

		FOR BHF USE					

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2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2017)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH License ID Number: <u>0035014</u></p> <p>Facility Name: <u>Glen Bridge N & Rehab Centre</u></p> <p>Address: <u>8333 West Golf Road</u> <u>Niles</u> <u>60714</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(847) 966-9190</u> Fax # <u>(847) 966-4455</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>3/1/1989</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____ </td> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Charles J. Fischer</u> Telephone Number: <u>(312) 634-4580</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2017</u> to <u>12/31/2017</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;"> (Signed) _____ (Type or Print Name) <u>Sidney Glenner</u> (Title) <u>Chairman of Board</u> </td> </tr> <tr> <td style="width:15%; padding: 5px;">Paid Preparer</td> <td style="padding: 5px;"> (Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) _____ Fax # () _____ </td> </tr> </table> <p align="right"> MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630 </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Sidney Glenner</u> (Title) <u>Chairman of Board</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) _____ Fax # () _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Sidney Glenner</u> (Title) <u>Chairman of Board</u>							
Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) _____ Fax # () _____							

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds 302

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	302	Skilled (SNF)	302	110,230	1
2		Skilled Pediatric (SNF/PED)			2
3	0	Intermediate (ICF)	0	0	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	302	TOTALS	302	110,230	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	29,841	1,222	5,498	36,561	8
9	SNF/PED					9
10	ICF	44,761	1,834	0	46,595	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	74,602	3,056	5,498	83,156	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.44%

D. How many bed reserve days during this year were paid by the Department? 0 (Do not include bed reserve 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 3/1/89

J. Was the facility purchased or leased after January 1, 1978?
YES Date 3/1/89 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 302 and days of care provided 3,995

Medicare Intermediary Wisconsin Physicians Service Insurance Corporation

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/17 Fiscal Year: 12/31/17

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

Facility Name & ID Number Glen Bridge N & Rehab Centre # 0035014 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	529,093	62,346	40,076	631,515		631,515		631,515		1
2	Food Purchase		614,645		614,645	(33,262)	581,383		581,383		2
3	Housekeeping	314,824	49,396		364,220		364,220		364,220		3
4	Laundry	125,939	15,395	10,223	151,557		151,557		151,557		4
5	Heat and Other Utilities			316,849	316,849		316,849	6,621	323,470		5
6	Maintenance	120,647	24,197	126,968	271,812		271,812	6,059	277,871		6
7	Other (specify):* Allocated Employee Benefits							544	544		7
8	TOTAL General Services	1,090,503	765,979	494,116	2,350,598	(33,262)	2,317,336	13,224	2,330,560		8
	B. Health Care and Programs										
9	Medical Director			134,856	134,856		134,856		134,856		9
10	Nursing and Medical Records	5,279,715	575,541	141,716	5,996,972		5,996,972		5,996,972		10
10a	Therapy	544,095	2,461	970,580	1,517,136		1,517,136	(152,411)	1,364,725		10a
11	Activities	161,817	4,188	2,448	168,453		168,453		168,453		11
12	Social Services	138,480		3,512	141,992		141,992		141,992		12
13	CNA Training										13
14	Program Transportation			16,555	16,555		16,555		16,555		14
15	Other (specify):* Allocated Employee Benefits							102,846	102,846		15
16	TOTAL Health Care and Programs	6,124,107	582,190	1,269,667	7,975,964		7,975,964	(49,565)	7,926,399		16
	C. General Administration										
17	Administrative	83,660		1,677,295	1,760,955		1,760,955	(1,677,295)	83,660		17
18	Directors Fees										18
19	Professional Services			397,970	397,970	(58,515)	339,455	39,314	378,769		19
20	Dues, Fees, Subscriptions & Promotions			51,197	51,197	3,085	54,282	(7,882)	46,400		20
21	Clerical & General Office Expenses	823,377	98,333	56,438	978,148	(3,085)	975,063	614,778	1,589,841		21
22	Employee Benefits & Payroll Taxes			1,397,339	1,397,339	33,262	1,430,601	(28,346)	1,402,255		22
23	Inservice Training & Education			1,595	1,595		1,595	2,740	4,335		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			6,632	6,632		6,632	9,128	15,760		25
26	Insurance-Prop.Liab.Malpractice			1,390,352	1,390,352		1,390,352	6,907	1,397,259		26
27	Other (specify):* Allocated Employee Benefits							141,769	141,769		27
28	TOTAL General Administration	907,037	98,333	4,978,818	5,984,188	(25,253)	5,958,935	(898,887)	5,060,048		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,121,647	1,446,502	6,742,601	16,310,750	(58,515)	16,252,235	(935,228)	15,317,007		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			170,405	170,405		170,405	392,270	562,675		30
31	Amortization of Pre-Op. & Org.										31
32	Interest							466,878	466,878		32
33	Real Estate Taxes					58,515	58,515	696,365	754,880		33
34	Rent-Facility & Grounds			1,990,638	1,990,638		1,990,638	(1,990,638)			34
35	Rent-Equipment & Vehicles			207,518	207,518		207,518	14,465	221,983		35
36	Other (specify):* Mortgage Insurance							89,816	89,816		36
37	TOTAL Ownership			2,368,561	2,368,561	58,515	2,427,076	(330,844)	2,096,232		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		406,693	190,696	597,389		597,389		597,389		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			645,871	645,871		645,871		645,871		42
43	Other (specify):*			478,318	478,318		478,318	(478,318)			43
44	TOTAL Special Cost Centers		406,693	1,314,885	1,721,578		1,721,578	(478,318)	1,243,260		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,121,647	1,853,195	10,426,047	20,400,889		20,400,889	(1,744,390)	18,656,499		45

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

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	(17,324)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	4,040	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(911)	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	(733)	43		18
19	Entertainment				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	(444,211)	43		24
25	Fund Raising, Advertising and Promotional	(30,874)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(327,681)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (817,694)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(926,696)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (926,696)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,744,390)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

Glen Bridge N & Rehab Centre

ID# 0035014

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-allowable professional fees	\$ (115,123)	19	1
2	Non-allowable auto expense - marketing	(3,634)	25	2
3	Non-allowable clerical expense	(441)	43	3
4	Non-allowable IL Council on Long Term Care Fee	(13,793)	20	4
5	Non-allowable patient clothing	(589)	43	5
6	Non-allowable marketing salaries	(164,755)	21	6
7	Non-allowable marketing employee benefits	(28,346)	22	7
8	Non-allowable patient storage	(1,000)	43	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				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	(327,681)		49

STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	6,621	0	0	0	0	0	0	0	0	6,621	5
6	Maintenance	0	0	6,037	0	22	0	0	0	0	0	0	6,059	6
7	Other (specify):*	0	0	544	0	0	0	0	0	0	0	0	544	7
8	TOTAL General Services	0	0	13,202	0	22	0	0	0	0	0	0	13,224	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	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	(152,411)	0	0	0	0	0	0	(152,411)	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	102,846	0	0	0	0	0	0	102,846	15
16	TOTAL Health Care and Programs	0	0	0	0	(49,565)	0	0	0	0	0	0	(49,565)	16
	C. General Administration													
17	Administrative	0	0	(1,677,295)	0	0	0	0	0	0	0	0	(1,677,295)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(115,123)	0	55,401	58,515	40,521	0	0	0	0	0	0	39,314	19
20	Fees, Subscriptions & Promotions	(13,793)	0	121	0	5,790	0	0	0	0	0	0	(7,882)	20
21	Clerical & General Office Expenses	(182,079)	0	770,231	0	26,626	0	0	0	0	0	0	614,778	21
22	Employee Benefits & Payroll Taxes	(28,346)	0	0	0	0	0	0	0	0	0	0	(28,346)	22
23	Inservice Training & Education	0	0	1,570	0	1,170	0	0	0	0	0	0	2,740	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(3,634)	0	11,317	0	1,445	0	0	0	0	0	0	9,128	25
26	Insurance-Prop.Liab.Malpractice	0	0	5,392	0	1,515	0	0	0	0	0	0	6,907	26
27	Other (specify):*	0	0	138,883	0	2,886	0	0	0	0	0	0	141,769	27
28	TOTAL General Administration	(342,975)	0	(694,380)	58,515	79,953	0	0	0	0	0	0	(898,887)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(342,975)	0	(681,178)	58,515	30,410	0	0	0	0	0	0	(935,228)	29

STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	4,040	0	13,746	374,484	0	0	0	0	0	0	0	392,270	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	466,878	0	0	0	0	0	0	0	466,878	32
33	Real Estate Taxes	0	0	9,320	687,045	0	0	0	0	0	0	0	696,365	33
34	Rent-Facility & Grounds	0	0	0	(1,990,638)	0	0	0	0	0	0	0	(1,990,638)	34
35	Rent-Equipment & Vehicles	0	0	14,465	0	0	0	0	0	0	0	0	14,465	35
36	Other (specify):*	0	0	0	89,816	0	0	0	0	0	0	0	89,816	36
37	TOTAL Ownership	4,040	0	37,531	(372,415)	0	0	0	0	0	0	0	(330,844)	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):*	(478,759)	0	0	441	0	0	0	0	0	0	0	(478,318)	43
44	TOTAL Special Cost Centers	(478,759)	0	0	441	0	0	0	0	0	0	0	(478,318)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(817,694)	0	(643,647)	(313,459)	30,410	0	0	0	0	0	0	(1,744,390)	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
AMJED Trust Dated 1/04/07	99.20 %	See Page 6 - Supplemental		See Attached Schedule A		
Sidney Glenner	0.80 %					

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V		\$					1
2	V	Total from Page 6A	1,677,295	Glen Health and Home Management, Inc.	A	1,033,648	(643,647)	2
3	V							3
4	V	Total from Page 6B	1,990,638	GlenBridge Real Estate and Development, L.L.C.	B	1,677,179	(313,459)	4
5	V							5
6	V	Total from Page 6C	970,580	Therapy Masters, Inc.	C	1,000,990	30,410	6
7	V							7
8	V							8
9	V							9
10	V			A: Glenner 1995 Family Trust 58.50 %, Sidney Glenner 41.50 %				10
11	V			B: SLG Limited Partnership 100 %				11
12	V			A: Sidney Glenner - 100.00%				12
13	V							13
14	Total		\$ 4,638,513			\$ 3,711,817	\$ * (926,696)	14

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

Facility Name & ID Number

Glen Bridge N & Rehab Centre

0035014

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	Sidney Glenner	0.80 %	GlenCrest Nursing & Rehabilitation	Chicago	See Attached Schedule A			1
2	AMJED Trust Dated 1/04/07	99.20 %	Centre, Ltd.					2
3								3
4	Sidney Glenner	1.00 %	Glen Elston Nursing & Rehabilitation	Chicago				4
5	AMJED Trust Dated 1/04/07	99.00 %	Centre, Ltd.					5
6								6
7	Sidney Glenner	1.00 %	Glen Oaks Nursing & Rehabilitation	Northbrook				7
8	AMJED Trust Dated 1/04/07	99.00 %	Centre, Ltd.					8
9								9
10	Sidney Glenner	0.80 %	GlenShire Nursing & Rehabilitation	Richton Park				10
11	AMJED Trust Dated 1/04/07	99.20 %	Centre, Ltd.					11
12								12
13	Sidney Glenner	0.90 %	GlenLake Terrace Nursing & Rehabilitation	Waukegan				13
14	AMJED Trust Dated 1/04/07	99.10 %	Centre, Ltd.					14
15								15
16	Sidney Glenner	0.90 %	Brentwood North Healthcare & Rehabilitation	Riverwoods				16
17	AMJED Trust Dated 1/04/07	99.10 %	Centre, Ltd.					17
18								18
19	Sidney Glenner	0.50 %	Ballard Respiratory & Rehabilitation	Des Plaines				19
20	AMJED Trust Dated 1/04/07	99.50 %	Center, LLC.					20
21								21
22	Sidney Glenner	0.50 %	Glen Saint Andrew Living Community, LLC.	Niles				22
23	AMJED Trust Dated 1/04/07	99.50 %						23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Glen Bridge N & Rehab Centre# 0035014Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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 Administrative Service Fees	\$ 1,677,295	Glen Health and Home Management, Inc.	A	\$	\$ (1,677,295)
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	6,621	6,621
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	3,152	3,152
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	55,401	55,401
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	121	121
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	35,760	35,760
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	139,427	139,427
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	1,570	1,570
23	V	25 Auto Expense		Glen Health and Home Management, Inc.	A	11,317	11,317
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	5,392	5,392
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	13,746	13,746
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	9,320	9,320
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	14,465	14,465
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	2,885	2,885
29	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	0	
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	734,471	734,471
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(139,427)	(139,427)
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	544	544
33	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A		
34	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	138,883	138,883
35	V						
36	V						
37	V			A - OWNERSHIP: Glenner 1995 Family Trust 58.50 %			
38	V			and Sidney Glenner 41.50 %			
39	Total		\$ 1,677,295			\$ 1,033,648	\$ * (643,647)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	43 Clerical	\$	GlenBridge Real Estate & Development, L.L.C.	B	\$ 441	\$	441	15
16	V	30 Depreciation		GlenBridge Real Estate & Development, L.L.C.	B	374,484		374,484	16
17	V	32 Interest Expense		GlenBridge Real Estate & Development, L.L.C.	B	467,075		467,075	17
18	V	33 Real Estate Taxes		GlenBridge Real Estate & Development, L.L.C.	B	687,045		687,045	18
19	V	34 Rental	1,990,638	GlenBridge Real Estate & Development, L.L.C.	B			(1,990,638)	19
20	V	19 Professional Fees		GlenBridge Real Estate & Development, L.L.C.	B	58,515		58,515	20
21	V	32 Interest Income		GlenBridge Real Estate & Development, L.L.C.	B	(197)		(197)	21
22	V	36 Mortgage Insurance Premium		GlenBridge Real Estate & Development, L.L.C.	B	89,816		89,816	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V			B - OWNERSHIP:					32
33	V			SLG Limited Partnership 100.00 %					33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,990,638			\$ 1,677,179	\$ *	(313,459)	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	\$ 970,580	Therapy Masters, Inc.	C	\$ 818,169	\$ (152,411)
16	V	19 Professional Fees		Therapy Masters, Inc.	C	40,521	40,521
17	V	20 Licenses, Permits, and Inspection		Therapy Masters, Inc.	C	5,790	5,790
18	V	6 Repairs and Maintenance		Therapy Masters, Inc.	C	22	22
19	V	21 Clerical		Therapy Masters, Inc.	C	3,525	3,525
20	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	105,732	105,732
21	V	23 Training and Education		Therapy Masters, Inc.	C	1,170	1,170
22	V	25 Auto Expenses		Therapy Masters, Inc.	C	1,445	1,445
23	V	21 Clerical Salaries		Therapy Masters, Inc.	C	23,101	23,101
24	V	22 Employee Benefits		Therapy Masters, Inc.	C	(105,732)	(105,732)
25	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	102,846	102,846
26	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	2,886	2,886
27	V	26 Insurance - Liability		Therapy Masters, Inc.	C	1,515	1,515
28	V						
29	V						
30	V						
31	V						
32	V						
33	V			C - OWNERSHIP: 100.00% Sidney Glenner			
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 970,580			\$ 1,000,990	\$ * 30,410

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

Facility Name & ID Number

Glen Bridge N & Rehab Centre

0035014

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	Chairman of Board	Administrative	100.00 %	0	10	16.62 %	Salary	\$ 0	Ln 17, Co 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	40,831	7	16.62 %	Salary	7,086	Ln 21, Co 7	2
3	Daniel Glenner	President	Administrative	0.00 %	154,305	8	16.62 %	Salary	26,777	Ln 21, Co 7	3
4	Elliot Glenner	Dir of Purchasing	Administrative	0.00 %	63,272	7	16.62 %	Salary	10,980	Ln 21, Co 7	4
5											5
6											6
7											7
8											8
9											9
10			See Schedule B								10
11											11
12											12
13								TOTAL	\$ 44,843		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014

Report Period Beginning:

01/01/2017

Ending: 2/31/2017

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

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Glen Health and Home Management, Inc.
 Street Address 5454 West Fargo Avenue
 City / State / Zip Code Skokie, IL 60077
 Phone Number (847) 674-5454
 Fax Number (847) 674-8311

