,983	2
3	Replace and install heat exchanger	2011	12,192	1,114	10	1,219	105	5,486	3
4	Purchase of gas water heater	2011	5,828	533	10	583	50	2,623	4
5	Purchase of heat exchanger unit	2011	3,034	278	10	303	25	1,364	5
6	Purchase and install water softener tank	2011	9,950	918	10	995	77	4,478	6
7	Install new cables in existing conduits	2012	21,309	1,986	10	2,131	145	7,458	7
8	Install new cables in existing conduits	2012	3,441	321	10	344	23	1,204	8
9	Demo 20' block wall, install acoustical ceiling	2012	7,900	748	10	790	42	2,765	9
10	Remove old dropped ceiling, install new acoustical ceiling	2012	4,082	387	10	408	21	1,428	10
11	Remove section of block wall, build walls in dialysis room	2012	3,107	294	10	311	17	1,088	11
12	Remove cove base, install sheet vinyl, laminate nurses station	2012	46,125	4,396	10	4,613	217	16,145	12
13	Installation of smoke detectors, recall panel in elevators	2012	12,800	1,220	10	1,280	60	4,480	13
14	Installation of 5 dialysis boxes and replace piping	2012	15,649	1,491	10	1,565	74	5,477	14
15	Relocate 11 sprinkler heads into new drop ceiling	2012	3,867	369	10	387	18	1,354	15
16	Installation of 18 new receptacles and circuits, outlets	2012	4,177	398	10	418	20	1,463	16
17	Furnish and install handrails, wallcovering in elevators	2012	6,069	584	10	607	23	2,124	17
18	Install sprinklers in electrical room, fire alarm panel room, generator room, elevator equipment room and pit	2013	3,200	309	10	320	11	800	18
19									19
20	Furnish and install doors in dialysis room and counter top	2013	5,500	533	10	550	17	1,375	20
21	Furnish 78 x 48 plate glasses in resident rooms and third floor	2013	2,534	246	10	253	7	633	21
22	Installation of heavy duty sump pump	2013	2,900	284	10	290	6	725	22
23	Remove and replace hydraulic power unit B passenger elevator	2013	10,950	1,080	10	1,095	15	2,738	23
24	Replace broken p-traps in the floor	2013	5,300	526	10	530	4	1,325	24
25	Furnish and install 8 valves on heating/cooling coils on air-handler	2013	3,723	372	10	372		930	25
26	Install new electrical conduit and outlet box	2013	8,750	874	10	875	1	2,188	26
27	Install new fire pump casing and sleeves, gasket, pressure switch on fire pump	2014	3,235	324	10	324		648	27
28									28
29	Replace DS block and engineer new float system on generator	2014	3,572	357	10	357		714	29
30	Replace fuel floats in day tank, switches on generator	2014	2,605	261	10	261		522	30
31	ASCO automatic transfer switch on generator	2014	11,345	1,135	10	1,135		2,270	31
32	Telephone wiring project	2014	6,386	639	10	639		1,278	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,730,505	\$ 140,372		\$ 533,013	\$ 392,641	\$ 10,003,960	34

