

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.

0022111 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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 298

| | 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 | 164 | Skilled (SNF) | 164 | 59,860 | 1 |
| 2 | | Skilled Pediatric (SNF/PED) | | | 2 |
| 3 | 134 | Intermediate (ICF) | 134 | 48,910 | 3 |
| 4 | | Intermediate/DD | | | 4 |
| 5 | | Sheltered Care (SC) | | | 5 |
| 6 | | ICF/DD 16 or Less | | | 6 |
| 7 | 298 | TOTALS | 298 | 108,770 | 7 |

B. Census-For the entire report period.

| | 1 Level of Care | 2 3 4 5 Patient Days by Level of Care and Primary Source of Payment | | | | |
|----|--------------------|--|------------------|------------|------------|----|
| | | 2 Medicaid Recipient | 3 Private Pay | 4 Other | 5 Total | |
| 8 | SNF | 17,521 | 50 | 3,556 | 21,127 | 8 |
| 9 | SNF/PED | | | | | 9 |
| 10 | ICF | 52,562 | 151 | | 52,713 | 10 |
| 11 | ICF/DD | | | | | 11 |
| 12 | SC | | | | | 12 |
| 13 | DD 16 OR LESS | | | | | 13 |
| 14 | TOTALS | 70,083 | 201 | 3,556 | 73,840 | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 67.89%

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 12/01/1975

J. Was the facility purchased or leased after January 1, 1978?
YES Date 01/15/1985 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 150 and days of care provided 2,236

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: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centr # 0022111 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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

| | Operating Expenses | Costs Per General Ledger | | | | Reclass-ification | Reclassified Total | Adjust-ments | Adjusted Total | FOR BHF USE ONLY | |
|-----|--|--------------------------|----------|-----------|------------|-------------------|--------------------|--------------|----------------|------------------|-----|
| | | Salary/Wage | Supplies | Other | Total | | | | | 9 | 10 |
| | A. General Services | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | |
| 1 | Dietary | 428,310 | 49,636 | 19,466 | 497,412 | | 497,412 | | 497,412 | | 1 |
| 2 | Food Purchase | | 477,893 | | 477,893 | (24,227) | 453,666 | | 453,666 | | 2 |
| 3 | Housekeeping | 364,233 | 48,758 | | 412,991 | | 412,991 | | 412,991 | | 3 |
| 4 | Laundry | 71,486 | 14,372 | 15,278 | 101,136 | | 101,136 | | 101,136 | | 4 |
| 5 | Heat and Other Utilities | | | 213,074 | 213,074 | | 213,074 | 7,747 | 220,821 | | 5 |
| 6 | Maintenance | 175,800 | 72,683 | 103,944 | 352,427 | | 352,427 | 20,883 | 373,310 | | 6 |
| 7 | Other (specify):* Allocated Employee Benefits | | | | | | | 2,655 | 2,655 | | 7 |
| 8 | TOTAL General Services | 1,039,829 | 663,342 | 351,762 | 2,054,933 | (24,227) | 2,030,706 | 31,285 | 2,061,991 | | 8 |
| | B. Health Care and Programs | | | | | | | | | | |
| 9 | Medical Director | | | 49,000 | 49,000 | | 49,000 | | 49,000 | | 9 |
| 10 | Nursing and Medical Records | 4,544,800 | 280,052 | 227,055 | 5,051,907 | | 5,051,907 | | 5,051,907 | | 10 |
| 10a | Therapy | 298,809 | 465 | 634,148 | 933,422 | | 933,422 | (70,359) | 863,063 | | 10a |
| 11 | Activities | 100,393 | 5,220 | 2,101 | 107,714 | | 107,714 | | 107,714 | | 11 |
| 12 | Social Services | 107,925 | | (115) | 107,810 | | 107,810 | | 107,810 | | 12 |
| 13 | CNA Training | | | | | | | | | | 13 |
| 14 | Program Transportation | | | 5,333 | 5,333 | | 5,333 | | 5,333 | | 14 |
| 15 | Other (specify):* Allocated Employee Benefits | | | | | | | 38,676 | 38,676 | | 15 |
| 16 | TOTAL Health Care and Programs | 5,051,927 | 285,737 | 917,522 | 6,255,186 | | 6,255,186 | (31,683) | 6,223,503 | | 16 |
| | C. General Administration | | | | | | | | | | |
| 17 | Administrative | 175,223 | | 1,578,986 | 1,754,209 | | 1,754,209 | (1,578,986) | 175,223 | | 17 |
| 18 | Directors Fees | | | | | | | | | | 18 |
| 19 | Professional Services | | | 358,956 | 358,956 | (2,750) | 356,206 | (8,749) | 347,457 | | 19 |
| 20 | Dues, Fees, Subscriptions & Promotions | | | 64,624 | 64,624 | 1,580 | 66,204 | (14,662) | 51,542 | | 20 |
| 21 | Clerical & General Office Expenses | 199,146 | 50,796 | 118,883 | 368,825 | (1,580) | 367,245 | 683,818 | 1,051,063 | | 21 |
| 22 | Employee Benefits & Payroll Taxes | | | 980,660 | 980,660 | 24,227 | 1,004,887 | | 1,004,887 | | 22 |
| 23 | Inservice Training & Education | | | 2,977 | 2,977 | | 2,977 | 1,134 | 4,111 | | 23 |
| 24 | Travel and Seminar | | | | | | | | | | 24 |
| 25 | Other Admin. Staff Transportation | | | 9,047 | 9,047 | (7,520) | 1,527 | 11,943 | 13,470 | | 25 |
| 26 | Insurance-Prop.Liab.Malpractice | | | 438,860 | 438,860 | | 438,860 | 8,958 | 447,818 | | 26 |
| 27 | Other (specify):* Allocated Employee Benefits | | | | | | | 121,954 | 121,954 | | 27 |
| 28 | TOTAL General Administration | 374,369 | 50,796 | 3,552,993 | 3,978,158 | 13,957 | 3,992,115 | (774,590) | 3,217,525 | | 28 |
| 29 | TOTAL Operating Expense (sum of lines 8, 16 & 28) | 6,466,125 | 999,875 | 4,822,277 | 12,288,277 | (10,270) | 12,278,007 | (774,988) | 11,503,019 | | 29 |

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

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

V. COST CENTER EXPENSES (continued)

| | Capital Expense | Cost Per General Ledger | | | | Reclass-ification 5 | Reclassified Total 6 | Adjust-ments 7 | Adjusted Total 8 | FOR BHF USE ONLY | | |
|----|---|-------------------------|---------------|------------|------------|------------------------|----------------------------|-------------------|------------------------|------------------|----|----|
| | | Salary/Wage 1 | Supplies 2 | Other 3 | Total 4 | | | | | 9 | 10 | |
| | D. Ownership | | | | | | | | | | | |
| 30 | Depreciation | | | 140,200 | 140,200 | | 140,200 | 179,784 | 319,984 | | | 30 |
| 31 | Amortization of Pre-Op. & Org. | | | | | | | | | | | 31 |
| 32 | Interest | | | | | | | 874,211 | 874,211 | | | 32 |
| 33 | Real Estate Taxes | | | | | 2,750 | 2,750 | 615,860 | 618,610 | | | 33 |
| 34 | Rent-Facility & Grounds | | | 2,631,386 | 2,631,386 | | 2,631,386 | (2,631,386) | | | | 34 |
| 35 | Rent-Equipment & Vehicles | | | 185,225 | 185,225 | 7,520 | 192,745 | 12,037 | 204,782 | | | 35 |
| 36 | Other (specify):* Mortgage Insurance | | | | | | | 168,165 | 168,165 | | | 36 |
| 37 | TOTAL Ownership | | | 2,956,811 | 2,956,811 | 10,270 | 2,967,081 | (781,329) | 2,185,752 | | | 37 |
| | Ancillary Expense | | | | | | | | | | | |
| | E. Special Cost Centers | | | | | | | | | | | |
| 38 | Medically Necessary Transportation | | | | | | | | | | | 38 |
| 39 | Ancillary Service Centers | | 272,433 | 32,109 | 304,542 | | 304,542 | | 304,542 | | | 39 |
| 40 | Barber and Beauty Shops | | | | | | | | | | | 40 |
| 41 | Coffee and Gift Shops | | | | | | | | | | | 41 |
| 42 | Provider Participation Fee | | | 596,455 | 596,455 | | 596,455 | | 596,455 | | | 42 |
| 43 | Other (specify):* Non-Allowable | | | 545,410 | 545,410 | | 545,410 | (545,410) | | | | 43 |
| 44 | TOTAL Special Cost Centers | | 272,433 | 1,173,974 | 1,446,407 | | 1,446,407 | (545,410) | 900,997 | | | 44 |
| 45 | GRAND TOTAL COST (sum of lines 29, 37 & 44) | 6,466,125 | 1,272,308 | 8,953,062 | 16,691,495 | | 16,691,495 | (2,101,727) | 14,589,768 | | | 45 |

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

VI. ADJUSTMENT DETAIL

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

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

| | | 1 | 2 | 3 | |
|----|---|---------------|------------------------|-------------------------|----|
| | NON-ALLOWABLE EXPENSES | Amount | Refer- ence | BHF USE ONLY | |
| 1 | Day Care | \$ | | \$ | 1 |
| 2 | Other Care for Outpatients | | | | 2 |
| 3 | Governmental Sponsored Special Programs | | | | 3 |
| 4 | Non-Patient Meals | | | | 4 |
| 5 | Telephone, TV & Radio in Resident Rooms | (22,601) | 21 | | 5 |
| 6 | Rented Facility Space | | | | 6 |
| 7 | Sale of Supplies to Non-Patients | | | | 7 |
| 8 | Laundry for Non-Patients | | | | 8 |
| 9 | Non-Straightline Depreciation | (4,660) | 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 | (86,668) | 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 | (5,359) | 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 | (451,532) | 43 | | 24 |
| 25 | Fund Raising, Advertising and Promotional | (1,245) | 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: | (96,241) | | | 29 |
| 30 | SUBTOTAL (A): (Sum of lines 1-29) | \$ (668,306) | | \$ | 30 |

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

| | | 1 | 2 | |
|----|---|----------------|------------------|----|
| | | Amount | Reference | |
| 31 | Non-Paid Workers-Attach Schedule* | \$ | | 31 |
| 32 | Donated Goods-Attach Schedule* | | | 32 |
| 33 | Amortization of Organization & Pre-Operating Expense | | | 33 |
| 34 | Adjustments for Related Organization Costs (Schedule VII) | (1,433,421) | | 34 |
| 35 | Other- Attach Schedule | | | 35 |
| 36 | SUBTOTAL (B): (sum of lines 31-35) | \$ (1,433,421) | | 36 |
| | (sum of SUBTOTALS | | | |
| 37 | TOTAL ADJUSTMENTS (A) and (B)) | \$ (2,101,727) | | 37 |

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

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

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

| BHF USE ONLY | | | | | | | |
|---------------------|--|----|--|----|--|----|----|
| 48 | | 49 | | 50 | | 51 | 52 |

Glen Oaks Nursing and Rehabilitation Centre, Ltd.

ID# 0022111

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

| NON-ALLOWABLE EXPENSES | | Amount | Sch. V Line Reference | |
|------------------------|---|-------------|-----------------------|----|
| 1 | Non-Allowable professional fees | \$ (79,284) | 19 | 1 |
| 2 | Non-Allowable patient clothing | (606) | 43 | 2 |
| 3 | Non-Allowable Illinois Council on Long Term Care Du | (16,151) | 20 | 3 |
| 4 | Non-Allowable office expense | (200) | 43 | 4 |
| 5 | | | | 5 |
| 6 | | | | 6 |
| 7 | | | | 7 |
| 8 | | | | 8 |
| 9 | | | | 9 |
| 10 | | | | 10 |
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| 42 | | | | 42 |
| 43 | | | | 43 |
| 44 | | | | 44 |
| 45 | | | | 45 |
| 46 | | | | 46 |
| 47 | | | | 47 |
| 48 | | | | 48 |
| 49 | Total | (96,241) | | 49 |

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.

0022111

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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 | 7,747 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,747 | 5 |
| 6 | Maintenance | 0 | 0 | 20,883 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 20,883 | 6 |
| 7 | Other (specify):* | 0 | 0 | 2,655 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,655 | 7 |
| 8 | TOTAL General Services | 0 | 0 | 31,285 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 31,285 | 8 |
| | B. Health Care and Programs | | | | | | | | | | | | | |
| 9 | Medical Director | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| 10 | Nursing and Medical Records | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 |
| 10a | Therapy | 0 | 0 | 0 | 0 | (70,359) | 0 | 0 | 0 | 0 | 0 | 0 | (70,359) | 10a |
| 11 | Activities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11 |
| 12 | Social Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12 |
| 13 | CNA Training | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13 |
| 14 | Program Transportation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14 |
| 15 | Other (specify):* | 0 | 0 | 0 | 0 | 38,676 | 0 | 0 | 0 | 0 | 0 | 0 | 38,676 | 15 |
| 16 | TOTAL Health Care and Programs | 0 | 0 | 0 | 0 | (31,683) | 0 | 0 | 0 | 0 | 0 | 0 | (31,683) | 16 |
| | C. General Administration | | | | | | | | | | | | | |
| 17 | Administrative | 0 | 0 | (1,578,986) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (1,578,986) | 17 |
| 18 | Directors Fees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 18 |
| 19 | Professional Services | (79,284) | 0 | 31,733 | 29,688 | 9,114 | 0 | 0 | 0 | 0 | 0 | 0 | (8,749) | 19 |
| 20 | Fees, Subscriptions & Promotions | (16,151) | 0 | 448 | 0 | 1,041 | 0 | 0 | 0 | 0 | 0 | 0 | (14,662) | 20 |
| 21 | Clerical & General Office Expenses | (22,601) | 0 | 687,243 | 0 | 19,176 | 0 | 0 | 0 | 0 | 0 | 0 | 683,818 | 21 |
| 22 | Employee Benefits & Payroll Taxes | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 22 |
| 23 | Inservice Training & Education | 0 | 0 | 916 | 0 | 218 | 0 | 0 | 0 | 0 | 0 | 0 | 1,134 | 23 |
| 24 | Travel and Seminar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 24 |
| 25 | Other Admin. Staff Transportation | 0 | 0 | 11,232 | 0 | 711 | 0 | 0 | 0 | 0 | 0 | 0 | 11,943 | 25 |
| 26 | Insurance-Prop.Liab.Malpractice | 0 | 0 | 7,666 | 0 | 1,292 | 0 | 0 | 0 | 0 | 0 | 0 | 8,958 | 26 |
| 27 | Other (specify):* | 0 | 0 | 120,256 | 0 | 1,698 | 0 | 0 | 0 | 0 | 0 | 0 | 121,954 | 27 |
| 28 | TOTAL General Administration | (118,036) | 0 | (719,492) | 29,688 | 33,250 | 0 | 0 | 0 | 0 | 0 | 0 | (774,590) | 28 |
| 29 | TOTAL Operating Expense (sum of lines 8,16 & 28) | (118,036) | 0 | (688,207) | 29,688 | 1,567 | 0 | 0 | 0 | 0 | 0 | 0 | (774,988) | 29 |