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	562,351	9	\$ 44,774	\$ 83,156	\$ 6,621	1	
2	6	Repairs and Maintenance	Resident Days	562,351	9	21,318	83,156	3,152	2	
3	19	Professional Fees	Resident Days	562,351	9	374,658	83,156	55,401	3	
4	20	Licenses, Permits and Inspection	Resident Days	562,351	9	818	83,156	121	4	
5	21	Clerical	Resident Days	562,351	9	241,828	83,156	35,760	5	
6	22	Employee Benefits and Payroll	Resident Days	562,351	9	942,891	83,156	139,427	6	
7	23	Training and Education	Resident Days	562,351	9	10,620	83,156	1,570	7	
8	25	Auto Expenses	Resident Days	562,351	9	76,533	83,156	11,317	8	
9	26	Insurance	Resident Days	562,351	9	36,463	83,156	5,392	9	
10	30	Depreciation	Resident Days	562,351	9	92,961	83,156	13,746	10	
11	33	Real Estate Taxes	Resident Days	562,351	9	63,026	83,156	9,320	11	
12	35	Equipment and Vehicle Rental	Resident Days	562,351	9	97,820	83,156	14,465	12	
13	6	Janitorial Salaries	Resident Days	562,351	9	19,511	19,511	83,156	2,885	13
14	17	Officer's Salaries	Resident Days	562,351	9		83,156	0	14	
15	21	Administrative Salaries	Resident Days	562,351	9	4,966,933	4,966,933	83,156	734,471	15
16	22	Employee Benefits	Payroll					(139,427)	16	
17	7	Employee Benefits - Janitorial	Payroll					544	17	
18	27	Employee Benefits - Officer's	Payroll					0	18	
19	27	Employee Benefits - Admin	Payroll					138,883	19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 6,990,154	\$ 4,986,444	\$ 1,033,648	25	

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Interest Expense	10
		YES	NO				Original	Balance				
A. Directly Facility Related												
Long-Term												
1	Walker & Dunlop, LLC		X	Mortgage	\$79,367.32	5/1/2013	\$ 19,824,993	\$ 17,741,424	6/01/2043	0.0260	\$ 467,075	1
2												2
3												3
4												4
5												5
Working Capital												
6	Sidney Glenner	X		Working Capital		Various	657,754	657,754		0.0525		6
7	AMJED GST Trust	X		Working Capital		Various	11,907,271	11,907,271		0.0525		7
8												8
9	TOTAL Facility Related				\$79,367.32		\$ 32,390,018	\$ 30,306,449			\$ 467,075	9
B. Non-Facility Related*												
10									Interest Income Offset:		(197)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (197)	14
15	TOTALS (line 9+line14)						\$ 32,390,018	\$ 30,306,449			\$ 466,878	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 89,816 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 2016 report.		\$	730,000	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.)		\$	716,347	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(13,653)	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	745,000	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.)		\$	58,515	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 \$ <u>44,302</u> For <u>13</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	(44,302)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	745,560	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2012	<u>645,642</u>	8	
	2013	<u>664,285</u>	9	
	2014	<u>676,433</u>	10	
	2015	<u>701,148</u>	11	
	2016	<u>716,347</u>	12	
See Attached Schedule G For Calculation of 2017 Real Estate Tax Accrual.				

FOR BHF USE ONLY			
13	FROM R. E. TAX STATEMENT FOR 2016	\$	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:

- Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.**
- 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.**

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glen Bridge N & Rehab Centre COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0035014

CONTACT PERSON REGARDING THIS REPORT Charles J. Fischer

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2016 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 2016.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>09-14-200-029-0000</u>	<u>8333 West Golf Road</u>	\$ <u>4,856.56</u>	\$ <u>4,856.56</u>
2. <u>09-14-200-032-0000</u>	<u>8333 West Golf Road</u>	\$ <u>711,490.55</u>	\$ <u>711,490.55</u>
3. <u>Allocated from Management Company:</u>		\$ <u>67,858.39</u>	\$ <u>9,320.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>784,205.50</u></u>	\$ <u><u>725,667.11</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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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.**

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

X. BUILDING AND GENERAL INFORMATION:

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

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>58,949</u>	<u>1989</u>	<u>\$ 263,180</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>12,563</u>	<u>2</u>
3	TOTALS	58,949		\$ 275,743	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	302	1989	1970	\$ 6,703,340	\$	35	\$ 191,524	\$ 191,524	\$ 5,490,355	4
5										5
6	Mgt Comp	1996		272,254						6
7	Allocation									7
8	Schedule J									8
Improvement Type**										
9	Building Improvements	1989		66,436	1,898	35	1,898		54,411	9
10	Building Improvements	1990		7,195		35	206	206	5,902	10
11	Building Improvements	1990		3,885	111	35	111		3,072	11
12	Building Improvements	1990		35,167		10			35,167	12
13	Building Improvements	1991		8,342		10			8,342	13
14	Building Improvements	1991		12,621		10			12,621	14
15	Building Improvements	1992		78,993		10			78,993	15
16	Building Improvements	1993		5,350		10			5,350	16
17	Building Improvements	1993		109,105		10			109,105	17
18	Land Improvements	1993		45,615		15			45,615	18
19	Building Improvements	1993		53,394		10			53,394	19
20	Land Improvements	1993		10,717		15			10,717	20
21	Building Improvements	1995		29,767		10			29,767	21
22	Electrical wiring work to 2nd floor from basement	1996		23,000		10			23,000	22
23	Dialysis room construction	1996		7,439		10			7,439	23
24	Fireplace construction	1996		1,065		10			1,065	24
25	Mounted door alarm system and wiring	1996		2,505		10			2,505	25
26	PVC hand rail and wall bumper	1997		4,968		10			4,968	26
27	Window treatments	1997		2,226		10			2,226	27
28	Walls, cabinets and tub	1997		5,520		10			5,520	28
29	Cabinets, sink and lighting	1997		4,571		10			4,571	29
30	Walls, platform and ramp	1997		9,286		10			9,286	30
31	Window treatments	1997		2,394		10			2,394	31
32	Cabinets and cubicles	1997		9,631		10			9,631	32
33	Cabinets	1997		2,500		10			2,500	33
34	Base covers	1997		630		10			630	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Glen Bridge N & Rehab Centre

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Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Doors	1997	\$ 1,950	\$	10	\$	\$	\$ 1,950	37
38	Sink	1997	2,236		10			2,236	38
39	Fire alarm equipment	1997	1,975		10			1,975	39
40	Walls and doors	1997	2,480		10			2,480	40
41	80 ton compressor	1998	20,800		10			20,800	41
42	Telephone system improvements	1998	2,503		10			2,503	42
43	Carpeting, window treatments, mini-blinds	1998	20,703		10			20,703	43
44	Handrail/bumper corner guard installation	1998	4,200		10			4,200	44
45	Cove base installation	1998	2,508		10			2,508	45
46	Handrail/bumper corner guard installation, accent rails	1999	11,401		10			11,401	46
47	Mini-blinds	1999	3,963		10			3,963	47
48	Carpeting, cove base installation	1999	14,797		10			14,797	48
49	Amtico, cove base installation	1999	5,616		10			5,616	49
50	Carpeting, cove base installation	1999	1,634		10			1,634	50
51	Wallpaper	1999	10,900		10			10,900	51
52	Handrail/bumper corner guard installation, accent rails	1999	11,401		10			11,401	52
53	Insurance claim: boiler	1999	(19,000)		10			(19,000)	53
54	Panel interior, interior mat installation	1999	2,468		10			2,468	54
55	Install alarms for ventilators	1999	1,560		10			1,560	55
56	Install handrails and bumper chair rails	1999	4,600		10			4,600	56
57	Carpeting	1999	4,497		10			4,497	57
58	Lighting improvements on the 5th floor	1998	4,635		10			4,635	58
59	Install new braille signs/slots	1999	2,135		10			2,135	59
60	Installation of mini-blinds	1999	3,476		10			3,476	60
61	Installation of handrails, bumpers, corner guards, chair rails	1999	5,500		10			5,500	61
62	Tube bundles for heat exchanger	1999	3,382		10			3,382	62
63	Install new tubes & door gaskets on boiler	1999	7,400		10			7,400	63
64	Install new motor, drain valve, drain hoses on washer	1999	1,903		10			1,903	64
65	Cove base installation, floor patches, vinyl tiles & powerbond	1999	11,459		10			11,459	65
66	Cove base installation	2000	3,267		10			3,267	66
67	Cove base installation	2000	1,939		10			1,939	67
68	Installation of fire dampers & exhaust fan	2000	2,773		10			2,773	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,678,977	\$ 2,009		\$ 193,739	\$ 191,730	\$ 6,179,607	70

