

		FOR BHF USE					

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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

I. IDPH License ID Number: 0035014

Facility Name: Glen Bridge N & Rehab Centre

Address: 8333 West Golf Road Niles 60714
Number City Zip Code

County: Cook

Telephone Number: (847) 966-9190 Fax # (847) 966-4455

HFS ID Number:

Date of Initial License for Current Owners: 3/01/1989

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT
☐ Charitable Corp.
☐ Trust
IRS Exemption Code

☒ PROPRIETARY
☐ Individual
☐ Partnership
☐ Corporation
☒ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other

☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

In the event there are further questions about this report, please contact:
Name: Charles J. Fischer Telephone Number: (312) 634-4580
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2016 to 12/31/2016 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed)
(Type or Print Name) Sidney Glenner
(Title) President

Paid Preparer

(Signed)
(Print Name and Title)
(Firm Name & Address) RSM US LLP
One S. Wacker Drive, Suite 800, Chicago IL 60606-4650
(Telephone) (312) 384-6000 Fax # (312) 634-5518

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

III. STATISTICAL DATA

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

302

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>302</u>	Skilled (SNF)	<u>302</u>	<u>110,532</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>0</u>	Intermediate (ICF)	<u>0</u>	<u>0</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>302</u>	TOTALS	<u>302</u>	<u>110,532</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>30,928</u>	<u>1,411</u>	<u>5,722</u>	<u>38,062</u>	8
9	SNF/PED					9
10	ICF	<u>46,393</u>	<u>2,117</u>	<u>0</u>	<u>48,509</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>77,321</u>	<u>3,528</u>	<u>5,722</u>	<u>86,571</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.32%

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

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

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES

☒

NO

☐

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

YES

☐

NO

☒

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

Date started

03/01/89

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

YES

☒

Date

03/01/89

NO

☐

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

YES

☒

NO

☐

If YES, enter number

of beds certified

302

and days of care provided

4,357

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:

12/31/16

Fiscal Year:

12/31/16

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

Facility Name & ID Number Glen Bridge N & Rehab Centre # 0035014 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	489,564	56,315	38,206	584,085		584,085		584,085			1
2	Food Purchase		658,016		658,016	(31,173)	626,843	(48,294)	578,549			2
3	Housekeeping	293,620	33,106		326,726		326,726		326,726			3
4	Laundry	109,070	16,780	8,904	134,754		134,754		134,754			4
5	Heat and Other Utilities			279,627	279,627		279,627	5,786	285,413			5
6	Maintenance	115,488	46,577	147,586	309,651		309,651	12,295	321,946			6
7	Other (specify):* Allocated Employee Benefits							654	654			7
8	TOTAL General Services	1,007,742	810,794	474,323	2,292,859	(31,173)	2,261,686	(29,559)	2,232,127			8
	B. Health Care and Programs											
9	Medical Director			133,277	133,277		133,277		133,277			9
10	Nursing and Medical Records	5,204,964	815,918	131,308	6,152,190		6,152,190	(100,800)	6,051,390			10
10a	Therapy	480,721	5,723	1,223,625	1,710,069		1,710,069	(187,250)	1,522,819			10a
11	Activities	162,159	4,912	2,448	169,519		169,519		169,519			11
12	Social Services	227,468		6,273	233,741		233,741		233,741			12
13	CNA Training											13
14	Program Transportation			19,895	19,895		19,895		19,895			14
15	Other (specify):* Allocated Employee Benefits							107,398	107,398			15
16	TOTAL Health Care and Programs	6,075,312	826,553	1,516,826	8,418,691		8,418,691	(180,652)	8,238,039			16
	C. General Administration											
17	Administrative	68,246		1,506,072	1,574,318		1,574,318	(1,471,745)	102,573			17
18	Directors Fees											18
19	Professional Services			381,054	381,054	(5,009)	376,045	(142,526)	233,519			19
20	Dues, Fees, Subscriptions & Promotions			97,875	97,875	2,120	99,995	(5,629)	94,366			20
21	Clerical & General Office Expenses	610,190	89,353	74,822	774,365	(2,120)	772,245	565,813	1,338,058			21
22	Employee Benefits & Payroll Taxes			1,311,066	1,311,066	31,173	1,342,239	(36,841)	1,305,398			22
23	Inservice Training & Education			2,235	2,235		2,235	3,955	6,190			23
24	Travel and Seminar											24
25	Other Admin. Staff Transportation			7,358	7,358		7,358	9,259	16,617			25
26	Insurance-Prop.Liab.Malpractice			1,105,124	1,105,124		1,105,124	8,905	1,114,029			26
27	Other (specify):* Allocated Employee Benefits							141,676	141,676			27
28	TOTAL General Administration	678,436	89,353	4,485,606	5,253,395	26,164	5,279,559	(927,133)	4,352,426			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,761,490	1,726,700	6,476,755	15,964,945	(5,009)	15,959,936	(1,137,344)	14,822,592			29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			274,622	274,622		274,622	283,637	558,259			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			34,532	34,532		34,532	444,629	479,161			32
33	Real Estate Taxes					5,009	5,009	744,582	749,591			33
34	Rent-Facility & Grounds			2,054,356	2,054,356		2,054,356	(2,054,356)				34
35	Rent-Equipment & Vehicles			67,763	67,763		67,763	17,099	84,862			35
36	Other (specify):* Mortgage Insurance							92,209	92,209			36
37	TOTAL Ownership			2,431,273	2,431,273	5,009	2,436,282	(472,200)	1,964,082			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		404,619	185,211	589,830		589,830		589,830			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			664,229	664,229		664,229		664,229			42
43	Other (specify):*			2,539,721	2,539,721		2,539,721	(2,539,721)				43
44	TOTAL Special Cost Centers		404,619	3,389,161	3,793,780		3,793,780	(2,539,721)	1,254,059			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,761,490	2,131,319	12,297,189	22,189,998		22,189,998	(4,149,265)	18,040,733			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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 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	(16,424)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(4,040)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(910)	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				18
19	Entertainment	(500)	43		19
20	Contributions	(5,000)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(2,510,588)	43		24
25	Fund Raising, Advertising and Promotional	(21,520)	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:	(684,323)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (3,243,305)		\$	30

BHF USE ONLY								
48		49		50		51		52

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 Amount	2 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)	(905,960)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (905,960)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (4,149,265)		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 Yes	2 No	3 Amount	4 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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Adjust Mgt Co. med supplies - med "A" to cost	\$ (21,473)	10	1
2	Adjust Mgt Co. med supplies - "other" to cost	(79,327)	10	2
3	Adjust Mgt Co. food to cost	(48,294)	2	3
4	Non-allowable professional fees	(228,909)	19	4
5	Non-allowable auto expense - marketing	(5,186)	25	5
6	Non-allowable clerical expense	(956)	43	6
7	Non-allowable IL Council on Long Term Care Fee	(9,807)	20	7
8	Non-allowable related party interest expense	(34,532)	32	8
9	Non-allowable patient clothing	(703)	43	9
10	Non-allowable marketing salaries	(217,795)	21	10
11	Non-allowable marketing employee benefits	(36,841)	22	11
12	Non-allowable patient storage	(500)	43	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(684,323)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glen Bridge N & Rehab Centre # 0035014 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	(48,294)	0	0	0	0	0	0	0	0	0	0	(48,294)	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	5,786	0	0	0	0	0	0	0	0	5,786	5
6	Maintenance	0	0	12,292	0	3	0	0	0	0	0	0	12,295	6
7	Other (specify):*	0	0	654	0	0	0	0	0	0	0	0	654	7
8	TOTAL General Services	(48,294)	0	18,732	0	3	0	0	0	0	0	0	(29,559)	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	(100,800)	0	0	0	0	0	0	0	0	0	0	(100,800)	10
10a	Therapy	0	0	0	0	(187,250)	0	0	0	0	0	0	(187,250)	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	107,398	0	0	0	0	0	0	107,398	15
16	TOTAL Health Care and Programs	(100,800)	0	0	0	(79,852)	0	0	0	0	0	0	(180,652)	16
	C. General Administration													
17	Administrative	0	0	(1,471,745)	0	0	0	0	0	0	0	0	(1,471,745)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(228,909)	0	28,749	10,009	47,625	0	0	0	0	0	0	(142,526)	19
20	Fees, Subscriptions & Promotions	(9,807)	0	2,818	0	1,360	0	0	0	0	0	0	(5,629)	20
21	Clerical & General Office Expenses	(234,219)	0	795,573	0	4,459	0	0	0	0	0	0	565,813	21
22	Employee Benefits & Payroll Taxes	(36,841)	0	0	0	0	0	0	0	0	0	0	(36,841)	22
23	Inservice Training & Education	0	0	1,923	0	2,032	0	0	0	0	0	0	3,955	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(5,186)	0	12,661	0	1,784	0	0	0	0	0	0	9,259	25
26	Insurance-Prop.Liab.Malpractice	0	0	7,335	0	1,570	0	0	0	0	0	0	8,905	26
27	Other (specify):*	0	0	141,439	0	237	0	0	0	0	0	0	141,676	27
28	TOTAL General Administration	(514,962)	0	(481,247)	10,009	59,067	0	0	0	0	0	0	(927,133)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(664,056)	0	(462,515)	10,009	(20,782)	0	0	0	0	0	0	(1,137,344)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glen Bridge N & Rehab Centre # 0035014 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(4,040)	0	13,793	273,884	0	0	0	0	0	0	0	283,637	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(34,532)	0	0	479,161	0	0	0	0	0	0	0	444,629	32
33	Real Estate Taxes	0	0	10,434	734,148	0	0	0	0	0	0	0	744,582	33
34	Rent-Facility & Grounds	0	0	0	(2,054,356)	0	0	0	0	0	0	0	(2,054,356)	34
35	Rent-Equipment & Vehicles	0	0	17,099	0	0	0	0	0	0	0	0	17,099	35
36	Other (specify):*	0	0	0	92,209	0	0	0	0	0	0	0	92,209	36
37	TOTAL Ownership	(38,572)	0	41,326	(474,954)	0	0	0	0	0	0	0	(472,200)	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):*	(2,540,677)	0	0	956	0	0	0	0	0	0	0	(2,539,721)	43
44	TOTAL Special Cost Centers	(2,540,677)	0	0	956	0	0	0	0	0	0	0	(2,539,721)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(3,243,305)	0	(421,189)	(463,989)	(20,782)	0	0	0	0	0	0	(4,149,265)	45

