



Facility Name & ID Number Glenshire Nrsrg & Rehab Ctre

# 0039321 Report Period Beginning: 1/1/2017 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 N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	152	Skilled (SNF)	152	55,480	1
2		Skilled Pediatric (SNF/PED)			2
3	142	Intermediate (ICF)	142	51,830	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	294	TOTALS	294	107,310	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	33,168	594	6,525	40,287	8
9	SNF/PED					9
10	ICF	12,267	220	0	12,487	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	45,435	814	6,525	52,774	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 49.18%

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 03/01/94

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 03/01/94 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 146 and days of care provided 4,057

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 Glenshire Nrsng & Rehab Ctre # 0039321 Report Period Beginning: 1/1/2017 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
	<b>A. General Services</b>										
1	Dietary	449,204	40,978	32,327	522,509		522,509		522,509		1
2	Food Purchase		429,479		429,479	(10,555)	418,924		418,924		2
3	Housekeeping		3,243	385,938	389,181		389,181		389,181		3
4	Laundry		81	228,068	228,149		228,149		228,149		4
5	Heat and Other Utilities			234,866	234,866		234,866	4,202	239,068		5
6	Maintenance	103,835	32,066	186,876	322,777		322,777	3,847	326,624		6
7	Other (specify):* <b>Allocated Employee Benefits</b>							345	345		7
8	<b>TOTAL General Services</b>	553,039	505,847	1,068,075	2,126,961	(10,555)	2,116,406	8,394	2,124,800		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			133,024	133,024		133,024		133,024		9
10	Nursing and Medical Records	3,948,598	556,964	217,152	4,722,714		4,722,714		4,722,714		10
10a	Therapy	531,240	6,443	653,152	1,190,835		1,190,835	(88,076)	1,102,759		10a
11	Activities	121,011	6,337	3,672	131,020		131,020		131,020		11
12	Social Services	101,472		1,008	102,480		102,480		102,480		12
13	CNA Training										13
14	Program Transportation			16,722	16,722		16,722		16,722		14
15	Other (specify):* <b>Allocated Employee Benefits</b>							71,031	71,031		15
16	<b>TOTAL Health Care and Programs</b>	4,702,321	569,744	1,024,730	6,296,795		6,296,795	(17,045)	6,279,750		16
	<b>C. General Administration</b>										
17	Administrative	109,810		1,568,408	1,678,218		1,678,218	(1,568,408)	109,810		17
18	Directors Fees										18
19	Professional Services			371,887	371,887	(84,055)	287,832	29,917	317,749		19
20	Dues, Fees, Subscriptions & Promotions			95,341	95,341	3,630	98,971	(10,242)	88,729		20
21	Clerical & General Office Expenses	406,585	76,732	51,433	534,750	(3,630)	531,120	410,507	941,627		21
22	Employee Benefits & Payroll Taxes			924,505	924,505	10,555	935,060	(12,831)	922,229		22
23	Inservice Training & Education			1,744	1,744		1,744	1,786	3,530		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			10,304	10,304		10,304	2,892	13,196		25
26	Insurance-Prop.Liab.Malpractice			2,888,265	2,888,265		2,888,265	4,443	2,892,708		26
27	Other (specify):* <b>Allocated Employee Benefits</b>							90,135	90,135		27
28	<b>TOTAL General Administration</b>	516,395	76,732	5,911,887	6,505,014	(73,500)	6,431,514	(1,051,801)	5,379,713		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,771,755	1,152,323	8,004,692	14,928,770	(84,055)	14,844,715	(1,060,452)	13,784,263		29

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

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

Facility Name &amp; ID Number

Glenshire Nrsg &amp; Rehab Ctre

#0039321

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			118,815	118,815		118,815	451,007	569,822			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							390,307	390,307			32
33	Real Estate Taxes					84,055	84,055	818,740	902,795			33
34	Rent-Facility & Grounds			1,922,134	1,922,134		1,922,134	(1,922,134)				34
35	Rent-Equipment & Vehicles			186,114	186,114		186,114	9,180	195,294			35
36	Other (specify):* <b>Mortgage Insurance</b>							35,928	35,928			36
37	<b>TOTAL Ownership</b>			2,227,063	2,227,063	84,055	2,311,118	(216,972)	2,094,146			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		455,687	202,149	657,836		657,836	(3,748)	654,088			39
40	Barber and Beauty Shops			260	260		260		260			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			458,487	458,487		458,487		458,487			42
43	Other (specify):* <b>Non-Allowable</b>			509,467	509,467		509,467	(509,467)				43
44	<b>TOTAL Special Cost Centers</b>		455,687	1,170,363	1,626,050		1,626,050	(513,215)	1,112,835			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,771,755	1,608,010	11,402,118	18,781,883		18,781,883	(1,790,639)	16,991,244			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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(16,158)	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	241	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	(265)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,829)	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	(500,257)	43		24
25	Fund Raising, Advertising and Promotional	(2,144)	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:	651,676			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ 131,264		\$	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	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,921,903)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (1,921,903)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (1,790,639)		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	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44			X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

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

Glenshire Nrsgr & Rehab Ctre

ID# 0039321

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-allowable professional fees	\$ (116,621)	19	1
2	Non-allowable patient clothing	(4,472)	43	2
3	Non-allowable IL Council on Long Term Care Fee	(14,223)	20	3
4	Non-allowable auto expense - marketing	(5,264)	25	4
5	Non-allowable office expense	(1,809)	43	5
6	Non-allowable marketing employee benefits	(12,831)	22	6
7	Non-allowable marketing salaries	(80,106)	21	7
8	Adjust pharmacy expense to cost	(3,748)	39	8
9	Gain on insurance claim	891,250	43	9
10	Non-allowable patient storage	(500)	43	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	<b>Total</b>	651,676		49

## STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

1/1/2017

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	4,202	0	0	0	0	0	0	0	0	4,202	5
6	Maintenance	0	0	3,832	0	15	0	0	0	0	0	0	3,847	6
7	Other (specify):*	0	0	345	0	0	0	0	0	0	0	0	345	7
8	<b>TOTAL General Services</b>	<b>0</b>	<b>0</b>	<b>8,379</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,394</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	(88,076)	0	0	0	0	0	0	(88,076)	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	71,031	0	0	0	0	0	0	71,031	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(17,045)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(17,045)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	(1,568,408)	0	0	0	0	0	0	0	0	(1,568,408)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(116,621)	0	35,160	84,055	27,323	0	0	0	0	0	0	29,917	19
20	Fees, Subscriptions & Promotions	(14,223)	0	77	0	3,904	0	0	0	0	0	0	(10,242)	20
21	Clerical & General Office Expenses	(96,264)	0	488,817	0	17,954	0	0	0	0	0	0	410,507	21
22	Employee Benefits & Payroll Taxes	(12,831)	0	0	0	0	0	0	0	0	0	0	(12,831)	22
23	Inservice Training & Education	0	0	997	0	789	0	0	0	0	0	0	1,786	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(5,264)	0	7,182	0	974	0	0	0	0	0	0	2,892	25
26	Insurance-Prop.Liab.Malpractice	0	0	3,422	0	1,021	0	0	0	0	0	0	4,443	26
27	Other (specify):*	0	0	88,141	0	1,994	0	0	0	0	0	0	90,135	27
28	<b>TOTAL General Administration</b>	<b>(245,203)</b>	<b>0</b>	<b>(944,612)</b>	<b>84,055</b>	<b>53,959</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,051,801)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(245,203)</b>	<b>0</b>	<b>(936,233)</b>	<b>84,055</b>	<b>36,929</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,060,452)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