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

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,678,977	\$ 2,009		\$ 193,739	\$ 191,730	\$ 6,179,607	1
2	New interior for kitchen panel	2000	2,630		10			2,630	2
3	Electrical work for 6 dialysis chairs	2000	3,975		10			3,975	3
4	Install exhaust fan, ductwork, exhaust grille & fire-rated door	2000	2,560		10			2,560	4
5	Ductwork fabrication and installation	2000	4,120		10			4,120	5
6	Plumbing project	2000	14,517		10			14,517	6
7	Carpeting, floor patches	1999	2,969		10			2,969	7
8	4 custom nurses stations	2000	10,025		10			10,025	8
9	4 custom nurses stations	2000	33,284		10			33,284	9
10	5 sinks in nurses station	2000	1,642		10			1,642	10
11	Fire alarm system	2000	3,324		10			3,324	11
12	Cove base & vinyl installation, floor patches	2000	2,705		10			2,705	12
13	Install door restrictors, emergency lights & elevator telephone	2000	11,500		10			11,500	13
14	Dura glide 3000 single slide door packages	2000	12,218		10			12,218	14
15	Furnish and install two oil tank coolers in elevator pit	2001	6,750		10			6,750	15
16	Replace gasket, valves and coils on compressor	2001	3,200		10			3,200	16
17	Remove lobby wall, build new wall and install new ceiling	2001	26,841		10			26,841	17
18	Pre-wiring, televisions, brackets and electrical outlets	2001	68,526		10			68,526	18
19	Window caulking and masonry	2000	4,320		10			4,320	19
20	Ceramic tile, carpet, floor patches and cove base installation	2001	8,147		10			8,147	20
21	Ceiling/lighting project and remove/build wall in copy room	2001	24,145		10			24,145	21
22	Wallcovering installation and painting	2001	6,115		10			6,115	22
23	Ceiling fixture, 2 chandeliers, 4 wall sconces	2001	3,006		10			3,006	23
24	Installation of television system	2002	3,569		10			3,569	24
25	Furnish and install blinds	2002	3,616		10			3,616	25
26	Dialysis room renovation	2002	12,000		10			12,000	26
27	Cove base & vinyl installation, floor patches	2002	5,467		10			5,467	27
28	Replace tubes in boiler	2002	8,006		10			8,006	28
29	Television system installation	2003	10,846		10			10,846	29
30	Elevator pump installation	2003	2,450		10			2,450	30
31	Power amplifier and speaker installation	2003	3,962		10			3,962	31
32	Install receptacles to attach emergency panels for respirators	2004	2,960		10			2,960	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,988,372	\$ 2,009		\$ 193,739	\$ 191,730	\$ 6,489,002	34

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

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,988,372	\$ 2,009		\$ 193,739	\$ 191,730	\$ 6,489,002	1
2	Furnish and install new elevator door detector unit	2004	2,004		10			2,004	2
3	Installation of remote DVD system	2004	2,339		10			2,339	3
4	Repipe and patch alarm system	2003	2,200		10			2,200	4
5	Furnish and install head gaskets on boilers	2005	5,565		10			5,565	5
6	Philadelphia insurance refund	2005	(15,497)		10			(15,497)	6
7	Replacement of the fire alarm panel	2005	7,803		10			7,803	7
8	Cable installation	2005	13,115		10			13,115	8
9	Installed new detector edge and power pack on elevator	2005	1,983		10			1,983	9
10	Replace cooling tower fan motor	2005	1,726		10			1,726	10
11	Change relief valve on compressor	2005	1,594		10			1,594	11
12	Install handrails, vinyl tile, ceiling and lighting in 2 elevators	2005	11,091		10			11,091	12
13	Cable installation project	2005	21,100		10			21,100	13
14	Install cove base, ceramic tile, wallpaper and painting	2005	105,973		10			105,973	14
15	Install cove base, carpeting and vinyl tile	2005	17,729		10			17,729	15
16	Install vinyl/ceramic tile, furnish & install new sink, faucet	2005	2,235		10			2,235	16
17	Installation of wiring for vent machine	2005	1,393		10			1,393	17
18	Installation of FTA satellite system	2005	1,310		10			1,310	18
19	Valve installation on sprinkler heads	2006	3,175		10			3,175	19
20	Rework heads on sprinkler system	2006	2,033		10			2,033	20
21	Raise piping above soffit, relocate sprinkler heads	2006	5,258		10			5,258	21
22	Custom built-in wall units with drawers	2006	17,672		10			17,672	22
23	Furnish and install fire-rated doors, ceiling, ceramic tiles	2006	99,654		10			99,654	23
24	Furnish and install 44 gallon shower	2006	11,512		10			11,512	24
25	Installation of access door	2006	3,450		10			3,450	25
26	Purchase of cooling tower	2006	20,505		10			20,505	26
27	Installation of new electrical receptacles	2006	14,960		10			14,960	27
28	Installation of evaporator control unit in electrical room	2006	2,593		10			2,593	28
29	Installation of patch panel and computer jacks	2006	3,742		10			3,742	29
30	Removal of asbestos from cooling tower	2006	4,250		10			4,250	30
31	Installation of new coils, repair patch and connect piping	2006	2,946		10			2,946	31
32	Furnish and install fire alarm equipment	2006	6,390		10			6,390	32
33	Disconnect, remove and rewire cooling tower	2006	16,266		10			16,266	33
34	TOTAL (lines 1 thru 33)		\$ 8,386,441	\$ 2,009		\$ 193,739	\$ 191,730	\$ 6,887,071	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 8,386,441	\$ 2,009		\$ 193,739	\$ 191,730	\$ 6,887,071	1
2	Installation of elevator door frame protectors	2006	3,160	158	10	158		3,160	2
3	Telephone system upgrade	2006	2,995		10			2,995	3
4	Furnish and install outdoor signs	2007	10,532	528	10	528		10,532	4
5	Sealcoat and restripe parking lot project	2008	3,000	300	10	300		2,850	5
6	Parking lot drainage system	2008	11,200	1,120	10	1,120		10,640	6
7	Cable wiring of all televisions	2008	4,308	430	10	430		4,085	7
8	Plastering and painting project	2008	20,825	2,082	10	2,082		19,779	8
9	Carpeting project	2008	3,901	390	10	390		3,705	9
10	Installation of 77 electrical wallboxes for light fixture installation	2008	3,850	385	10	385		3,658	10
11	Wall tile, floor tile and carpet installation	2008	4,494	449	10	449		4,266	11
12	New nurses station, wallcovering, furnish & install cove base	2008	261,121	26,112	10	26,112		248,064	12
13	Automatic sprinkler system	2008	5,600	560	10	560		5,320	13
14	Wallcovering, corner guards, ceramic wall tile	2008	21,579	2,158	10	2,158		20,501	14
15	Interior drywall project	2008	6,550	655	10	655		6,223	15
16	Furnish solid vinyl tile	2008	7,687	769	10	769		7,305	16
17	Reposition exhaust ducts, install new sheet metal, ducts for fan coil, extend ductwork to outside wall	2009	3,333	333	10	333		2,831	17
18									18
19	Demolition of walls, drywall & plaster, tile floors & walls, wallpaper, paint ceiling	2009	10,165	1,017	10	1,017		8,644	19
20									20
21	Install 2 shower stalls, new supply lines, drain installed	2009	5,700	570	10	570		4,845	21
22	Furnish and install drywall in bathrooms and paint	2009	2,633	263	10	263		2,236	22
23	Trench drain installation, new vent line, install hot & cold supply lines	2009	6,800	680	10	680		5,780	23
24									24
25	Remove front entrance concrete and install new concrete	2009	13,500	1,350	10	1,350		11,475	25
26	Remove driveway and patio concrete and install new concrete	2009	77,071	7,707	10	7,707		65,510	26
27	Remove and install fencing at exit areas and around patio	2009	34,890	3,489	10	3,489		29,657	27
28	Addition of telephone base stations, audit wireless system	2009	3,526	353	10	353		3,000	28
29	Remove driveway and patio concrete and install new concrete	2009	2,923	292	10	292		2,482	29
30	Remove and install fencing at exit areas and around patio	2009	(1,319)	(132)	10	(132)		(858)	30
31	Irrigation system for new patio addition	2009	9,339	934	10	934		7,939	31
32	Replace condenser water lines and valves	2009	2,690	269	10	269		2,287	32
33	Landscape installation	2009	7,500	750	10	750		6,375	33
34	TOTAL (lines 1 thru 33)		\$ 8,935,994	\$ 55,980		\$ 247,710	\$ 191,730	\$ 7,392,357	34