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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

| | Capital Expense | PAGES | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE | SUMMARY | |
|----|--|------------------|----------|------------------|------------------|--------------|----------|----------|----------|----------|----------|----------|--------------------|-----------|
| | D. Ownership | 5 & 5A | 6 | 6A | 6B | 6C | 6D | 6E | 6F | 6G | 6H | 6I | TOTALS | |
| | | | | | | | | | | | | | (to Sch V, col.7) | |
| 30 | Depreciation | (4,660) | 0 | 15,000 | 169,444 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 179,784 | 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 | 874,211 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 874,211 | 32 |
| 33 | Real Estate Taxes | 0 | 0 | 9,581 | 606,279 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 615,860 | 33 |
| 34 | Rent-Facility & Grounds | 0 | 0 | 0 | (2,631,386) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (2,631,386) | 34 |
| 35 | Rent-Equipment & Vehicles | 0 | 0 | 12,037 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12,037 | 35 |
| 36 | Other (specify):* | 0 | 0 | 0 | 168,165 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 168,165 | 36 |
| 37 | TOTAL Ownership | (4,660) | 0 | 36,618 | (813,287) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (781,329) | 37 |
| | Ancillary Expense | | | | | | | | | | | | | |
| | E. Special Cost Centers | | | | | | | | | | | | | |
| 38 | Medically Necessary Transportation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 38 |
| 39 | Ancillary Service Centers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 39 |
| 40 | Barber and Beauty Shops | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 40 |
| 41 | Coffee and Gift Shops | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 41 |
| 42 | Provider Participation Fee | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 42 |
| 43 | Other (specify):* | (545,610) | 0 | 0 | 200 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (545,410) | 43 |
| 44 | TOTAL Special Cost Centers | (545,610) | 0 | 0 | 200 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (545,410) | 44 |
| 45 | GRAND TOTAL COST (sum of lines 29, 37 & 44) | (668,306) | 0 | (651,589) | (783,399) | 1,567 | 0 | 0 | 0 | 0 | 0 | 0 | (2,101,727) | 45 |

VII. RELATED PARTIES

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

| 1 OWNERS | | 2 RELATED NURSING HOMES | | 3 OTHER RELATED BUSINESS ENTITIES | | |
|---------------------------|-------------|---------------------------|------|-----------------------------------|------|------------------|
| Name | Ownership % | Name | City | Name | City | Type of Business |
| AMJED Trust dated 1/04/07 | 99.00 % | See Page 6 - Supplemental | | See Attached Schedule A | | |
| Sidney Glenner | 1.00 % | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

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

| 1 | 2 | 3 Cost Per General Ledger | 4 | 5 Cost to Related Organization | 6 | 7 | 8 Difference: 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 | | \$ | | | \$ | \$ | 1 |
| 2 | V | From Page 6A | 1,578,986 | Glen Health and Home Management, Inc. | A | 927,397 | (651,589) | 2 |
| 3 | V | | | | | | | 3 |
| 4 | V | From Page 6B | 2,631,691 | Glen Oaks Real Estate and Development, L.L.C. | B | 1,848,292 | (783,399) | 4 |
| 5 | V | | | | | | | 5 |
| 6 | V | From Page 6C | 474,834 | Therapy Masters, Inc. | C | 476,401 | 1,567 | 6 |
| 7 | V | | | | | | | 7 |
| 8 | V | | | | | | | 8 |
| 9 | V | | | | | | | 9 |
| 10 | V | | | OWNERSHIP REFERENCE: | | | | 10 |
| 11 | V | | | A - Glenner 1995 Family Trust 58.50 % Sidney Glenner 41.50 % | | | | 11 |
| 12 | V | | | B - SLG Limited Partnership | | | | 12 |
| 13 | V | | | C - Sidney Glenner - 100.00% | | | | 13 |
| 14 | Total | | \$ 4,685,511 | | | \$ 3,252,090 | \$ * (1,433,421) | 14 |

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

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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 | \$ 1,578,986 | Glen Health and Home Management, Inc. | A | \$ | \$ (1,578,986) |
| 16 | V | 5 Utilities | | Glen Health and Home Management, Inc. | A | 7,747 | 7,747 |
| 17 | V | 6 Repairs and Maintenance | | Glen Health and Home Management, Inc. | A | 6,518 | 6,518 |
| 18 | V | 19 Professional Fees | | Glen Health and Home Management, Inc. | A | 31,733 | 31,733 |
| 19 | V | 20 Licenses, Permits and Inspection | | Glen Health and Home Management, Inc. | A | 448 | 448 |
| 20 | V | 21 Clerical | | Glen Health and Home Management, Inc. | A | 35,294 | 35,294 |
| 21 | V | 22 Employee Benefits and Payroll | | Glen Health and Home Management, Inc. | A | 122,911 | 122,911 |
| 22 | V | 23 Training and Education | | Glen Health and Home Management, Inc. | A | 916 | 916 |
| 23 | V | 25 Auto Expenses | | Glen Health and Home Management, Inc. | A | 11,232 | 11,232 |
| 24 | V | 26 Insurance | | Glen Health and Home Management, Inc. | A | 7,666 | 7,666 |
| 25 | V | 30 Depreciation | | Glen Health and Home Management, Inc. | A | 15,000 | 15,000 |
| 26 | V | 33 Real Estate Taxes | | Glen Health and Home Management, Inc. | A | 9,581 | 9,581 |
| 27 | V | 35 Equipment and Vehicle Rental | | Glen Health and Home Management, Inc. | A | 12,037 | 12,037 |
| 28 | V | 6 Janitorial Salaries | | Glen Health and Home Management, Inc. | A | 14,365 | 14,365 |
| 29 | V | 17 Officer's Salaries | | Glen Health and Home Management, Inc. | A | | |
| 30 | V | 21 Administrative Salaries | | Glen Health and Home Management, Inc. | A | 651,949 | 651,949 |
| 31 | V | 22 Employee Benefits | | Glen Health and Home Management, Inc. | A | (122,911) | (122,911) |
| 32 | V | 7 Employee Benefits - Janitorial | | Glen Health and Home Management, Inc. | A | 2,655 | 2,655 |
| 33 | V | | | | A | | |
| 34 | V | 27 Employee Benefits - Admin | | Glen Health and Home Management, Inc. | A | 120,256 | 120,256 |
| 35 | V | | | | | | |
| 36 | V | | | | | | |
| 37 | V | | | A - Ownership: Glenner 1995 Family Trust 58.50 % and | | | |
| 38 | V | | | Sidney Glenner 41.50 % | | | |
| 39 | Total | | \$ 1,578,986 | | | \$ 927,397 | \$ * (651,589) |

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

VII. RELATED PARTIES (continued)

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

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

| 1 | 2 | 3 Cost Per General Ledger | 4 | 5 Cost to Related Organization | 6 | 7 | 8 Difference: |
|------------|-------|-------------------------------|--------------|---|----------------------|--|--|
| Schedule V | Line | Item | Amount | Name of Related Organization | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) |
| 15 | V | 19 Professional Fees | \$ | Glen Oaks Real Estate and Development, L.L.C. | B | \$ 29,688 | \$ 29,688 |
| 16 | V | 43 Office Expense | | Glen Oaks Real Estate and Development, L.L.C. | B | 200 | 200 |
| 17 | V | 30 Depreciation | | Glen Oaks Real Estate and Development, L.L.C. | B | 169,444 | 169,444 |
| 18 | V | 32 Interest Expense | | Glen Oaks Real Estate and Development, L.L.C. | B | 874,516 | 874,516 |
| 19 | V | 32 Interest Income | 305 | Glen Oaks Real Estate and Development, L.L.C. | B | | (305) |
| 20 | V | 36 Mortgage Insurance Premium | | Glen Oaks Real Estate and Development, L.L.C. | B | 168,165 | 168,165 |
| 21 | V | 33 Real Estate Taxes | | Glen Oaks Real Estate and Development, L.L.C. | B | 606,279 | 606,279 |
| 22 | V | 34 Rental Income | 2,631,386 | Glen Oaks Real Estate and Development, L.L.C. | B | | (2,631,386) |
| 23 | V | | | | | | |
| 24 | V | | | | | | |
| 25 | V | | | | | | |
| 26 | V | | | | | | |
| 27 | V | | | | | | |
| 28 | V | | | | | | |
| 29 | V | | | | | | |
| 30 | V | | | | | | |
| 31 | V | | | | | | |
| 32 | V | | | B - Ownership: SLG Limited Partnership 100.00 % | | | |
| 33 | V | | | | | | |
| 34 | V | | | | | | |
| 35 | V | | | | | | |
| 36 | V | | | | | | |
| 37 | V | | | | | | |
| 38 | V | | | | | | |
| 39 | Total | | \$ 2,631,691 | | | \$ 1,848,292 | \$ * (783,399) |

* 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 | \$ 474,834 | Therapy Masters, Inc. | C | \$ 404,475 | \$ (70,359) |
| 16 | V | 19 Professional Fees | | Therapy Masters, Inc. | C | 9,114 | 9,114 |
| 17 | V | 20 Licenses, Permits and Inspection | | Therapy Masters, Inc. | C | 1,041 | 1,041 |
| 18 | V | 6 Repairs and Maintenance | | Therapy Masters, Inc. | C | | |
| 19 | V | 21 Clerical Salaries | | Therapy Masters, Inc. | C | 18,121 | 18,121 |
| 20 | V | 21 Clerical | | Therapy Masters, Inc. | C | 1,055 | 1,055 |
| 21 | V | 22 Employee Benefits and Payroll | | Therapy Masters, Inc. | C | 40,374 | 40,374 |
| 22 | V | 25 Auto Expenses | | Therapy Masters, Inc. | C | 711 | 711 |
| 23 | V | 26 Insurance - Liability | | Therapy Masters, Inc. | C | 1,292 | 1,292 |
| 24 | V | 22 Employee Benefits | | Therapy Masters, Inc. | C | (40,374) | (40,374) |
| 25 | V | 15 Employee Benefits - Therapy | | Therapy Masters, Inc. | C | 38,676 | 38,676 |
| 26 | V | 27 Employee Benefits - Clerical | | Therapy Masters, Inc. | C | 1,698 | 1,698 |
| 27 | V | 23 Training and Education | | Therapy Masters, Inc. | C | 218 | 218 |
| 28 | V | | | | | | |
| 29 | V | | | | | | |
| 30 | V | | | | | | |
| 31 | V | | | | | | |
| 32 | V | | | | | | |
| 33 | V | | | | | | |
| 34 | V | | | C - Ownership: Sidney Glenner 100.00 % | | | |
| 35 | V | | | | | | |
| 36 | V | | | | | | |
| 37 | V | | | | | | |
| 38 | V | | | | | | |
| 39 | Total | | \$ 474,834 | | | \$ 476,401 | \$ * 1,567 |

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

Facility Name & ID Number

Glen Oaks Nursing and Rehabilitation Centre, Ltd.

0022111

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

VII. RELATED PARTIES

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

| | 1 OWNERS | | 2 RELATED NURSING HOMES | | 3 OTHER RELATED BUSINESS ENTITIES | | | |
|----|---------------------------|-------------|---|--------------|--------------------------------------|------|------------------|----|
| | Name | Ownership % | Name | City | Name | City | Type of Business | |
| 1 | | | | | | | | 1 |
| 2 | AMJED Trust dated 1/04/07 | 99.20 % | Glen Bridge Nursing & Rehabilitation | Niles | See Attached Schedule A | | | 2 |
| 3 | Sidney Glenner | 0.80 % | Centre, Ltd. | | | | | 3 |
| 4 | | | | | | | | 4 |
| 5 | AMJED Trust dated 1/04/07 | 99.20 % | Glen Crest Nursing & Rehabilitation | Chicago | | | | 5 |
| 6 | Sidney Glenner | 0.80 % | Centre, Ltd. | | | | | 6 |
| 7 | | | | | | | | 7 |
| 8 | AMJED Trust dated 1/04/07 | 99.00 % | Glen Elston Nursing & Rehabilitation | Chicago | | | | 8 |
| 9 | Sidney Glenner | 1.00 % | Centre, Ltd. | | | | | 9 |
| 10 | | | | | | | | 10 |
| 11 | AMJED Trust dated 1/04/07 | 99.20 % | Glen Shire Nursing & Rehabilitation | Richton Park | | | | 11 |
| 12 | Sidney Glenner | 0.80 % | Centre, Ltd. | | | | | 12 |
| 13 | | | | | | | | 13 |
| 14 | AMJED Trust dated 1/04/07 | 99.10 % | Glen Lake Terrace Nursing & Rehabilitation | Waukegan | | | | 14 |
| 15 | Sidney Glenner | 0.90 % | Centre, Ltd. | | | | | 15 |
| 16 | | | | | | | | 16 |
| 17 | AMJED Trust dated 1/04/07 | 99.10 % | Brentwood North Healthcare & Rehabilitation | Riverwoods | | | | 17 |
| 18 | Sidney Glenner | 0.90 % | Centre, Inc. | | | | | 18 |
| 19 | | | | | | | | 19 |
| 20 | AMJED Trust dated 1/04/07 | 99.50 % | Glen Saint Andrew Living Community, LLC. | Niles | | | | 20 |
| 21 | Sidney Glenner | 0.50 % | | | | | | 21 |
| 22 | | | | | | | | 22 |
| 23 | | | | | | | | 23 |
| 24 | | | | | | | | 24 |
| 25 | | | | | | | | 25 |
| 26 | | | | | | | | 26 |
| 27 | | | | | | | | 27 |
| 28 | | | | | | | | 28 |
| 29 | | | | | | | | 29 |
| 30 | | | | | | | | 30 |

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Cent # 0022111 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

VII. RELATED PARTIES (continued)

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

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

| | 1 Name | 2 Title | 3 Function | 4 Ownership Interest | 5 Compensation Received From Other Nursing Homes* | 6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week | | 7 Compensation Included in Costs for this Reporting Period** | | 8 Schedule V. Line & Column Reference | |
|----|-------------------------|-------------------|----------------|-------------------------|--|--|---------|---|-----------|--|----|
| | | | | | | Hours | Percent | Description | Amount | | |
| 1 | Sidney Glenner | Chairman of Board | Administrative | 100.00% | | 12 | 19.36% | Salary | \$ | Ln 17, Col 7 | 1 |
| 2 | Jonathan Glenner | Clerical | Clerical | 0.00% | 59,764 | 8 | 19.36% | Salary | 10,738 | Ln 21, Col 7 | 2 |
| 3 | Daniel Glenner | President | Administrative | 0.00% | 174,743 | 10 | 19.36% | Salary | 31,396 | Ln 21, Col 7 | 3 |
| 4 | Elliot Glenner | Dir of Purchasing | Administrative | 0.00% | 66,981 | 8 | 19.36% | Salary | 12,034 | Ln 21, Col 7 | 4 |
| 5 | | | | | | | | | | | 5 |
| 6 | | | | | | | | | | | 6 |
| 7 | | | | | | | | | | | 7 |
| 8 | | | | | | | | | | | 8 |
| 9 | See Attached Schedule B | | | | | | | | | | 9 |
| 10 | | | | | | | | | | | 10 |
| 11 | | | | | | | | | | | 11 |
| 12 | | | | | | | | | | | 12 |
| 13 | | | | | | | | TOTAL | \$ 54,168 | | 13 |

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

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

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd. # 0022111 Report Period Beginning: 01/01/2018 Ending: 2/31/2018