VII. RELATED PARTIES

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

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$			\$		1
2	V		Total from Page 6A	1,506,072	Glen Health and Home Management, Inc.	A	1,084,883	(421,189)	2
3	V								3
4	V		Total from Page 6B	2,054,356	GlenBridge Real Estate and Development, L.L.C.	B	1,590,367	(463,989)	4
5	V								5
6	V		Total from Page 6C	1,223,624	Therapy Masters, Inc.	C	1,202,842	(20,782)	6
7	V								7
8	V								8
9	V								9
10	V				A: Sidney Glenner - 100.00% through attribution				10
11	V				B: Sidney Glenner - 100.00% (constructively)				11
12	V				A: Sidney Glenner - 100.00%				12
13	V								13
14	Total			\$ 4,784,052			\$ 3,878,092	\$ * (905,960)	14

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

Facility Name & ID Number

Glen Bridge N & Rehab Centre

0035014

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Sidney Glenner	100.00%	GlenCrest Nursing & Rehabilitation	Chicago	See Attached Schedule A			1
2			Centre, Ltd.					2
3								3
4	Sidney Glenner	100.00%	Glen Elston Nursing & Rehabilitation	Chicago				4
5			Centre, Ltd.					5
6								6
7	Sidney Glenner	100.00%	Glen Oaks Nursing & Rehabilitation	Northbrook				7
8			Centre, Ltd.					8
9								9
10	Sidney Glenner	100.00%	GlenShire Nursing & Rehabilitation	Richton Park				10
11			Centre, Ltd.					11
12								12
13	Sidney Glenner	80.00%	GlenLake Terrace Nursing & Rehabilitation	Waukegan				13
14	Joshua Ray	20.00%	Centre, Ltd.					14
15								15
16	Sidney Glenner	99.00%	Brentwood North Healthcare & Rehabilitation	Riverwoods				16
17	Joshua Ray	1.00%	Centre, Ltd.					17
18								18
19	Sidney Glenner	50.00 %	Ballard Respiratory & Rehabilitation	Des Plaines				19
20	Joshua Ray	50.00 %	Center, LLC.					20
21								21
22	Sidney Glenner	50.00 %	Glen Saint Andrew Living Community, LLC.	Niles				22
23	Joshua Ray	50.00 %						23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	Management Fees	\$ 1,506,072	Glen Health and Home Management, Inc.	A	\$	(1,506,072)	15
16	V	5	Utilities		Glen Health and Home Management, Inc.	A	5,786	5,786	16
17	V	6	Repairs and Maintenance		Glen Health and Home Management, Inc.	A	8,668	8,668	17
18	V	19	Professional Fees		Glen Health and Home Management, Inc.	A	28,749	28,749	18
19	V	20	Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	2,818	2,818	19
20	V	21	Clerical		Glen Health and Home Management, Inc.	A	45,703	45,703	20
21	V	22	Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	142,093	142,093	21
22	V	23	Training and Education		Glen Health and Home Management, Inc.	A	1,923	1,923	22
23	V	25	Auto Expense		Glen Health and Home Management, Inc.	A	12,661	12,661	23
24	V	26	Insurance		Glen Health and Home Management, Inc.	A	7,335	7,335	24
25	V	30	Depreciation		Glen Health and Home Management, Inc.	A	13,793	13,793	25
26	V	33	Real Estate Taxes		Glen Health and Home Management, Inc.	A	10,434	10,434	26
27	V	35	Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	17,099	17,099	27
28	V	6	Janitorial Salaries		Glen Health and Home Management, Inc.	A	3,624	3,624	28
29	V	17	Officer's Salaries		Glen Health and Home Management, Inc.	A	34,327	34,327	29
30	V	21	Administrative Salaries		Glen Health and Home Management, Inc.	A	749,870	749,870	30
31	V	22	Employee Benefits		Glen Health and Home Management, Inc.	A	(142,093)	(142,093)	31
32	V	7	Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	654	654	32
33	V	27	Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	6,195	6,195	33
34	V	27	Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	135,244	135,244	34
35	V								35
36	V								36
37	V								37
38	V				A - OWNERSHIP: Sidney Glenner - 100% through attribution				38
39	Total			\$ 1,506,072			\$ 1,084,883	\$ * (421,189)	39

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

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014

Report Period Beginning: 01/01/2016 Ending: 12/31/2016

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	43	Clerical	\$	GlenBridge Real Estate & Development, L.L.C.	B	\$ 956	\$ 956	15
16	V	30	Depreciation		GlenBridge Real Estate & Development, L.L.C.	B	273,884	273,884	16
17	V	32	Interest Expense		GlenBridge Real Estate & Development, L.L.C.	B	479,518	479,518	17
18	V	33	Real Estate Taxes		GlenBridge Real Estate & Development, L.L.C.	B	734,148	734,148	18
19	V	34	Rental	2,054,356	GlenBridge Real Estate & Development, L.L.C.	B		(2,054,356)	19
20	V	19	Professional Fees		GlenBridge Real Estate & Development, L.L.C.	B	10,009	10,009	20
21	V	32	Interest Income		GlenBridge Real Estate & Development, L.L.C.	B	(357)	(357)	21
22	V	36	Mortgage Insurance Premium		GlenBridge Real Estate & Development, L.L.C.	B	92,209	92,209	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V				B - OWNERSHIP:				32
33	V				Sidney Glenner - 100.00% (constructively)				33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 2,054,356			\$ 1,590,367	\$ * (463,989)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10a	Therapy	\$ 1,223,624	Therapy Masters, Inc.	C	\$ 1,036,374	\$ (187,250)	15
16	V	19	Professional Fees		Therapy Masters, Inc.	C	47,625	47,625	16
17	V	20	Licenses, Permits, and Inspection		Therapy Masters, Inc.	C	1,360	1,360	17
18	V	6	Repairs and Maintenance		Therapy Masters, Inc.	C	3	3	18
19	V	21	Clerical		Therapy Masters, Inc.	C	2,189	2,189	19
20	V	22	Employee Benefits and Payroll		Therapy Masters, Inc.	C	107,635	107,635	20
21	V	23	Training and Education		Therapy Masters, Inc.	C	2,032	2,032	21
22	V	25	Auto Expenses		Therapy Masters, Inc.	C	1,784	1,784	22
23	V	21	Clerical Salaries		Therapy Masters, Inc.	C	2,270	2,270	23
24	V	22	Employee Benefits		Therapy Masters, Inc.	C	(107,635)	(107,635)	24
25	V	15	Employee Benefits - Therapy		Therapy Masters, Inc.	C	107,398	107,398	25
26	V	27	Employee Benefits - Clerical		Therapy Masters, Inc.	C	237	237	26
27	V	26	Insurance - Liability		Therapy Masters, Inc.	C	1,570	1,570	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V				C - OWNERSHIP: 100.00% Sidney Glenner				33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,223,624			\$ 1,202,842	\$ * (20,782)	39