1/1/2017

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	241	0	8,724	442,042	0	0	0	0	0	0	0	451,007	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	390,307	0	0	0	0	0	0	0	390,307	32
33	Real Estate Taxes	0	0	5,915	812,825	0	0	0	0	0	0	0	818,740	33
34	Rent-Facility & Grounds	0	0	0	(1,922,134)	0	0	0	0	0	0	0	(1,922,134)	34
35	Rent-Equipment & Vehicles	0	0	9,180	0	0	0	0	0	0	0	0	9,180	35
36	Other (specify):*	0	0	0	35,928	0	0	0	0	0	0	0	35,928	36
37	<b>TOTAL Ownership</b>	<b>241</b>	<b>0</b>	<b>23,819</b>	<b>(241,032)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(216,972)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(3,748)	0	0	0	0	0	0	0	0	0	0	(3,748)	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):*	379,974	0	0	(889,441)	0	0	0	0	0	0	0	(509,467)	43
44	<b>TOTAL Special Cost Centers</b>	<b>376,226</b>	<b>0</b>	<b>0</b>	<b>(889,441)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(513,215)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>131,264</b>	<b>0</b>	<b>(912,414)</b>	<b>(1,046,418)</b>	<b>36,929</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,790,639)</b>	<b>45</b>

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
AMJED Trust dated 1/04/07	99.20 %	See Attached 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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	Total from Page 6A	\$ 1,568,408	Glen Health and Home Management, Inc.	A	\$ 655,994	\$ (912,414)	1
2	V							2
3	V	Total from Page 6B	2,813,384	GlenShire Real Estate and Development Limited Partnership	B	1,766,966	(1,046,418)	3
4	V							4
5	V	Total from Page 6C	653,152	Therapy Masters, Inc.	C	690,081	36,929	5
6	V							6
7	V							7
8	V							8
9	V							9
10	V			OWNERSHIP REFERENCE:				10
				A: Glenner 1995 Family Trust 58.50 % and Sidney Glenner 41.50 %				
11	V			B: Owned 100.00 % by SLG Limited Partnership				11
12	V			C: Owned 100.00 % by Sidney Glenner				12
13	V							13
14	Total		\$ 5,034,944			\$ 3,113,041	\$ * (1,921,903)	14

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

Facility Name &amp; ID Number

Glenshire Nrsg &amp; Rehab Ctre

# 0039321

Report Period Beginning:

1/1/2017

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

Facility Name & ID Number Glenshire Nrsg & Rehab Ctre# 0039321Report Period Beginning: 1/1/2017Ending: 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	\$ 1,568,408	Glen Health and Home Management, Inc.	A	\$	\$ (1,568,408)
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	4,202	4,202
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	2,001	2,001
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	35,160	35,160
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	77	77
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	22,694	22,694
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	88,486	88,486
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	997	997
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	7,182	7,182
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	3,422	3,422
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	8,724	8,724
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	5,915	5,915
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	9,180	9,180
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	1,831	1,831
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	466,123	466,123
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A		(88,486)
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A		345
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		88,141
35	V						
36	V			A - OWNERSHIP: Glenner 1995 Family Trust 58.50 % and			
37	V			Sidney Glenner 41.50 %			
38	V						
39	Total		\$ 1,568,408			\$ 655,994	\$ * (912,414)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	43 Clerical	\$	GlenShire Real Estate & Development Limited Partnership	B	\$ 1,809	\$ 1,809
16	V	30 Depreciation		GlenShire Real Estate & Development Limited Partnership	B	442,042	442,042
17	V	32 Interest Income		GlenShire Real Estate & Development Limited Partnership	B	(161)	(161)
18	V	32 Interest Expense		GlenShire Real Estate & Development Limited Partnership	B	386,108	386,108
19	V	33 Real Estate Taxes		GlenShire Real Estate & Development Limited Partnership	B	812,825	812,825
20	V	34 Rental Income	1,922,134	GlenShire Real Estate & Development Limited Partnership	B		(1,922,134)
21	V	32 Amortization of Mortgage Costs		GlenShire Real Estate & Development Limited Partnership	B	4,360	4,360
22	V	36 Mortgage Insurance Premium		GlenShire Real Estate & Development Limited Partnership	B	35,928	35,928
23	V	19 Professional Fees		GlenShire Real Estate & Development Limited Partnership	B	84,055	84,055
24	V	43 Gain on Insurance Claim	891,250	GlenShire Real Estate & Development Limited Partnership	B		(891,250)
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V			B - OWNERSHIP: Owned 100 % by SLG Limited Partnership			
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 2,813,384			\$ 1,766,966	\$ * (1,046,418)

\* 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	\$ 653,152	Therapy Masters, Inc.	C	\$ 565,076	\$ (88,076)	15	
16	V	19 Professional Fees		Therapy Masters, Inc.	C	27,323	27,323	16	
17	V	20 Licenses, Permits, and Inspection		Therapy Masters, Inc.	C	3,904	3,904	17	
18	V	6 Repairs and Maintenance		Therapy Masters, Inc.	C	15	15	18	
19	V	21 Clerical		Therapy Masters, Inc.	C	2,377	2,377	19	
20	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	73,025	73,025	20	
21	V	23 Training and Education		Therapy Masters, Inc.	C	789	789	21	
22	V	25 Auto Expenses		Therapy Masters, Inc.	C	974	974	22	
23	V	21 Clerical Salaries		Therapy Masters, Inc.	C	15,577	15,577	23	
24	V	22 Employee Benefits		Therapy Masters, Inc.	C	(73,025)	(73,025)	24	
25	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	71,031	71,031	25	
26	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	1,994	1,994	26	
27	V	26 Insurance Liability		Therapy Masters, Inc.	C	1,021	1,021	27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V			C - OWNERSHIP: 100 % Sidney Glenner				34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 653,152			\$ 690,081	\$ *	36,929	39

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

Facility Name &amp; ID Number

Glenshire Nrsg &amp; Rehab Ctre

# 0039321

Report Period Beginning:

1/1/2017

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	0.80 %	0	9	14.56%	Salary	\$ 0	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	43,420	6	14.56%	Salary	4,497	Ln 21, Col 7	2
3	Daniel Glenner	President	Administrative	0.00 %	164,088	7	14.56%	Salary	16,994	Ln 21, Col 7	3
4	Elliot Glenner	Dir of Purchasing	Administrative	0.00 %	67,284	6	14.56%	Salary	6,968	Ln 21, Col 7	4
5											5
6											6
7											7
8											8
9											9
10											10
11			See Schedule B								11
12											12
13								TOTAL	\$ 28,459		13