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

Facility Name & ID Number Glenshire Nrsg & Rehab Ctre

0039321

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 13,730,505	\$ 140,372		\$ 533,013	\$ 392,641	\$ 10,003,960	1
2	Add R-22 refrigerant, restore operation to compressor	2014	2,686	269	10	269		538	2
3	Replace and install new compressor	2014	18,920	1,892	10	1,892		3,784	3
4	Disconnect and remove air-handler unit heating coils	2014	7,900	790	10	790		1,580	4
5	Furnish and install new coils and Trane air-handler unit	2014	51,876	5,188	10	5,188		10,376	5
6	Replace compressor # 2 controls on two controllers	2014	7,072	707	10	707		1,414	6
7	Split case water pressure booster repair 7 1/2 horsepower	2014	5,196	520	10	520		1,040	7
8	Replace relief valve for hot water boiler in kitchen	2014	3,179	318	10	318		636	8
9	Insurance claim - air-handler	2014	(58,499)	(5,850)	10	(5,850)		(11,700)	9
10	Insurance claim - compressor	2014	(18,706)	(1,871)	10	(1,871)		(3,742)	10
11	Furnish AO Smith hot water boiler 660,000 BTU	2014	7,456	746	10	746		1,492	11
12	Remove and install new cove base, carpet, wallcovering in	2015	3,519	176	10	176		176	12
13	Administrator's office, Admissions office and office hallway								13
14	Replacement of 8 inch single check valve backflow preventer	2015	9,600	480	10	480		480	14
15	Replace terminal gaskets and liquid line core driers on 75 ton	2015	3,848	192	10	192		192	15
16	circuit								16
17	Furnish and install new isolation valves and pressure test	2015	3,345	167	10	167		167	17
18	Removal of 2" valve and furnish and replace new 3" valve	2015	2,530	127	10	127		127	18
19	Furnish and install new Weinman pump	2015	4,686	234	10	234		234	19
20	Furnish and install new honeywell control for boiler, repair	2015	7,824	391	10	391		391	20
21	terminals on relav								21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29	See Attached Schedule L:								29
30	Leasehold Improvements Allocated from Management Company:	1998	11,047			508	508	17,647	30
31	Leasehold Improvements Allocated from Management Company:	1999	4,614						31
32	Leasehold Improvements Allocated from Management Company:	2000	552						32
33	Leasehold Improvements Allocated from Management Company:	2008	1,662						33
34	TOTAL (lines 1 thru 33)		\$ 13,810,812	\$ 144,848		\$ 537,997	\$ 393,149	\$ 10,028,792	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	\$ 774,665	\$ 83,355	\$ 83,355	\$	5, 10 years	\$ 462,076	71
72	Current Year Purchases	65,846	3,292	3,292		10 years	3,292	72
73	Fully Depreciated Assets	652,953	6,969	6,969		10 years	652,953	73
74	Allocated from Therapy Masters, Mgt Co:	87,994		1,282	1,282		73,669	74
75	TOTALS	\$ 1,581,458	\$ 93,616	\$ 94,898	\$ 1,282		\$ 1,191,990	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 Toyota Camry	2004	\$ 10,770	\$	\$	\$	5 years	\$ 10,770	76
77										77
78	Allocated from Management Company:			18,644		767	767		17,967	78
79										79
80	TOTALS			\$ 29,414	\$	\$ 767	\$ 767		\$ 28,737	80

E. Summary of Care-Related Assets

	1	2		
	Reference	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)	\$ 15,731,871	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 238,464	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 633,662	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 395,198	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,249,519	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Glenshire Nrsg & Rehab Ctr

0039321

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.

YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____ /2016 \$ _____

13. _____ /2017 \$ _____

14. _____ /2018 \$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized

by the length of the lease N/A.

N/A

N/A

9. Option to Buy: YES NO Terms: N/A *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 20,968

Description: See Attached Schedule M

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Patient Care	2012 Toyota Highlander	\$ 499.00	\$ 3,084	17
18	Patient Care	2015 Toyota Sienna	699.00	7,724	18
19					19
20	Allocated from Management Company:			4,174	20
21	TOTAL		\$ #####	\$ 14,982	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 Glenshire Nrsg & Rehab Ctre # 0039321 Report Period Beginning: 01/01/2015 Ending: 12/31/2015
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost	Units	Cost					
1	Licensed Occupational Therapist	Ln10a,Col 3	hrs	\$	4,014	\$ 240,071	\$	4,014	\$ 240,071	1	
2	Licensed Speech and Language Development Therapist	Ln10a,Col 3	hrs		1,758	102,126		1,758	102,126	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		6,063	379,940	11,987	6,063	391,927	4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy	Ln 39, Col 2	# of prescrpts				488,879		488,879	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): Respiratory Therapy	Ln 39, Col 3 Ln10a, Col 1	25,534 hours		621,984	252,520		25,534	621,984	13	
14	TOTAL			\$	621,984	11,835	\$ 974,657	\$ 500,866	37,369	\$ 2,097,507	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 Glenshire Nrsg & Rehab Ctre# 0039321Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (476,470)	\$ (274,890)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	4,197,131	4,197,131	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	451,627	464,658	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(121,708)		8
9	Other(specify): <u>Receivable from Insurance:</u>	5,919,000	5,919,000	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 9,969,580	\$ 10,305,899	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		310,187	13
14	Buildings, at Historical Cost		11,864,517	14
15	Leasehold Improvements, at Historical Cost	1,658,213	1,946,295	15
16	Equipment, at Historical Cost	1,504,234	1,610,872	16
17	Accumulated Depreciation (book methods)	(2,570,381)	(11,249,519)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spec Escrows)		807,307	22
23	Other(specify): <u>Mortgage Costs (Net)</u>		62,495	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 592,066	\$ 5,352,154	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,561,646	\$ 15,658,053	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,173,214	\$ 2,173,214	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	394,669	394,669	30
31	Accrued Taxes Payable (excluding real estate taxes)	26,800	26,800	31
32	Accrued Real Estate Taxes(Sch.IX-B)		940,000	32
33	Accrued Interest Payable	623,910	658,703	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule E:</u>	9,730,811	9,730,811	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 12,949,404	\$ 13,924,197	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,804,048	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Glenner 1995 Family Trust:</u>	1,425,000	1,425,000	43
44	<u>Stockholders Loans:</u>	18,807,000	18,807,000	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 20,232,000	\$ 28,036,048	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 33,181,404	\$ 41,960,245	46
47	TOTAL EQUITY(page 18, line 24)	\$ (22,619,758)	\$ (26,302,192)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 10,561,646	\$ 15,658,053	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (19,543,302)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (19,543,302)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	\$ (3,076,456)	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)	\$ (3,076,456)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (22,619,758)	24