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | |
|---------------------------|--------|---|---------------|--|-------------------------------------|---|----------------|---------------------------------|---------|----|
| Schedule V Line Reference | Item | Unit of Allocation (i.e., Days, Direct Cost, Square Feet) | Total Units | Number of Subunits Being Allocated Among | Total Indirect Cost Being Allocated | Amount of Salary Cost Contained in Column 6 | Facility Units | Allocation (col.8/col.4)x col.6 | | |
| 1 | 5 | Utilities | Resident Days | 484,819 | 8 | \$ 50,867 | \$ 73,840 | \$ 7,747 | 1 | |
| 2 | 6 | Repairs and Maintenance | Resident Days | 484,819 | 8 | 42,798 | 73,840 | 6,518 | 2 | |
| 3 | 19 | Professional Fees | Resident Days | 484,819 | 8 | 208,351 | 73,840 | 31,733 | 3 | |
| 4 | 20 | Licenses, Permits and Inspection | Resident Days | 484,819 | 8 | 2,942 | 73,840 | 448 | 4 | |
| 5 | 21 | Clerical | Resident Days | 484,819 | 8 | 231,735 | 73,840 | 35,294 | 5 | |
| 6 | 22 | Employee Benefits and Payroll | Resident Days | 484,819 | 8 | 807,011 | 73,840 | 122,911 | 6 | |
| 7 | 23 | Training and Education | Resident Days | 484,819 | 8 | 6,016 | 73,840 | 916 | 7 | |
| 8 | 25 | Auto Expenses | Resident Days | 484,819 | 8 | 73,746 | 73,840 | 11,232 | 8 | |
| 9 | 26 | Insurance | Resident Days | 484,819 | 8 | 50,335 | 73,840 | 7,666 | 9 | |
| 10 | 30 | Depreciation | Resident Days | 484,819 | 8 | 98,490 | 73,840 | 15,000 | 10 | |
| 11 | 33 | Real Estate Taxes | Resident Days | 484,819 | 8 | 62,907 | 73,840 | 9,581 | 11 | |
| 12 | 35 | Equipment and Vehicle Rental | Resident Days | 484,819 | 8 | 79,032 | 73,840 | 12,037 | 12 | |
| 13 | 6 | Janitorial Salaries | Resident Days | 484,819 | 8 | 94,316 | 94,316 | 73,840 | 14,365 | 13 |
| 14 | 17 | Officer's Salaries | Resident Days | 484,819 | 8 | | 73,840 | 0 | 14 | |
| 15 | 21 | Administrative Salaries | Resident Days | 484,819 | 8 | 4,280,568 | 4,280,568 | 73,840 | 651,949 | 15 |
| 16 | 22 | Employee Benefits | Payroll | | | | | (122,911) | 16 | |
| 17 | 7 | Employee Benefits - Janitorial | Payroll | | | | | 2,655 | 17 | |
| 18 | | | | | | | | | 18 | |
| 19 | 27 | Employee Benefits - Admin | Payroll | | | | | 120,256 | 19 | |
| 20 | | | | | | | | | 20 | |
| 21 | | | | | | | | | 21 | |
| 22 | | | | | | | | | 22 | |
| 23 | | | | | | | | | 23 | |
| 24 | | | | | | | | | 24 | |
| 25 | TOTALS | | | | | \$ 6,089,114 | \$ 4,374,884 | \$ 927,397 | 25 | |

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

| 1 | 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 | | | |
| A. Directly Facility Related | | | | | | | | | | | | | | | | | | | | |
| Long-Term | | | | | | | | | | | | | | | | | | | | |
| 1 | Walker & Dunlop, LLC. | | X | Mortgage | \$150,300.68 | 05/01/2013 | \$ 38,021,826 | \$ 33,208,342 | 01/01/2044 | 0.0260 | \$ 874,516 | 1 | | | | | | | | |
| 2 | | | | | | | | | | | | 2 | | | | | | | | |
| 3 | | | | | | | | | | | | 3 | | | | | | | | |
| 4 | | | | | | | | | | | | 4 | | | | | | | | |
| 5 | | | | | | | | | | | | 5 | | | | | | | | |
| Working Capital | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | 6 | | | | | | | | |
| 7 | | | | | | | | | | | | 7 | | | | | | | | |
| 8 | | | | | | | | | | | | 8 | | | | | | | | |
| 9 | TOTAL Facility Related | | | | \$150,300.68 | | \$ 38,021,826 | \$ 33,208,342 | | | \$ 874,516 | 9 | | | | | | | | |
| B. Non-Facility Related* | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | Interest Income Offset: | | (305) | 10 | | | | | | | | |
| 11 | | | | | | | | | | | | 11 | | | | | | | | |
| 12 | | | | | | | | | | | | 12 | | | | | | | | |
| 13 | | | | | | | | | | | | 13 | | | | | | | | |
| 14 | TOTAL Non-Facility Related | | | | | | \$ | \$ | | | \$ (305) | 14 | | | | | | | | |
| 15 | TOTALS (line 9+line14) | | | | | | \$ 38,021,826 | \$ 33,208,342 | | | \$ 874,211 | 15 | | | | | | | | |

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 168,165 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.)

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glen Oaks Nursing and Rehabilitation Centre, Ltd. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0022111

CONTACT PERSON REGARDING THIS REPORT Michael Bilek

TELEPHONE (847) 674-5454, ext # 8215 FAX #: (847) 674-8311

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2017 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 2017.

| (A) | (B) | (C) | (D) <u>Tax</u> |
|---|-----------------------------|-----------------------------|---------------------------------------|
| <u>Tax Index Number</u> | <u>Property Description</u> | <u>Total Tax</u> | <u>Applicable to Nursing Home</u> |
| 1. <u>04-02-202-033-0000</u> | <u>270 Skokie Highway</u> | \$ <u>124,873.60</u> | \$ <u>124,873.60</u> |
| 2. <u>04-02-202-038-0000</u> | <u>270 Skokie Highway</u> | \$ <u>429,405.82</u> | \$ <u>429,405.82</u> |
| 3. <u>Allocated From Management Company</u> | | \$ <u>71,470.00</u> | \$ <u>9,581.00</u> |
| 4. _____ | _____ | \$ _____ | \$ _____ |
| 5. _____ | _____ | \$ _____ | \$ _____ |
| 6. _____ | _____ | \$ _____ | \$ _____ |
| 7. _____ | _____ | \$ _____ | \$ _____ |
| 8. _____ | _____ | \$ _____ | \$ _____ |
| 9. _____ | _____ | \$ _____ | \$ _____ |
| 10. _____ | _____ | \$ _____ | \$ _____ |
| | TOTALS | \$ <u><u>625,749.42</u></u> | \$ <u><u>563,860.42</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.

0022111

Report Period Beginning:

01/01/2018 Ending:

12/31/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 72,000 B. General Construction Type: Exterior Brick Frame Steel Number of Stories Three

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

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

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

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

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

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

None

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

If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

| | 1 | 2 | 3 | 4 | |
|----------|---|---------------|---------------|-------------------|----------|
| A. Land. | Use | Square Feet | Year Acquired | Cost | |
| 1 | <u>Patient Care</u> | <u>98,518</u> | <u>1985</u> | <u>\$ 345,000</u> | <u>1</u> |
| 2 | <u>Allocated From Management Company:</u> | | | <u>12,937</u> | <u>2</u> |
| 3 | TOTALS | 98,518 | | \$ 357,937 | 3 |

XI. OWNERSHIP COSTS (continued)

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

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | |
|----|---------------------------|------------------|---------------|------------------|--------------|---------------------------|---------------|----------------------------|--------------|--------------------------|----|
| | Beds* | FOR BHF USE ONLY | Year Acquired | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 4 | 298 | | 1985 | 1961 | \$ 3,587,393 | \$ 102,497 | 30 | \$ | \$ (102,497) | \$ 3,587,393 | 4 |
| 5 | | | | | | | | | | | 5 |
| 6 | Alloc from | | | | 276,243 | | | | | | 6 |
| 7 | Mgt Comp | | | | | | | | | | 7 |
| 8 | Schedule J | | | | | | | | | | 8 |
| | Improvement Type** | | | | | | | | | | |
| 9 | Leasehold Improvements | | 1980 | | 7,274 | | 65 months | | | 7,274 | 9 |
| 10 | Leasehold Improvements | | 1981 | | 4,127 | | 35 months | | | 4,127 | 10 |
| 11 | Sprinkler | | 1981 | | 15,769 | | 25 | | | 15,769 | 11 |
| 12 | Ceiling - Dining Room | | 1982 | | 3,621 | | 10 | | | 3,621 | 12 |
| 13 | Masonry - Building | | 1982 | | 15,200 | | 10 | | | 15,200 | 13 |
| 14 | Generator Fixture | | 1982 | | 7,967 | | 10 | | | 7,967 | 14 |
| 15 | Roofing | | 1983 | | 28,000 | | 10 | | | 28,000 | 15 |
| 16 | Parking Lot | | 1983 | | 4,632 | | 15 | | | 4,632 | 16 |
| 17 | Painting | | 1983 | | 14,000 | | 5 | | | 14,000 | 17 |
| 18 | Air-Conditioner | | 1983 | | 3,033 | | 10 | | | 3,033 | 18 |
| 19 | Leasehold Improvements | | 1984 | | 40,296 | | 10 | | | 40,296 | 19 |
| 20 | Building Improvements | | 1985 | | 28,578 | 817 | 10 | | (817) | 28,578 | 20 |
| 21 | Building Improvements | | 1986 | | 14,578 | 429 | 10 | | (429) | 14,578 | 21 |
| 22 | Building Improvements | | 1987 | | 7,225 | | 10 | | | 7,225 | 22 |
| 23 | Painting and Decorating | | 1985 | | 11,028 | | 3 | | | 11,028 | 23 |
| 24 | Sprinkler | | 1987 | | 117,905 | 3,685 | 26 | | (3,685) | 117,905 | 24 |
| 25 | Building Improvements | | 1988 | | 37,503 | 985 | 10 | | (985) | 37,503 | 25 |
| 26 | Building Improvements | | 1989 | | 52,259 | 1,493 | 10 | | (1,493) | 52,259 | 26 |
| 27 | Building Improvements | | 1990 | | 17,633 | | 10 | | | 17,633 | 27 |
| 28 | Building Improvements | | 1990 | | 2,100 | | 10 | | | 2,100 | 28 |
| 29 | Building Improvements | | 1991 | | 8,500 | | 10 | | | 8,500 | 29 |
| 30 | Building Improvements | | 1991 | | 2,322 | | 10 | | | 2,322 | 30 |
| 31 | Building Improvements | | 1992 | | 371,526 | | 10 | | | 371,526 | 31 |
| 32 | Building Improvements | | 1993 | | 21,620 | | 10 | | | 21,620 | 32 |
| 33 | Building Improvements | | 1993 | | 9,267 | | 10 | | | 9,267 | 33 |
| 34 | Building Improvements | | 1993 | | 151,464 | | 10 | | | 151,464 | 34 |
| 35 | | | | | | | | | | | 35 |
| 36 | | | | | | | | | | | 36 |

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111

Report Period Beginning:

01/01/2018 Ending: 12/31/2018**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|----|---|------------------|--------------|---------------------------|---------------|----------------------------|--------------|--------------------------|----|
| | Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 37 | Leasehold Improvements | 1994 | \$ 118,383 | \$ | 10 | \$ | \$ | \$ 118,383 | 37 |
| 38 | Building Improvements | 1995 | 20,792 | | 10 | | | 20,792 | 38 |
| 39 | New Closets in Rooms 150 and 180 | 1995 | 2,600 | | 10 | | | 2,600 | 39 |
| 40 | New 200 amp and 50 amp lines to Activity Room | 1996 | 4,900 | | 10 | | | 4,900 | 40 |
| 41 | Construct Office Room in basement | 1996 | 1,650 | | 10 | | | 1,650 | 41 |
| 42 | Roofing work | 1996 | 95,112 | | 10 | | | 95,112 | 42 |
| 43 | Overbed Tables | 1997 | 3,537 | | 10 | | | 3,537 | 43 |
| 44 | Sprinklers | 1997 | 8,367 | | 10 | | | 8,367 | 44 |
| 45 | Exiss Observation Systems | 1997 | 975 | | 10 | | | 975 | 45 |
| 46 | Fence Post and Rail | 1997 | 1,885 | | 10 | | | 1,885 | 46 |
| 47 | Exhaust Fan and Stove | 1997 | 8,143 | | 10 | | | 8,143 | 47 |
| 48 | Brick Floor | 1997 | 7,707 | | 10 | | | 7,707 | 48 |
| 49 | Wiring for Telephones | 1997 | 1,832 | | 10 | | | 1,832 | 49 |
| 50 | Fire Alarm | 1997 | 16,271 | | 10 | | | 16,271 | 50 |
| 51 | Piping | 1997 | 821 | | 10 | | | 821 | 51 |
| 52 | Emergency Lighting Fixtures | 1997 | 3,000 | | 10 | | | 3,000 | 52 |
| 53 | Wiring for Exhaust Fan | 1997 | 1,610 | | 10 | | | 1,610 | 53 |
| 54 | Replacement Door | 1997 | 1,445 | | 10 | | | 1,445 | 54 |
| 55 | Therapy Room | 1997 | 6,116 | | 10 | | | 6,116 | 55 |
| 56 | Concrete | 1997 | 895 | | 10 | | | 895 | 56 |
| 57 | Remodeling of Physical and Occupational Therapy Rooms | 1997 | 268,920 | | 10 | | | 268,920 | 57 |
| 58 | Flooring | 1997 | 585 | | 10 | | | 585 | 58 |
| 59 | Handrails: Corner and Bumper Guards | 1997 | 11,954 | | 10 | | | 11,954 | 59 |
| 60 | Fire Alarm System Improvements | 1997 | 3,450 | | 10 | | | 3,450 | 60 |
| 61 | Ceiling Tile | 1997 | 3,985 | | 10 | | | 3,985 | 61 |
| 62 | New Walls - Therapy Room | 1997 | 2,982 | | 10 | | | 2,982 | 62 |
| 63 | Signs | 1997 | 1,713 | | 10 | | | 1,713 | 63 |
| 64 | Electric Service | 1997 | 1,700 | | 10 | | | 1,700 | 64 |
| 65 | Chain Link Fence | 1997 | 3,100 | | 10 | | | 3,100 | 65 |
| 66 | Dining Room Ceiling | 1997 | 2,000 | | 10 | | | 2,000 | 66 |
| 67 | Balance Air Conditioner System | 1997 | 24,290 | | 10 | | | 24,290 | 67 |
| 68 | | | | | | | | | 68 |
| 69 | | | | | | | | | 69 |
| 70 | TOTAL (lines 4 thru 69) | | \$ 5,491,783 | \$ 109,906 | | \$ | \$ (109,906) | \$ 5,215,540 | 70 |

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

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111

Report Period Beginning:

01/01/2018 Ending: 12/31/2018**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|----|---|------------------|--------------|---------------------------|---------------|----------------------------|--------------|--------------------------|----|
| | Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 1 | Totals from Page 12A, Carried Forward | | \$ 5,491,783 | \$ 109,906 | | \$ | \$ (109,906) | \$ 5,215,540 | 1 |
| 2 | Video Monitoring System | 1997 | 1,932 | | 10 | | | 1,932 | 2 |
| 3 | Electric Service | 1998 | 3,250 | | 10 | | | 3,250 | 3 |
| 4 | Fire Alarm System Improvements | 1998 | 2,625 | | 10 | | | 2,625 | 4 |
| 5 | Floor Tiles | 1998 | 3,598 | | 10 | | | 3,598 | 5 |
| 6 | Electrical Work: Install Outlets, amp Feedes | 1999 | 16,737 | | 10 | | | 16,737 | 6 |
| 7 | Aquarium | 1999 | 10,500 | | 10 | | | 10,500 | 7 |
| 8 | Hot Water Tanks | 1999 | 5,132 | | 10 | | | 5,132 | 8 |
| 9 | Ceiling Tiles | 1999 | 2,689 | | 10 | | | 2,689 | 9 |
| 10 | Fabrication of 211 Sleeves for Fire Dampers | 1999 | 2,532 | | 10 | | | 2,532 | 10 |
| 11 | Two Gold Chandeliers | 1999 | 4,193 | | 10 | | | 4,193 | 11 |
| 12 | Fire Dampers Installation | 1999 | 5,083 | | 10 | | | 5,083 | 12 |
| 13 | Fire Dampers Installation | 1999 | 1,641 | | 10 | | | 1,641 | 13 |
| 14 | Install New Gas Valves and Gaskets on Boiler | 1999 | 4,173 | | 10 | | | 4,173 | 14 |
| 15 | Install New Motor in Water Heater | 1999 | 2,397 | | 10 | | | 2,397 | 15 |
| 16 | Install Security Cameras | 1999 | 3,109 | | 10 | | | 3,109 | 16 |
| 17 | Furnish, Wire, and Install Lights in the Main Dining Room | 2000 | 2,640 | | 10 | | | 2,640 | 17 |
| 18 | Install 2 Fan Coils, Water Piping, Drain, and Insulation | 2000 | 4,300 | | 10 | | | 4,300 | 18 |
| 19 | Install New Chiller | 2000 | 1,925 | | 10 | | | 1,925 | 19 |
| 20 | Install Handrails, Wall Bumpers, and Rubber Cove Base | 2000 | 14,570 | | 10 | | | 14,570 | 20 |
| 21 | Install Handrails, Wall Bumpers, and Rubber Cove Base | 2000 | 5,904 | | 10 | | | 5,904 | 21 |
| 22 | Install Corner Guards | 2000 | 1,616 | | 10 | | | 1,616 | 22 |
| 23 | Vinyl Tiles and Ruber Cove Base | 2000 | 1,875 | | 10 | | | 1,875 | 23 |
| 24 | Electrical Work | 2000 | 30,000 | | 10 | | | 30,000 | 24 |
| 25 | Install Metal Partition Walls with Drywall | 2000 | 3,280 | | 10 | | | 3,280 | 25 |
| 26 | Generator Installation | 2000 | 3,610 | | 10 | | | 3,610 | 26 |
| 27 | Relaminate Bedside Units and Closet Doors | 2000 | 3,200 | | 10 | | | 3,200 | 27 |
| 28 | Install 6 Circuits for New Dialysis Room | 2000 | 3,485 | | 10 | | | 3,485 | 28 |
| 29 | Electrical Project | 2001 | 32,903 | | 10 | | | 32,903 | 29 |
| 30 | 2 Dura Glide 3000 Single Door Packages | 2001 | 11,408 | | 10 | | | 11,408 | 30 |
| 31 | Nurses Station with Solid Surface Counter Tops | 2001 | 9,180 | | 10 | | | 9,180 | 31 |
| 32 | 78 Custom Built-in Wardrobes with Sliding Doors | 2001 | 13,650 | | 10 | | | 13,650 | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 5,704,920 | \$ 109,906 | | \$ | \$ (109,906) | \$ 5,428,677 | 34 |