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

Facility Name & ID Number Glen Bridge N & Rehab Centre # 0035014 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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 %	197,094	10	16.62 %	Salary	\$ 34,327	Ln 17, Co 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	45,842	7	16.62 %	Salary	7,984	Ln 21, Co 7	2
3	Daniel Glenner	President	Administrative	0.00 %	164,941	7	16.62 %	Salary	28,727	Ln 21, Co 7	3
4	Elliot Glenner	Dir of Purchasing	Administrative	0.00 %	77,898	7	16.62 %	Salary	13,568	Ln 21, Co 7	4
5											5
6											6
7											7
8											8
9											9
10			See Schedule B								10
11											11
12											12
13								TOTAL	\$ 84,606		13

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

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

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

Report Period Beginning:

01/01/2016Ending: 2/31/2016

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		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6			
1	5	Utilities	Resident Days	583,629	9	\$ 39,007	\$	86,571	\$ 5,786	1
2	6	Repairs and Maintenance	Resident Days	583,629	9	58,439		86,571	8,668	2
3	19	Professional Fees	Resident Days	583,629	9	193,812		86,571	28,749	3
4	20	Licenses, Permits and Inspection	Resident Days	583,629	9	18,995		86,571	2,818	4
5	21	Clerical	Resident Days	583,629	9	308,114		86,571	45,703	5
6	22	Employee Benefits and Payroll	Resident Days	583,629	9	957,941		86,571	142,093	6
7	23	Training and Education	Resident Days	583,629	9	12,962		86,571	1,923	7
8	25	Auto Expenses	Resident Days	583,629	9	85,358		86,571	12,661	8
9	26	Insurance	Resident Days	583,629	9	49,447		86,571	7,335	9
10	30	Depreciation	Resident Days	583,629	9	92,988		86,571	13,793	10
11	33	Real Estate Taxes	Resident Days	583,629	9	70,340		86,571	10,434	11
12	35	Equipment and Vehicle Rental	Resident Days	583,629	9	115,277		86,571	17,099	12
13	6	Janitorial Salaries	Resident Days	583,629	9	24,431	24,431	86,571	3,624	13
14	17	Officer's Salaries	Resident Days	583,629	9	231,420	231,420	86,571	34,327	14
15	21	Administrative Salaries	Resident Days	583,629	9	5,055,342	5,055,342	86,571	749,870	15
16	22	Employee Benefits	Payroll						(142,093)	16
17	7	Employee Benefits - Janitorial	Payroll						654	17
18	27	Employee Benefits - Officer's	Payroll						6,195	18
19	27	Employee Benefits - Admin	Payroll						135,244	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 7,313,873	\$ 5,311,193		\$ 1,084,883	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	\$79,367.32	5/1/2013	\$ 19,824,993	\$ 18,225,706	6/01/2043	0.0260	\$ 479,518	1	
2												2	
3												3	
4												4	
5												5	
	Working Capital												
6	Sidney Glenner	X		Working Capital		Various	657,754	657,754		0.0525	34,532	6	
7	AMJED GST Trust	X		Working Capital		Various	11,907,271	11,907,271				7	
8								Non-allowable related party interest:			(34,532)	8	
9	TOTAL Facility Related				\$79,367.32		\$ 32,390,018	\$ 30,790,731			\$ 479,518	9	
	B. Non-Facility Related*												
10									Interest Income Offset:			(357)	10
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (357)	14	
15	TOTALS (line 9+line14)						\$ 32,390,018	\$ 30,790,731			\$ 479,161	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 92,209 Line # 36

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2015 report.			\$	697,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	701,148	2
3. Under or (over) accrual (line 2 minus line 1).			\$	4,148	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	730,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	5,009	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	739,157	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2011	616,784	8	
		2012	645,642	9	
		2013	664,285	10	
		2014	676,433	11	
		2015	701,148	12	
See Attached Schedule G For Calculation of 2016 Real Estate Tax Accrual.					

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2015	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION \$		16

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

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glen Bridge N & Rehab Centre COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0035014

CONTACT PERSON REGARDING THIS REPORT Charles J. Fischer

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

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

Enter the tax index number and real estate tax assessed for 2015 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 2015.

	(A)	(B)	(C)	(D)
				<u>Tax</u>
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to</u>
				<u>Nursing Home</u>
1.	<u>09-14-200-029-0000</u>	<u>8333 West Golf Road</u>	\$ <u>5,028.41</u>	\$ <u>5,028.41</u>
2.	<u>09-14-200-032-0000</u>	<u>8333 West Golf Road</u>	\$ <u>696,119.76</u>	\$ <u>696,119.76</u>
3.	<u>Allocated from Management Company:</u>		\$ <u>74,688.61</u>	\$ <u>10,434.00</u>
4.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
		TOTALS	\$ <u><u>775,836.78</u></u>	\$ <u><u>711,582.17</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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

A. Square Feet: 46,058

B. General Construction Type: Exterior BrickFrame Concrete & SteelNumber 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:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Patient Care	58,949	1989	\$ 263,180	1
2	Allocated from Management Company:			12,597	2
3	TOTALS	58,949		\$ 275,777	3

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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

	1		2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	302		1989	1970	\$ 6,703,340	\$	35	\$ 191,524	\$ 191,524	\$ 5,298,831	4
5											5
6	Mgt Comp		1996		272,254			8,870	8,870		6
7	Allocation										7
8	Schedule J										8
	Improvement Type**										
9	Building Improvements			1989	66,436	1,898	35	1,898		52,513	9
10	Building Improvements			1990	7,195		35	206	206	5,696	10
11	Building Improvements			1990	3,885	111	35	111		2,961	11
12	Building Improvements			1990	35,167		10			35,167	12
13	Building Improvements			1991	8,342		10			8,342	13
14	Building Improvements			1991	12,621		10			12,621	14
15	Building Improvements			1992	78,993		10			78,993	15
16	Building Improvements			1993	5,350		10			5,350	16
17	Building Improvements			1993	109,105		10			109,105	17
18	Land Improvements			1993	45,615		15			45,615	18
19	Building Improvements			1993	53,394		10			53,394	19
20	Land Improvements			1993	10,717		15			10,717	20
21	Building Improvements			1995	29,767		10			29,767	21
22	Electrical wiring work to 2nd floor from basement			1996	23,000		10			23,000	22
23	Dialysis room construction			1996	7,439		10			7,439	23
24	Fireplace construction			1996	1,065		10			1,065	24
25	Mounted door alarm system and wiring			1996	2,505		10			2,505	25
26	PVC hand rail and wall bumper			1997	4,968		10			4,968	26
27	Window treatments			1997	2,226		10			2,226	27
28	Walls, cabinets and tub			1997	5,520		10			5,520	28
29	Cabinets, sink and lighting			1997	4,571		10			4,571	29
30	Walls, platform and ramp			1997	9,286		10			9,286	30
31	Window treatments			1997	2,394		10			2,394	31
32	Cabinets and cubicles			1997	9,631		10			9,631	32
33	Cabinets			1997	2,500		10			2,500	33
34	Base covers			1997	630		10			630	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 Doors	1997	\$ 1,950	\$	10	\$	\$	\$ 1,950	37
38 Sink	1997	2,236		10			2,236	38
39 Fire alarm equipment	1997	1,975		10			1,975	39
40 Walls and doors	1997	2,480		10			2,480	40
41 80 ton compressor	1998	20,800		10			20,800	41
42 Telephone system improvements	1998	2,503		10			2,503	42
43 Carpeting, window treatments, mini-blinds	1998	20,703		10			20,703	43
44 Handrail/bumper corner guard installation	1998	4,200		10			4,200	44
45 Cove base installation	1998	2,508		10			2,508	45
46 Handrail/bumper corner guard installation, accent rails	1999	11,401		10			11,401	46
47 Mini-blinds	1999	3,963		10			3,963	47
48 Carpeting, cove base installation	1999	14,797		10			14,797	48
49 Amtico, cove base installation	1999	5,616		10			5,616	49
50 Carpeting, cove base installation	1999	1,634		10			1,634	50
51 Wallpaper	1999	10,900		10			10,900	51
52 Handrail/bumper corner guard installation, accent rails	1999	11,401		10			11,401	52
53 Insurance claim: boiler	1999	(19,000)		10			(19,000)	53
54 Panel interior, interior mat installation	1999	2,468		10			2,468	54
55 Install alarms for ventilators	1999	1,560		10			1,560	55
56 Install handrails and bumper chair rails	1999	4,600		10			4,600	56
57 Carpeting	1999	4,497		10			4,497	57
58 Lighting improvements on the 5th floor	1998	4,635		10			4,635	58
59 Install new braille signs/slots	1999	2,135		10			2,135	59
60 Installation of mini-blinds	1999	3,476		10			3,476	60
61 Installation of handrails, bumpers, corner guards, chair rails	1999	5,500		10			5,500	61
62 Tube bundles for heat exchanger	1999	3,382		10			3,382	62
63 Install new tubes & door gaskets on boiler	1999	7,400		10			7,400	63
64 Install new motor, drain valve, drain hoses on washer	1999	1,903		10			1,903	64
65 Cove base installation, floor patches, vinyl tiles & powerbond	1999	11,459		10			11,459	65
66 Cove base installation	2000	3,267		10			3,267	66
67 Cove base installation	2000	1,939		10			1,939	67
68 Installation of fire dampers & exhaust fan	2000	2,773		10			2,773	68
69								69
70 TOTAL (lines 4 thru 69)		\$ 7,678,977	\$ 2,009		\$ 202,609	\$ 200,600	\$ 5,985,868	70