* Operating Entity Only

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 14,746,611	1
2	Discounts and Allowances for all Levels	(1,999,724)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,746,887	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,512,254	6
7	Oxygen	345,900	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,858,154	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	346,336	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	66,091	19
20	Radiology and X-Ray	16,705	20
21	Other Medical Services	806,858	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,235,990	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	3,253	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,253	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)		29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,844,284	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,263,789	31
32	Health Care	7,616,648	32
33	General Administration	5,470,344	33
B. Capital Expense			
34	Ownership	2,001,882	34
C. Ancillary Expense			
35	Special Cost Centers	1,022,050	35
36	Provider Participation Fee	546,027	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,920,740	40
41	Income before Income Taxes (line 30 minus line 40)**	(3,076,456)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (3,076,456)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 10,504,279	44
45	Private Pay - Net Inpatient Revenue	175,528	45
46	Medicare - Net Inpatient Revenue	1,180,981	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	629,155	47
48	Other-(specify) <u>Veterans - Net Inpatient Revenue</u>	256,944	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,746,887	49

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

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

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

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

Facility Name & ID Number Glenshire Nrsg & Rehab Ctre

0039321

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	2,106	2,536	\$ 114,629	\$ 45.20	1
2	Assistant Director of Nursing	1,906	2,197	77,579	35.31	2
3	Registered Nurses	49,322	53,794	1,572,123	29.22	3
4	Licensed Practical Nurses	38,206	41,147	1,130,458	27.47	4
5	CNAs & Orderlies	113,292	122,385	1,337,925	10.93	5
6	CNA Trainees					6
7	Licensed Therapist	23,022	25,534	621,984	24.36	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,963	2,226	36,961	16.60	9
10	Activity Assistants	9,413	10,206	105,550	10.34	10
11	Social Service Workers	6,311	6,746	127,822	18.95	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	3,926	4,276	49,275	11.52	14
15	Cook Helpers/Assistants	27,217	29,766	363,776	12.22	15
16	Dishwashers					16
17	Maintenance Workers	7,762	8,430	138,438	16.42	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,276	2,724	142,097	52.16	20
21	Assistant Administrator	1,975	2,077	49,201	23.69	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	23,269	25,211	539,107	21.38	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,763	3,020	44,503	14.74	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	1,660	1,784	19,007	10.65	33
34	TOTAL (lines 1 - 33)	316,389	344,059	\$ 6,470,435 *	\$ 18.81	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	\$ 42,241	Ln 1, Col 3	35
36	Medical Director	Monthly	168,361	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	14,693	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	72	3,636	Ln 11, Col 3	44
45	Social Service Consultant	57	3,607	Ln 12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	129	\$ 232,538		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	3,538	\$ 95,515	Ln 10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	3,538	\$ 95,515		53