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

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111

Report Period Beginning:

01/01/2018 Ending: 12/31/2018**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|----|--|------------------|--------------|---------------------------|---------------|----------------------------|--------------|--------------------------|----|
| | Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 1 | Totals from Page 12B, Carried Forward | | \$ 5,704,920 | \$ 109,906 | | \$ | \$ (109,906) | \$ 5,428,677 | 1 |
| 2 | Elevator Shaft Exterior Brick | 2001 | 11,980 | | 10 | | | 11,980 | 2 |
| 3 | Remove Lobby Wall and Install Ceiling | 2001 | 12,508 | | 10 | | | 12,508 | 3 |
| 4 | New Ceiling and Lighting Project | 2001 | 14,758 | | 10 | | | 14,758 | 4 |
| 5 | 82 Custom Built-in Wardrobes with Sliding Doors | 2001 | 18,749 | | 10 | | | 18,749 | 5 |
| 6 | Carpeting | 2001 | 3,589 | | 10 | | | 3,589 | 6 |
| 7 | Wallcovering Installation and Painting Project | 2001 | 5,181 | | 10 | | | 5,181 | 7 |
| 8 | Concrete Repairs on Handicap and Delivery Ramp | 2001 | 3,600 | | 10 | | | 3,600 | 8 |
| 9 | Tuckpointing | 2001 | 2,500 | | 10 | | | 2,500 | 9 |
| 10 | Paneling | 2001 | 5,756 | | 10 | | | 5,756 | 10 |
| 11 | Nurses Station with Doors, Counters, and Hanging Chart Units | 2001 | 10,695 | | 10 | | | 10,695 | 11 |
| 12 | Installation of Wallcovering | 2002 | 2,380 | | 10 | | | 2,380 | 12 |
| 13 | Cooling Tower | 2002 | 6,950 | | 10 | | | 6,950 | 13 |
| 14 | Wallcovering Border | 2002 | 4,034 | | 10 | | | 4,034 | 14 |
| 15 | Installation of Cooling Tower | 2002 | 46,000 | | 10 | | | 46,000 | 15 |
| 16 | Installation of Hydraulic Pump Unit | 2002 | 6,200 | | 10 | | | 6,200 | 16 |
| 17 | Econocare Project | 2002 | 14,000 | | 10 | | | 14,000 | 17 |
| 18 | Insurance Claim Refund | 2002 | (7,118) | | 10 | | | (7,118) | 18 |
| 19 | Painting Project | 2002 | 4,750 | | 10 | | | 4,750 | 19 |
| 20 | Installation of Wood Blinds | 2003 | 2,140 | | 10 | | | 2,140 | 20 |
| 21 | Air Conditioning Compressor | 2003 | 7,617 | | 10 | | | 7,617 | 21 |
| 22 | Insurance Claim Refund - Compressor | 2003 | (6,367) | | 10 | | | (6,367) | 22 |
| 23 | Furnish and Install One New Hydraulic Tank Unit | 2003 | 8,400 | | 10 | | | 8,400 | 23 |
| 24 | Parking Lot Paving Project | 2003 | 76,765 | | 10 | | | 76,765 | 24 |
| 25 | Center Roof Section Reroofing Project | 2003 | 4,200 | | 10 | | | 4,200 | 25 |
| 26 | Remove and Install New Ceilings, Install Ceramic Tile | 2003 | 16,559 | | 10 | | | 16,559 | 26 |
| 27 | Center Roof Section Reroofing Project | 2002 | 2,100 | | 10 | | | 2,100 | 27 |
| 28 | Installation of Custom Built Wardrobes | 2003 | 25,830 | | 10 | | | 25,830 | 28 |
| 29 | Installation of Cove Base, Vinyl Tiles and Wallcovering | 2002 | 35,098 | | 10 | | | 35,098 | 29 |
| 30 | Relocate Water Meter and Install RPZ for Plumbing Project | 2004 | 16,066 | | 10 | | | 16,066 | 30 |
| 31 | Furnish and Install Smoke Detectors by Doors | 2004 | 8,490 | | 10 | | | 8,490 | 31 |
| 32 | Furnish and Install Glass for Windows | 2004 | 1,980 | | 10 | | | 1,980 | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 6,070,310 | \$ 109,906 | | \$ | \$ (109,906) | \$ 5,794,067 | 34 |

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

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111

Report Period Beginning:

01/01/2018 Ending: 12/31/2018**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|----|--|------------------|--------------|---------------------------|---------------|----------------------------|--------------|--------------------------|----|
| | Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 1 | Totals from Page 12C, Carried Forward | | \$ 6,070,310 | \$ 109,906 | | \$ | \$ (109,906) | \$ 5,794,067 | 1 |
| 2 | Provide and Install Delay Lock and Keypads, Relocate Kill Switch | 2004 | 1,762 | | 10 | | | 1,762 | 2 |
| 3 | Furnish and Install New Door Detector on Elevator Door | 2004 | 2,115 | | 10 | | | 2,115 | 3 |
| 4 | Wiring for Cameras and Quad Installation | 2004 | 1,574 | | 10 | | | 1,574 | 4 |
| 5 | Heat Exchanger | 2004 | 1,598 | | 10 | | | 1,598 | 5 |
| 6 | Landscaping Project: Tree Planting | 2004 | 4,650 | | 10 | | | 4,650 | 6 |
| 7 | Install New Parts and Replace Discharge Gauge on Chillers | 2005 | 2,123 | | 10 | | | 2,123 | 7 |
| 8 | Installation on New Compressor | 2005 | 11,900 | | 10 | | | 11,900 | 8 |
| 9 | Furnish and Install Iron Fencing | 2005 | 5,400 | | 10 | | | 5,400 | 9 |
| 10 | Fireproofing Project | 2005 | 6,220 | | 10 | | | 6,220 | 10 |
| 11 | Replace Car Sills in Elevators | 2005 | 8,130 | | 10 | | | 8,130 | 11 |
| 12 | Furnish and Install New Controller and Selector on Elevator | 2005 | 18,500 | | 10 | | | 18,500 | 12 |
| 13 | Remove and Replace Smoke Detector | 2005 | 1,679 | | 10 | | | 1,679 | 13 |
| 14 | Built and Install Custom Built-in Wardrobes and Cabinets | 2005 | 55,002 | | 10 | | | 55,002 | 14 |
| 15 | Insurance Reimbursement of Compressor Loss | 2005 | (11,144) | | 10 | | | (11,144) | 15 |
| 16 | | | | | | | | | 16 |
| 17 | | | | | | | | | 17 |
| 18 | Install New Window Frame at Receptionist Counter | 2005 | 1,450 | | 10 | | | 1,450 | 18 |
| 19 | Install New Ceramic Wall Tile, Toilets, Sinks, Plumbing | 2006 | 82,802 | | 10 | | | 82,802 | 19 |
| 20 | Carrier Chiller Compressor | 2006 | 14,850 | | 10 | | | 14,850 | 20 |
| 21 | Insurance Claim Refund for Damaged Compressor | 2006 | (11,900) | | 10 | | | (11,900) | 21 |
| 22 | Furnish and Install Elevator Car, Station | 2006 | 13,711 | | 10 | | | 13,711 | 22 |
| 23 | Remove Plumbing, Drywall and Shower Stalls | 2006 | 3,833 | | 10 | | | 3,833 | 23 |
| 24 | New Elevator Lobby Car, Controller, Selector and Fixtures | 2006 | 42,711 | | 10 | | | 42,711 | 24 |
| 25 | Metal Doors with Framing | 2006 | 7,289 | | 10 | | | 7,289 | 25 |
| 26 | Furnish and Install 8 Vertical Rod Devices on Doors | 2006 | 6,020 | | 10 | | | 6,020 | 26 |
| 27 | Furnish and Install New Elevator Pump Unit and Valve Assembly | 2006 | 8,000 | | 10 | | | 8,000 | 27 |
| 28 | Sidewalk Concrete Project | 2006 | 3,230 | | 10 | | | 3,230 | 28 |
| 29 | Remove and Install Elevator Flooring, Ceiling and Lighting | 2006 | 5,369 | | 10 | | | 5,369 | 29 |
| 30 | Furnish and Install New Elevator Door Opener and Locks | 2006 | 6,750 | | 10 | | | 6,750 | 30 |
| 31 | Telephone System | 2006 | 17,040 | | 10 | | | 17,040 | 31 |
| 32 | Install Drain Tile System in Rehab Room | 2007 | 5,300 | | 10 | | | 5,300 | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 6,386,274 | \$ 109,906 | | \$ | \$ (109,906) | \$ 6,110,031 | 34 |

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

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111

Report Period Beginning:

01/01/2018 Ending: 12/31/2018**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|----|--|------------------|--------------|---------------------------|---------------|----------------------------|--------------|--------------------------|----|
| | Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 1 | Totals from Page 12D, Carried Forward | | \$ 6,386,274 | \$ 109,906 | | \$ | \$ (109,906) | \$ 6,110,031 | 1 |
| 2 | Power Rodding Project | 2007 | 5,800 | | 10 | | | 5,800 | 2 |
| 3 | Delime Heater System | 2007 | 2,861 | | 10 | | | 2,861 | 3 |
| 4 | Carrier Chiller Leak | 2007 | 4,238 | | 10 | | | 4,238 | 4 |
| 5 | Installation of Water Heater | 2007 | 6,180 | | 10 | | | 6,180 | 5 |
| 6 | Rewire Smoke Detector System | 2007 | 2,570 | | 10 | | | 2,570 | 6 |
| 7 | Installation of Chemical Feed System | 2007 | 2,897 | | 10 | | | 2,897 | 7 |
| 8 | Boiler Refractory Project | 2007 | 3,930 | | 10 | | | 3,930 | 8 |
| 9 | Roofing Project | 2008 | 8,000 | 400 | 10 | 400 | | 8,000 | 9 |
| 10 | Roofing Project | 2008 | 7,650 | 382 | 10 | 382 | | 7,650 | 10 |
| 11 | Furnish and Install Smoke Detectors in Dining Area | 2008 | 6,515 | 321 | 10 | 321 | | 6,515 | 11 |
| 12 | Installation of Split Air Cooling System for Elevator Mechanical R | 2008 | 4,700 | 235 | 10 | 235 | | 4,700 | 12 |
| 13 | Satellite Cable Headend Installation | 2008 | 9,500 | | 10 | | | 9,500 | 13 |
| 14 | | | | | | | | | 14 |
| 15 | Furnish and Install New Panic Bars and Remove Hardware on Do | 2008 | 4,575 | 224 | 10 | 224 | | 4,575 | 15 |
| 16 | Install Electrical Receptacles for New Televisions | 2008 | 11,500 | 575 | 10 | 575 | | 11,500 | 16 |
| 17 | Add Smoke Detectors in Dining Area for First and Second Floors | 2008 | 2,649 | 132 | 10 | 132 | | 2,649 | 17 |
| 18 | Wallcovering | 2009 | 13,113 | 1,311 | 10 | 1,311 | | 12,455 | 18 |
| 19 | Lever Handle Passage Locks Brushed Chrome | 2009 | 3,997 | 400 | 10 | 400 | | 3,800 | 19 |
| 20 | Install Entire Condensing Unit | 2009 | 4,966 | 497 | 10 | 497 | | 4,721 | 20 |
| 21 | Resurface Roof | 2009 | 49,850 | 4,985 | 10 | 4,985 | | 47,358 | 21 |
| 22 | Remodel-Sign Intallation, Remove Existing Border, Wallcovering | 2009 | 326,303 | 32,630 | 10 | 32,630 | | 309,985 | 22 |
| 23 | New Drywall, Painting doorframes, Install Handrails, | | | | | | | | 23 |
| 24 | Bumper Guards, Custom Nurses Station, Floor Tile, Co-Base | | | | | | | | 24 |
| 25 | and New Doors | | | | | | | | 25 |
| 26 | Furnish and Install New Domestic Hot Water Heaters | 2009 | 21,200 | 2,120 | 10 | 2,120 | | 20,140 | 26 |
| 27 | Furnish and Install New Toilets | 2009 | 12,316 | 1,232 | 10 | 1,232 | | 11,704 | 27 |
| 28 | Furnish and Install New Toilets | 2009 | (1,108) | (111) | 10 | (111) | | (1,054) | 28 |
| 29 | Install Drywall on ceilings in closets | 2009 | 6,800 | 680 | 10 | 680 | | 6,460 | 29 |
| 30 | Install Fire Sprinklers in Closets | 2009 | 3,900 | 390 | 10 | 390 | | 3,705 | 30 |
| 31 | Replace Copper Lines and Relief Valve on Storage Tank | 2009 | 5,000 | 500 | 10 | 500 | | 4,750 | 31 |
| 32 | Power Supply Installation for Telephone System | 2009 | 2,581 | 258 | 10 | 258 | | 2,451 | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 6,918,757 | \$ 157,067 | | \$ 47,161 | \$ (109,906) | \$ 6,620,071 | 34 |

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

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111

Report Period Beginning:

01/01/2018 Ending: 12/31/2018**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|----|---|------------------|--------------|---------------------------|---------------|----------------------------|--------------|--------------------------|----|
| | Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 1 | Totals from Page 12E, Carried Forward | | \$ 6,918,757 | \$ 157,067 | | \$ 47,161 | \$ (109,906) | \$ 6,620,071 | 1 |
| 2 | New Fire Alarm System | 2010 | 75,855 | 6,494 | 10 | 7,586 | 1,092 | 64,481 | 2 |
| 3 | Category 6 Cable (550 mhz) | 2010 | 4,301 | 376 | 10 | 430 | 54 | 3,655 | 3 |
| 4 | Remove and Install New Soffit, Install Lights, Repair Walls | 2009 | 21,697 | 2,170 | 10 | 2,170 | | 20,615 | 4 |
| 5 | New Gas-Fired Commercial Copper Boiler | 2010 | 5,391 | 471 | 10 | 539 | 68 | 4,582 | 5 |
| 6 | Concrete Project: Sidewalk, Steps, and Ramps | 2011 | 18,400 | 1,840 | 10 | 1,840 | | 13,800 | 6 |
| 7 | Installation of New Window Screens | 2011 | 2,675 | 240 | 10 | 268 | 28 | 2,010 | 7 |
| 8 | Exterior Wall Tuckpointing, Mortar Grinding, and Brick Replace | 2011 | 13,900 | 1,266 | 10 | 1,390 | 124 | 10,425 | 8 |
| 9 | Exterior Fireproofing Project | 2011 | 22,985 | 2,100 | 10 | 2,299 | 199 | 17,233 | 9 |
| 10 | Remove Wallpaper, Replace Drywall and Wallpaper in the | 2011 | 9,000 | 825 | 10 | 900 | 75 | 6,750 | 10 |
| 11 | Cafeteria, Lobby, and Elevator Area | | | | | | | | 11 |
| 12 | Installation of Carpet Tile, Bumper/Corner Guards, Wallpaper | 2011 | 14,220 | 1,304 | 10 | 1,422 | 118 | 10,665 | 12 |
| 13 | in the Lobby and Corridor | | | | | | | | 13 |
| 14 | Purchase and Install Compressor for Walk-in Cooler | 2011 | 2,676 | 241 | 10 | 268 | 27 | 2,010 | 14 |
| 15 | Installation of Fire Dampers in Ducting | 2011 | 69,000 | 6,367 | 10 | 6,900 | 533 | 51,750 | 15 |
| 16 | Furnish and Install Handrails, Bumber, and Corner Guards in | 2012 | 8,869 | 824 | 10 | 887 | 63 | 5,765 | 16 |
| 17 | the Basement Corridor | | | | | | | | 17 |
| 18 | Furnish New Venture and Stack Section, Blower Motor | 2012 | 9,024 | 846 | 10 | 902 | 56 | 5,863 | 18 |
| 19 | Installation of Fire Sprinkler Heads in Elevator Shafts | 2012 | 9,825 | 919 | 10 | 983 | 64 | 6,389 | 19 |
| 20 | Furnish and Install Power Supply Boards on the Fire Alarm Panel | 2012 | 2,517 | 238 | 10 | 252 | 14 | 1,638 | 20 |
| 21 | Credit on Benny's Decorator Invoice# 2450 | 2012 | (3,000) | (279) | 10 | (300) | (21) | (2,250) | 21 |
| 22 | Installation of Water Valves on New Circulation Pump | 2012 | 3,878 | 367 | 10 | 388 | 21 | 2,522 | 22 |
| 23 | Furnish and Install New Bell & Gosset Circulation Pump and Val | 2012 | 7,060 | 669 | 10 | 706 | 37 | 4,589 | 23 |
| 24 | Upgrade the Existing Kitchen Water Heater and Tanks | 2012 | 22,442 | 2,125 | 10 | 2,244 | 119 | 14,586 | 24 |
| 25 | Backflow Preventer Replacement Project | 2012 | 6,400 | 612 | 10 | 640 | 28 | 4,160 | 25 |
| 26 | Replace Elevator Power Unit Motor and Hydraulic Supply Line | 2013 | 5,900 | 575 | 10 | 590 | 15 | 3,245 | 26 |
| 27 | Installation of Carpet, Cove Base and Wallcovering in Reception | 2013 | 5,729 | 573 | 10 | 573 | | 3,151 | 27 |
| 28 | Removal and Installation of Wallpaper in Reception/Admissions | 2013 | 3,250 | 325 | 10 | 325 | | 1,788 | 28 |
| 29 | Insurance Claim Refund on Air-Conditioner Due to Power Surge | 2013 | (7,445) | (730) | 10 | (745) | (15) | (4,097) | 29 |
| 30 | Furnish and Install Two Tramco Lower Pump Sections, Piping | 2013 | 6,995 | 692 | 10 | 700 | 8 | 3,850 | 30 |
| 31 | Furnish Kitchen Cooler Floor Plates | 2013 | 2,983 | 292 | 10 | 298 | 6 | 1,639 | 31 |
| 32 | Furnish 40 Ton Copeland Compressor | 2013 | 9,850 | 966 | 10 | 985 | 19 | 5,418 | 32 |
| 33 | Installation of New 40 Ton Copeland Compressor | 2013 | 8,445 | 828 | 10 | 845 | 17 | 4,647 | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 7,281,579 | \$ 190,603 | | \$ 83,446 | \$ (107,157) | \$ 6,890,950 | 34 |

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

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|----|---|------------------|--------------|---------------------------|---------------|----------------------------|--------------|--------------------------|----|
| | Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 1 | Totals from Page 12F, Carried Forward | | \$ 7,281,579 | \$ 190,603 | | \$ 83,446 | \$ (107,157) | \$ 6,890,950 | 1 |
| 2 | Furnish Delayed Egress Panic Door System and Power Supply, Rewire | 2014 | 3,835 | 384 | 10 | 384 | | 1,728 | 2 |
| 3 | Sealcoat and Stripe Parking Lot, Sewer Patching | 2014 | 7,212 | 721 | 10 | 721 | | 3,245 | 3 |
| 4 | Telephone Wiring Project | 2014 | 2,955 | 296 | 10 | 296 | | 1,332 | 4 |
| 5 | Furnish and Install Carpet and Cove Base in Main Office and | 2014 | 2,550 | 255 | 10 | 255 | | 1,147 | 5 |
| 6 | Admissions Office | | | | | | | | 6 |
| 7 | Remove and Install New Cylinder on Elevator | 2014 | 27,400 | 2,740 | 10 | 2,740 | | 12,330 | 7 |
| 8 | Replacle Air Handler Shaft and Bearings | 2014 | 7,820 | 782 | 10 | 782 | | 3,519 | 8 |
| 9 | Install New Aluminum Siding and New Trim in Therapy Room | 2014 | 2,600 | 260 | 10 | 260 | | 1,170 | 9 |
| 10 | Weld 450 Linear Feet to Existing Rails in Four Stairways | 2015 | 2,800 | 280 | 10 | 280 | | 980 | 10 |
| 11 | Install 3 Door Restrictors and Code Data Plates on Elevators | 2014 | 5,715 | 572 | 10 | 572 | | 2,573 | 11 |
| 12 | Install Copeland Compressor Replacement | 2015 | 13,102 | 1,310 | 10 | 1,310 | | 4,585 | 12 |
| 13 | Rewire and Replace Heaters, Install Junction Box on Generator | 2016 | 2,631 | 263 | 10 | 263 | | 658 | 13 |
| 14 | Replace Concrete Ramp by Main Entrance | 2016 | 4,000 | 400 | 10 | 400 | | 1,000 | 14 |
| 15 | Seacoating Project in Parking Lot | 2016 | 4,905 | 490 | 10 | 490 | | 1,225 | 15 |
| 16 | Exterior Roofing Project, Create Pitch, Seal Rubber Roof with Tar | 2016 | 6,900 | 690 | 10 | 690 | | 1,725 | 16 |
| 17 | Exterior Tuckpointing, Face Brick and Common Brick around the Faci | 2016 | 4,500 | 450 | 10 | 450 | | 1,125 | 17 |
| 18 | Install 48 Electrical Outlets on First Floor and Run Conduit to New V | 2016 | 5,796 | 580 | 10 | 580 | | 1,450 | 18 |
| 19 | Vinyl Floor, Cove Base, Wallpaper, Window Treatments, Lights in Lobl | 2017 | 56,928 | 5,693 | 10 | 5,693 | | 8,539 | 19 |
| 20 | Porcelain Floor Tile, Cove Base, Back Wall Base Cabinets, Chandolie | 2017 | 41,949 | 4,195 | 10 | 4,195 | | 6,292 | 20 |
| 21 | in the Lobby | | | | | | | | 21 |
| 22 | Reface 42 Doors with a New Laminate throughout the Building. | 2017 | 7,140 | 714 | 10 | 714 | | 1,071 | 22 |
| 23 | Front Entrance Canopy Project. | 2017 | 20,800 | 2,080 | 10 | 2,080 | | 3,120 | 23 |
| 24 | Tree Removal Around the Property. | 2017 | 5,900 | 590 | 10 | 590 | | 885 | 24 |
| 25 | One Customized Door Entrance, Rough Opening and Install New | 2017 | 6,200 | 620 | 10 | 620 | | 930 | 25 |
| 26 | Door. | | | | | | | | 26 |
| 27 | Replace AI Compressor and Replace Unloader on BI Compressor | 2017 | 9,800 | 980 | 10 | 980 | | 1,470 | 27 |
| 28 | in Basement. | | | | | | | | 28 |
| 29 | Remove Drywall, Furnish and Install Drywall Paint, Vinyl Base in | 2017 | 4,400 | 440 | 10 | 440 | | 660 | 29 |
| 30 | 18 Bathrooms on the First Floor. | | | | | | | | 30 |
| 31 | Reflash 3 Roof Drain Pipes. | 2017 | 4,800 | 480 | 10 | 480 | | 720 | 31 |
| 32 | Install 2 3" Roof Drains on Existing Roof. | 2017 | 6,370 | 637 | 10 | 637 | | 956 | 32 |
| 33 | Replace Sections of the North and South Driveway with New Concrete | 2017 | 17,800 | 1,780 | 10 | 1,780 | | 2,670 | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 7,568,387 | \$ 219,285 | | \$ 112,128 | \$ (107,157) | \$ 6,958,055 | 34 |

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

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111

Report Period Beginning:

01/01/2018 Ending: 12/31/2018**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|----|--|------------------|--------------|---------------------------|---------------|----------------------------|--------------|--------------------------|----|
| | Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 1 | Totals from Page 12G, Carried Forward | | \$ 7,568,387 | \$ 219,285 | | \$ 112,128 | \$ (107,157) | \$ 6,958,055 | 1 |
| 2 | Install New Canopy at Front Entrance, Install New Roof | 2017 | 11,800 | 1,180 | 10 | 1,180 | | 1,770 | 2 |
| 3 | Flashing. | | | | | | | | 3 |
| 4 | Replace 200 amp Electrical Panel Cover with Correct Cover | 2017 | 3,250 | 325 | 10 | 325 | | 488 | 4 |
| 5 | in Basement. | | | | | | | | 5 |
| 6 | Pour Concrete Wall for Front Entrance Canopy, Apply Stucco. | 2017 | 3,500 | 350 | 10 | 350 | | 525 | 6 |
| 7 | Reface 23 Doors with a New Laminate throughout the Building. | 2017 | 3,910 | 391 | 10 | 391 | | 587 | 7 |
| 8 | Install Ceramic Floor Tile, Baseboard, Doors, Paint, Build Out | 2017 | 21,500 | 2,150 | 10 | 2,150 | | 3,225 | 8 |
| 9 | Walls in Lobby. | | | | | | | | 9 |
| 10 | Install Voltage Regulator and Capacitor for Generator. | 2017 | 3,847 | 385 | 10 | 385 | | 577 | 10 |
| 11 | Install New Control Board for Generator. | 2017 | 3,296 | 330 | 10 | 330 | | 495 | 11 |
| 12 | Hanna Interiors | 2017 | (42,532) | (4,253) | 10 | (4,253) | | (6,380) | 12 |
| 13 | Loggu,admissions wallpaper and lights | 2018 | 8,150 | 408 | 10 | 408 | | 408 | 13 |
| 14 | Cabinets,wall panels and faces of door upgrades | 2018 | 6,000 | 300 | 10 | 300 | | 300 | 14 |
| 15 | Entrance secretary desk quarz countertop | 2018 | 4,750 | 238 | 10 | 238 | | 238 | 15 |
| 16 | Front office,conference room wallpaper,flooring and tile | 2018 | 10,150 | 508 | 10 | 508 | | 508 | 16 |
| 17 | Remodel bathroom, wallpaper, molding and vinyl base | 2018 | 4,300 | 215 | 10 | 215 | | 215 | 17 |
| 18 | Replace heat exchanger for hoy water tank | 2018 | 2,780 | 139 | 10 | 139 | | 139 | 18 |
| 19 | Therapy ro., drywall,doors,wallpaper and fence | 2018 | 12,680 | 634 | 10 | 634 | | 634 | 19 |
| 20 | Install interior cables/conduit for real call buttom | 2018 | 2,533 | 127 | 10 | 127 | | 127 | 20 |
| 21 | Shower room drywall,tiles and fixtures | 2018 | 9,500 | 475 | 10 | 475 | | 475 | 21 |
| 22 | Install new walk in cooler door and frame | 2018 | 4,735 | 237 | 10 | 237 | | 237 | 22 |
| 23 | | | | | | | | | 23 |
| 24 | | | | | | | | | 24 |
| 25 | See Attached Schedule L: | | | | | | | | 25 |
| 26 | Leasehold Improvements Allocated from Management Co: | 1998 | 15,213 | | | | | 46,259 | 26 |
| 27 | Leasehold Improvements Allocated from Management Co: | 1999 | 6,353 | | | | | | 27 |
| 28 | Leasehold Improvements Allocated from Management Co: | 2000 | 762 | | | | | | 28 |
| 29 | Leasehold Improvements Allocated from Management Co: | 2008 | 2,290 | | | | | | 29 |
| 30 | Leasehold Improvements Allocated from Management Co: | 2016 | 22,695 | | | | | | 30 |
| 31 | Leasehold Improvements Allocated from Management Co: | 2018 | 1,931 | | | | | | 31 |
| 32 | | | | | | | | | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 7,691,780 | \$ 223,424 | | \$ 116,267 | \$ (107,157) | \$ 7,008,882 | 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 | \$ 867,891 | \$ 203,717 | \$ 203,717 | \$ | 5,10 Years | \$ 271,827 | 71 |
| 72 | Current Year Purchases | | | | | 5,10 Years | | 72 |
| 73 | Fully Depreciated Assets | 292,960 | | | | 5,10 Years | 292,960 | 73 |
| 74 | Allocated From Therapy Masters, Mgt. Co: | 128,645 | | | | | 113,810 | 74 |
| 75 | TOTALS | \$ 1,289,496 | \$ 203,717 | \$ 203,717 | \$ | | \$ 678,597 | 75 |

D. Vehicle Costs. (See instructions.)*

| | 1 Use | Model, Make and Year 2 | Year Acquired 3 | 4 Cost | Current Book Depreciation 5 | Straight Line Depreciation 6 | 7 Adjustments | Life in Years 8 | Accumulated Depreciation 9 | |
|----|-------------------------|---------------------------|--------------------|-----------|--------------------------------|---------------------------------|------------------|--------------------|-------------------------------|----|
| 76 | Patient Care | 2003 Buick Rendezvous | 2004 | \$ 24,356 | \$ | \$ | \$ | 5 Years | \$ 24,356 | 76 |
| 77 | | | | | | | | | | 77 |
| 78 | Allocated From Mgt. Co: | | | 26,495 | | | | | 26,495 | 78 |
| 79 | | | | | | | | | | 79 |
| 80 | TOTALS | | | \$ 50,851 | \$ | \$ | \$ | | \$ 50,851 | 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) | \$ 9,390,064 | 81 |
| 82 | Current Book Depreciation | (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable) | \$ 427,141 | 82 |
| 83 | Straight Line Depreciation | (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable) | \$ 319,984 | 83 ** |
| 84 | Adjustments | (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable) | \$ (107,157) | 84 |
| 85 | Accumulated Depreciation | (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable) | \$ 7,738,330 | 85 |

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

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

| | | |
|-----|-------------|----------|
| 12. | _____ /2019 | \$ _____ |
| 13. | _____ /2020 | \$ _____ |
| 14. | _____ /2021 | \$ _____ |

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

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: \$ 189,710 Description: See Attached Schedule M

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

| | 1 Use | 2 Model Year and Make | 3 Monthly Lease Payment | 4 Rental Expense for this Period | |
|----|------------------------------------|-----------------------------|-------------------------------|--|----|
| 17 | Patient Care | 2014 Infiniti Q50 | \$ 563.00 | \$ 3,932 | 17 |
| 18 | Patient Care | 2018 Acura MDX | 598.00 | 3,588 | 18 |
| 19 | | | | | 19 |
| 20 | Allocated from Management Company: | | | 7,552 | 20 |
| 21 | TOTAL | | \$ ##### | \$ 15,072 | 21 |