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

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

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 8,935,994	\$ 55,980		\$ 247,710	\$ 191,730	\$ 7,392,357	1
2	Floor tile (2 x 2 mosaic)	2009	(2,502)	(250)	10	(250)		(2,125)	2
3	Corner guards, cove base, furnish and install toilet partitions	2009	5,686	569	10	569		4,836	3
4	Elevator frame wraps, door casings, grab bars, cove base, tile	2009	29,734	2,546	10	2,973	427	25,271	4
5	Category 6 cable (550 mhz)	2010	4,418	386	10	442	56	3,315	5
6	Seepage project along sewer line	2010	2,900	254	10	290	36	2,175	6
7	Furnish and install wood casing	2010	3,761	376	10	376		2,820	7
8	Remove cove base, install vinyl floor tile and cove base	2010	265,344	23,600	10	26,534	2,934	199,005	8
9	Installation of walk-in freezer/cooler	2011	21,813	2,019	10	2,182	163	14,183	9
10	Replace cooling tower time delay, drier cores, vac pump, valve	2012	10,587	999	10	1,059	60	5,824	10
11	Install sprinkler heads in elevator shafts	2012	4,475	421	10	448	27	2,464	11
12	Sealcoat, stripe parking lot, fill potholes	2012	4,100	410	10	410		2,255	12
13	Install new hydraulic power unit for elevator	2013	11,800	1,146	10	1,180	34	5,310	13
14	Install sprinklers in bedroom closets on floors two through five	2013	20,300	1,965	10	2,030	65	9,135	14
15	Replace condensing unit in walk-in cooler	2013	4,441	433	10	444	11	1,998	15
16	Furnish and install carpet, floor tile, and vinyl base in the fourth floor hallway	2013	15,500	1,529	10	1,550	21	6,975	16
17									17
18	Parking lot mill and pave renovations	2013	33,691	3,369	10	3,369		15,161	18
19	Install new dd solenoids and change vacuum pump in a/c compressor unit	2014	3,125	313	10	313		1,095	19
20									20
21	Telephone wiring project	2014	7,071	707	10	707		2,475	21
22	New nursing station on the 5th floor with storage cabinets & sink	2014	19,800	1,980	10	1,980		6,930	22
23	Furnish and install drywall, plaster, ceiling grid, fixtures, tile in storage area	2014	5,200	520	10	520		1,820	23
24									24
25	Prep flooring, furnish and install vinyl plank floor and base, paint on the 5th floor	2014	8,200	820	10	820		2,870	25
26									26
27	Furnish and install ceiling grid, ceiling tile and fixtures on the 1st floor	2014	6,120	612	10	612		2,142	27
28									28
29	New controller, door operators, hatch lock, wire on elevators	2014	98,000	9,800	10	9,800		34,300	29
30	New nursing station on the 5th floor with cabinets, gate doors and countertops	2014	6,300	630	10	630		2,205	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,525,858	\$ 111,134		\$ 306,698	\$ 195,564	\$ 7,744,796	34

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

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

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 9,525,858	\$ 111,134		\$ 306,698	\$ 195,564	\$ 7,744,796	1
2	Vinyl tile, cove base, wallpaper, handrail/corner guards in the	2014	201,708	20,171	10	20,171		70,598	2
3	corridors, staff dining room, beauty salon, social services, D.O.N								3
4	room, medical records and conference room								4
5	Carpet, wallpaper, cove base and paint in the basement	2014	14,874	1,487	10	1,487		5,205	5
6	Replace ramp railing and concrete path	2014	14,000	1,400	10	1,400		4,900	6
7	Install doors and recessed lighting	2014	20,637	2,064	10	2,064		7,224	7
8	Install fire pump controllers with transfer switch	2014	45,500	4,550	10	4,550		15,925	8
9									9
10	Installation of New Generator; Removal of Old Generator;	2015	240,715	24,072	10	24,072		60,180	10
11	Install New Bollards - Entire Facility								11
12	Replace Door Handles and Locks - -1st Floor	2015	5,598	560	10	560		1,400	12
13	Switchboard Installation for Generator	2015	70,363	7,036	10	7,036		17,590	13
14	Outdoor Service Entrance & Indoor Main Switch Section								14
15	Switchboard Panel & Circuit Breakers Outside for Generator	2015	2,668	267	10	267		667	15
16	Circuit Breaker Connection to Switchboard - Generator Outside	2015	15,805	1,581	10	1,581		3,952	16
17	Installation of Door, Front Panel and Frame - 1st Floor	2015	7,200	720	10	720		1,800	17
18	Install Damper & Access Panel - 1st Floor	2015	5,500	550	10	550		1,375	18
19	Seal Supply Duct - Basement								19
20	Install Control Box, Contractors & Wires for Dishwasher - Kitche	2015	3,500	350	10	350		875	20
21	Install Water Resistance Conduit above Dishwasher - Kitchen	2015	3,500	350	10	350		875	21
22	Install Floor Tile, Grout & Seal for Damage Area - Kitchen	2015	7,212	721	10	721		1,803	22
23	Install 4 Doors and Frames - 1st Floor;	2015	3,200	320	10	320		800	23
24	Re-Install Alarm for Door - Basement								24
25	Generator & Initial Cost to Put into Service	2015	97,912	9,791	10	9,791		24,478	25
26									26
27									27
28	1st Fl. Sprinkler System	2015	12,000	1,200	10	1,200		3,000	28
29	Install Ceramic, Vinyl & Carpet Tiles; Millwork Base	2015	18,964	1,896	10	1,896		4,740	29
30	Vestibule, Lobby, Reception & Copy Room								30
31	Wall Covering, Window Treatments, Install Light Fixture,	2015	5,518	552	10	552		1,380	31
32	Cornice, Custom Carpet 7 Cove Base								32
33	Admissions & Administrator Office; Conference Room								33
34	TOTAL (lines 1 thru 33)		\$ 10,322,232	\$ 190,772		\$ 386,336	\$ 195,564	\$ 7,973,564	34