Facility Name & ID Number Glenshire Nrsng & Rehab Ctre

0039321

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

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	
Ladon Harris	Administrator	0.00 %	\$ 56,262	Workers' Compensation Insurance	\$ 228,353	IDPH License Fee	\$ 3,980	
Matthew Carlson	Administrator	0.00 %	70,851	Unemployment Compensation Insurance	171,613	Advertising: Employee Recruitment		
Constance Crenshaw	Administrator	0.00 %	14,984	FICA Taxes	492,437	Health Care Worker Background Check		
Elliot Glenner	Asst Administrator	0.00 %	49,201	Employee Health Insurance	194,383	(Indicate # of checks performed <u>185</u>)	1,850	
				Employee Meals	22,381	Patient Background Checks	<u>118</u> 1,180	
				Illinois Municipal Retirement Fund (IMRF)*		See Attached Schedule K:	59,830	
				Other Employee Benefits	1,419	Allocated from Therapy Masters, Inc.:	2,006	
				Union Health and Welfare	13,580	Allocated from Management Company:	132	
				401K Match	6,507	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 191,298	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 1,105,078		\$ 68,978		
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)			\$ 1,423,478				Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,423,478				Seminar Expense	
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 171,602	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	
							\$	

* Attach copy of IMRF notifications

**See instructions.

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

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

Facility Name & ID Number Glenshire Nrsg & Rehab Ctr# 0039321Report Period Beginning: 01/01/2015Ending: 12/31/2015**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Illinois Council on Long Term Care \$19,345
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 87,908 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. \$ 546,027
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. \$ 22,381 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.

GlenShire Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0039321
12/31/2015

SCHEDULE A

SCHEDULE VII. RELATED PARTIES
Part A. Col.3

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

SCHEDULE B

SCHEDULE VII RELATED PARTIES

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

Name	Compensation Received From Other Nursing Homes								Total
	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenCrest Nursing & Rehab. Centre, Ltd.	Glen Bridge Nursing & Rehab. Centre, Ltd.	Glen Elston Nursing & Rehab. Centre, Ltd.	Brentwood North Healthcare & Rehabilitation	Glen Lake Terrace Nursing & Rehab	Ballard Respiratory & Rehab	Glen Saint Andrew Living Comm	
Sidney Glenner	32,680	33,989	33,954	14,196	17,257	27,716	18,262	23,130	201,184
Jonathan Glenner	7,720	8,029	8,021	3,353	4,077	6,547	4,314	5,464	47,525
Daniel Glenner	9,621	10,007	9,996	4,179	5,081	8,160	5,376	6,809	59,229
Elliot Glenner	4,328	4,501	4,497	1,880	2,285	3,671	2,418	3,063	26,643
Joshua Ray	32,680	33,989	33,954	14,196	17,257	27,716	18,262	23,130	201,184
Total compensation received from other Nursing Homes	87,029	90,515	90,422	37,804	45,957	73,810	48,632	61,596	535,765

XIX. SUPPORT SCHEDULES

SCHEDULE C

Page 21

C. Professional Services

<u>Vendor/Payee</u>	<u>Type</u>	<u>AMOUNT</u>
Health Data Systems, Inc.	Computers	6,131
Point ClickCare	Computers	49,713
IIT Sourcetek	Computers	1,100
EHealth Data Solutions	Computers	4,860
Net Health	Computers	6,375
Kronos	Computers	15,258
McGladrey LLP	Accounting	48,715
Frost, Ruttenberg & Rothblatt	Accounting	350
Much Shelist	Legal	11,091
Marilyn P. Dunn	Legal	1,527
Ashman & Stein	Legal	57
Meyers & Flower LLC	Legal	8,146
Leydig, Voit & Mayer, Ltd.	Legal	5,500
Creative Technology Solutions	IT Consulting	1,500
Berkadia Commercial Mortgage	A/R Financing	15,000
Personnel Planners, Inc.	Unemployment Consulting	2,283
Management Network Services	Insurance Claims Management	64
Cindy Stachura	Consultant	600
		<u>178,270</u>

Allocated from Management Co:

Point ClickCare - Computer Services	214
Lexis Nexis - Computer Services	177
Health Data Systems, Inc. - Computer Services	105
Inpriva - Computer Services	228
S4 Group LLC - Financial Consulting	553
McGladrey LLP - Accounting Services	22,331
Govig - Recruiter	2,765
Perfect Staffing - Recruiter	3,733
Ashman & Stein - Legal	165