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

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

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

| | Service | Schedule V Line & Column Reference | Staff | | Outside Practitioner (other than consultant) | | Supplies (Actual or Allocated) | Total Units (Column 2 + 4) | Total Cost (Col. 3 + 5 + 6) | |
|----|--|--|---------------------|------------|---|------------|--------------------------------------|-------------------------------|--------------------------------|----|
| | | | Units of Service | Cost | Units | Cost | | | | |
| | | | | | | | | | | |
| 1 | Licensed Occupational Therapist | Ln 10a, Col 3 | hrs | \$ | 3,304 | \$ 230,950 | \$ | 3,304 | \$ 230,950 | 1 |
| 2 | Licensed Speech and Language Development Therapist | Ln 10a, Col 3 | hrs | | 1,425 | 107,461 | | 1,425 | 107,461 | 2 |
| 3 | Licensed Recreational Therapist | | hrs | | | | | | | 3 |
| 4 | Licensed Physical Therapist | Ln 10a, Col 2&3 | hrs | | 3,599 | 244,774 | 465 | 3,599 | 245,239 | 4 |
| 5 | Physician Care | | visits | | | | | | | 5 |
| 6 | Dental Care | | visits | | | | | | | 6 |
| 7 | Work Related Program | | hrs | | | | | | | 7 |
| 8 | Habilitation | | hrs | | | | | | | 8 |
| 9 | Pharmacy | Ln 39, Col 2 | # of prescripts | | | | 272,433 | | 272,433 | 9 |
| 10 | Psychological Services (Evaluation and Diagnosis/ Behavior Modification) | | hrs | | | | | | | 10 |
| 11 | Academic Education | | hrs | | | | | | | 11 |
| 12 | Other (specify): | | | | | | | | | 12 |
| 13 | Respiratory Therapy Other (specify): <u>Radiology, Dialysis, La</u> | Ln 10a, Col 1&3 Ln 39, Col 3 | 11,144 hours | 298,809 | | 32,110 | | 11,144 | <u>298,809</u> 32,110 | 13 |
| 14 | TOTAL | | | \$ 298,809 | 8,328 | \$ 615,295 | \$ 272,898 | 19,472 | \$ 1,187,002 | 14 |

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

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111Report Period Beginning: 01/01/2018Ending: 12/31/2018

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

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

| | | 1 | 2 | |
|----|--|--------------|----------------------|----|
| | | Operating | After Consolidation* | |
| | A. Current Assets | | | |
| 1 | Cash on Hand and in Banks | \$ 52,263 | \$ 87,571 | 1 |
| 2 | Cash-Patient Deposits | | | 2 |
| 3 | Accounts & Short-Term Notes Receivable-Patients (less allowance <u>689,045</u>) | 653,441 | 653,441 | 3 |
| 4 | Supply Inventory (priced at _____) | | | 4 |
| 5 | Short-Term Investments | | | 5 |
| 6 | Prepaid Insurance | 696,359 | 738,113 | 6 |
| 7 | Other Prepaid Expenses | | | 7 |
| 8 | Accounts Receivable (owners or related parties) | 2,091,464 | 4,006,455 | 8 |
| 9 | Other(specify): <u>Insurance Receivables</u> | | | 9 |
| 10 | TOTAL Current Assets (sum of lines 1 thru 9) | \$ 3,493,527 | \$ 5,485,580 | 10 |
| | B. Long-Term Assets | | | |
| 11 | Long-Term Notes Receivable | | | 11 |
| 12 | Long-Term Investments | | | 12 |
| 13 | Land | | 357,937 | 13 |
| 14 | Buildings, at Historical Cost | | 3,863,636 | 14 |
| 15 | Leasehold Improvements, at Historical Cost | 2,604,873 | 3,828,144 | 15 |
| 16 | Equipment, at Historical Cost | 1,165,258 | 1,340,347 | 16 |
| 17 | Accumulated Depreciation (book methods) | (3,241,174) | (7,738,330) | 17 |
| 18 | Deferred Charges | | | 18 |
| 19 | Organization & Pre-Operating Costs | | | 19 |
| 20 | Accumulated Amortization - Organization & Pre-Operating Costs | | | 20 |
| 21 | Restricted Funds | | | 21 |
| 22 | Other Long-Term Assets (specify) <u>Escrows</u> | | 757,046 | 22 |
| 23 | Other(specify): _____ | | | 23 |
| 24 | TOTAL Long-Term Assets (sum of lines 11 thru 23) | \$ 528,957 | \$ 2,408,780 | 24 |
| 25 | TOTAL ASSETS (sum of lines 10 and 24) | \$ 4,022,484 | \$ 7,894,360 | 25 |

| | | 1 | 2 | |
|----|--|-----------------|----------------------|----|
| | | Operating | After Consolidation* | |
| | C. Current Liabilities | | | |
| 26 | Accounts Payable | \$ 7,151,878 | \$ 7,154,378 | 26 |
| 27 | Officer's Accounts Payable | | | 27 |
| 28 | Accounts Payable-Patient Deposits | | | 28 |
| 29 | Short-Term Notes Payable | | 951,476 | 29 |
| 30 | Accrued Salaries Payable | 410,868 | 410,868 | 30 |
| 31 | Accrued Taxes Payable (excluding real estate taxes) | | | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B) | | 582,000 | 32 |
| 33 | Accrued Interest Payable | | 71,952 | 33 |
| 34 | Deferred Compensation | | | 34 |
| 35 | Federal and State Income Taxes | | | 35 |
| | Other Current Liabilities(specify): | | | |
| 36 | <u>See Attached Schedule E</u> | 4,187,843 | 4,187,843 | 36 |
| 37 | <u>Due to Related Parties</u> | 464,843 | 464,843 | 37 |
| 38 | TOTAL Current Liabilities (sum of lines 26 thru 37) | \$ 12,215,432 | \$ 13,823,360 | 38 |
| | D. Long-Term Liabilities | | | |
| 39 | Long-Term Notes Payable | | | 39 |
| 40 | Mortgage Payable | | 32,256,866 | 40 |
| 41 | Bonds Payable | | | 41 |
| 42 | Deferred Compensation | | | 42 |
| | Other Long-Term Liabilities(specify): | | | |
| 43 | <u>Due to Shareholders</u> | 3,137,625 | 3,137,625 | 43 |
| 44 | _____ | | | 44 |
| 45 | TOTAL Long-Term Liabilities (sum of lines 39 thru 44) | \$ 3,137,625 | \$ 35,394,491 | 45 |
| 46 | TOTAL LIABILITIES (sum of lines 38 and 45) | \$ 15,353,057 | \$ 49,217,851 | 46 |
| 47 | TOTAL EQUITY(page 18, line 24) | \$ (11,330,573) | \$ (41,323,491) | 47 |
| 48 | TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47) | \$ 4,022,484 | \$ 7,894,360 | 48 |

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

| | | 1 Total | |
|-----------|---|------------------------|-----------|
| 1 | Balance at Beginning of Year, as Previously Reported | \$ (9,091,154) | 1 |
| 2 | Restatements (describe): | | 2 |
| 3 | | | 3 |
| 4 | | | 4 |
| 5 | | | 5 |
| 6 | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ (9,091,154) | 6 |
| | A. Additions (deductions): | | |
| 7 | NET Income (Loss) (from page 19, line 43) | (2,239,419) | 7 |
| 8 | Aquisitions of Pooled Companies | | 8 |
| 9 | Proceeds from Sale of Stock | | 9 |
| 10 | Stock Options Exercised | | 10 |
| 11 | Contributions and Grants | | 11 |
| 12 | Expenditures for Specific Purposes | | 12 |
| 13 | Dividends Paid or Other Distributions to Owners | () | 13 |
| 14 | Donated Property, Plant, and Equipment | | 14 |
| 15 | Other (describe) | | 15 |
| 16 | Other (describe) | | 16 |
| 17 | TOTAL Additions (deductions) (sum of lines 7-16) | \$ (2,239,419) | 17 |
| | B. Transfers (Itemize): | | |
| 18 | | | 18 |
| 19 | | | 19 |
| 20 | | | 20 |
| 21 | | | 21 |
| 22 | | | 22 |
| 23 | TOTAL Transfers (sum of lines 18-22) | \$ | 23 |
| 24 | BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23) | \$ (11,330,573) | 24 |

* Operating Entity Only

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

| | | 1 | |
|--|---|---------------|-----|
| I. Revenue | | Amount | |
| A. Inpatient Care | | | |
| 1 | Gross Revenue -- All Levels of Care | \$ 14,101,411 | 1 |
| 2 | Discounts and Allowances for all Levels | (1,577,944) | 2 |
| 3 | SUBTOTAL Inpatient Care (line 1 minus line 2) | \$ 12,523,467 | 3 |
| B. Ancillary Revenue | | | |
| 4 | Day Care | | 4 |
| 5 | Other Care for Outpatients | | 5 |
| 6 | Therapy | 969,803 | 6 |
| 7 | Oxygen | 232,382 | 7 |
| 8 | SUBTOTAL Ancillary Revenue (lines 4 thru 7) | \$ 1,202,185 | 8 |
| C. Other Operating Revenue | | | |
| 9 | Payments for Education | | 9 |
| 10 | Other Government Grants | | 10 |
| 11 | CNA Training Reimbursements | | 11 |
| 12 | Gift and Coffee Shop | | 12 |
| 13 | Barber and Beauty Care | | 13 |
| 14 | Non-Patient Meals | | 14 |
| 15 | Telephone, Television and Radio | | 15 |
| 16 | Rental of Facility Space | | 16 |
| 17 | Sale of Drugs | 208,672 | 17 |
| 18 | Sale of Supplies to Non-Patients | | 18 |
| 19 | Laboratory | 78,886 | 19 |
| 20 | Radiology and X-Ray | 7,905 | 20 |
| 21 | Other Medical Services | 417,136 | 21 |
| 22 | Laundry | | 22 |
| 23 | SUBTOTAL Other Operating Revenue (lines 9 thru 22) | \$ 712,599 | 23 |
| D. Non-Operating Revenue | | | |
| 24 | Contributions | | 24 |
| 25 | Interest and Other Investment Income*** | 13,825 | 25 |
| 26 | SUBTOTAL Non-Operating Revenue (lines 24 and 25) | \$ 13,825 | 26 |
| E. Other Revenue (specify):**** | | | |
| 27 | Settlement Income (Insurance, Legal, Etc.) | | 27 |
| 28 | | | 28 |
| 28a | | | 28a |
| 29 | SUBTOTAL Other Revenue (lines 27, 28 and 28a) | \$ | 29 |
| 30 | TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29) | \$ 14,452,076 | 30 |

| | | 2 | |
|-------------------------------------|--|----------------|----|
| II. Expenses | | Amount | |
| A. Operating Expenses | | | |
| 31 | General Services | 2,054,933 | 31 |
| 32 | Health Care | 6,255,186 | 32 |
| 33 | General Administration | 3,978,158 | 33 |
| B. Capital Expense | | | |
| 34 | Ownership | 2,956,810 | 34 |
| C. Ancillary Expense | | | |
| 35 | Special Cost Centers | 849,953 | 35 |
| 36 | Provider Participation Fee | 596,455 | 36 |
| D. Other Expenses (specify): | | | |
| 37 | | | 37 |
| 38 | | | 38 |
| 39 | | | 39 |
| 40 | TOTAL EXPENSES (sum of lines 31 thru 39)* | \$ 16,691,495 | 40 |
| 41 | Income before Income Taxes (line 30 minus line 40)** | (2,239,419) | 41 |
| 42 | Income Taxes | | 42 |
| 43 | NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42) | \$ (2,239,419) | 43 |

| III. Net Inpatient Revenue detailed by Payer Source | | | |
|---|---|---------------|----|
| 44 | Medicaid - Net Inpatient Revenue | \$ 10,666,765 | 44 |
| 45 | Private Pay - Net Inpatient Revenue | 58,233 | 45 |
| 46 | Medicare - Net Inpatient Revenue | 1,311,129 | 46 |
| 47 | Other-(specify) <u>Insurance - Net Patient Revenue</u> | 487,340 | 47 |
| 48 | Other-(specify) | | 48 |
| 49 | TOTAL Inpatient Care Revenue (This total must agree to Line 3) | \$ 12,523,467 | 49 |

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

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

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

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

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.

0022111

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

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 | 2,064 | 2,470 | \$ 158,779 | \$ 64.28 | 1 |
| 2 | Assistant Director of Nursing | 1,904 | 2,053 | 98,714 | 48.08 | 2 |
| 3 | Registered Nurses | 62,197 | 67,212 | 1,894,519 | 28.19 | 3 |
| 4 | Licensed Practical Nurses | 2,253 | 2,400 | 66,613 | 27.76 | 4 |
| 5 | CNAs & Orderlies | 110,879 | 125,388 | 2,102,335 | 16.77 | 5 |
| 6 | CNA Trainees | | | | | 6 |
| 7 | Licensed Therapist | 10,315 | 11,144 | 298,809 | 26.81 | 7 |
| 8 | Rehab/Therapy Aides | | | | | 8 |
| 9 | Activity Director | 1,572 | 1,749 | 29,486 | 16.86 | 9 |
| 10 | Activity Assistants | 5,407 | 5,932 | 70,906 | 11.95 | 10 |
| 11 | Social Service Workers | 5,228 | 5,650 | 107,925 | 19.10 | 11 |
| 12 | Dietician | | | | | 12 |
| 13 | Food Service Supervisor | | | | | 13 |
| 14 | Head Cook | 1,952 | 2,098 | 60,530 | 28.85 | 14 |
| 15 | Cook Helpers/Assistants | 25,974 | 29,352 | 367,779 | 12.53 | 15 |
| 16 | Dishwashers | | | | | 16 |
| 17 | Maintenance Workers | 7,704 | 8,408 | 175,800 | 20.91 | 17 |
| 18 | Housekeepers | 24,616 | 28,418 | 364,233 | 12.82 | 18 |
| 19 | Laundry | 5,179 | 6,049 | 71,486 | 11.82 | 19 |
| 20 | Administrator | 1,952 | 3,144 | 116,227 | 36.97 | 20 |
| 21 | Assistant Administrator | 1,952 | 2,172 | 58,996 | 27.16 | 21 |
| 22 | Other Administrative | | | | | 22 |
| 23 | Office Manager | | | | | 23 |
| 24 | Clerical | 11,391 | 16,024 | 199,147 | 12.43 | 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 | 13,211 | 14,478 | 223,841 | 15.46 | 31 |
| 32 | Other Health Care(specify) | | | | | 32 |
| 33 | Other(specify) | | | | | 33 |
| 34 | TOTAL (lines 1 - 33) | 295,750 | 334,141 | \$ 6,466,125 * | \$ 19.35 | 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 | \$ 19,466 | Ln 1, Col 3 | 35 |
| 36 | Medical Director | Monthly | 49,000 | Ln 9, Col 3 | 36 |
| 37 | Medical Records Consultant | | | | 37 |
| 38 | Nurse Consultant | | | | 38 |
| 39 | Pharmacist Consultant | Monthly | 17,003 | 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 | 41 | 2,101 | Ln 11, Col 3 | 44 |
| 45 | Social Service Consultant | | | | 45 |
| 46 | Other(specify) | | | | 46 |
| 47 | | | | | 47 |
| 48 | | | | | 48 |
| 49 | TOTAL (lines 35 - 48) | 41 | \$ 87,570 | | 49 |