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

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

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 10,322,232	\$ 190,772		\$ 386,336	\$ 195,564	\$ 7,973,564	1
2	Install Vinyl Tile, Millwork Base, Ceiling Light & Door Casings	2015	36,209	3,621	10	3,621		9,052	2
3	Facility Corridors								3
4	Install Ceramic Tile & Cove Base; Wall Covering & Tiles; Plumbing	2015	9,983	998	10	998		2,495	4
5	Guest Training Baths								5
6	Install Vinyl Tile & Cove Base; Install Drywall & Door	2015	4,963	496	10	496		1,240	6
7	Golden Age Room								7
8	Install Vinyl Tile & Cove Base; Install Wall, Door & Frame	2015	12,634	1,263	10	1,263		3,158	8
9	Install 2 Windows, Wall Covering, Blinds & Cornice								9
10	Install Ceiling Tile & Lights - Beauty Salon								10
11	Millwork Base; Install Rods & Drapes - Dining Room	2015	3,081	308	10	308		770	11
12	Furnish & Install Window Treatments, Blinds & Shades - Common Ar	2015	6,944	694	10	694		1,735	12
13	Build & Install Reception Desk/Credenza with Panels &	2015	34,757	3,476	10	3,476		8,690	13
14	Granite/Laminate Countertops; Carpet Installation;								14
15	Ceiling Tile & Electrical Fixtures - Reception/Lobby Areas								15
16	Purchase of Ceramic Tile for Kitchen Floor	2015	5,150	515	10	515		1,288	16
17	Remove and Replace Gas Train on Boiler #2	2015	5,950	595	10	595		1,488	17
18	Concrete Work on Patio & Driveway, Ramp & Wall Patching	2015	5,800	580	10	580		1,450	18
19	Exterior Fence Project	2015	4,900	490	10	490		1,225	19
20	Replace Soft Starter & Pump Motor on Elevators	2015	11,557	1,156	10	1,156		2,890	20
21	Plumbing, Drywall, Build Out Walls for Dialysis Room, Paint	2015	31,200	3,120	10	3,120		7,800	21
22	Install New PID Modules, Run New Wiring to Elevators,	2015	9,182	918	10	918		2,295	22
23	New Recall Device								23
24	Removal and Installation of New Magic Air Fan Coil	2015	5,900	590	10	590		1,475	24
25	Install Gas Train Venting and Replace Gas Venting	2015	7,180	718	10	718		1,795	25
26	Interior Plumbing Remodeling, Install Water Line In Dialysis Room	2015	19,500	1,950	10	1,950		4,875	26
27	Install Sheet Metal on Roof, Prime and Paint	2015	3,400	340	10	340		850	27
28	Tone, Trace and Tag All Riser Pairs from IDF'S to MDF'S	2015	5,400	540	10	540		1,350	28
29	on Floors 2,3,4,5								29
30	Reinstall Compressor Termination and Wiring	2015	9,820	982	10	982		2,455	30
31	Install Two Service Disconnects for Lighting Circuits in Elevator	2015	6,320	632	10	632		1,580	31
32	Relocate Electric, Furnish Can Lights, Remove & Install Drywall,	2015	16,365	1,637	10	1,637		4,092	32
33	Reception Desk								33
34	TOTAL (lines 1 thru 33)		\$ 10,578,427	\$ 216,391		\$ 411,955	\$ 195,564	\$ 8,037,612	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 10,578,427	\$ 216,391		\$ 411,955	\$ 195,564	\$ 8,037,612	1
2	Blend Valve Assembly With Cold Water Bypass	2015	3,882	388	10	388		970	2
3	Carpeting, Base, Install 2 New Chandeliers, Corner Guard	2015	5,917	592	10	592		1,480	3
4	In Lobby, Corridor								4
5	120 Yards of Wallcovering for Offices, Dining Room,	2015	3,123	312	10	312		780	5
6	Lobby, Corridor								6
7	Fire Pump and Controller Replacement	2015	2,500	250	10	250		625	7
8	Replace Existing Ceiling Grid and Tile, LED Light Fixtures In	2015	5,536	554	10	554		1,385	8
9	Vestibule, Conference Room								9
10	Electrical project in dialysis room	2016	3,908	391	10	391		586	10
11	Demolition and installation of new ceiling and wall, install new	2016	5,123	512	10	512		768	11
12	door in dialysis room								12
13	Install transfer switch on generator	2016	4,131	413	10	413		620	13
14	Remove cove base, install vinyl floor, blinds, wallcovering for	2016	30,163	3,016	10	3,016		4,524	14
15	dialysis room								15
16	Electrical project in dialysis room, run cable to nurses station	2016	3,580	358	10	358		537	16
17	Install four compressor isolation valves	2016	6,625	663	10	663		994	17
18	Insulation of compressor	2016	9,729	973	10	973		1,459	18
19	Furnish and install granite around chase, ceiling tile	2016	3,400	340	10	340		510	19
20	Remove and replace compressor motor	2016	5,459	546	10	546		819	20
21	Install new vinyl windows	2016	9,300	930	10	930		1,395	21
22	Remove and replace #1 pilot burner on boiler	2016	6,038	604	10	604		906	22
23	Furnish and install 2 pit ladders to beams for both elevators	2016	6,613	661	10	661		992	23
24	Furnish and install ceiling tile, vinyl tile in hallway	2016	22,550	2,255	10	2,255		3,383	24
25	Wire conversion project for boilers	2016	4,227	422	10	422		633	25
26	Ceiling Fixtures, Wallcovering, Sink Area Upper Cabinets in	2016	12,162	1,824	10	1,824	(0)	1,824	26
27	Dialysis Room.								27
28	Install New 200 amp Breaker in Basement, Run Conduit								28
29	throughout the building.	2017	27,150	1,358	10	1,358		1,358	29
30	Remove and Reroute All Data Cabling, Vertical Wire.	2017	24,451	1,223	10	1,223		1,223	30
31	Install New Starter and Transformer for the Compressor.	2017	2,777	139	10	139		139	31
32	Recharge Compressor System with 90 lbs of R-22 Freon	2017	6,078	304	10	304		304	32
33	Replace Compressor on Walk-In Freezer.	2017	6,400	320	10	320		320	33
34	TOTAL (lines 1 thru 33)		\$ 10,799,249	\$ 235,739		\$ 431,303	\$ 195,564	\$ 8,066,145	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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 10,799,249	\$ 235,739		\$ 431,303	\$ 195,564	\$ 8,066,145	1
2	Install wallpaper in elevator, furnish and install elevator door	2017	2,820	141	10	141		141	2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23	See Attached Schedule L:								23
24	Leasehold Improvements Allocated from Management Company:	1998	14,993						24
25	Leasehold Improvements Allocated from Management Company:	1999	6,261						25
26	Leasehold Improvements Allocated from Management Company:	2000	751						26
27	Leasehold Improvements Allocated from Management Company:	2008	2,257						27
28	Leasehold Improvements Allocated from Management Company:	2016	22,367					35,529	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,848,698	\$ 235,880		\$ 431,444	\$ 195,564	\$ 8,101,815	34

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

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,008,152	\$ 122,950	\$ 122,950	\$	10 years	\$ 530,175	71
72	Current Year Purchases	75,946	7,595	7,595		5 years	7,595	72
73	Fully Depreciated Assets	609,824	686	686		5, 10 years	609,824	73
74	Allocated from Therapy Masters, Mgt Co:	122,867					105,959	74
75	TOTALS	\$ 1,816,789	\$ 131,231	\$ 131,231	\$		\$ 1,253,553	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Allocated from Management Company:			\$ 25,305	\$	\$	\$		\$ 25,305	76
77										77
78										78
79										79
80	TOTALS			\$ 25,305	\$	\$	\$		\$ 25,305	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 12,966,535	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 367,111	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 562,675	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 195,564	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,380,673	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: See Schedule VII, Page 6

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

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: \$ 211,872 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			\$	\$	17
18					18
19	<u>Allocated from Management Company:</u>			<u>10,111</u>	19
20					20
21	TOTAL		\$	\$ 10,111	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.

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? <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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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			
		1	2	3	4
		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	\$	5,893	\$ 362,774	\$	5,893	\$ 362,774	1
2	Licensed Speech and Language Development Therapist	Ln10a,Col 3	hrs		1,830	115,305		1,830	115,305	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		8,419	492,501	2,461	8,419	494,962	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				406,693		406,693	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Radiology, Laboratory & Dialysis Other (specify): <u>Respiratory Therapy</u>	Ln 39, Col 3 Ln10a, Col 1	22,654 hours	544,095		190,696		22,654	190,696 544,095	13
14	TOTAL			\$ 544,095	16,142	\$ 1,161,276	\$ 409,154	38,796	\$ 2,114,525	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Glen Bridge N & Rehab Centre# 0035014Report Period Beginning: 01/01/2017Ending: 12/31/2017

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 58,047	\$ 58,132	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>316,500</u>)	6,330,609	6,330,609	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	926,180	948,484	6
7	Other Prepaid Expenses	176,534	176,534	7
8	Accounts Receivable (owners or related parties)	2,434,287	3,359,308	8
9	Other(specify): <u>Receivable from Insurance</u>	100,000	100,000	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 10,025,657	\$ 10,973,067	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		275,743	13
14	Buildings, at Historical Cost		6,975,594	14
15	Leasehold Improvements, at Historical Cost	1,881,452	3,873,104	15
16	Equipment, at Historical Cost	1,693,922	1,842,094	16
17	Accumulated Depreciation (book methods)	(2,962,730)	(9,380,673)	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 (spe <u>Escrows</u>		1,162,406	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 612,644	\$ 4,748,268	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,638,301	\$ 15,721,335	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,944,597	\$ 2,958,560	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		497,026	29
30	Accrued Salaries Payable	664,231	664,231	30
31	Accrued Taxes Payable (excluding real estate taxes)	68,561	68,561	31
32	Accrued Real Estate Taxes(Sch.IX-B)		745,000	32
33	Accrued Interest Payable		38,440	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37	<u>See Attached Schedule E:</u>	4,468,046	4,468,046	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,145,435	\$ 9,439,864	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		17,244,398	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Loans Payable Stockholders:</u>	12,565,025	12,565,025	43
44	<u>Due to Related Parties:</u>	3,001,906	3,001,906	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 15,566,931	\$ 32,811,329	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 23,712,366	\$ 42,251,193	46
47	TOTAL EQUITY (page 18, line 24)	\$ (13,074,065)	\$ (26,529,858)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 10,638,301	\$ 15,721,335	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (11,629,568)	1
2	Restatements (describe):		2
3	Y/E AJE not posted for 2016 cost report	33,250	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (11,596,318)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,477,747)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,477,747)	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)	\$ (13,074,065)	24

* Operating Entity Only

* This must agree with page 17, line 47.