Marilyn Dunn - Legal	19
Polsinelli - Legal	2,061
Much Shelist - Legal	1,111
Total allocated from Management Co.	<u>33,462</u>

Allocated from Therapy Masters:	
Casamba - Computer Services	3,019
Health Data Systems - Computer Services	53
McGladrey LLP - Accounting Services	105
Theracore - Business Consulting	19,347
Personnel Planners - Financial Consulting	48
Career Tree Network - Therapist Recruitment	3,350
Total allocated from Therapy Masters:	<u>25,922</u>

GlenShire Real Estate & Development Limited Partnership:	
Skidelsky & Associates - Real Estate Tax Reduction	220
Skidelsky & Associates - Real Estate Tax Reduction	71,905
Total allocated from GlenShire Real Estate & Development, Limited Partnership:	<u>72,125</u>

Reclass Skidelsky & Associates - Real Estate Tax Reduction to Line 33	-220
Reclass Skidelsky & Associates - Real Estate Tax Reduction to Line 33	-71,905

Non-Allowable Expenses:	
McGladrey LLP - Accounting	-41,978
Meyers & Flower LLC - Legal - A/R Collections	-8,146
Ashman & Stein - Legal - out of period	-57
Marilyn Dunn - Legal - out of period	-807
Berkadia Commercial Mortgage - A/R Financing	-15,000
Management Network Services - Insurance Claims Management	-64
	<u>-66,052</u>

Total adjustments page 21, Sch C.	<u>-6,668</u>
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Total Schedule V, line 19, column 8	<u>171,602</u>
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SCHEDULE D

XIX. SUPPORT SCHEDULES

D. Employee Benefits and Payroll Taxes
 Page 21

DESCRIPTION	AMOUNT
Allocated from Management Co.	
FICA taxes	33,108
FUTA	256
SUTA	1,308
401K Match	3,054
Insurance - Hospital	40,278
Workers Compensation Insurance	5,098
Total allocated from Management Co.	<u>83,102</u>
Allocated Employee Benefits to Line #'s 7 & 27	(83,102)
Allocated from Therapy Masters, Inc.	
FICA taxes	38,983
FUTA	431
SUTA	618
401K Match	2,457
Insurance - Hospital	8,786
Workers Compensation Insurance	2,738
Total allocated from Therapy Masters, Inc.	<u>54,013</u>
Allocated Employee Benefits to Line #'s 15 & 27	(54,013)
Total	<u>0</u>

SCHEDULE E

XV. SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Accrued Expenses	30,401
Insurance Payable	310,051
Accrued Wage Assignment	-1,548
Due-Patient Trust Fund	-8,960
Accrued Provider Participation Fee - Tax	94,036
Accrued 401K	425
Accrued Union Dues	3,965
Refunds Exchange	10,072
Accrued Management Fees	1,777,255
Due to Third Party	1,317,353
Advance from HFS	278,761
Professional Liability Claims	5,919,000
Total, Page 17, Line36	<u><u>9,730,811</u></u>

SCHEDULE F

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

Description	Amount	Reference
Patient Clothing	(824)	43
Non-allowable owner interest expense	(311,955)	32
Non-allowable patient storage	(500)	43
Non-allowable IL Council on Long Term Care fee	(19,673)	20
Non-allowable professional fees	(66,052)	19
Non-allowable insurance reimbursement	(2,008)	22
Non-allowable office expense	(1,600)	43
Non-allowable marketing salaries	(149,159)	21
Non-allowable marketing employee benefits	(25,595)	22
Adjust Mgt. Co. Med Supplies - Med'A' to cost	(112,866)	10
Adjust Mgt. Co. Med Supplies - 'Other' to cost	(403,899)	10
Adjust Mgt. Co. Food to cost	(102,380)	2
Non-allowable auto expense - marketing	(5,198)	25
Total	<u>(1,201,709)</u>	