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

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Report Period Beginning:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,678,977	\$ 2,009		\$ 202,609	\$ 200,600	\$ 5,985,868	1
2	New interior for kitchen panel	2000	2,630		10			2,630	2
3	Electrical work for 6 dialysis chairs	2000	3,975		10			3,975	3
4	Install exhaust fan, ductwork, exhaust grille & fire-rated door	2000	2,560		10			2,560	4
5	Ductwork fabrication and installation	2000	4,120		10			4,120	5
6	Plumbing project	2000	14,517		10			14,517	6
7	Carpeting, floor patches	1999	2,969		10			2,969	7
8	4 custom nurses stations	2000	10,025		10			10,025	8
9	4 custom nurses stations	2000	33,284		10			33,284	9
10	5 sinks in nurses station	2000	1,642		10			1,642	10
11	Fire alarm system	2000	3,324		10			3,324	11
12	Cove base & vinyl installation, floor patches	2000	2,705		10			2,705	12
13	Install door restrictors,emergency lights & elevator telephone	2000	11,500		10			11,500	13
14	Dura glide 3000 single slide door packages	2000	12,218		10			12,218	14
15	Furnish and install two oil tank coolers in elevator pit	2001	6,750		10			6,750	15
16	Replace gasket, valves and coils on compressor	2001	3,200		10			3,200	16
17	Remove lobby wall, build new wall and install new ceiling	2001	26,841		10			26,841	17
18	Pre-wiring, televisions, brackets and electrical outlets	2001	68,526		10			68,526	18
19	Window caulking and masonry	2000	4,320		10			4,320	19
20	Ceramic tile, carpet, floor patches and cove base installation	2001	8,147		10			8,147	20
21	Ceiling/lighting project and remove/build wall in copy room	2001	24,145		10			24,145	21
22	Wallcovering installation and painting	2001	6,115		10			6,115	22
23	Ceiling fixture, 2 chandeliers, 4 wall sconces	2001	3,006		10			3,006	23
24	Installation of television system	2002	3,569		10			3,569	24
25	Furnish and install blinds	2002	3,616		10			3,616	25
26	Dialysis room renovation	2002	12,000		10			12,000	26
27	Cove base & vinyl installation, floor patches	2002	5,467		10			5,467	27
28	Replace tubes in boiler	2002	8,006		10			8,006	28
29	Television system installation	2003	10,846		10			10,846	29
30	Elevator pump installation	2003	2,450		10			2,450	30
31	Power amplifier and speaker installation	2003	3,962		10			3,962	31
32	Install receptacles to attach emergency panels for respirators	2004	2,960		10			2,960	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,988,372	\$ 2,009		\$ 202,609	\$ 200,600	\$ 6,295,263	34

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,988,372	\$ 2,009		\$ 202,609	\$ 200,600	\$ 6,295,263	1
2	Furnish and install new elevator door detector unit	2004	2,004		10			2,004	2
3	Installation of remote DVD system	2004	2,339		10			2,339	3
4	Repipe and patch alarm system	2003	2,200		10			2,200	4
5	Furnish and install head gaskets on boilers	2005	5,565		10			5,565	5
6	Philadelphia insurance refund	2005	(15,497)		10			(15,497)	6
7	Replacement of the fire alarm panel	2005	7,803		10			7,803	7
8	Cable installation	2005	13,115		10			13,115	8
9	Installed new detector edge and power pack on elevator	2005	1,983		10			1,983	9
10	Replace cooling tower fan motor	2005	1,726		10			1,726	10
11	Change relief valve on compressor	2005	1,594		10			1,594	11
12	Install handrails, vinyl tile, ceiling and lighting in 2 elevators	2005	11,091		10			11,091	12
13	Cable installation project	2005	21,100		10			21,100	13
14	Install cove base, ceramic tile, wallpaper and painting	2005	105,973		10			105,973	14
15	Install cove base, carpeting and vinyl tile	2005	17,729		10			17,729	15
16	Install vinyl/ceramic tile, furnish & install new sink, faucet	2005	2,235		10			2,235	16
17	Installation of wiring for vent machine	2005	1,393		10			1,393	17
18	Installation of FTA satellite system	2005	1,310		10			1,310	18
19	Valve installation on sprinkler heads	2006	3,175	154	10	154		3,175	19
20	Rework heads on sprinkler system	2006	2,033	104	10	104		2,033	20
21	Raise piping above soffit, relocate sprinkler heads	2006	5,258	261	10	261		5,258	21
22	Custom built-in wall units with drawers	2006	17,672	885	10	885		17,672	22
23	Furnish and install fire-rated doors, ceiling, ceramic tiles	2006	99,654	4,986	10	4,986		99,654	23
24	Furnish and install 44 gallon shower	2006	11,512	577	10	577		11,512	24
25	Installation of access door	2006	3,450	172	10	172		3,450	25
26	Purchase of cooling tower	2006	20,505	1,030	10	1,030		20,505	26
27	Installation of new electrical receptacles	2006	14,960	748	10	748		14,960	27
28	Installation of evaporator control unit in electrical room	2006	2,593	132	10	132		2,593	28
29	Installation of patch panel and computer jacks	2006	3,742	189	10	189		3,742	29
30	Removal of asbestos from cooling tower	2006	4,250	212	10	212		4,250	30
31	Installation of new coils, repair patch and connect piping	2006	2,946	144	10	144		2,946	31
32	Furnish and install fire alarm equipment	2006	6,390	319	10	319		6,390	32
33	Disconnect, remove and rewire cooling tower	2006	16,266	810	10	810		16,266	33
34	TOTAL (lines 1 thru 33)		\$ 8,386,441	\$ 12,732		\$ 213,332	\$ 200,600	\$ 6,693,332	34