C. CONTRACT NURSES

| | 1 | 2 | 3 | | |
|----|----------------------------------|----------------------|------------------------------------|--------------|----|
| | Number of Hrs. Paid & Accrued | Total Contract Wages | Schedule V Line & Column Reference | | |
| 50 | Registered Nurses | 3,297 | \$ 197,818 | Ln 10, Col 3 | 50 |
| 51 | Licensed Practical Nurses | 235 | 12,234 | Ln 10, Col 3 | 51 |
| 52 | Certified Nurse Assistants/Aides | | | | 52 |
| 53 | TOTAL (lines 50 - 52) | 3,532 | \$ 210,052 | | 53 |

XIX. SUPPORT SCHEDULES

| A. Administrative Salaries | | | | D. Employee Benefits and Payroll Taxes | | | F. Dues, Fees, Subscriptions and Promotions | |
|---|--------------------|-------------|--------------|--|------------|---|---|--------|
| Name | Function | Ownership % | Amount | Description | Amount | Description | Amount | |
| Sim Dachs | Administrator | 0.00% | \$ 73,185 | Workers' Compensation Insurance | \$ 227,187 | IDPH License Fee | \$ | |
| Anna Kaczor | Administrator | 0.00% | 43,042 | Unemployment Compensation Insurance | 23,947 | Advertising: Employee Recruitment | | |
| Stephanie Ritchie | Asst Administrator | 0.00% | 30,227 | FICA Taxes | 396,876 | Health Care Worker Background Check | | |
| John Corso | Asst Administrator | 0.00% | 28,769 | Employee Health Insurance | 164,187 | (Indicate # of checks performed <u>12</u>) | 430 | |
| | | | | Employee Meals | 24,227 | Patient Background Checks | 115 1,150 | |
| | | | | Illinois Municipal Retirement Fund (IMRF)* | | | | |
| | | | | Other Employee Benefits: | 3,185 | See Attached Schedule K: | 48,473 | |
| | | | | Union Health and Welfare: | 120,213 | Allocated from Therapy Masters: | 1,041 | |
| | | | | Union Pension: | 45,065 | Allocated from Management Company: | 448 | |
| | | | | | | Less: Public Relations Expense | () | |
| | | | | | | Non-allowable advertising | () | |
| | | | | | | Yellow page advertising | () | |
| TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.) | | | \$ 175,223 | TOTAL (agree to Schedule V, line 22, col.8) | | \$ 51,542 | | |
| B. Administrative - Other | | | | E. Schedule of Non-Cash Compensation Paid to Owners or Employees | | | G. Schedule of Travel and Seminar** | |
| Description | | | Amount | Description | Line # | Amount | Description | Amount |
| Administrative Service Fees (Eliminated in Column 7) | | | \$ 1,578,986 | | | | Out-of-State Travel | \$ |
| | | | | | | | | |
| | | | | | | | In-State Travel | |
| | | | | | | | | |
| TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement) | | | \$ 1,578,986 | | | | Seminar Expense | |
| | | | | | | | | |
| | | | | | | | Entertainment Expense | () |
| | | | | | | | (agree to Sch. V, line 24, col. 8) | |
| TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions) | | | \$ 347,457 | TOTAL | | \$ | TOTAL | \$ |

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111Report Period Beginning: 01/01/2018Ending: 12/31/2018**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 \$32,792
- (3) Did the nursing home make political contributions or payments to a political 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. \$ 41,296 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. \$ 596,454
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 benefit on Schedule V. \$ 24,227 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees

Glen Oaks Nursing and Rehabilitation Centre, Ltd.

12/31/2018

Provider I.D. # 0022111

SCHEDULE A

SCHEDULE VII. RELATED PARTIES

Part A. Col.3

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

SCHEDULE B

SCHEDULE VII RELATED PARTIES

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

| Name | Compensation Received From Other Nursing Homes | | | | | | | Total |
|--|---|---|---|---|---|---|-------------------------------------|---------|
| | Brentwood North Healthcare & Rehabilitation | GlenCrest Nursing & Rehab. Centre, Ltd. | Glen Bridge Nursing & Rehab. Centre, Ltd. | Glen Elston Nursing & Rehab. Centre, Ltd. | GlenShire Nursing & Rehab. Centre, Ltd. | Glen Lake Terrace Nursing & Rehab | Glen Saint Andrew Living Comm | |
| Sidney Glenner | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jonathan Glenner | 6,825 | 11,328 | 11,243 | 4,382 | 7,158 | 10,353 | 8,475 | 59,764 |
| Daniel Glenner | 19,956 | 33,121 | 32,874 | 12,812 | 20,929 | 30,271 | 24,780 | 174,743 |
| Elliot Glenner | 7,649 | 12,696 | 12,601 | 4,911 | 8,022 | 11,603 | 9,499 | 66,981 |
| Total compensation received from other Nursing Homes | 34,430 | 57,145 | 56,718 | 22,105 | 36,109 | 52,227 | 42,754 | 301,488 |

SCHEDULE C

XIX. SUPPORT SCHEDULES

Page 21

C. Professional Services

| Vendor/Payee | Type | Amount |
|--------------------------------------|------------------------------------|----------------|
| Health Data Systems, Inc. | Computers | 4,321 |
| Point ClickCare | Computers | 86,608 |
| Net Health | Computers | 10,929 |
| Kronos | Computers | 28,735 |
| Comcast Business | Computers | 15,600 |
| Microsoft Corporation | Computers | 7,190 |
| Franklin Group | Business Development Consulting | 1,461 |
| Approved Admissions | Admissions Consulting | 269 |
| Much Shelist | Legal | 1,170 |
| Marilyn P. Dunn | Legal | 300 |
| Meyers & Flowers, LLC | Legal | 875 |
| Law Offices Ruben Garcia | Legal | 1,210 |
| Law Offices Damon Doucet | Legal | 1,169 |
| Huston, May & Favez, LLC | Legal | 2,119 |
| Vanek, Larson & Kolb LLC | Legal | 2,382 |
| Sachoff and Weaver | Legal | -1,563 |
| Law Offices Kathleen Meersman Murphy | Legal | 1,031 |
| Platinum Business Solutions | A/R Collections | 77,823 |
| Admiral Environmental Services Inc. | Environmental Services | 449 |
| 2401 Incorporated | Architectural Services | 6,240 |
| Personnel Planners, Inc. | Unemployment Consulting | 1,404 |
| Resolute Healthcare Solutions | Healthcare Executive Search Consul | 573 |
| Ian Fidler, Esquire | Legal | 1,375 |
| Aaron Jacoby | Legal | 1,375 |
| Signet Healthcare | Billing Consultants | 81,430 |
| GCHMO, Inc. | Managed Care Consultants | 4,150 |
| RSM McGladrey | Accounting | 20,331 |
| | | <u>358,956</u> |

| | | |
|--|--|---------------|
| Allocated from Glen Oaks Real Estate & Development, LLC.: | | |
| Walker and Dunlop - Legal | | 10,000 |
| Skidelsky & Associates - Legal - Real Estate Tax Reduction Fees - Reclass to Line 33 | | 2,750 |
| RSM - Accounting Fees | | 16,938 |
| Total allocated from Glen Oaks Real Estate & Development, LLC.: | | <u>29,688</u> |

| | | |
|--|--|--------|
| Reclass Skidelsky & Associates - Legal - Real Estate Tax Reduction Fees to Line 33 | | -2,750 |
|--|--|--------|

| | | |
|--|--|---------------|
| Allocated from Management Co: | | |
| Point ClickCare - Computer Services | | -91 |
| Kronos - Computer Services | | 1,408 |
| Health Data Systems, Inc. - Computer Services | | 507 |
| Creative Tech Solutions - Computer Services | | 305 |
| MB Financial Bank - LOC fees | | 6,537 |
| Marcum - Accounting Services | | 549 |
| McGladrey - Accounting Services | | 9,588 |
| Polsinelli - Legal | | 2,684 |
| Govig - Legal | | 3,655 |
| Change Healthcare - Healthcare Technology and Business Solutions | | 183 |
| Marilyn Dunn - Legal | | 28 |
| Perspectives - Human Resource Consulting | | 57 |
| TWG Benefits - 401K Plan Management | | 271 |
| Company Nurse - W/C Consulting | | 12 |
| Much Shelist - Legal | | 2,336 |
| Julie McHugh - MDS Consultant | | 1,984 |
| Murphy Consulting - HUD Consulting | | 122 |
| Birdseye - Payroll Consulting Services | | 457 |
| Saul Ewing Arnstein and Lehr - Legal Retainer | | 1,141 |
| Total allocated from Management Co. | | <u>31,733</u> |

| | | |
|--|--|--------------|
| Allocated from Therapy Masters, Inc.: | | |
| Virtu Senses - Computer Services | | 593 |
| Kronos - Computer Services | | 2,578 |
| Casamba - Computer Services | | 3,163 |
| Health Data Systems - Computer Services | | 58 |
| Post Acute Consulting | | 680 |
| Marilyn Dunn - Legal | | 0 |
| Career Tree Network - Therapy Recruitment | | 1,382 |
| Theracore - Business Consulting | | 457 |
| Personnel Planners - Financial consulting | | 55 |
| RSM - Accounting Services | | 122 |
| TWG Consulting | | 26 |
| Total allocated from Therapy Masters, Inc. | | <u>9,114</u> |

| | | |
|--|--|---------|
| Non-allowable Professional Fees: | | |
| Franklin Group - Business Development Consulting | | -1,461 |
| Platinum Business Solutions - A/R Collections | | -77,823 |

| | | |
|---------------------------------------|--|----------------|
| Total Non-allowable Professional Fees | | <u>-79,284</u> |
|---------------------------------------|--|----------------|

| | | |
|--|--|----------------|
| Total adjustments page 21, Sch C. | | <u>-11,499</u> |
|--|--|----------------|

| | | |
|--|--|----------------|
| Total Schedule V, line 19, column 8 | | <u>347,457</u> |
|--|--|----------------|

SCHEDULE D

XIX. SUPPORT SCHEDULES

D. Employee Benefits and Payroll Taxes
 Page 21

| DESCRIPTION | AMOUNT |
|---|----------------|
| Allocated from Management Co. | |
| FICA taxes | 48,885 |
| FUTA | -110 |
| SUTA | 2,711 |
| Insurance - Hospital | 73,737 |
| Employee Benefits | -2,312 |
| Other Employee Benefits | |
| Workers Compensation Insurance | 0 |
| Total allocated from Management Co. | <u>122,911</u> |
| Allocate Employee Benefits to Line #'s 7, 27 | -122,911 |
| Allocated from Therapy Masters, Inc. | |
| FICA taxes | 21,255 |
| FUTA | 474 |
| SUTA | 781 |
| Insurance - Hospital | 15,339 |
| Workers Compensation Insurance | 2,525 |
| Total allocated from Therapy Masters, Inc. | <u>40,374</u> |
| Allocate Employee Benefits to Line #'s 15, 27 | -40,374 |
| Total | <u>0</u> |
| HFS 3745 (N-4-99) | |

SCHEDULE E

XV. SUPPORT SCHEDULES

Page 17, Line 36

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|----------------------------------|------------------|
| 401(K) LOAN/DEDUCTION | (33,974) |
| ACCRUED UNION DUES | 10,294 |
| CREDIT UNION | 1,827 |
| ACCRUED RENT | 2,334,012 |
| ACCRUED WAGE ASSIGN. | (5,137) |
| ACCRUED MNGMT FEES | 1,937,062 |
| REFUNDS EXCHANGE | (54,947) |
| FEDERAL U/C | (3,205) |
| STATE U/C | 1,911 |
| Total, Page 17, Line36, Column 1 | <u>4,187,843</u> |

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2018

SCHEDULE F

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

| Description | Amount | Reference |
|---|----------------|-----------|
| Patient Clothing | -606 | 43 |
| Non-allowable office expense | -200 | 43 |
| Non-allowable professional fees | -79,284 | 19 |
| Non-allowable Illinois Council on Long Term Care PAC Fees | -16,151 | 20 |
| Total | <u>-96,241</u> | |

Glen Oaks Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2018

SCHEDULE G

| | Accrued 1/01/18 | Payments | Expense | Accrued 12/31/18 |
|-----------------------------------|---------------------|-------------------|-------------------|---------------------|
| Balance @ 1/01/2017 - G/L # 251: | (530,000.00) | | (530,000.00) | |
| 2017 Real Estate Taxes Paid | | 554,279.42 | 554,279.42 | |
| Estimated 2018 real estate taxes: | | | | |
| 2017 taxes | 554,279.42 | | | |
| Estimated increase | 5.00% | | | |
| Estimated 2018 taxes | 581,993.39 | | | |
| USE | 582,000.00 | | 582,000.00 | (582,000.00) |
| Totals | (530,000.00) | 554,279.42 | 606,279.42 | (582,000.00) |

Real estate tax history:

| | Year | Amount | Increase \$ | % |
|--|------|------------|----------------|---------|
| | 1992 | 268,135.26 | | |
| | 1993 | 276,387.40 | 8,252.14 | 3.08% |
| | 1994 | 293,076.34 | 16,688.94 | 6.04% |
| | 1995 | 299,722.22 | 6,645.88 | 2.27% |
| | 1996 | 301,089.35 | 1,367.13 | 0.46% |
| | 1997 | 303,074.24 | 1,984.89 | 0.66% |
| | 1998 | 305,668.32 | 2,594.08 | 0.86% |
| | 1999 | 312,803.95 | 7,135.63 | 2.33% |
| | 2000 | 303,160.15 | (9,643.80) | -3.08% |
| | 2001 | 326,141.52 | 22,981.37 | 7.58% |
| | 2002 | 314,693.25 | (11,448.27) | -3.51% |
| | 2003 | 322,112.64 | 7,419.39 | 2.36% |
| | 2004 | 320,753.21 | (1,359.43) | -0.42% |
| | 2005 | 327,659.74 | 6,906.53 | 2.15% |
| | 2006 | 337,697.40 | 10,037.66 | 3.06% |
| | 2007 | 379,623.78 | 41,926.38 | 12.42% |
| | 2008 | 383,926.13 | 4,302.35 | 1.13% |
| | 2009 | 445,204.37 | 61,278.24 | 15.96% |
| | 2010 | 510,062.80 | 64,858.43 | 14.57% |
| | 2011 | 528,287.89 | 18,225.09 | 3.57% |
| | 2012 | 556,970.29 | 28,682.40 | 5.43% |
| | 2013 | 578,172.73 | 21,202.44 | 3.81% |
| | 2014 | 563,716.79 | (14,455.94) | -2.50% |
| | 2015 | 590,121.72 | 26,404.93 | 4.68% |
| | 2016 | 505,072.30 | (85,049.42) | -14.41% |
| | 2017 | 554,279.42 | 49,207.12 | 9.74% |

Provider Name: Glen Oaks Nursing and Rehabilitation Center
Provider I.D. #: 0022111
Year Ended: December 31, 2018

SCHEDULE H

Training & Education

| Person(s) Attending | Date Attended | Location | Title Sponsor | Total Cost |
|---------------------|---------------|---------------|--|--------------|
| Sim Dachs | 2/15/18 | Skokie | Dr. Yakov Weil Digital Addiction | 124 |
| Cherilita Agaton | 2/27/18 | Westmont, Ill | Illinois Council on Long Term Care Restorative Rehab Certificaion | 1,299 |
| Sim Dachs | 4/27/18 | Skokie | Illinois Council on Long Term Care Defensive Documentation | 1,299 |
| Sim Dachs | 5/16/18 | Northbrook | Health Care Council | 125 |
| Sim Dachs | 8/29/18 | Northbrook | Cynthia Chow and Assoc. Vendor Expo | 130 |
| | | | Allocated From Management Company | 916 |
| | | | Allocated From Therapy Masters | 218 |
| | | | Total | 4,111 |