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

SCHEDULE G

	Accrued 1/01/15	Payments	Expense	Accrued 12/31/15
Balance @ 1/01/2015 - G/L# 210:	(902,000.00)		(902,000.00)	
2014 Real Estate Taxes Paid		886,597.23	886,597.23	
Estimated 2015 real estate taxes:				
2014 taxes	886,597.23			
Estimated increase	6.00%			
Estimated 2015 taxes	939,793.06			
USE	940,000.00		940,000.00	(940,000.00)
 Totals	(902,000.00)	886,597.23	924,597.23	(940,000.00)

Real estate tax history:

Year	Amount	Increase \$	%
1991	443,164.00		
1992	465,682.00	22,518.00	5.08%
1993	529,742.00	64,060.00	13.76%
1994	545,165.38	15,423.38	2.91%
1995	582,936.44	37,771.06	6.93%
1996	601,796.63	18,860.19	3.24%
1997	624,000.41	22,203.78	3.69%
1998	642,857.87	18,857.46	3.02%
1999	648,110.27	5,252.40	0.82%
2000	658,314.50	10,204.23	1.57%
2001	703,338.03	45,023.53	6.84%
2002	667,742.79	(35,595.24)	-5.06%

2003	686,735.80	18,993.01	2.84%
2004	728,336.76	41,600.96	6.06%
2005	812,535.50	84,198.74	11.56%
2006	815,030.99	2,495.49	0.31%
2007	853,829.05	38,798.06	4.76%
2008	922,622.22	68,793.17	8.06%
2009	681,822.88	(240,799.34)	-26.10%
2010	701,966.03	20,143.15	2.95%
2011	734,593.69	32,627.66	4.65%
2012	796,990.26	62,396.57	8.49%
2013	839,632.57	42,642.31	5.35%
2014	886,597.23	46,964.66	5.59%

Provider Name: GlenShire Nursing and Rehab Center

Provider I.D. #: 0035014

Year Ended: December 31, 2015

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Matthew Carlson; Elliot Glenner	1/28/2015	Skokie, IL	Illinois Council on Long Term Care Ethics in the News: End-of-Life Issues and the resident's Right to Choose	315
Matthew Carlson; Elliot Glenner	4/22/2015	Skokie, IL	Illinois Council on Long Term Care 2015 Medicare Updates for Skilled Nursing Facilities	330
Clinical Staff	6/30/2015	Chicago, IL	Net Health W.E. EMR w/ADT and Clinical Docs Monthly License Fee Go Live 6/10/15	1,381
Ladon Harris; Elliot Glenner	7/14/2015	Skokie, IL	Illinois Council on Long Term Care Integrating 5 Star Rating and QAPI: A 5 Star Experience	210
Nursing Staff	7/21/2015	Waukegan, IL	Omincare of Northern Illinois EDU Essential Infusion Therapy Training	640
Ladon Harris; Elliot Glenner	8/11/2015	Skokie, IL	Illinois Council on Long Term Care Understanding the Payer Sources for Long Term Care	210
Advocate Health Care	10/15/2015	Frankfort, IL	Geriatric Ortho Updates	1,500
Admissions Department	8/31/2015	Skokie, IL	Positive Vibe Coaching Training for Admissions Department	111
Nursing Staff	11/17/2015	Waukegan, IL	Omincare of Northern Illinois EDU Essential Infusion Therapy Training	160
			Allocated From Management Company	1,246
			Allocated From Therapy Masters	1,298

Total

7,401

GlenShire Nursing and Rehabilitation Centre, LTD.
Provider #0039321
12/31/2015

SCHEDULE I

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

	<u>Gasoline Allowance</u>	<u>Employee Reimbursement: Tolls, Parking, Mileage</u>	<u>U Haul Rental</u>	<u>Total</u>
Direct Expense	11,892	2,577	158	14,627
Non-allowable auto expense - marketing				-5,198
Allocated from Therapy Masters, Inc.				1,089
Allocated from Management Company				8,019
TOTAL	<u>11,892</u>	<u>2,577</u>	<u>158</u>	<u>18,537</u>

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

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

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

NURSING HOME PERCENTAGE	RECALCULATION BASED ON 2007 CENSUS		
	GLENBRIDGE	GLENCREST	GLEN OAKS
84.9438%	93767 0.192053401	95,262 0.195115457	106,511 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		
	GLENBRIDGE	GLENCREST	GLEN OAKS
84.9438%	93929 18.66%	92,291 18.34%	105,965 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		
	GLENBRIDGE	GLENCREST	GLEN OAKS
84.9438%	92,668 17.13%	90,627 16.75%	105,904 19.58%