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

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 17,594,926	1
2	Discounts and Allowances for all Levels	(2,342,044)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,252,882	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,984,539	6
7	Oxygen	425,750	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,410,289	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	5,580	15
16	Rental of Facility Space		16
17	Sale of Drugs	292,598	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	34,879	19
20	Radiology and X-Ray	8,878	20
21	Other Medical Services	898,772	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,240,707	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	19,264	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 19,264	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,923,142	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,350,598	31
32	Health Care	7,975,964	32
33	General Administration	5,984,188	33
B. Capital Expense			
34	Ownership	2,368,561	34
C. Ancillary Expense			
35	Special Cost Centers	1,075,707	35
36	Provider Participation Fee	645,871	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 20,400,889	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,477,747)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,477,747)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 12,667,402	44
45	Private Pay - Net Inpatient Revenue	698,925	45
46	Medicare - Net Inpatient Revenue	1,430,329	46
47	Other-(specify) Insurance - Net Inpatient Revenue	455,088	47
48	Other-(specify) Veterans - Net Inpatient Revenue	108,904	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 15,360,648	49

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

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

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

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

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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	2,190	2,190	\$ 111,516	\$ 50.92	1
2	Assistant Director of Nursing	2,357	2,357	70,304	29.83	2
3	Registered Nurses	69,455	76,867	2,341,378	30.46	3
4	Licensed Practical Nurses	20,988	22,975	600,756	26.15	4
5	CNAs & Orderlies	116,451	139,037	2,055,952	14.79	5
6	CNA Trainees					6
7	Licensed Therapist	20,454	22,654	544,095	24.02	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	12,279	13,831	161,817	11.70	10
11	Social Service Workers	6,847	7,322	138,480	18.91	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	2,080	2,080	45,469	21.86	14
15	Cook Helpers/Assistants	35,424	39,609	483,624	12.21	15
16	Dishwashers					16
17	Maintenance Workers	6,469	7,021	120,647	17.18	17
18	Housekeepers	26,838	29,149	314,824	10.80	18
19	Laundry	8,250	9,201	125,939	13.69	19
20	Administrator	2,368	2,368	83,660	35.33	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	29,022	33,680	823,377	24.45	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	2,252	2,252	36,972	16.42	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	2,816	3,337	62,837	18.83	33
34	TOTAL (lines 1 - 33)	366,540	415,930	\$ 8,121,647 *	\$ 19.53	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	\$ 40,076	Ln 1, Col 3	35
36	Medical Director	Monthly	134,856	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	23,634	Ln 10, Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,448	Ln 11, Col 3	44
45	Social Service Consultant	56	3,512	Ln 12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	104	\$ 204,526		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	3,137	\$ 84,712	Ln 10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	3,137	\$ 84,712		53

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 \$28,004
- (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. \$ 56,571 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. \$ 645,871
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. \$ 33,262 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. **Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2017

SCHEDULE A

SCHEDULE VII. RELATED PARTIES

Part A. Col.3

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

SCHEDULE

SCHEDULE VII RELATED PARTIES

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

Name	Compensation Received From Other Nursing Homes								Total
	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenCrest Nursing & Rehab. Centre, Ltd.	Brentwood North Healthcare & Rehabilitation	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	Glen Lake Terrace Nursing & Rehab	Ballard Respiratory & Rehab	Glen Saint Andrew Living Comm	
Sidney Glenner	0	0	0	0	0	0	0	0	0
Jonathan Glenner	6,694	7,331	4,062	2,635	4,497	6,370	3,782	5,460	40,831
Daniel Glenner	25,298	27,703	15,352	9,960	16,994	24,073	14,292	20,633	154,305
Elliot Glenner	10,373	11,360	6,295	4,084	6,968	9,871	5,860	8,461	63,272
Total compensation received from other Nursing Homes	42,365	46,394	25,709	16,679	28,459	40,314	23,934	34,554	258,408

B

SCHEDULE C

XIX. SUPPORT SCHEDULES

C. Professional Services
 Page 21

Vendor/Payee	Type	AMOUNT
Health Data Systems, Inc.	Computers	4,558
Point ClickCare	Computers	92,150
Ability Network	Computers	5,054
Net Health	Computers	14,572
Kronos	Computers	37,793
Creative Technology	Computers	48,390
Comcast Business	Computers	15,685
Microsoft	Computers	4,929
McGladrey LLP	Accounting	54,278
Vanek, Larson & Kold LLC	Legal	4,369
Much Shelist	Legal	4,119
Marilyn P. Dunn	Legal	300
Johnson & Bell, Ltd.	Legal	24,672
Huron Consulting	Management Consulting	37,997
Meyers Flowers	Legal	422
Admiral Environmental Services	Engineering Consulting	342
Platinum Billing Solutions	A/R Collections	16,259
Personnel Planners, Inc.	Unemployment Consulting	941
2401 Incorporated	Construction Management	31,140
Total Schedule V, Line 19, Col. 3		397,969

Allocated from Management Co:		
Point ClickCare - Computer Service		-82
Kronos - Computer Services		2,664
Health Data Systems, Inc. - Computer Services		302
Microsoft Computers - Computer Services		729
Ability Network - Computer Services		259
Comcast Business - Computer Services		384
Creative Tech Solutions - Computer Services		255
MB Financial Bank - Legal		5,439
Marcum - Accounting Services		3,258
McGladrey - Accounting Services		29,700
Polsinelli - Legal		37
Govig - Legal		9,168
Perfect Staffing - Recruiter		0
Marilyn Dunn - Legal		35
S4 Group - Automation Systems		-740
SAS Architects - Architectural Consulting		-110
Company Nurse - W/C Consulting		12
Much Shelist - Legal		4,091
Total allocated from Management Co.		55,401

Total allocated from Therapy Masters:		
Virtu Senses - Computer Services		1,462
Kronos - Computer Services		3,630
Casamba - Computer Services		5,804
Health Data Systems - Computer Services		115
Much Shelist - Legal		496
Marilyn Dunn - Legal		12
Career Tree Network - Therapy Recruitment		4,899
Theracore - Business Consulting		23,835
Personnel Planners - Financial Consulting		58
RSM US LLP - Accounting Services		211
Total allocated from Therapy Masters:		40,522

GlenBridge Real Estate & Development, LLC:		
Skidelsky & Associates	Real Estate Tax Reduction	58,515
Total from GlenBridge Real Estate & Development, LLC:		58,515

Reclass Skidelsky & Associates - Real Estate Tax Reduction to Line 33		-58,515
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Non-Allowable Expenses:		
Platinum Billing Solutions - A/R collections		-16,259
Much Shelist - Legal - out of period		-1,182
Meyers Flowers - Legal - A/R Collections		-422
Huron Consulting - Management Consulting		-37,997
Vanek, Larson & Kold, LLC. - Legal - A/R Collections		-4,369
RSM US LLP - Accounting Services		-54,894
Total Non-Allowable Expenses:		-115,123

Total adjustments page 21, Sch C.		-19,200
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Total Schedule V, line 19, column 8		378,769
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SCHEDULE D

XIX. SUPPORT SCHEDULES

D. Employee Benefits and Payroll Taxes

Page 21

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Allocated from Management Co:	
FICA taxes	50,247
FUTA	418
SUTA	1,510
Insurance - Hospital	84,915
Workers Compensation Insurance	2,337
	<u>139,427</u>
Total allocated from Management Co.	<u>139,427</u>
Employee Benefits reclassified to Lines 7, 27	-139,427
Allocated from Therapy Masters, Inc.:	
FICA taxes	57,549
FUTA	692
SUTA	1,954
401K Match	753
Insurance - Hospital	21,724
Workers Compensation Insurance	23,060
	<u>105,732</u>
Total allocated from Therapy Masters, Inc. Co.	<u>105,732</u>
Employee Benefits reclassified to Lines 15,27	-105,732
Total allocated to Page 21	<u>0</u>

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Accrued Insurance Deductible	325,000
Accrued Rent	984,951
Insurance Payable	864,405
Accrued Management Fees	2,019,408
Accrued Union Dues	47,483
Credit Union	-60
Accrued Provider Participation Fee - Tax	121,242
Due - Patient Trust Fund	-11,359
Workshop	16,976
Professional Liability Claims	100,000
Total, Page 17, Line 36	<u>4,468,046</u>

SCHEDULE F

SCHEDULE VI. ADJUSTMENT DETAIL

Schedule A. Nonallowable Expenses

Page 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>REFERENCE</u>
Non-allowable IL Council on Long Term Care fee	-13,793	20
Non-allowable professional fees	-115,123	19
Non-allowable clerical expense	-441	43
Non-allowable patient clothing	-589	43
Non-allowable marketing salaries	-164,755	21
Non-allowable marketing employee benefits	-28,346	22
Non-allowable patient storage	-1,000	43
Non-allowable auto expense - marketing	-3,634	25
Total	<u>-327,681</u>	