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

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

Facility Name & ID Number Glenshire Nrsg & Rehab Ctre # 0039321 Report Period Beginning: 1/1/2017 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 & 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	\$ 52,774	\$ 4,202	1	
2	6	Repairs and Maintenance	Resident Days	562,351	9	21,318	52,774	2,001	2	
3	19	Professional Fees	Resident Days	562,351	9	374,658	52,774	35,160	3	
4	20	Licenses, Permits and Inspection	Resident Days	562,351	9	818	52,774	77	4	
5	21	Clerical	Resident Days	562,351	9	241,828	52,774	22,694	5	
6	22	Employee Benefits and Payroll	Resident Days	562,351	9	942,891	52,774	88,486	6	
7	23	Training and Education	Resident Days	562,351	9	10,620	52,774	997	7	
8	25	Auto Expenses	Resident Days	562,351	9	76,533	52,774	7,182	8	
9	26	Insurance	Resident Days	562,351	9	36,463	52,774	3,422	9	
10	30	Depreciation	Resident Days	562,351	9	92,961	52,774	8,724	10	
11	33	Real Estate Taxes	Resident Days	562,351	9	63,026	52,774	5,915	11	
12	35	Equipment and Vehicle Rental	Resident Days	562,351	9	97,820	52,774	9,180	12	
13	6	Janitorial Salaries	Resident Days	562,351	9	19,511	19,511	52,774	1,831	13
14	17	Officer's Salaries	Resident Days	562,351	9		52,774	0	14	
15	21	Administrative Salaries	Resident Days	562,351	9	4,966,933	4,966,933	52,774	466,123	15
16	22	Employee Benefits	Payroll					(88,486)	16	
17	7	Employee Benefits - Janitorial	Payroll					345	17	
18	27	Employee Benefits - Officer's	Payroll						18	
19	27	Employee Benefits - Admin	Payroll					88,141	19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 6,990,154	\$ 4,986,444	\$ 655,994	25	

Facility Name & ID Number

Glenshire Nrsg & Rehab Ctre

# 0039321

Report Period Beginning:

1/1/2017

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	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Berkadia Commercial Mortgage	X	Mortgage	\$65,067.03	04/28/04	\$ 10,935,500	\$ 7,038,973	4/01/2030	0.0535	\$ 386,108	1									
2	Berkadia Commercial Mortgage	X	Amortization of mortgage costs							4,360	2									
3											3									
4											4									
5											5									
<b>Working Capital</b>																				
6	Sidney Glenner	X	Working Capital		Various	1,623,320	1,623,320		0.0525		6									
7	AMJED GST Trust	X	Working Capital		Various	17,183,680	17,183,680		0.0525		7									
8											8									
9	<b>TOTAL Facility Related</b>			\$65,067.03		\$ 29,742,500	\$ 25,845,973			\$ 390,468	9									
<b>B. Non-Facility Related*</b>																				
10										Interest Income Offset:	(161)	10								
11												11								
12												12								
13												13								
14	<b>TOTAL Non-Facility Related</b>					\$	\$			\$ (161)	14									
15	<b>TOTALS (line 9+line14)</b>					\$ 29,742,500	\$ 25,845,973			\$ 390,307	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 35,928 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.		\$	<b>957,000</b>	<b>1</b>
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.)		\$	<b>887,566</b>	<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>(69,434)</b>	<b>3</b>
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>941,000</b>	<b>4</b>
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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	<b>84,055</b>	<b>5</b>
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. <b>TOTAL REFUND \$ <u>58,741</u> For <u>14</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	<b>(58,741)</b>	<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>896,880</b>	<b>7</b>
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2012	<u>796,990</u>	<u>8</u>	
	2013	<u>839,633</u>	<u>9</u>	
	2014	<u>886,597</u>	<u>10</u>	
	2015	<u>901,958</u>	<u>11</u>	
	2016	<u>887,566</u>	<u>12</u>	
<b>See Attached Schedule G for Calculation of 2017 Real Estate Tax Accrual.</b>				

<b>FOR BHF USE ONLY</b>			
<b>13</b>	FROM R. E. TAX STATEMENT FOR 2016	\$	<b>13</b>
<b>14</b>	PLUS APPEAL COST FROM LINE 5	\$	<b>14</b>
<b>15</b>	LESS REFUND FROM LINE 6	\$	<b>15</b>
<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION	\$	<b>16</b>

**NOTES:**

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

## 2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glenshire Nrsg & Rehab Ctre COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0039321

CONTACT PERSON REGARDING THIS REPORT Charles J. Fischer

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

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

Enter the tax index number and real estate tax assessed for 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>31-34-100-012-0000</u>	<u>22660 S. Cicero Ave, Richton Park, IL</u>	\$ <u>887,566.34</u>	\$ <u>887,566.34</u>
2. <u>Allocated from Management Company:</u>		\$ <u>67,858.39</u>	\$ <u>5,915.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>955,424.73</u></u>	\$ <u><u>893,481.34</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 Glenshire Nrsng & Rehab Ctr

# 0039321

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 91,624 B. General Construction Type: Exterior Brick Frame Steel Number of Stories Four

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

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

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

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

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

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

None

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

If so, please complete the following:

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

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>146,800</u>	<u>1994</u>	<u>\$ 300,792</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>7,968</u>	<u>2</u>
3	<b>TOTALS</b>	<b>146,800</b>		<b>\$ 308,760</b>	<b>3</b>

**XI. OWNERSHIP COSTS (continued)**

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	294		1994	1976	\$ 11,663,928	\$	30	\$ 388,798	\$ 388,798	\$ 9,266,343	4
5											5
6	Alloc from			1996	200,589						6
7	Mgt Comp										7
8	Schedule J										8
	<b>Improvement Type**</b>										
9	Building Improvements		1994		78,204		10			78,204	9
10	Building Improvements		1995		107,573		10			107,573	10
11	Custom built 3rd floor nurses station		1995		6,595		10			6,595	11
12	Time delay egress locks and keypad		1995		3,550		10			3,550	12
13	Chimney		1995		1,016		10			1,016	13
14	Wall bumpers		1995		7,713		10			7,713	14
15	Room conversion - remodeling cost		1996		7,024		10			7,024	15
16	Electrical outlets and circuits		1997		18,500		10			18,500	16
17	Electrical outlets and circuits - dialysis room		1997		2,950		10			2,950	17
18	Air cleaner		1997		1,375		10			1,375	18
19	Fluorescent and incandescent lights		1997		9,775		10			9,775	19
20	Waste removal pump		1997		993		10			993	20
21	Boiler		1997		3,169		10			3,169	21
22	Food freezer floor		1997		2,700		10			2,700	22
23	New elevator clutch assembly		1997		1,644		10			1,644	23
24	Heat exchange for boiler		1997		2,392		10			2,392	24
25	Gazebo		1998		10,528		10			10,528	25
26	Fire sprinkler system repairs		1998		1,604		10			1,604	26
27	Security system		1998		1,917		10			1,917	27
28	Storage tank		1998		4,875		10			4,875	28
29	Elevator repairs		1998		2,706		10			2,706	29
30	HVAC replacements		1998		3,855		10			3,855	30
31	Hydraulic repack on all elevators		1998		2,500		10			2,500	31
32	Replace water heater		1998		2,697		10			2,697	32
33	Chain link fencing		1998		2,010		10			2,010	33
34	Elevator repairs		1998		2,747		10			2,747	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

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

Report Period Beginning:

1/1/2017

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	
37	<u>Therapy room remodeling: drywall, electrical closet, piping</u>	1998	\$ 8,525	\$	10	\$	\$	\$ 8,525	37
38	<u>Dialysis room: kitchen area</u>	1998	2,757		10			2,757	38
39	<u>10-B label fire rated doors</u>	1998	4,376		10			4,376	39
40	<u>Install cooling units in elevator and MDS office</u>	1998	11,649		10			11,649	40
41	<u>Mini-blinds</u>	1998	1,565		10			1,565	41
42	<u>November 30, 1998 credit</u>	1998	(1,755)		10			(1,755)	42
43	<u>Add suction and liquid filters to compressor</u>	2000	3,982		10			3,982	43
44	<u>Replace wood fence</u>	2000	2,300		10			2,300	44
45	<u>Asphalt and striping project</u>	2000	8,365		10			8,365	45
46	<u>Metal doors, install lighting by staircase</u>	2000	6,010		10			6,010	46
47	<u>Install alarm with keypad at front door</u>	2000	1,177		10			1,177	47
48	<u>Furnish and install 9,000 BTU mini air-conditioning system</u>	2000	2,200		10			2,200	48
49	<u>Install ceramic tiles</u>	2000	1,373		10			1,373	49
50	<u>Power rinse tank for dish washing machine</u>	2001	2,594		10			2,594	50
51	<u>Rebuild condenser water pump</u>	2001	5,198		10			5,198	51
52	<u>Install two grey boxes and mixing valves</u>	2001	4,111		10			4,111	52
53	<u>Install portable chiller</u>	2001	2,891		10			2,891	53
54	<u>Provide panel and circuiting to feed 20 dialysis receptacles</u>	2001	10,914		10			10,914	54
55	<u>Circulating pump</u>	2001	3,385		10			3,385	55
56	<u>Exterior lock doors</u>	2001	3,423		10			3,423	56
57	<u>Painting project</u>	2002	11,500		10			11,500	57
58	<u>Vinyl blinds</u>	2002	8,765		10			8,765	58
59	<u>Installation of fire dampers and thermal blankets</u>	2002	5,318		10			5,318	59
60	<u>Dialysis room renovation</u>	2002	14,500		10			14,500	60
61	<u>Replace controller on air-conditioner</u>	2002	3,570		10			3,570	61
62	<u>Painting project</u>	2002	9,540		10			9,540	62
63	<u>Installation of chemical treatment system</u>	2002	2,300		10			2,300	63
64	<u>Roof project</u>	2002	3,350		10			3,350	64
65	<u>Remove and replace concrete patio</u>	2002	1,800		10			1,800	65
66	<u>Pro Tech Systems project</u>	2002	1,793		10			1,793	66
67	<u>Installation of oak fire doors</u>	2003	2,156		10			2,156	67
68	<u>Installation of new chandeliers and wall sconces</u>	2003	4,635		10			4,635	68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 12,309,396	\$		\$ 388,798	\$ 388,798	\$ 9,711,222	70

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

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

Report Period Beginning:

1/1/2017

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	<b>Totals from Page 12A, Carried Forward</b>		\$ 12,309,396	\$		\$ 388,798	\$ 388,798	\$ 9,711,222	1
2	Chandeliers and wall sconces	2002	3,739		10			3,739	2
3	Installation of break tank system	2003	1,892		10			1,892	3
4	Fire pump project	2003	4,270		10			4,270	4
5	Installed gauge and adjust compressor core	2004	1,557		10			1,557	5
6	Replace and test 120VAC timer relay on elevator car	2004	2,058		10			2,058	6
7	Replace relay and diode in elevator	2004	3,398		10			3,398	7
8	Installed and rewired new detector edge	2004	1,600		10			1,600	8
9	Installed door locks	2004	3,192		10			3,192	9
10	Installation of new detector unit on elevator	2005	2,290		10			2,290	10
11	Furnish and install glass frame on receptionist counter	2005	1,495		10			1,495	11
12	Bearing job on washing machine	2005	1,718		10			1,718	12
13	Installed new coils in walk-in cooler	2005	1,955		10			1,955	13
14	Installed and wired new detector edge on elevator	2005	2,720		10			2,720	14
15	Installation of drier exhaust with booster fan	2005	1,500		10			1,500	15
16	Keypad alarm installation	2005	1,222		10			1,222	16
17	Two doors with custom hinges and locks	2005	1,042		10			1,042	17
18	Powertron loadbank electrical test project	2006	5,652		10			5,652	18
19	Water heating boiler system and valve repair	2006	12,648		10			12,648	19
20	Trane chiller troubleshooting	2006	2,647		10			2,647	20
21	Replace contactors and fuses for trane chiller	2006	4,651		10			4,651	21
22	Replace controller and isolation relay on chiller	2006	5,816		10			5,816	22
23	Repair 5' cast iron plumbing drain line	2006	5,200		10			5,200	23
24	Installation of new electrical receptacles	2006	4,229		10			4,229	24
25	Valve and sprinkler head replacement	2006	5,023		10			5,023	25
26	Furnish and install elevator car station	2006	1,794		10			1,794	26
27	Rewire entire building for telephones	2006	16,500		10			16,500	27
28	Furnish and install elevator mount and car stations	2006	5,660		10			5,660	28
29	Remove and install border, wallcovering, cove base, and paint	2006	96,260		10			96,260	29
30	Install electrical receptacles	2006	26,565		10			26,565	30
31	Remove and repipe sanitary plumbing line	2006	9,740		10			9,740	31
32	Bumper guards, wallcovering, laminate nurses station	2006	94,212		10			94,212	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,641,641	\$		\$ 388,798	\$ 388,798	\$ 10,043,467	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	<b>Totals from Page 12B, Carried Forward</b>		\$ 12,641,641	\$		\$ 388,798	\$ 388,798	\$ 10,043,467	1
2	Remove and install cove base, vinyl and ceramic tile	2006	70,249		10			70,249	2
3	Install kitchen fire suppression system and range guard	2006	2,900		10			2,900	3
4	Installation of water heater pump	2006	3,342		10			3,342	4
5	Purchase of ceiling tile	2006	3,868		10			3,868	5
6	Replacement of 100 ton compressor	2006	32,280		10			32,280	6
7	Insurance refund of damaged compressor	2006	(26,597)		10			(26,597)	7
8	Furnish and install heat exchanger	2006	6,040		10			6,040	8
9	Furnish garbage disposal and mounting gasket	2006	1,319		10			1,319	9
10	Installation of new current sensing relay for compressor	2006	1,312		10			1,312	10
11	Remove and rebuild concrete block firewall	2006	1,850		10			1,850	11
12	Furnish and install insulated window units	2006	1,025		10			1,025	12
13	Remove and install border, wallcovering and paint	2006	43,740		10			43,740	13
14	Remove and install cove base	2007	8,566	425	10	425		8,566	14
15	Furnish bed wall bumper guards	2007	8,318	414	10	414		8,318	15
16	Installation of cove base, vinyl tile and corner guards	2007	57,702	2,887	10	2,887		57,702	16
17	Ceiling project and cove base installation	2007	21,610	1,081	10	1,081		21,610	17
18	Installation of wall sconces	2007	16,350	817	10	817		16,350	18
19	Installation of cove base, wallpaper, walls and ceilings	2007	26,362	1,320	10	1,320		26,362	19
20	Custom laminate work station with cabinets	2007	5,277	261	10	261		5,277	20
21	Remove and install carpet and cove base	2007	3,322	168	10	168		3,322	21
22	Remove and install ceramic tile	2007	30,921	1,762	10	467	(1,295)	30,921	22
23	Remove and relocate lighting tracks	2007	4,732	238	10	238		4,732	23
24	Remove and install ceiling	2007	13,500	675	10	675		13,500	24
25	Installation of bumper guards, carpet and ceramic/vinyl tile	2007	88,803	4,443	10	4,443		88,803	25
26	Remove cove base and install ceramic tile	2007	22,464	1,127	10	1,127		22,464	26
27	Painting	2007	2,367	116	10	116		2,367	27
28	Remove and install cove base and corner guards	2007	17,586	876	10	876		17,586	28
29	Furnish signs, crown molding and window treatments	2007	8,791	440	10	440		8,791	29
30	Furnish and install quarry tile	2007	4,575	224	10	224		4,575	30
31	Install fireguard FST for generator	2007	18,993	952	10	952		18,993	31
32	Drywall project	2007	3,040	152	10	152		3,040	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,146,248	\$ 18,378		\$ 405,881	\$ 387,503	\$ 10,548,074	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	<b>Totals from Page 12C, Carried Forward</b>		\$ 13,146,248	\$ 18,378		\$ 405,881	\$ 387,503	\$ 10,548,074	1
2	Relocate controller and rewire chiller	2007	2,661	134	10	134		2,661	2
3	Furnish and install new elevator mount stations	2007	7,177	356	10	356		7,177	3
4	Furnish and install elevator car station	2007	17,640	882	10	882		17,640	4
5	Flush mount hall elevator station	2007	2,000	100	10	100		2,000	5
6	Furnish and install new tramco sewage pump	2007	5,315	261	10	261		5,315	6
7	Furnish & install elevator key switch, provide piping & wiring	2007	4,750	237	10	237		4,750	7
8	Relocate sprinkler heads	2007	2,785	135	10	135		2,785	8
9	Plumbing project	2007	3,040	152	10	152		3,040	9
10	Installation of respirator monitor system	2007	3,244	166	10	166		3,244	10
11	Replace 2 valves on water heater	2008	2,920	292	10	292		2,774	11
12	Sheet vinyl for dialysis area	2008	2,966	297	10	297		2,821	12
13	Install pipe run across ceiling, electrical wiring	2009	2,530	253	10	253		2,151	13
14									14
15	Furnish and install drywall, paint walls	2009	4,125	413	10	413		3,510	15
16	Install new microprocessor controllers on both elevators,	2009	75,000	7,500	10	7,500		63,750	16
17	new selectors, new wiring, new power door operators								17
18	Level, petomat, resurface and strip pavement in parking lot	2009	79,790	7,979	10	7,979		67,822	18
19	Bathroom - Remodel (32 rooms)	2009	89,600	9,856	10	9,856		77,056	19
20	- Remove ceramic tile in bathrooms, new ceramic wall								20
21	tile, new wallcoverings, sheet vinyl, light fixtures,								21
22	mirrors, grab bars, new sinks & towel bars								22
23	Install conduit with new circuits and new receptacles in elevators	2009	2,575	258	10	258		2,193	23
24	Installation to power rod out station	2009	4,850	485	10	485		4,123	24
25	Category 6 cable (550mhz)	2010	4,301	430	10	430		3,225	25
26	Repack both sides of fire pump, replace flow switches	2010	3,278	328	10	328		2,460	26
27									27
28	Elevator oil contamination removal	2011	3,500	317	10	317		2,242	28
29	Remove pilot assembly and clean hot water heater	2011	2,751	251	10	251		1,764	29
30	Purchase of six shower pan bases	2011	4,332	398	10	398		2,780	30
31	Purchase of six shower stalls	2011	7,112	700	10	700		4,611	31
32	Purchase of six shower stalls	2011	7,636	665	10	665		4,867	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,492,126	\$ 51,223		\$ 438,726	\$ 387,503	\$ 10,844,835	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	<b>Totals from Page 12D, Carried Forward</b>		\$ 13,492,126	\$ 51,223		\$ 438,726	\$ 387,503	\$ 10,844,835	1
2	Remove and install new hot water heater in mechanical room	2011	8,850	809	10	885	76	5,753	2
3	Replace and install heat exchanger	2011	12,192	1,114	10	1,219	105	7,924	3
4	Purchase of gas water heater	2011	5,828	533	10	583	50	3,789	4
5	Purchase of heat exchanger unit	2011	3,034	278	10	303	25	1,970	5
6	Purchase and install water softener tank	2011	9,950	918	10	995	77	6,468	6
7	Install new cables in existing conduits	2012	21,309	1,986	10	2,131	145	11,720	7
8	Install new cables in existing conduits	2012	3,441	321	10	344	23	1,892	8
9	Demo 20' block wall, install acoustical ceiling	2012	7,900	748	10	790	42	4,345	9
10	Remove old dropped ceiling, install new acoustical ceiling	2012	4,082	387	10	408	21	2,244	10
11	Remove section of block wall, build walls in dialysis room	2012	3,107	294	10	311	17	1,710	11
12	Remove cove base, install sheet vinyl, laminate nurses station	2012	46,125	4,396	10	4,613	217	25,371	12
13	Installation of smoke detectors, recall panel in elevators	2012	12,800	1,220	10	1,280	60	7,040	13
14	Installation of 5 dialysis boxes and replace piping	2012	15,649	1,491	10	1,565	74	8,607	14
15	Relocate 11 sprinkler heads into new drop ceiling	2012	3,867	369	10	387	18	2,128	15
16	Installation of 18 new receptacles and circuits, outlets	2012	4,177	398	10	418	20	2,299	16
17	Furnish and install handrails, wallcovering in elevators	2012	6,069	584	10	607	23	3,338	17
18	Install sprinklers in electrical room, fire alarm panel room, generator room, elevator equipment room and pit	2013	3,200	309	10	320	11	1,440	18
19									19
20	Furnish and install doors in dialysis room and counter top	2013	5,500	533	10	550	17	2,475	20
21	Furnish 78 x 48 plate glasses in resident rooms and third floor	2013	2,534	246	10	253	7	1,139	21
22	Installation of heavy duty sump pump	2013	2,900	284	10	290	6	1,305	22
23	Remove and replace hydraulic power unit B passenger elevator	2013	10,950	1,080	10	1,095	15	4,928	23
24	Replace broken p-traps in the floor	2013	5,300	526	10	530	4	2,385	24
25	Furnish and install 8 valves on heating/cooling coils on air-handler	2013	3,723	372	10	372		1,674	25
26	Install new electrical conduit and outlet box	2013	8,750	874	10	875	1	3,938	26
27	Install new fire pump casing and sleeves, gasket, pressure switch on fire pump	2014	3,235	324	10	324		1,296	27
28									28
29	Replace DS block and engineer new float system on generator	2014	3,572	357	10	357		1,428	29
30	Replace fuel floats in day tank, switches on generator	2014	2,605	261	10	261		1,044	30
31	ASCO automatic transfer switch on generator	2014	11,345	1,135	10	1,135		4,540	31
32	Telephone wiring project	2014	6,386	639	10	639		2,556	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,730,505	\$ 74,009		\$ 462,566	\$ 388,557	\$ 10,971,581	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	<b>Totals from Page 12E, Carried Forward</b>		\$ 13,730,505	\$ 74,009		\$ 462,566	\$ 388,557	\$ 10,971,581	1
2	Add R-22 refrigerant, restore operation to compressor	2014	2,686	269	10	269		1,076	2
3	Replace and install new compressor	2014	18,920	1,892	10	1,892		7,568	3
4	Disconnect and remove air-handler unit heating coils	2014	7,900	790	10	790		3,160	4
5	Furnish and install new coils and Trane air-handler unit	2014	51,876	5,188	10	5,188		20,752	5
6	Replace compressor # 2 controls on two controllers	2014	7,072	707	10	707		2,828	6
7	Split case water pressure booster repair 7 1/2 horsepower	2014	5,196	520	10	520		2,080	7
8	Replace relief valve for hot water boiler in kitchen	2014	3,179	318	10	318		1,272	8
9	Insurance claim - air-handler	2014	(58,499)	(5,850)	10	(5,850)		(23,400)	9
10	Insurance claim - compressor	2014	(18,706)	(1,871)	10	(1,871)		(7,484)	10
11	Furnish AO Smith hot water boiler 660,000 BTU	2014	7,456	746	10	746		2,984	11
12	Remove and install new cove base, carpet, wallcovering in	2015	3,519	352	10	352		880	12
13	Administrator's office, Admissions office and office hallway								13
14	Replacement of 8 inch single check valve backflow preventer	2015	9,600	960	10	960		2,400	14
15	Replace terminal gaskets and liquid line core driers on 75 ton	2015	3,848	385	10	385		962	15
16	circuit								16
17	Furnish and install new isolation valves and pressure test	2015	3,345	335	10	335		837	17
18	Removal of 2" valve and furnish and replace new 3" valve	2015	2,530	253	10	253		633	18
19	Furnish and install new Weinman pump	2015	4,686	469	10	469		1,172	19
20	Furnish and install new honeywell control for boiler, repair	2015	7,824	782	10	782		1,955	20
21	terminals on relay								21
22	Furnish and install new elevator cylinder	2016	38,500	3,850	10	3,850		5,775	22
23	Furnish and install copper fittings and condenser unit in walk-in	2016	8,600	860	10	860		1,290	23
24	refrigerator								24
25	Removal of stuck elevator cylinder in ground	2016	4,944	494	10	494		741	25
26	Roofing project	2016	9,600	960	10	960		1,440	26
27	Install ten CAT5E cables for Allworx phone system	2016	4,047	405	10	405		607	27
28	Replace crystallized cast iron pipe with schedule 40 PVC pipe and	2016	4,154	415	10	415		623	28
29	fittings								29
30	Mount blend valve, connect wall boxes to drain	2016	8,014	801	10	801		1,202	30
31	Install new motor & relief valve for water pressure booster pump	2016	2,598	260	10	260		390	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,873,394	\$ 88,299		\$ 476,856	\$ 388,557	\$ 11,003,324	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	<b>Totals from Page 12F, Carried Forward</b>		\$ 13,873,394	\$ 88,299		\$ 476,856	\$ 388,557	\$ 11,003,324	1
2	Elevator #2 Cylinder Project.	2017	36,515	1,826	10	1,826		1,826	2
3	Replace Emergency Phone, Fire Service on Timer, Custom Pit	2017	5,495	275	10	275		275	3
4	Ladder for Elevator #3.								4
5	Installation of Freezer Door and Door Frame on Walk-In	2017	4,980	249	10	249		249	5
6	Freezer.								6
7	Furnish, Install, and Test Elevator #3 Cylinder.	2017	36,515	1,826	10	1,826		1,826	7
8	Remove Piping, Install Ball Valves, Re-Pipe Coils on Boiler in	2017	5,895	295	10	295		295	8
9	Basement.								9
10	Replace Water Cooled Condensor on Walk-in Cooler.	2017	5,200	260	10	260		260	10
11	Furnish, Install and Test Schedules Black Piping on Elevator.	2017	8,890	445	10	445		445	11
12	Furnish and Install Elevator #1 Pit Ladder, Door Restrictor.	2017	3,430	515	10	515		515	12
13	Furnish and Install Elevator #3 Door Restrictors, Ladder.	2017	4,620	693	10	693		693	13
14	Retractable Elevator #1 & #2 Pit Ladder Installation.	2017	3,035	455	10	455		455	14
15	Install Ballast Kit, Lamps, 12,000V & 9,000V Transformers on	2017	2,539	127	10	127		127	15
16	Exterior Signs.								16
17	Add Emergency Outlets at Nurses Stations, Electrical for Coffee	2017	3,100	155	10	155		155	17
18	Maker.								18
19	Furnish and Install New Conduit and Wiring Dishwasher, Steam	2017	2,900	145	10	145		145	19
20	Table, Outlets in the Kitchen.								20
21	Modernization Project for Elevators #1 & #2.	2017	102,200	5,110	10	5,110		5,100	21
22	Furnish and Install Elevator #2 Door Restrictors, Ladder.	2017	3,430	515	10	515		515	22
23									23
24									24
25									25
26									26
27	See Attached Schedule L:								27
28	Leasehold Improvements Allocated from Management Company:	1998	11,047						28
29	Leasehold Improvements Allocated from Management Company:	1999	4,613						29
30	Leasehold Improvements Allocated from Management Company:	2000	553						30
31	Leasehold Improvements Allocated from Management Company:	2008	1,663						31
32	Leasehold Improvements Allocated from Management Company:	2016	16,480					26,177	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 14,136,494	\$ 101,190		\$ 489,747	\$ 388,557	\$ 11,042,382	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 530,212	\$ 56,493	\$ 56,493	\$	5, 10 years	\$ 217,087	71
72	Current Year Purchases	11,657	1,166	1,166		5 years	1,166	72
73	Fully Depreciated Assets	1,065,021	13,692	13,692		5, 10 years	1,065,021	73
74	Allocated from Therapy Masters, Mgt Co:	90,525		8,532	8,532		78,067	74
75	TOTALS	\$ 1,697,415	\$ 71,351	\$ 79,883	\$ 8,532		\$ 1,361,341	75