2009 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>310,726</u>	<u>303,882</u>		<u>355,107</u>	
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		NURSING HOME PERCENTAGE	CALCULATION BASED ON 2009 CENSUS		
			GLENBRIDGE	GLENCREST	GLEN OAKS
2010 NO ADDITIONS	<u>2,135,245</u>	84.9438%	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
		1,813,758			
			92,668	90,627	105,904
			17.13%	16.75%	19.58%
2011 NO ADDITIONS	<u>2,135,245</u>	84.9438%	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
		1,813,758			
			92,668	90,627	105,904
			17.13%	16.75%	19.58%
2012 NO ADDITIONS	<u>2,135,245</u>	84.9438%	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
		1,813,758			
			92,668	90,627	105,904
			17.13%	16.75%	19.58%
2013 NO ADDITIONS	<u>2,135,245</u>	84.9438%	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
		1,813,758			
			92,668	90,627	105,904
			17.13%	16.75%	19.58%
2014 NO ADDITIONS	<u>2,135,245</u>	84.9438%	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>
		1,813,758			
			92,668	90,627	105,904
			17.13%	16.75%	19.58%
2015 NO ADDITIONS	<u>2,135,245</u>	84.9438%	<u>272,254</u>	<u>272,539</u>	<u>262,045</u>
		1,813,758			
			91,738	91,834	88,298
			15.01%	15.03%	14.45%

SCHEDULE J

GLEN ELSTON	GLENSHIRE
41,220/460,292	102,753/460,292
0.08955185	0.223234382
17,496	43,614

157,036	391,458
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161,830	403,409
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162,211	404,358
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162,211	404,358
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162,425	404,893
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162,425	404,893
162,425	404,893
162,425	404,893

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>TOTAL</u>
40,267	78,093	74,334	488,234
0.082474797	0.159949942	0.152250765	1
<u>149,589</u>	<u>290,111</u>	<u>276,146</u>	<u>1,813,758</u>

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
37,609	81,480	76,498	15,564	503,336
7.47%	16.19%	15.20%	3.09%	1
<u>135,523</u>	<u>293,611</u>	<u>275,659</u>	<u>56,084</u>	<u>1,813,758</u>

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

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

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

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

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

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

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

SCHEDULE K

XIX. SUPPORT SCHEDULES

Page 21

F. Dues, Fees, Subscriptions and Promotions

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Illinois Council on Long Term Care Dues	39,018
Employment Fees	30,090
Suburban Elevator Company Inspection Fee	825
Cook County Department of Environmental Control Inspection Fees	916
Secretary of State Annual Report Fee	175
CLIA Laboratory Program Certificate of Waiver User Fee	150
Village of Richton Park Elevator Inspection, Health Inspection Fee	547
Joint Commission Fees	7,485
Wisconsin State Lab of Hygeine Fee	297
Non-allowable Illinois Council on Long Term Care PAC Fees	(19,673)
Total	<u>59,830</u>