GlenBridgE Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2017

SCHEDULE G

	Accrued 1/01/17	Payments	Expense	Accrued 12/31/17
Balance @ 1/01/17 - G/L# 390	(730,000.00)		(730,000.00)	
2016 Real Estate Taxes Paid		716,347.11	716,347.11	
Estimated 2017 real estate taxes:				
2016 taxes	716,347.11			
Estimated increase	4.00%			
Estimated 2017 taxes	745,000.99			
USE	745,000.00		745,000.00	(745,000.00)
11/09/17 cash receipt for the refund of 2013 r.e taxes			(44,301.76)	
Totals	(730,000.00)	716,347.11	687,045.35	(745,000.00)

Real estate tax history:

Year	Amount	Increase	
	\$	%	
1991	344,588.08		
1992	355,177.77	10,589.69	3.07%
1993	393,112.43	37,934.66	10.68%
1994	402,034.81	8,922.38	2.27%
1995	397,141.59	(4,893.22)	-1.22%
1996	393,772.20	(3,369.39)	-0.85%
1997	404,786.31	11,014.11	2.80%
1998	439,085.19	34,298.88	8.47%
1999	444,302.54	5,217.35	1.19%
2000	449,207.00	4,904.46	1.10%
2001	444,964.23	(4,242.77)	-0.94%
2002	451,039.70	6,075.47	1.37%
2003	450,122.47	(917.23)	-0.20%
2004	517,833.15	67,710.68	15.04%
2005	532,056.62	14,223.47	2.75%
2006	535,626.03	3,569.41	0.67%
2007	680,599.97	144,973.94	27.07%
2008	692,818.24	12,218.27	1.80%
2009	558,272.04	(134,546.20)	-19.42%
2010	608,642.49	50,370.45	9.02%
2011	616,784.06	8,141.57	1.34%
2012	645,641.59	28,857.53	4.68%
2013	664,285.02	18,643.43	2.89%
2014	676,432.69	12,147.67	1.83%
2015	701,148.17	24,715.48	3.65%
2016	716,347.11	15,198.94	2.17%

Provider Name: GlenBridge Nursing & Rehab Ctr.

Provider I.D. #: 0035014

Year Ended: December 31, 2017

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Evelyn Amador	3/23/2017	Skokie	Illinois Council on Long Term Care Navigating the Admission Process	150
Evelyn Amador	5/13/2017	Naperville	Illinois Licensure Examination for Nursing Home Admini: Licensure review course	645
Nursing Staff	5/31/2017	Niles	Omincare of Northern Illinois Essential Infusion Therapy Training/Nursing CUE	480
Nursing Staff	7/31/2017	Niles	Omincare of Northern Illinois Essential Infusion Therapy Training/Nursing CUE	320
			Allocated From Management Company	1,570
			Allocated From Therapy Masters	1,170
			Total	<u>4,335</u>

SCHEDULE I

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

	Gasoline Allowance	Licenses/ Stickers	Employee Reimbursement: Parking, Tolls, Mileage	Repairs	Total
Direct Expense	5,260	0	1,372	0	6,632
Non-allowable auto expense - marketing					-3,634
Allocated from Management Company					11,317
Allocated from Therapy Masters					1,445
TOTAL	5,260	0	1,372	0	15,760

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	41,797
Collaborative Healthcare Urgency Group	300
Employment Fees	-1,000
Village of Niles Annual Business License	765
Secretary of State Annual Report, Fee	225
State Fire Marshall Boiler Inspection	280
Joint Commission Fees	4,205
Non-allowable Illinois Council on Long Term Care PAC Fees	-13,793
Total allocated to Page 21	<u>32,779</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	GLENCREST 111,372/460,292	GLEN OAKS 101,895/460,292	GLEN ELSTON 41,220/460,292	GLENSHIRE 102,753/460,292	TOTAL				
		6,647	6,647	6,647	0.223883969	0.241959452	0.221370348	0.08955185	0.223234382					
1988 PARKING LOT REPAVING LEASEHOLD IMPROVEMENTS - FARGO BUILDING	5,900 87,339		5,900 87,339	5,900 87,339	22,363	24,168	22,112	8,945	22,298					
1999 LEASEHOLD IMPROVEMENTS - ADDITIONAL CONSTRUCTION COSTS FARGO BUILDING	41,710		41,710	41,710	31,701	34,260	31,345	12,680	31,609					
2000 AQUATIC WORKS - BUILT IN FISH TA	5,000		5,000	5,000	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 Ct)														
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL		
					93,767	95,262	106,511	40,267	78,093	74,334		488,234		
					0.192053401	0.195115457	0.218155638	0.082474797	0.159949942	0.152250765		100.00%		
2007 NO ADDITIONS				146,596	28,154	28,603	31,981	12,090	23,448	22,319		146,596		
RECALCULATION BASED ON 2008 CENSUS - New facility added in 2008 (Brentwood partial year 9/1/08-12/31/08)														
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL		
					93,929	92,291	105,965	37,609	81,480	76,498	15,564	503,336		
					18.66%	18.34%	21.05%	7.47%	16.19%	15.20%	3.09%	100.00%		
2008 INSTALLATION OF IRRIGATION SYSTEM				15,036	30,163	29,637	34,028	12,077	26,165	24,565	4,998	161,632		
RECALCULATION BASED ON 2009 CENSUS - New facility added in 2008 (Brentwood) is now allocated over full year in 2009														
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL		
					92,668	90,627	105,904	37,909	82,060	82,504	49,247	540,919		
					17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%		
2009 NO ADDITIONS				161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632		
RECALCULATION BASED ON 2009 CENSUS														
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL		
					92,668	90,627	105,904	37,909	82,060	82,504	49,247	540,919		
					17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%		
2010 NO ADDITIONS				161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632		
					27,464	26,860	31,387	11,235	24,320	24,452	14,596	160,314		
					-226	-220	-258	-93	-200	-201	-119	-1,318		
					Amounts as reported on cost report: Differences due to error in formula: (Total allocated over 99.19 % not 100.00 %)									
RECALCULATION BASED ON 2009 CENSUS														
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL		
					92,668	90,627	105,904	37,909	82,060	82,504	49,247	540,919		
					17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%		
2011 NO ADDITIONS				161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632		
RECALCULATION BASED ON 2009 CENSUS														
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL		
					92,668	90,627	105,904	37,909	82,060	82,504	49,247	540,919		
					17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%		
2012 NO ADDITIONS				161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632		
RECALCULATION BASED ON 2009 CENSUS														
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL		
					92,668	90,627	105,904	37,909	82,060	82,504	49,247	540,919		
					17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%		
2013 NO ADDITIONS				161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632		
RECALCULATION BASED ON 2009 CENSUS														
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL		
					92,668	90,627	105,904	37,909	82,060	82,504	49,247	540,919		
					17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%		
2014 NO ADDITIONS				161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632		
CALCULATION BASED ON 2015 CENSUS														
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	BALLARD	GSALC	TOTAL
					91,738	91,834	88,298	38,356	67,590	74,884	46,627	49,340	62,493	611,160
					15.01%	15.03%	14.45%	6.28%	11.06%	12.25%	7.63%	8.07%	10.23%	100.00%
2015 NO ADDITIONS				161,632	24,262	24,287	23,352	10,144	17,875	19,804	12,331	13,049	16,527	161,632
CALCULATION BASED ON 2015 CENSUS														
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	BALLARD	GSALC	TOTAL
					91,738	91,834	88,298	38,356	67,590	74,884	46,627	49,340	62,493	611,160
					15.01%	15.03%	14.45%	6.28%	11.06%	12.25%	7.63%	8.07%	10.23%	100.00%
2016 HOME OFFICE VINYL FLOORING, CARPETING, EXTERIOR STUCCO, BUILD NEW OFFIC	149,012			149,012	46,629	46,678	44,881	19,496	34,355	38,062	23,700	25,079	31,764	310,644
CALCULATION BASED ON 2015 CENSUS														
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	BALLARD	GSALC	TOTAL
					91,738	91,834	88,298	38,356	67,590	74,884	46,627	49,340	62,493	611,160
					15.01%	15.03%	14.45%	6.28%	11.06%	12.25%	7.63%	8.07%	10.23%	100.00%
2017 NO ADDITIONS				310,644	46,629	46,678	44,881	19,496	34,355	38,062	23,700	25,079	31,764	310,644

SCHEDULE M

XIX. SUPPORT SCHEDULES

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Line 16. Rental Amount for Movable Equipment

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Postage meter	461
Copy machine	7,022
Ice-maker	2,210
Telephone system	33,094
Therapy equipment	20,803
Medical equipment	143,928
Allocated from Management Company:	4,354
Total allocated to Page 14, Line 16	<u>211,872</u>