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

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Report Period Beginning:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 8,386,441	\$ 12,732		\$ 213,332	\$ 200,600	\$ 6,693,332	1
2	Installation of elevator door frame protectors	2006	3,160	158	10	158		3,002	2
3	Telephone system upgrade	2006	2,995	146	10	146		2,995	3
4	Furnish and install outdoor signs	2007	10,532	1,053	10	1,053		10,004	4
5	Sealcoat and restripe parking lot project	2008	3,000	300	10	300		2,550	5
6	Parking lot drainage system	2008	11,200	1,120	10	1,120		9,520	6
7	Cable wiring of all televisions	2008	4,308	430	10	430		3,655	7
8	Plastering and painting project	2008	20,825	2,082	10	2,082		17,697	8
9	Carpeting project	2008	3,901	390	10	390		3,315	9
10	Installation of 77 electrical wallboxes for light fixture installation	2008	3,850	385	10	385		3,273	10
11	Wall tile, floor tile and carpet installation	2008	4,494	449	10	449		3,817	11
12	New nurses station, wallcovering, furnish & install cove base	2008	261,121	26,112	10	26,112		221,952	12
13	Automatic sprinkler system	2008	5,600	560	10	560		4,760	13
14	Wallcovering, corner guards, ceramic wall tile	2008	21,579	2,158	10	2,158		18,343	14
15	Interior drywall project	2008	6,550	655	10	655		5,568	15
16	Furnish solid vinyl tile	2008	7,687	769	10	769		6,536	16
17	Reposition exhaust ducts, install new sheet metal, ducts for	2009	3,333	333	10	333		2,498	17
18	fan coil, extend ductwork to outside wall								18
19	Demolition of walls, drywall & plaster, tile floors & walls,	2009	10,165	1,017	10	1,017		7,627	19
20	wallpaper, paint ceiling								20
21	Install 2 shower stalls, new supply lines, drain installed	2009	5,700	570	10	570		4,275	21
22	Furnish and install drywall in bathrooms and paint	2009	2,633	263	10	263		1,973	22
23	Trench drain installation, new vent line, install hot & cold	2009	6,800	680	10	680		5,100	23
24	supply lines								24
25	Remove front entrance concrete and install new concrete	2009	13,500	1,350	10	1,350		10,125	25
26	Remove driveway and patio concrete and install new concrete	2009	77,071	7,707	10	7,707		57,803	26
27	Remove and install fencing at exit areas and around patio	2009	34,890	3,489	10	3,489		26,168	27
28	Addition of telephone base stations, audit wireless system	2009	3,526	353	10	353		2,647	28
29	Remove driveway and patio concrete and install new concrete	2009	2,923	292	10	292		2,190	29
30	Remove and install fencing at exit areas and around patio	2009	(1,319)	(132)	10	(132)		(990)	30
31	Irrigation system for new patio addition	2009	9,339	934	10	934		7,005	31
32	Replace condenser water lines and valves	2009	2,690	269	10	269		2,018	32
33	Landscape installation	2009	7,500	750	10	750		5,625	33
34	TOTAL (lines 1 thru 33)		\$ 8,935,994	\$ 67,374		\$ 267,974	\$ 200,600	\$ 7,144,383	34

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

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Report Period Beginning:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 8,935,994	\$ 67,374		\$ 267,974	\$ 200,600	\$ 7,144,383	1
2	Floor tile (2 x 2 mosaic)	2009	(2,502)	(250)	10	(250)		(1,875)	2
3	Corner guards, cove base, furnish and install toilet partitions	2009	5,686	569	10	569		4,267	3
4	Elevator frame wraps, door casings, grab bars, cove base, tile	2009	29,734	2,546	10	2,973	427	22,298	4
5	Category 6 cable (550 mhz)	2010	4,418	386	10	442	56	2,873	5
6	Seepage project along sewer line	2010	2,900	254	10	290	36	1,885	6
7	Furnish and install wood casing	2010	3,761	376	10	376		2,444	7
8	Remove cove base, install vinyl floor tile and cove base	2010	265,344	23,600	10	26,534	2,934	172,471	8
9	Installation of walk-in freezer/cooler	2011	21,813	2,019	10	2,182	163	12,001	9
10	Replace cooling tower time delay, drier cores, vac pump, valve	2012	10,587	999	10	1,059	60	4,765	10
11	Install sprinkler heads in elevator shafts	2012	4,475	421	10	448	27	2,016	11
12	Sealcoat, stripe parking lot, fill potholes	2012	4,100	410	10	410		1,845	12
13	Install new hydraulic power unit for elevator	2013	11,800	1,146	10	1,180	34	4,130	13
14	Install sprinklers in bedroom closets on floors two through five	2013	20,300	1,965	10	2,030	65	7,105	14
15	Replace condensing unit in walk-in cooler	2013	4,441	433	10	444	11	1,554	15
16	Furnish and install carpet, floor tile, and vinyl base in the fourth floor hallway	2013	15,500	1,529	10	1,550	21	5,425	16
17									17
18	Parking lot mill and pave renovations	2013	33,691	3,369	10	3,369		11,792	18
19	Install new dd solenoids and change vacuum pump in a/c compressor unit	2014	3,125	313	10	313		782	19
20									20
21	Telephone wiring project	2014	7,071	707	10	707		1,768	21
22	New nursing station on the 5th floor with storage cabinets & sink	2014	19,800	1,980	10	1,980		4,950	22
23	Furnish and install drywall, plaster, ceiling grid, fixtures, tile in storage area	2014	5,200	520	10	520		1,300	23
24									24
25	Prep flooring, furnish and install vinyl plank floor and base, paint on the 5th floor	2014	8,200	820	10	820		2,050	25
26									26
27	Furnish and install ceiling grid, ceiling tile and fixtures on the 1st floor	2014	6,120	612	10	612		1,530	27
28									28
29	New controller, door operators, hatch lock, wire on elevators	2014	98,000	9,800	10	9,800		24,500	29
30	New nursing station on the 5th floor with cabinets, gate doors and countertops	2014	6,300	630	10	630		1,575	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,525,858	\$ 122,528		\$ 326,962	\$ 204,434	\$ 7,437,834	34

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

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Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 9,525,858	\$ 122,528		\$ 326,962	\$ 204,434	\$ 7,437,834	1
2	Vinyl tile, cove base, wallpaper, handrail/corner guards in the	2014	201,708	20,171	10	20,171		50,427	2
3	corridors, staff dining room, beauty salon, social services, D.O.N								3
4	room, medical records and conference room								4
5	Carpet, wallpaper, cove base and paint in the basement	2014	14,874	1,487	10	1,487		3,718	5
6	Replace ramp railing and concrete path	2014	14,000	1,400	10	1,400		3,500	6
7	Install doors and recessed lighting	2014	20,637	2,064	10	2,064		5,160	7
8	Install fire pump controllers with transfer switch	2014	45,500	4,550	10	4,550		11,375	8
9									9
10	Installation of New Generator; Removal of Old Generator;	2015	240,715	24,072	10	24,072		36,108	10
11	Install New Bollards - Entire Facility								11
12	Replace Door Handles and Locks - -1st Floor	2015	5,598	560	10	560		840	12
13	Switchboard Installation for Generator	2015	70,363	7,036	10	7,036		10,554	13
14	Outdoor Serviec Entrance & Indoor Main Switch Section								14
15	Switchboard Panel & Circuit Breakers Outside for Generator	2015	2,668	267	10	267		400	15
16	Curcuit Breaker Connection to Switchboard - Generator Outside	2015	15,805	1,581	10	1,581		2,371	16
17	Installation of Door, Front Panel and Frame - 1st Floor	2015	7,200	720	10	720		1,080	17
18	Install Damper & Access Panel - 1st Floor	2015	5,500	550	10	550		825	18
19	Seal Supply Duct - Basement								19
20	Install Control Box, Contractors & Wires for Dishwasher - Kitche	2015	3,500	350	10	350		525	20
21	Install Water Resistance Conduit above Dishwasher - Kitchen	2015	3,500	350	10	350		525	21
22	Install Floor Tile, Grout & Seal for Damage Area - Kitchen	2015	7,212	721	10	721		1,082	22
23	Install 4 Doors and Frames - 1st Floor;	2015	3,200	320	10	320		480	23
24	Re-Install Alarm for Door - Basement								24
25	Generator & Initial Cost to Put into Service	2015	97,912	9,791	10	9,791		14,687	25
26									26
27									27
28	1st Fl. Sprinkler System	2015	12,000	1,200	10	1,200		1,800	28
29	Install Ceramic, Vinyl & Carpet Tiles; Millwork Base	2015	18,964	1,896	10	1,896		2,844	29
30	Vestibule, Lobby, Reception & Copy Room								30
31	Wall Covering, Window Treatments, Install Light Fixture,	2015	5,518	552	10	552		828	31
32	Cornice, Custom Carpet 7 Cove Base								32
33	Admissions & Administrator Office; Conference Room								33
34	TOTAL (lines 1 thru 33)		\$ 10,322,232	\$ 202,166		\$ 406,600	\$ 204,434	\$ 7,586,964	34