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

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Care	2001 Toyota Camry	2004	\$ 10,770	\$	\$	\$	5 Years	\$ 10,770	76
77										77
78	Allocated from Management Company:			18,644		192	192		18,644	78
79										79
80	TOTALS			\$ 29,414	\$	\$ 192	\$ 192		\$ 29,414	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)	\$ 16,172,083	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 172,541	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 569,822	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 397,281	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 12,433,137	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Glenshire Nrsg & Rehab Ctre

# 0039321

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$			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.	<u>/2018</u>	\$ _____
13.	<u>/2019</u>	\$ _____
14.	<u>/2020</u>	\$ _____

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: \$ 188,877

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	<u>Allocated from Management Co:</u>			<u>6,417</u>	18
19					19
20					20
21	<b>TOTAL</b>		\$	\$ <b>6,417</b>	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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

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

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

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

	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	\$	3,999	\$ 244,054	\$	3,999	\$ 244,054	1
2	Licensed Speech and Language Development Therapist	Ln10a,Col 3	hrs		1,367	84,023		1,367	84,023	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		6,191	325,075	6,443	6,191	331,518	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				455,687		455,687	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	22,451 hours	531,240		202,149		22,451	202,149 531,240	13
14	TOTAL			\$ 531,240	11,557	\$ 855,301	\$ 462,130	34,008	\$ 1,848,671	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.

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 172,574	\$ 172,651	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>141,824</u> )	2,804,395	2,804,395	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	891,249	903,007	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)		439,216	8
9	Other(specify): <u>Receivable from Insurance:</u>	667,787	797,138	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 4,536,005	\$ 5,116,407	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		308,760	13
14	Buildings, at Historical Cost		11,864,517	14
15	Leasehold Improvements, at Historical Cost	1,622,862	2,271,977	15
16	Equipment, at Historical Cost	1,617,660	1,726,829	16
17	Accumulated Depreciation (book methods)	(2,874,601)	(12,433,137)	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 Escrows)		1,478,477	22
23	Other(specify): <u>Mortgage Costs (Net)</u>		53,775	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 365,921	\$ 5,271,198	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 4,901,926	\$ 10,387,605	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 6,028,274	\$ 6,775,330	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		414,280	29
30	Accrued Salaries Payable	434,270	434,270	30
31	Accrued Taxes Payable (excluding real estate taxes)	81,671	81,671	31
32	Accrued Real Estate Taxes(Sch.IX-B)		941,000	32
33	Accrued Interest Payable		31,382	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Attached Schedule E:</u>	5,860,712	5,860,712	36
37	<u>Due to Related Parties:</u>	5,032,950	5,032,950	37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 17,437,877	\$ 19,571,595	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		6,624,693	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44	<u>Due to Stockholders:</u>	18,807,000	18,807,000	44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 18,807,000	\$ 25,431,693	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 36,244,877	\$ 45,003,288	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ (31,342,951)	\$ (34,615,683)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 4,901,926	\$ 10,387,605	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(27,224,593)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>To record 2016 year-end AJE's not previously posted</b>	<b>946,362</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(26,278,231)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(5,064,720)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(5,064,720)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(31,342,951)</b>	<b>24</b>

\* Operating Entity Only

\* This must agree with page 17, line 47.