**HEALTH AND HOME MANAGEMENT, INC.
ALLOCATION OF MANAGEMENT COMPANY LEASEHOLD IMPROVEMENTS**

SCHEDULE L

ASSET DESCRIPTION	COST	CAPITAL FROM FARGO @ 84.9438 %	ADJUSTED LEASEHOLD IMPROVEMENTS	COST	GLENBRIDGE 103,052/460,292 0.223883969	GLENCREST 111,372/460,292 0.241959452	GLEN OAKS 101,895/460,292 0.221370348	GLEN ELSTON 41,220/460,292 0.08955185	GLENSHIRE 102,753/460,292 0.223234382	
		6,647	6,647	6,647						
1998 PARKING LOT REPAVING	5,900		5,900	5,900						
LEASEHOLD IMPROVEMENTS -	87,339		87,339	87,339						
ADDITIONAL CONSTRUCTION COSTS				99,886	22,363	24,168	22,112	8,945	22,298	
FARGO BUILDING										
1999 LEASEHOLD IMPROVEMENTS -	41,710		41,710	41,710						
ADDITIONAL CONSTRUCTION COSTS				141,596	31,701	34,260	31,345	12,680	31,609	
FARGO BUILDING										
2000 AQUATIC WORKS - BUILT IN FISH TAN	5,000		5,000	5,000						
				146,596	32,820	35,470	32,452	13,128	32,725	
2001 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
2002 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
2003 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
2004 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
2005 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
2006 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725	
RECALCULATION BASED ON 2007 CENSUS - New facility added in 2007 (GlenLake Terrace Nursing Ctr)										
					<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
					93,767	95,262	106,511	40,267	78,093	74,334
					0.192053401	0.195115457	0.218155638	0.082474797	0.159949942	0.152250765
2007 NO ADDITIONS				146,596	28,154	28,603	31,981	12,090	23,448	22,319
RECALCULATION BASED ON 2008 CENSUS - New facility added in 2008 (Brentwood partial year 9/1/08-12/31/08)										
					<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
					93,929	92,291	105,965	37,609	81,480	76,498
					18.66%	18.34%	21.05%	7.47%	16.19%	15.20%
2008 INSTALLATION OF IRRIGATION SYSTEM	15,036			15,036						
				161,632	30,163	29,637	34,028	12,077	26,165	24,565
RECALCULATION BASED ON 2009 CENSUS - New facility added in 2008 (Brentwood) is now allocated over full year in 2009										
					<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
					92,668	90,627	105,904	37,909	82,060	82,504
					17.13%	16.75%	19.58%	7.01%	15.17%	15.25%
2009 NO ADDITIONS				161,632	27,690	27,080	31,645	11,328	24,520	24,653

		RECALCULATION BASED ON 2009 CENSUS					
		<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
		92,668	90,627	105,904	37,909	82,060	82,504
		17.13%	16.75%	19.58%	7.01%	15.17%	15.25%
2010 NO ADDITIONS	<u>161,632</u>	<u>27,690</u>	<u>27,080</u>	<u>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>
	Amounts as reported on cost report:	27,464	26,860	31,387	11,235	24,320	24,452
	Differences due to error in formula:	-226	-220	-258	-93	-200	-201
	(Total allocated over 99.18 % not 100.00 %)						
		RECALCULATION BASED ON 2009 CENSUS					
		<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
		92,668	90,627	105,904	37,909	82,060	82,504
		17.13%	16.75%	19.58%	7.01%	15.17%	15.25%
2011 NO ADDITIONS	<u>161,632</u>	<u>27,690</u>	<u>27,080</u>	<u>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>
		RECALCULATION BASED ON 2009 CENSUS					
		<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
		92,668	90,627	105,904	37,909	82,060	82,504
		17.13%	16.75%	19.58%	7.01%	15.17%	15.25%
2012 NO ADDITIONS	<u>161,632</u>	<u>27,690</u>	<u>27,080</u>	<u>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>
		RECALCULATION BASED ON 2009 CENSUS					
		<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
		92,668	90,627	105,904	37,909	82,060	82,504
		17.13%	16.75%	19.58%	7.01%	15.17%	15.25%
2013 NO ADDITIONS	<u>161,632</u>	<u>27,690</u>	<u>27,080</u>	<u>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>
		RECALCULATION BASED ON 2009 CENSUS					
		<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%
2014 NO ADDITIONS	<u>161,632</u>	<u>27,690</u>	<u>27,080</u>	<u>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>
		CALCULATION BASED ON 2015 CENSUS					
		<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
		91,738	91,834	88,298	38,356	67,590	74,884
		15.01%	15.03%	14.45%	6.28%	11.06%	12.25%
2015 NO ADDITIONS	<u>161,632</u>	<u>24,262</u>	<u>24,287</u>	<u>23,352</u>	<u>10,144</u>	<u>17,875</u>	<u>19,804</u>

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

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

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

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

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

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

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

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

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

SCHEDULE M

Page 14, XII. Rental Costs

16. Rental Amount for movable equipment:

	Ice-Machine	Copy Machine	Postage	Medical Equipment	Dish Machine	Rental of Cooling Units	Total
Direct Expense	1,860	9,120	333	1,158	5,218	1,900	19,589
Allocated from Therapy Masters, Inc.							0
Allocated from Management Company							1,379
TOTAL	1,860	9,120	333	1,158	5,218	1,900	20,968