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 10,322,232	\$ 202,166		\$ 406,600	\$ 204,434	\$ 7,586,964	1
2	Install Vinyl Tile, Millwork Base, Ceiling Light & Door Casings	2015	36,209	3,621	10	3,621		5,431	2
3	Facility Corridors								3
4	Install Ceramic Tile & Cove Base; Wall Covering & Tiles; Plumbing	2015	9,983	998	10	998		1,497	4
5	Guest Training Baths								5
6	Install Vinyl Tile & Cove Base; Install Drywall & Door	2015	4,963	496	10	496		744	6
7	Golden Age Room								7
8	Install Vinyl Tile & Cove Base; Install Wall, Door & Frame	2015	12,634	1,263	10	1,263		1,895	8
9	Install 2 Windows, Wall Covering, Blinds & Cornice								9
10	Install Ceiling Tile & Lights - Beauty Salon								10
11	Millwork Base; Install Rods & Drapes - Dining Room	2015	3,081	308	10	308		462	11
12	Furnish & Install Window Treatments, Blinds & Shades - Common Area	2015	6,944	694	10	694		1,041	12
13	Build & Install Reception Desk/Credenza with Panels &	2015	34,757	3,476	10	3,476		5,214	13
14	Granite/Laminate Countertops; Carpet Installation;								14
15	Ceiling Tile & Electrical Fixtures - Reception/Lobby Areas								15
16	Purchase of Ceramic Tile for Kitchen Floor	2015	5,150	515	10	515		773	16
17	Remove and Replace Gas Train on Boiler #2	2015	5,950	595	10	595		893	17
18	Concrete Work on Patio & Driveway, Ramp & Wall Patching	2015	5,800	580	10	580		870	18
19	Exterior Fence Project	2015	4,900	490	10	490		735	19
20	Replace Soft Starter & Pump Motor on Elevators	2015	11,557	1,156	10	1,156		1,734	20
21	Plumbing, Drywall, Build Out Walls for Dialysis Room, Paint	2015	31,200	3,120	10	3,120		4,680	21
22	Install New PID Modules, Run New Wiring to Elevators,	2015	9,182	918	10	918		1,377	22
23	New Recall Device								23
24	Removal and Installation of New Magic Air Fan Coil	2015	5,900	590	10	590		885	24
25	Install Gas Train Venting and Replace Gas Venting	2015	7,180	718	10	718		1,077	25
26	Interior Plumbing Remodeling, Install Water Line In Dialysis Room	2015	19,500	1,950	10	1,950		2,925	26
27	Install Sheet Metal on Roof, Prime and Paint	2015	3,400	340	10	340		510	27
28	Tone, Trace and Tag All Riser Pairs from IDF'S to MDF'S	2015	5,400	540	10	540		810	28
29	on Floors 2,3,4,5								29
30	Reinstall Compressor Termination and Wiring	2015	9,820	982	10	982		1,473	30
31	Install Two Service Disconnects for Lighting Circuits in Elevator	2015	6,320	632	10	632		948	31
32	Relocate Electric, Furnish Can Lights, Remove & Install Drywall,	2015	16,365	1,637	10	1,637		2,455	32
33	Reception Desk								33
34	TOTAL (lines 1 thru 33)		\$ 10,578,427	\$ 227,785		\$ 432,219	\$ 204,434	\$ 7,625,393	34

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

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 10,578,427	\$ 227,785		\$ 432,219	\$ 204,434	\$ 7,625,393	1
2	Blend Valve Assembly With Cold Water Bypass	2015	3,882	388	10	388		582	2
3	Carpeting, Base, Install 2 New Chandeliers, Corner Guard	2015	5,917	592	10	592		888	3
4	In Lobby, Corridor								4
5	120 Yards of Wallcovering for Offices, Dining Room,	2015	3,123	312	10	312		468	5
6	Lobby, Corridor								6
7	Fire Pump and Controller Replacement	2015	2,500	250	10	250		375	7
8	Replace Existing Ceiling Grid and Tile, LED Light Fixtures In	2015	5,536	554	10	554		831	8
9	Vestibule, Conference Room								9
10	Electrical project in dialysis room	2016	3,908	195	10	195		195	10
11	Demolition and installation of new ceiling and wall, install new	2016	5,123	256	10	256		256	11
12	door in dialysis room								12
13	Install transfer switch on generator	2016	4,131	207	10	207		207	13
14	Remove cove base, install vinyl floor, blinds, wallcovering for	2016	30,163	1,508	10	1,508		1,508	14
15	dialysis room								15
16	Electrical project in dialysis room, run cable to nurses station	2016	3,580	179	10	179		179	16
17	Install four compressor isolation valves	2016	6,625	331	10	331		331	17
18	Insulation of compressor	2016	9,729	486	10	486		486	18
19	Furnish and install granite around chase, ceiling tile	2016	3,400	170	10	170		170	19
20	Remove and replace compressor motor	2016	5,459	273	10	273		273	20
21	Install new vinyl windows	2016	9,300	465	10	465		465	21
22	Remove and replace #1 pilot burner on boiler	2016	6,038	302	10	302		302	22
23	Furnish and install 2 pit ladders to beams for both elevators	2016	6,613	331	10	331		331	23
24	Furnish and install ceiling tile, vinyl tile in hallway	2016	22,550	1,128	10	1,128		1,128	24
25	Wire conversion project for boilers	2016	4,227	211	10	211		211	25
26									26
27	See Attached Schedule L:								27
28	Leasehold Improvements Allocated from Management Company:	1998	14,993						28
29	Leasehold Improvements Allocated from Management Company:	1999	6,261						29
30	Leasehold Improvements Allocated from Management Company:	2000	751						30
31	Leasehold Improvements Allocated from Management Company:	2008	2,257						31
32	Leasehold Improvements Allocated from Management Company:	2016	22,367			2,948	2,948	32,604	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,766,860	\$ 235,923		\$ 443,305	\$ 207,382	\$ 7,667,183	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	\$ 978,945	\$ 103,932	\$ 103,932	\$	10 years	\$ 435,658	71
72	Current Year Purchases	37,056	3,706	3,706		10 years	3,706	72
73	Fully Depreciated Assets	596,106	5,341	5,341		5, 10 years	596,106	73
74	Allocated from Therapy Masters, Mgt Co:	120,699		1,369	1,369		103,061	74
75	TOTALS	\$ 1,732,806	\$ 112,979	\$ 114,348	\$ 1,369		\$ 1,138,531	75

D. Vehicle Costs. (See instructions.)*									
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9
76	Allocated from Management Company:			\$ 25,305	\$	\$ 606	\$ 606		\$ 24,999
77									
78									
79									
80	TOTALS			\$ 25,305	\$	\$ 606	\$ 606		\$ 24,999

E. Summary of Care-Related Assets					1	2
		Reference			Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)			\$	12,800,748
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	348,902
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	558,259
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	209,357
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	8,830,713

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		\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
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: See Schedule VII, Page 6
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
- If NO, see instructions.

X

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

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

X

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: \$ 73,411
- Description: See Attached Schedule M
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20	Allocated from Management Company:			11,451	20
21	TOTAL		\$	\$ 11,451	21

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.	/2017	\$
13.	/2018	\$
14.	/2019	\$

* 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.

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

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.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	Ln10a,Col 1&3	4,083 hrs	\$ 86,641	8,648	\$ 484,988	\$	12,731	\$ 571,629	1
2	Licensed Speech and Language Development Therapist	Ln10a,Col 2&3	hrs		1,887	113,924	300	1,887	114,224	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		10,686	624,713	5,423	10,686	630,136	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescrpts				404,619		404,619	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
	Radiology, Laboratory & Dialysis Other (specify): Respiratory Therapy	Ln 39, Col 3 Ln10a, Col 1				185,211			185,211	
13			16,266 hours	394,080				16,266	394,080	13
14	TOTAL			\$ 480,721	21,221	\$ 1,408,836	\$ 410,342	41,570	\$ 2,299,899	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.

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (8,727,075)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (8,727,075)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,902,493)	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)	\$ (2,902,493)	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)	\$ (11,629,568)	24

Operating Entity Only

* This must agree with page 17, line 47.