Facility Name &amp; ID Number Glenshire Nrsgr &amp; Rehab Ctre

# 0039321

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

**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**

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,239,604	1
2	Discounts and Allowances for all Levels	(1,797,694)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,441,910	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,354,278	6
7	Oxygen	238,725	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,593,003	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	363,883	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	58,326	19
20	Radiology and X-Ray	14,215	20
21	Other Medical Services	1,225,058	21
22	Laundry	(502)	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 1,660,980	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	20,029	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 20,029	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Miscellaneous Income</b>	1,241	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,241	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 13,717,163	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,126,961	31
32	Health Care	6,296,795	32
33	General Administration	6,505,014	33
<b>B. Capital Expense</b>			
34	Ownership	2,227,063	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,167,563	35
36	Provider Participation Fee	458,487	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 18,781,883	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(5,064,720)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (5,064,720)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 8,048,596	44
45	Private Pay - Net Inpatient Revenue	142,059	45
46	Medicare - Net Inpatient Revenue	1,385,801	46
47	Other-(specify) <b>Insurance - Net Inpatient Revenue</b>	537,738	47
48	Other-(specify) <b>Veterans - Net Inpatient Revenue</b>	327,716	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 10,441,910	49

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

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

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

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

Facility Name & ID Number Glenshire Nrsg & Rehab Ctre

# 0039321

Report Period Beginning:

1/1/2017

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	2,337	2,337	\$ 120,983	\$ 51.77	1
2	Assistant Director of Nursing	2,269	2,269	68,172	30.04	2
3	Registered Nurses	24,876	26,773	1,009,156	37.69	3
4	Licensed Practical Nurses	47,524	50,707	1,480,428	29.20	4
5	CNAs & Orderlies	91,990	96,423	1,192,647	12.37	5
6	CNA Trainees					6
7	Licensed Therapist	20,953	22,451	531,240	23.66	7
8	Rehab/Therapy Aides					8
9	Activity Director	2,160	2,160	43,233	20.02	9
10	Activity Assistants	6,596	7,276	77,778	10.69	10
11	Social Service Workers	4,223	4,385	101,472	23.14	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	4,229	4,229	102,559	24.25	14
15	Cook Helpers/Assistants	27,981	30,603	346,645	11.33	15
16	Dishwashers					16
17	Maintenance Workers	6,265	6,622	103,835	15.68	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,193	2,193	109,810	50.07	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	20,974	23,457	406,585	17.33	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	4,168	5,028	77,212	15.36	33
34	TOTAL (lines 1 - 33)	268,738	286,913	\$ 5,771,755 *	\$ 20.12	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

**B. CONSULTANT SERVICES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 32,327	Ln 1, Col 3	35
36	Medical Director	Monthly	133,024	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	14,948	Ln 10, Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	72	3,672	Ln 11, Col 3	44
45	Social Service Consultant	16	1,008	Ln 12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	88	\$ 184,979		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	7,032	\$ 189,874	Ln 10, Col 3	50
51	Licensed Practical Nurses	493	12,330	Ln 10, Col 3	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	7,526	\$ 202,204		53



Facility Name & ID Number Glenshire Nrsg & Rehab Ctre# 0039321Report Period Beginning: 1/1/2017Ending: 12/31/2017**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 \$28,877
- (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. \$ 54,555 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. \$ 458,487  
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. \$ 10,555 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? N/A  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
g. **Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees

GlenShire Nursing and Rehabilitation Centre, Ltd.  
Provider I.D. # 0039321  
12/31/2017

**SCHEDULE A**

SCHEDULE VII. RELATED PARTIES  
Part A. Col.3

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

SCHEDULE VII RELATED PARTIES

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

Name	Compensation Received From Other Nursing Homes								Total
	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenCrest Nursing & Rehab. Centre, Ltd.	Glen Bridge Nursing & Rehab. Centre, Ltd.	Glen Elston Nursing & Rehab. Centre, Ltd.	Brentwood North Healthcare & Rehabilitation	Glen Lake Terrace Nursing & Rehab	Ballard Respiratory & Rehab	Glen Saint Andrew Living Comm	
Sidney Glenner	0	0	0	0	0	0	0	0	0
Jonathan Glenner	6,694	7,331	7,086	2,635	4,062	6,370	3,782	5,460	43,420
Daniel Glenner	25,298	27,703	26,777	9,960	15,352	24,073	14,292	20,633	164,088
Elliot Glenner	10,373	11,360	10,980	4,084	6,295	9,871	5,860	8,461	67,284
Total compensation received from other Nursing Homes	42,365	46,394	44,843	16,679	25,709	40,314	23,934	34,554	274,792

XIX. SUPPORT SCHEDULES

Page 21

C. Professional Services

Vendor/Payee	Type	AMOUNT
Health Data Systems, Inc.	Computers	5,100
Point ClickCare	Computers	90,711
Ability Network Inc.	Computers	5,054
Creative Technology Solutions	IT Consultation	8,568
Comcast Business	Computers	12,055
Net Health	Computers	14,572
Kronos	Computers	27,997
Microsoft Corporation	Computers	4,929
RSM US LLP	Accounting	52,841
Much Shelist	Legal	10,171
Johnson & Bell LTD	Legal	50,006
Huron Consulting Services	Management Consulting	36,479
Marilyn P. Dunn	Legal	660
Meyers & Flower LLC	Legal	5,489
Vanek, Larson & Kolb LLC	Legal	2,115
2401 Incorporated	Architectural Consulting	2,320
Howard S Chez and Association P.C.	Electrical Engineering Consultant	7,208
Platinum Billing Solutions	A/R Collections	34,512
Personnel Planners, Inc.	Unemployment Consulting	351
Management Network Services	Insurance Claims Management	750
		<u>371,887</u>

Allocated from Management Co:

Point ClickCare - Computer Service	-52
Kronos - Computer Services	1,691
Health Data Systems, Inc. - Computer Services	192
Microsoft Computers - Computer Services	463
Ability Network - Computer Services	164
Comcast Business - Computer Services	244
Creative Tech Solutions - Computer Services	162
MB Financial Bank - Legal	3,452
Marcum - Accounting Services	2,068
McGladrey - Accounting Services	18,849
Polsinelli - Legal	23
Govig - Legal	5,818
Perfect Staffing - Recruiter	0
Marilyn Dunn - Legal	23
S4 Group - Automation Systems	-471
SAS Architects - Architectural Consulting	-70
Company Nurse - W/C Consulting	7
Much Shelist - Legal	<u>2,596</u>
Total allocated from Management Co.	<u>35,159</u>

Allocated from Therapy Masters:

Virtu Senses - Computer Services	986
Kronos - Computer Services	2,447
Casamba - Computer Services	3,913
Health Data Systems - Computer Services	78
Much Shelist - Legal	334
Marilyn Dunn - Legal	8
Career Tree Network - Therapy Recruitment	3,303
Theracore - Business Consulting	16,072
Personnel Planners - Financial consulting	39
RSM - Accounting Services	<u>142</u>
Total allocated from Therapy Masters:	<u>27,323</u>