Glen Oaks Nursing and Rehabilitation Centre, LTD.
 Provider #0022111
 12/31/2018

SCHEDULE I

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

| | Gasoline | Registration/ Stickers | Repairs | Employee Reimbursement: Mileage, Tolls, Parking | Total |
|--------------------------------------|----------|---------------------------|--------------|---|---------------|
| Direct Expense | 0 | 7 | 1,500 | 20 | 1,527 |
| Non-allowable - Marketing | | | | | 0 |
| Allocated from Therapy Masters, Inc. | | | | | 711 |
| Allocated from Management Company | | | | | 11,232 |
| TOTAL | <u>0</u> | <u>7</u> | <u>1,500</u> | <u>20</u> | <u>13,470</u> |

SCHEDULE K

XIX. SUPPORT SCHEDULES

Page 21

F. Dues, Fees, Subscriptions and Promotions

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|--|---------------|
| Illinois Council on Long Term Care Dues | 48,943 |
| Employee Expense | 7,829 |
| Collaborative Health Care Ungency | 600 |
| CILA Laboratory Program | 150 |
| Village of Northbrook Elevator Inspections, Fees | 2,111 |
| Cook County Department of Environmental Control Equipment Inspection | 454 |
| Secretary of State Annual Report | 150 |
| Association of Nutrition and Feed Service | 157 |
| Joint Commission Fees | 4,230 |
| Non-Allowable Illinois Council on Long Term Care Dues | -16,151 |
| Total | <u>48,473</u> |

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

SCHEDULE L

| ASSET DESCRIPTION | COST | CAPITAL FROM | | ADJUSTED LEASEHOLD IMPROVEMENTS | COST | SCHEDULE L | | | | | | | | | |
|--|-----------------|----------------------|--------|---------------------------------------|----------------|--|-----------------|-----------------|----------------|-----------------|-------------|-----------|---------|---------|---------|
| | | FARGO @ 84.9438 % | 6.647 | | | GLENBRIDGE | GLENCREST | GLEN OAKS | GLEN ELSTON | GLENSHIRE | GLENLAKE | TOTAL | | | |
| | | | | | | 103,052,460,292 | 111,372,460,292 | 101,899,460,292 | 41,220,460,292 | 102,753,460,292 | | | | | |
| | | | | | | 0.223885369 | 0.241959452 | 0.221370348 | 0.08955185 | 0.223234382 | | | | | |
| 1988 PARKING LOT REPAVING LEASEHOLD IMPROVEMENTS - ADDITIONAL CONSTRUCTION COSTS FARGO BUILDING | 5,900 87,339 | 6,647 | 6,647 | 6,647 | 6,647 | | | | | | | | | | |
| | | | | 5,900 | 5,900 | | | | | | | | | | |
| | | | | 87,339 | 87,339 | | | | | | | | | | |
| | | | | <u>93,890</u> | <u>93,890</u> | 22,363 | 24,168 | 22,112 | 8,945 | 22,298 | | | | | |
| 1989 LEASEHOLD IMPROVEMENTS - ADDITIONAL CONSTRUCTION COSTS FARGO BUILDING | 41,710 | | 41,710 | 41,710 | 41,710 | | | | | | | | | | |
| | | | | <u>141,596</u> | <u>141,596</u> | 31,701 | 34,260 | 31,345 | 12,680 | 31,609 | | | | | |
| 2000 AQUATIC WORKS - BUILT IN FISH TAN | 5,000 | | 5,000 | 5,000 | 5,000 | | | | | | | | | | |
| | | | | <u>146,596</u> | <u>146,596</u> | 32,820 | 35,470 | 32,452 | 13,128 | 32,725 | | | | | |
| 2001 NO ADDITIONS | | | | <u>146,596</u> | <u>146,596</u> | 32,820 | 35,470 | 32,452 | 13,128 | 32,725 | | | | | |
| 2002 NO ADDITIONS | | | | <u>146,596</u> | <u>146,596</u> | 32,820 | 35,470 | 32,452 | 13,128 | 32,725 | | | | | |
| 2003 NO ADDITIONS | | | | <u>146,596</u> | <u>146,596</u> | 32,820 | 35,470 | 32,452 | 13,128 | 32,725 | | | | | |
| 2004 NO ADDITIONS | | | | <u>146,596</u> | <u>146,596</u> | 32,820 | 35,470 | 32,452 | 13,128 | 32,725 | | | | | |
| 2005 NO ADDITIONS | | | | <u>146,596</u> | <u>146,596</u> | 32,820 | 35,470 | 32,452 | 13,128 | 32,725 | | | | | |
| 2006 NO ADDITIONS | | | | <u>146,596</u> | <u>146,596</u> | 32,820 | 35,470 | 32,452 | 13,128 | 32,725 | | | | | |
| | | | | | | RECALCULATION BASED ON 2007 CENSUS - New facility added in 2007 (GlenLake Terrace Nursing Ctr) | | | | | | | | | |
| | | | | | | GLENBRIDGE | GLENCREST | GLEN OAKS | GLEN ELSTON | GLENSHIRE | GLENLAKE | | TOTAL | | |
| | | | | | | 93,787 | 103,262 | 106,511 | 40,267 | 78,093 | 74,334 | | 488,234 | | |
| | | | | | | 0.192003401 | 0.195115457 | 0.2191916638 | 0.082474797 | 0.159949842 | 0.152250765 | | 100.00% | | |
| 2007 NO ADDITIONS | | | | <u>146,596</u> | <u>146,596</u> | 28,154 | 28,603 | 31,981 | 12,090 | 23,448 | 22,319 | | 146,596 | | |
| | | | | | | RECALCULATION BASED ON 2008 CENSUS - New facility added in 2008 (Brentwood partial year 9/1/08-12/31/08) | | | | | | | | | |
| | | | | | | GLENBRIDGE | GLENCREST | GLEN OAKS | GLEN ELSTON | GLENSHIRE | GLENLAKE | BRENTWOOD | TOTAL | | |
| | | | | | | 93,929 | 92,291 | 105,965 | 37,909 | 81,480 | 76,498 | 15,664 | 503,336 | | |
| | | | | | | 18.86% | 18.34% | 21.09% | 7.47% | 16.19% | 15.29% | 3.09% | 100.00% | | |
| 2008 INSTALLATION OF IRRIGATION SYSTEM | | | | 15,036 | 15,036 | | | | | | | | | | |
| | | | | <u>161,632</u> | <u>161,632</u> | 30,163 | 29,637 | 34,028 | 12,077 | 26,165 | 24,665 | 4,998 | 161,632 | | |
| | | | | | | RECALCULATION BASED ON 2009 CENSUS - New facility added in 2008 (Brentwood) is now allocated over full year in 2009 | | | | | | | | | |
| | | | | | | GLENBRIDGE | GLENCREST | GLEN OAKS | GLEN ELSTON | GLENSHIRE | GLENLAKE | BRENTWOOD | TOTAL | | |
| | | | | | | 92,668 | 90,627 | 105,904 | 37,909 | 82,060 | 82,504 | 49,247 | 540,919 | | |
| | | | | | | 17.13% | 16.75% | 19.56% | 7.01% | 15.17% | 15.25% | 9.10% | 100.00% | | |
| 2009 NO ADDITIONS | | | | <u>161,632</u> | <u>161,632</u> | 27,690 | 27,080 | 31,645 | 11,328 | 24,520 | 24,653 | 14,715 | 161,632 | | |
| | | | | | | RECALCULATION BASED ON 2009 CENSUS | | | | | | | | | |
| | | | | | | GLENBRIDGE | GLENCREST | GLEN OAKS | GLEN ELSTON | GLENSHIRE | GLENLAKE | BRENTWOOD | TOTAL | | |
| | | | | | | 92,668 | 90,627 | 105,904 | 37,909 | 82,060 | 82,504 | 49,247 | 540,919 | | |
| | | | | | | 17.13% | 16.75% | 19.56% | 7.01% | 15.17% | 15.25% | 9.10% | 100.00% | | |
| 2010 NO ADDITIONS | | | | <u>161,632</u> | <u>161,632</u> | 27,690 | 27,080 | 31,645 | 11,328 | 24,520 | 24,653 | 14,715 | 161,632 | | |
| | | | | | | Amounts as reported on cost report: Differences due to error in formula: (Total allocated over 99.18 % not 100.00 %) | | | | | | | | | |
| | | | | | | 27,464 | 26,890 | 31,387 | 11,235 | 24,320 | 24,452 | 14,596 | 160,314 | | |
| | | | | | | -226 | -220 | -288 | -93 | -200 | -201 | -119 | -1,318 | | |
| | | | | | | RECALCULATION BASED ON 2009 CENSUS | | | | | | | | | |
| | | | | | | GLENBRIDGE | GLENCREST | GLEN OAKS | GLEN ELSTON | GLENSHIRE | GLENLAKE | BRENTWOOD | TOTAL | | |
| | | | | | | 92,668 | 90,627 | 105,904 | 37,909 | 82,060 | 82,504 | 49,247 | 540,919 | | |
| | | | | | | 17.13% | 16.75% | 19.56% | 7.01% | 15.17% | 15.25% | 9.10% | 100.00% | | |
| 2011 NO ADDITIONS | | | | <u>161,632</u> | <u>161,632</u> | 27,690 | 27,080 | 31,645 | 11,328 | 24,520 | 24,653 | 14,715 | 161,632 | | |
| | | | | | | RECALCULATION BASED ON 2009 CENSUS | | | | | | | | | |
| | | | | | | GLENBRIDGE | GLENCREST | GLEN OAKS | GLEN ELSTON | GLENSHIRE | GLENLAKE | BRENTWOOD | TOTAL | | |
| | | | | | | 92,668 | 90,627 | 105,904 | 37,909 | 82,060 | 82,504 | 49,247 | 540,919 | | |
| | | | | | | 17.13% | 16.75% | 19.56% | 7.01% | 15.17% | 15.25% | 9.10% | 100.00% | | |
| 2012 NO ADDITIONS | | | | <u>161,632</u> | <u>161,632</u> | 27,690 | 27,080 | 31,645 | 11,328 | 24,520 | 24,653 | 14,715 | 161,632 | | |
| | | | | | | RECALCULATION BASED ON 2009 CENSUS | | | | | | | | | |
| | | | | | | GLENBRIDGE | GLENCREST | GLEN OAKS | GLEN ELSTON | GLENSHIRE | GLENLAKE | BRENTWOOD | TOTAL | | |
| | | | | | | 92,668 | 90,627 | 105,904 | 37,909 | 82,060 | 82,504 | 49,247 | 540,919 | | |
| | | | | | | 17.13% | 16.75% | 19.56% | 7.01% | 15.17% | 15.25% | 9.10% | 100.00% | | |
| 2013 NO ADDITIONS | | | | <u>161,632</u> | <u>161,632</u> | 27,690 | 27,080 | 31,645 | 11,328 | 24,520 | 24,653 | 14,715 | 161,632 | | |
| | | | | | | RECALCULATION BASED ON 2009 CENSUS | | | | | | | | | |
| | | | | | | GLENBRIDGE | GLENCREST | GLEN OAKS | GLEN ELSTON | GLENSHIRE | GLENLAKE | BRENTWOOD | TOTAL | | |
| | | | | | | 92,668 | 90,627 | 105,904 | 37,909 | 82,060 | 82,504 | 49,247 | 540,919 | | |
| | | | | | | 17.13% | 16.75% | 19.56% | 7.01% | 15.17% | 15.25% | 9.10% | 100.00% | | |
| 2014 NO ADDITIONS | | | | <u>161,632</u> | <u>161,632</u> | 27,690 | 27,080 | 31,645 | 11,328 | 24,520 | 24,653 | 14,715 | 161,632 | | |
| | | | | | | CALCULATION BASED ON 2015 CENSUS | | | | | | | | | |
| | | | | | | GLENBRIDGE | GLENCREST | GLEN OAKS | GLEN ELSTON | GLENSHIRE | GLENLAKE | BRENTWOOD | BALLARD | GSALC | TOTAL |
| | | | | | | 91,738 | 91,834 | 88,298 | 38,356 | 67,590 | 74,884 | 46,627 | 49,340 | 62,493 | 611,180 |
| | | | | | | 15.01% | 15.03% | 14.45% | 6.29% | 11.06% | 12.25% | 7.63% | 8.07% | 10.23% | 100.00% |
| 2015 NO ADDITIONS | | | | <u>161,632</u> | <u>161,632</u> | 24,262 | 24,287 | 23,352 | 10,144 | 17,675 | 19,804 | 12,331 | 13,049 | 16,527 | 161,632 |
| | | | | | | CALCULATION BASED ON 2015 CENSUS | | | | | | | | | |
| | | | | | | GLENBRIDGE | GLENCREST | GLEN OAKS | GLEN ELSTON | GLENSHIRE | GLENLAKE | BRENTWOOD | BALLARD | GSALC | TOTAL |
| | | | | | | 91,738 | 91,834 | 88,298 | 38,356 | 67,590 | 74,884 | 46,627 | 49,340 | 62,493 | 611,180 |
| | | | | | | 15.01% | 15.03% | 14.45% | 6.29% | 11.06% | 12.25% | 7.63% | 8.07% | 10.23% | 100.00% |
| 2016 HOME OFFICE VINYL FLOORING, CARPETING, EXTERIOR STUCCO, BUILD NEW OFFICES | 149,012 | | | 149,012 | 149,012 | | | | | | | | | | |
| | | | | <u>310,644</u> | <u>310,644</u> | 46,629 | 46,678 | 44,881 | 19,496 | 34,355 | 38,062 | 23,700 | 25,079 | 31,764 | 310,644 |
| | | | | | | CALCULATION BASED ON 2015 CENSUS | | | | | | | | | |
| | | | | | | GLENBRIDGE | GLENCREST | GLEN OAKS | GLEN ELSTON | GLENSHIRE | GLENLAKE | BRENTWOOD | BALLARD | GSALC | TOTAL |
| | | | | | | 91,738 | 91,834 | 88,298 | 38,356 | 67,590 | 74,884 | 46,627 | 49,340 | 62,493 | 611,180 |
| | | | | | | 15.01% | 15.03% | 14.45% | 6.29% | 11.06% | 12.25% | 7.63% | 8.07% | 10.23% | 100.00% |
| 2017 NO ADDITIONS | | | | <u>310,644</u> | <u>310,644</u> | 46,629 | 46,678 | 44,881 | 19,496 | 34,355 | 38,062 | 23,700 | 25,079 | 31,764 | 310,644 |
| | | | | | | CALCULATION BASED ON 2018 CENSUS | | | | | | | | | |
| | | | | | | GLENBRIDGE | GLENCREST | GLEN OAKS | GLEN ELSTON | GLENSHIRE | GLENLAKE | BRENTWOOD | GSALC | TOTAL | |
| | | | | | | 77,316 | 77,898 | 73,840 | 30,132 | 49,223 | 71,194 | 46,935 | 58,281 | 494,819 | |
| | | | | | | 15.95% | 16.07% | 15.23% | 6.22% | 10.15% | 14.68% | 9.68% | 12.02% | 100.00% | |
| 2018 CLOUD BASED DOOR SECURITY ACCESS SYSTEM | | | | 3,736 | 3,736 | | | | | | | | | | |
| PURCHASE OF COMPRESSOR AND WIRING FOR ROOF | | | | 3,442 | 3,442 | | | | | | | | | | |
| REMOVE AND REPLACE COMPRESSOR ON THE ROOF | | | | 3,490 | 3,490 | | | | | | | | | | |
| | | | | <u>323,222</u> | <u>323,222</u> | 51,561 | 51,950 | 49,243 | 20,095 | 32,826 | 47,479 | 31,301 | 38,867 | 323,222 | |

SCHEDULE M

XIX. SUPPORT SCHEDULES

Page 14
Line 16. Rental Amount for Movable Equipment

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|-------------------------------------|-----------------------|
| Postage meter | 266 |
| Copy machine | 7,401 |
| Ice-maker | 1,550 |
| Telephone system | 20,645 |
| Dishwasher | 2,000 |
| Medical Equipment | 153,363 |
| Allocated from Management Company: | 4,485 |
| Total allocated to Page 14, Line 16 | <u><u>189,710</u></u> |