Facility Name & ID Number Glen Bridge N & Rehab Centre

0035014

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 17,807,688	1
2	Discounts and Allowances for all Levels	(2,031,943)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,775,745	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,003,487	6
7	Oxygen	369,888	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,373,375	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	5,310	15
16	Rental of Facility Space		16
17	Sale of Drugs	327,406	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	42,149	19
20	Radiology and X-Ray	10,095	20
21	Other Medical Services	748,363	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,133,323	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	5,062	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,062	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)	\$ 19,287,505	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,292,859	31
32	Health Care	8,418,691	32
33	General Administration	5,253,395	33
	B. Capital Expense		
34	Ownership	2,431,273	34
	C. Ancillary Expense		
35	Special Cost Centers	3,129,551	35
36	Provider Participation Fee	664,229	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 22,189,998	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,902,493)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,902,493)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 11,914,207	44
45	Private Pay - Net Inpatient Revenue	904,795	45
46	Medicare - Net Inpatient Revenue	2,431,837	46
47	Other-(specify) Insurance - Net Inpatient Revenue	422,702	47
48	Other-(specify) Veterans - Net Inpatient Revenue	102,204	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 15,775,745	49

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

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

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

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

Facility Name & ID Number Glen Bridge N & Rehab Centre# 0035014Report Period Beginning: 01/01/2016Ending: 12/31/2016

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,871	1,984	\$ 100,053	\$ 50.43	1
2	Assistant Director of Nursing	1,953	2,091	85,408	40.85	2
3	Registered Nurses	80,364	86,362	2,474,319	28.65	3
4	Licensed Practical Nurses	19,429	21,216	556,657	26.24	4
5	CNAs & Orderlies	128,537	138,094	1,851,251	13.41	5
6	CNA Trainees					6
7	Licensed Therapist	18,797	20,349	480,721	23.62	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,974	2,167	36,926	17.04	9
10	Activity Assistants	10,985	11,884	125,233	10.54	10
11	Social Service Workers	9,023	10,005	227,468	22.74	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	11,228	12,214	161,347	13.21	14
15	Cook Helpers/Assistants	26,539	29,324	328,217	11.19	15
16	Dishwashers					16
17	Maintenance Workers	6,596	7,363	115,488	15.68	17
18	Housekeepers	25,610	28,194	293,620	10.41	18
19	Laundry	9,094	10,012	109,070	10.89	19
20	Administrator	2,033	2,411	68,246	28.31	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	23,521	26,040	610,190	23.43	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	1,918	2,051	53,528	26.10	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	7,305	7,631	83,748	10.97	33
34	TOTAL (lines 1 - 33)	386,777	419,392	\$ 7,761,490 *	\$ 18.51	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	\$ 38,206	Ln 1, Col 3	35
36	Medical Director	Monthly	133,277	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	19,642	Ln 10, Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,448	Ln 11, Col 3	44
45	Social Service Consultant	105	6,273	Ln 12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	153	\$ 199,846		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	2,965	\$ 80,066	Ln 10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	2,965	\$ 80,066		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	
Evelyn Amador	Administrator	0.00 %	\$ 68,246	Workers' Compensation Insurance	\$	147,397	IDPH License Fee	\$ 3,980	
				Unemployment Compensation Insurance		55,031	Advertising: Employee Recruitment	629	
				FICA Taxes		598,755	Health Care Worker Background Check		
				Employee Health Insurance		250,326	(Indicate # of checks performed 100)	1,000	
				Employee Meals		31,173	Patient Background Checks 112	1,120	
				Illinois Municipal Retirement Fund (IMRF)*		0			
				Union Health and Welfare		191,641	See Attached Schedule K:	83,459	
				Union Pension		48,697			
				401K Match		13,790	Allocated from Management Company:	2,818	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				Other Employee Benefits		5,571	Allocated from Therapy Masters:	1,360	
				Uniform Allowance		(142)	Less: Public Relations Expense	()	
				Non-Allowable Marketing Employee Benefits:		(36,841)	Non-allowable advertising	()	
				See Attached Schedule D:		0	Yellow page advertising	()	
				TOTAL (agree to Schedule V, line 22, col.8)	\$	1,305,398	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 94,366	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
Management Fees (eliminated in Column 7)			\$ 1,506,072			\$	Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)									

*** Attach copy of IMRF notifications**

****See instructions.**

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?
If YES, give association name and amount.

Yes
Illinois Council on Long Term Care \$19,910

(3)

Did the nursing home make political contributions or payments to a political action organization?
If YES, have these costs been properly adjusted out of the cost report?

Yes
Yes

(4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?
If YES, what is the capacity?

No
N/A

(5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

Yes
10 Years

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 59,281 Line 10

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?
If NO, attach a complete explanation.

Yes

(8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

No
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.
This amount is to be recorded on line 42 of Schedule V.

\$ 664,229

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

No

(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?
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.

No

(15)

Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V.
Has any meal income been offset against related costs?

\$ 31,173
No
Indicate the amount. \$ N/A

(16)

Travel and Transportation

a.

Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

No

b.

Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.

No
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?
Indicate the amount of income earned from providing such transportation during this reporting period.

No
N/A

(17)

Has an audit been performed by an independent certified public accounting firm?
Firm Name:

No
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.
Attach invoices and a summary of services for all architect and appraisal fees

Yes

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2016

SCHEDULE A

SCHEDULE VII. RELATED PARTIES
Part A. Col.3

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

SCHEDULE

SCHEDULE VII RELATED PARTIES

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

Name	Compensation Received From Other Nursing Homes								Total
	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenCrest Nursing & Rehab. Centre, Ltd.	Brentwood North Healthcare & Rehabilitation	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	Glen Lake Terrace Nursing & Rehab	Ballard Respiratory & Rehab	Glen Saint Andrew Living Comm	
Sidney Glenner	34,326	35,426	17,403	13,643	23,658	28,487	18,488	25,663	197,094
Jonathan Glenner	7,984	8,240	4,048	3,173	5,502	6,626	4,300	5,969	45,842
Daniel Glenner	28,726	29,647	14,564	11,417	19,798	23,840	15,472	21,477	164,941
Elliot Glenner	13,567	14,002	6,878	5,392	9,350	11,259	7,307	10,143	77,898
Total compensation received from other Nursing Homes	84,603	87,315	42,893	33,625	58,308	70,212	45,567	63,252	485,775

B

SCHEDULE C

XIX. SUPPORT SCHEDULES

C. Professional Services
Page 21

Vendor/Payee	Type	AMOUNT
Health Data Systems, Inc.	Computers	7,165
Point ClickCare	Computers	63,076
E Health Data Solutions	Computer System Consulting	4,860
Net Health	Computers	10,929
Kronos	Computers	20,538
The SMB Help Desk	Computers	278
Comcast Business	Computers	1,690
Microsoft	Computers	6,901
McGladrey LLP	Accounting	34,674
Marcum	Accounting	350
Vanek, Larson & Kold LLC	Legal	54,494
Much Shelist	Legal	2,717
Littler Mendelson PC	Legal	2,212
Marilyn P. Dunn	Legal	2,560
Polsinelli Shughart	Legal	107
Johnson & Bell, Ltd.	Legal	15,530
Thompson Coburn LLP	Legal	1,804
Engineering Resources Association	Engineering Consulting	3,023
Admiral Environmental Services	Engineering Consulting	325
Commitment Consulting	A/R Collections	130,943
Platinum Billing Solutions	A/R Collections	4,218
Company Nurse	Workers Injury Consulting	1,040
Personnel Planners, Inc.	Unemployment Consulting	1,220
2401 Incorporated	Construction Management	10,400
Total Schedule V, Line 19, Col. 3		381,054

Allocated from Management Co:

Point ClickCare - Computer Service	2,597
Lexis Nexis - Computer Services	4
Health Data Systems, Inc. - Computer Services	176
Microsoft Computers - Computer Services	1,024
Rosie Connectivity Solutions - Computer Services	74
Creativity Technology Solutions - Computer Services	1,159
MB Financial Bank - Legal	5,002
Marcum - Accounting Services	1,135
Polsinelli - Legal	1,177
Govig - Legal	13,350
Perfect Staffing - Recruiter	2,336
Marilyn Dunn - Legal	30
Personnel Planners - W/C Consulting	34
Much Shelist - Legal	651
Total allocated from Management Co.	28,749

Total allocated from Therapy Masters:

Casamba - Computer Services	5,101
Health Data Systems - Computer Services	162
Virtu Senes - Computer Services	601
O'Hagan LLC - Legal	1,112
RSM US LLP - Accounting Services	208
Theracore - Business Consulting	35,582
Personnel Planners - Financial Consulting	89
Career Tree Network - Therapy Recruitment	4,770
Total allocated from Therapy Masters:	47,625

GlenBridge Real Estate & Development, LLC:

Stout Risius Ross, Inc.	Real Estate Tax Appraisal	5,009
Walker & Dunlop.	Legal - A/R Line-of-Credit	5,000
Total from GlenBridge Real Estate & Development, LLC:		10,009

Reclass Stout Risius Ross, Inc. - Real Estate Tax Appraisal to Line 33

-5,009

Non-Allowable Expenses:

Commitment Consulting - A/R collections	-130,943
Platinum Billing Solutions - A/R collections	-4,218
Walker & Dunlop - Legal - A/R Line-of-Credit - GlenBridge Real & Estate & Development, LLC	-5,000
Much Shelist - Legal - out of period	532
Thompson Coburn LLP - Legal - out of period	-1,804
Marilyn Dunn - Legal - A/R Financing	-2,230
Polsinelli Shughart - Legal - out of period	-107
Vanek, Larson & Kold, LLC. - Legal - A/R Collections	-54,494
RSM US LLP - Accounting Services - Tax preparation fees	-30,645
Total Non-Allowable Expenses:	-228,909

Total adjustments page 21, Sch C.