GlenShire Real Estate & Development Limited Partnership:

Skidelsky & Associates - Real Estate Tax Reduction	81,305
First Real Estate Services, Ltd. - Real Estate Tax Appraisal	<u>2,750</u>
Total allocated from GlenShire Real Estate & Development, Limited Partnership:	<u>84,055</u>

Reclass Skidelsky & Associates - Real Estate Tax Reduction to Line 33	-81,305
Reclass First Real Estate Service, Ltd.- Real Estate Tax Appraisal to Line 33	<u>-2,750</u>

Non-Allowable Expenses:

RSM US LLP - Accounting	-34,838
Meyers & Flower LLC - Legal - A/R Collections	-5,489
Management Network Services - Insurance Claims Management	-750
Much Shelist - Legal - Out of Period	-2,438
Vanek, Larson & Kolb LLC - Legal - A/R Collections	-2,115
Platinum Billing Solutions - A/R Collections	-34,512
Huron Consulting - Management Consulting	-36,479
	<u>-116,621</u>

Total adjustments page 21, Sch C. -54,139

Total Schedule V, line 19, column 8 317,749

SCHEDULE D

**XIX. SUPPORT SCHEDULES**

D. Employee Benefits and Payroll Taxes  
 Page 21

DESCRIPTION	AMOUNT
Allocated from Management Co.	
FICA taxes	31,890
FUTA	265
SUTA	958
Insurance - Hospital	53,890
Workers Compensation Insurance	1,483
	<hr/>
Total allocated from Management Co.	<u>88,486</u>
Allocated Employee Benefits to Line #'s 7 & 27	(88,486)
Allocated from Therapy Masters, Inc.	
FICA taxes	39,747
FUTA	478
SUTA	1,350
401K Match	520
Insurance - Hospital	15,004
Workers Compensation Insurance	15,926
	<hr/>
Total allocated from Therapy Masters, Inc.	<u>73,025</u>
Allocated Employee Benefits to Line #'s 15 & 27	(73,025)
	<hr/>
Total	<u>0</u>

SCHEDULE E

XV. SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Accrued Expenses	50,547
Insurance Payable	910,714
Sundry Payable	5,126
Due to Connecticut Mutual	2,108
Accrued Rent	410,791
Accrued Wage Assignment	-2,045
Accrued Provider Participation Fee - Tax	76,895
Accrued Union Dues	32,369
Refunds Exchange	37,094
Accrued Management Fees	2,044,326
Accrued Insurance Deductible	1,625,000
Professional Liability Claims	667,787
Total, Page 17, Line36	<u><u>5,860,712</u></u>

SCHEDULE F

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

<u>Description</u>	<u>Amount</u>	<u>Reference</u>
Patient Clothing	(4,472)	43
Non-allowable IL Council on Long Term Care fee	(14,223)	20
Non-allowable professional fees	(116,621)	19
Non-allowable office expense	(1,809)	43
Non-allowable Gain on Insurance claim	891,250	43
Non-allowable marketing salaries	(80,106)	21
Non-allowable marketing employee benefits	(12,831)	22
Non-allowable patient storage	(500)	43
Non-allowable auto expense - marketing	(5,264)	25
Adjust pharmacy expense to cost	(3,748)	39
Total	<u>651,676</u>	

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

**SCHEDULE G**

	Accrued 1/01/17	Payments	Expense	Accrued 12/31/17
Balance @ 1/01/2017 - G/L# 210:	<u>(957,000.00)</u>		<u>(957,000.00)</u>	
2016 Real Estate Taxes Paid		887,566.34	887,566.34	
11/9/17 cash receipt for the refund of 2014 r.e. taxes		(58,741.48)	(58,741.48)	
Estimated 2017 real estate taxes:				
2016 taxes	887,566.34			
Estimated increase	6.00%			
Estimated 2017 taxes	<u>940,820.32</u>			
<b>USE</b>	<u>941,000.00</u>		941,000.00	(941,000.00)
Totals	<u>(957,000.00)</u>	<u>828,824.86</u>	<u>812,824.86</u>	<u>(941,000.00)</u>

Real estate tax history:

Year	Amount	Increase	
		\$	%
1991	443,164.00		
1992	465,682.00	22,518.00	5.08%
1993	529,742.00	64,060.00	13.76%
1994	545,165.38	15,423.38	2.91%
1995	582,936.44	37,771.06	6.93%
1996	601,796.63	18,860.19	3.24%
1997	624,000.41	22,203.78	3.69%
1998	642,857.87	18,857.46	3.02%
1999	648,110.27	5,252.40	0.82%
2000	658,314.50	10,204.23	1.57%
2001	703,338.03	45,023.53	6.84%
2002	667,742.79	(35,595.24)	-5.06%
2003	686,735.80	18,993.01	2.84%
2004	728,336.76	41,600.96	6.06%
2005	812,535.50	84,198.74	11.56%
2006	815,030.99	2,495.49	0.31%
2007	853,829.05	38,798.06	4.76%
2008	922,622.22	68,793.17	8.06%
2009	681,822.88	(240,799.34)	-26.10%
2010	701,966.03	20,143.15	2.95%
2011	734,593.69	32,627.66	4.65%
2012	796,990.26	62,396.57	8.49%
2013	839,632.57	42,642.31	5.35%
2014	886,597.23	46,964.66	5.59%
2015	901,957.51	15,360.28	1.73%
2016	887,566.34	(14,391.17)	-1.60%

Provider Name: GlenShire Nursing and Rehabilitation Centre LTD.

Provider I.D. #: 0039321

Year Ended: December 31, 2017

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Nursing Staff	5/31/2017	Richton Park	Omnicare of Northern Illinois Essential Infusion Therapy Training	1,549
Olumide Odesanya	6/24/2017	Orland Park	Safe Food Handlers Food Safety Course	195
			Allocated From Management Company	997
			Allocated From Therapy Masters	789
			Total	<u>3,530</u>

**SCHEDULE I**

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

	Gasoline Allowance	Employee Reimbursement: Tolls, Parking, Mileage	UBER	Total
Direct Expense	6,285	1,769	2,250	10,304
Non-allowable auto expense - marketing				-5,264
Allocated from Therapy Masters, Inc.				974
Allocated from Management Company				7,182
<b>TOTAL</b>	<b>6,285</b>	<b>1,769</b>	<b>2,250</b>	<b>13,196</b>



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	43,100
Collaborative Healthcare Urgency Group Fee	300
Employment Fees	34,600
Cook County Department of Environmental Control Inspection Fees	458
Secretary of State Annual Report Fees	175
Village of Richton Park Elevator Inspection, Health Inspection Fee	658
Joint Commission Fees	3,365
Non-allowable Illinois Council on Long Term Care PAC Fees	(14,223)
	<u>68,433</u>

Total



**SCHEDULE M**

Page 14, XII. Rental Costs

16. Rental Amount for movable equipment:

	Ice-Machine	Copy Machine	Postage	Telephone System	Dish Machine	Maintenance/ Cleaning	Medical Equipment	Total
Direct Expense	1,860	10,317	571	22,012	1,528	400	149,426	186,114
Allocated from Therapy Masters, Inc.								0
Allocated from Management Company								2,763
<b>TOTAL</b>	<b>1,860</b>	<b>10,317</b>	<b>571</b>	<b>22,012</b>	<b>1,528</b>	<b>400</b>	<b>149,426</b>	<b>188,877</b>