-147,535

Total Schedule V, line 19, column 8

233,519

SCHEDULE D

XIX. SUPPORT SCHEDULES

D. Employee Benefits and Payroll Taxes
Page 21

DESCRIPTION	AMOUNT
Allocated from Management Co:	
FICA taxes	53,339
FUTA	444
SUTA	2,713
401K Match	4,263
Insurance - Hospital	74,423
Workers Compensation Insurance	6,911
Total allocated from Management Co.	142,093
Employee Benefits reclassified to Lines 7, 27	-142,093
Allocated from Therapy Masters, Inc.:	
FICA taxes	74,253
FUTA	770
SUTA	1,274
401K Match	6,880
Insurance - Hospital	18,144
Workers Compensation Insurance	6,314
Total allocated from Therapy Masters, Inc. Co.	107,635
Employee Benefits reclassified to Lines 15,27	-107,635
Total allocated to Page 21	0

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

DESCRIPTION	AMOUNT
Accrued Insurance Deductible	100,000
Due to Third Party	1,600,465
Insurance Payable	850,234
Accrued Management Fees	1,797,571
Accrued 401K	-801
Accrued Union Dues	14,438
Credit Union	-30
Accrued Profit Sharing	480
Accrued Provider Participation Fee - Tax	160,752
Due - Patient Trust Fund	-11,359
Workshop	5,167
Advance from HFS	3,297
Professional Liability Claims	1,175,057
Total, Page 17, Line 36	5,695,271

SCHEDULE F

SCHEDULE VI. ADJUSTMENT DETAIL

Schedule A. Nonallowable Expenses

Page 5

DESCRIPTION	AMOUNT	REFERENCE
Non-allowable IL Council on Long Term Care fee	-9,807	20
Non-allowable professional fees	-228,909	19
Non-allowable clerical expense	-956	43
Adjust mgt co. med supplies - med'A' to cost	-21,473	10
Adjust mgt co. med supplies - 'other' to cost	-79,327	10
Adjust mgt co. food to cost	-48,294	2
Non-allowable patient clothing	-703	43
Non-allowable insurance reimbursement	0	22
Non-allowable related party interest expense	-34,532	32
Non-allowable marketing salaries	-217,795	21
Non-allowable marketing employee benefits	-36,841	22
Non-allowable patient storage	-500	43
Non-allowable auto expense - marketing	-5,186	25
Total	-684,323	

GlenBridge Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2016

SCHEDULE G

	Accrued 1/01/16	Payments	Expense	Accrued 12/31/16
Balance @ 1/01/16 - G/L# 390	(697,000.00)		(697,000.00)	
2015 Real Estate Taxes Paid		701,148.17	701,148.17	
Estimated 2016 real estate taxes:				
2015 taxes	701,148.17			
Estimated increase	4.00%			
Estimated 2016 taxes	729,194.10			
USE	730,000.00		730,000.00	(730,000.00)
Totals	(697,000.00)	701,148.17	734,148.17	(730,000.00)

Real estate tax history:

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

Provider Name: GlenBridge Nursing & Rehab Ctr.
Provider I.D. #: 0035014
Year Ended: December 31, 2016

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Ellen DeFilippo	4/30/2016	Chicago, IL	2016 School of Social Work Networking and Career Fair	30
Evelyn Amador	5/9/2016	Chicago, IL	National Association of Long Term Administrator Boards	653
Evelyn Amador, Thomas Layco, Terisita Liamzon-I	4/18/16, 4/19/16	Oak Lawn, IL	Illinois Council on Long Term Care/Healthcare Council of Illinois Compliance Reviews or Audits Part I	450
Hanna Krech, Matisha Evangelista	8/31/2016	Skokie, IL	Illinois Council on Long Term Care/Healthcare Council of Illinois SNF Quality Reporting Program - The Practical Approach	250
Hanna Krech	9/12/2016	Chicago, IL	Illinois Council on Long Term Care/Healthcare Council of Illinois	80
Nursing Staff	11/7/2016	Niles, IL	RosieConnect 2.0 Training	772
			Allocated From Management Company	1,923
			Allocated From Therapy Masters	2,032
			Total	6,190

SCHEDULE I

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

	Gasoline Allowance	Licenses/ Stickers	Employee Reimbursement: Parking, Tolls, Mileage	Repairs	Total
Direct Expense	6,530	121	707	0	7,358
Non-allowable auto expense - marketing					-5,186
Allocated from Management Company					12,661
Allocated from Therapy Masters					1,784
TOTAL	6,530	121	707	0	16,617

HEALTH AND HOME MANAGEMENT, INC. ALLOCATION OF MANAGEMENT COMPANY BUILDING													SCHEDULE J										
ASSET DESCRIPTION	COST 6/30/1999	ADJUSTMENTS TO CAPITAL PROJECTION	ADJUSTED CAPITAL PROJECTION 6/30/1999	ADDITIONS 7/1/99- 12/31/2004	COST 12/31/2000	NURSING HOME PERCENTAGE 84.9438%	GLENBRIDGE 103,952,460,292 0.223883969	GLENCREST 111,372,460,292 0.241959452	GLEN OAKS 101,895,460,292 0.221370348	GLEN ELSTON 41,229,460,292 0.08955185	GLENSHIRE 102,753,460,292 0.223234382												
1996 BUILDING PURCHASE	230,000		230,000		<u>230,000</u>	195.371	43,740	47,272	-	43,249	-	17,496	43,614										
1998 BUILDING RENOVATION																							
GENERAL CONTRACTOR	957,570		957,570		957,570																		
ELECTRICAL CONTRACTOR	275,576		275,576		275,576																		
HVAC CONTRACTOR	182,130		182,130		182,130																		
PLUMBING CONTRACTOR	68,599		68,599		68,599																		
ARCHITECT FEES	115,968		115,968		115,968																		
OTHER FEES AND PERMITS	33,024		33,024		33,024																		
SECURITY SYSTEM	17,953		17,953		17,953																		
TELEPHONE SYSTEM	12,500		12,500		12,500																		
MISC. BUILDING COMPONENTS	24,226		24,226		24,226																		
CAPITALIZED INTEREST	121,387	-15,261	106,126		106,126																		
LANDSCAPING	30,000		30,000		30,000																		
SPRINKLER SYSTEM	10,720		10,720		10,720																		
HVAC SYSTEMS	24,749	-24,749	0		0																		
WALL CONSTRUCTION	10,235	-10,235	0		0																		
ELECTRICAL	10,624	-10,624	0		0																		
MISC. IMPROVEMENTS	26,075	-26,075	0		0																		
ASPHALT DRIVEWAY	5,900	-5,900	0		0																		
					<u>2,064,392</u>	1,753,573	392,597	424,294	-	388,189	-	157,036	391,458										
1999 ACCORD ELECTRIC				17,929	17,929																		
HMS + ASSOCIATES INTERIOR				31,505	31,505																		
SAM MORRINO LANDSCAPING				1,060	1,060																		
ARCHITECTURAL DYNAMICS-ARCHITECT FEES				1,468	1,468																		
MISC.				11,076	11,076																		
				<u>2,127,420</u>		1,807,111	404,583	437,248	-	400,041	-	161,830	403,409										
2000 AQUATIC WORKS - BUILT IN FISH TANK				5,000	5,000																		
				<u>2,132,420</u>		1,811,359	405,534	438,275	-	400,981	-	162,211	404,358										
2001 NO ADDITIONS																							
				<u>2,132,420</u>		1,811,359	405,534	438,275	-	400,981	-	162,211	404,358										
2002 NO ADDITIONS																							
				<u>2,132,420</u>		1,811,359	405,534	438,275	-	400,981	-	162,211	404,358										
2003 SEAL COAT CORPORATION - SEAL PARKING LOT				2825	2825																		
				<u>2,135,245</u>		1,813,758	406,071	438,856	-	401,512	-	162,425	404,893										
2004 NO ADDITIONS																							
				<u>2,135,245</u>		1,813,758	406,071	438,856	-	401,512	-	162,425	404,893										
2005 NO ADDITIONS																							
				<u>2,135,245</u>		1,813,758	406,071	438,856	-	401,512	-	162,425	404,893										
2006 NO ADDITIONS																							
				<u>2,135,245</u>		1,813,758	406,071	438,856	-	401,512	-	162,425	404,893										
							RECALCULATION BASED ON 2007 CENSUS																
						NURSING HOME PERCENTAGE 84.9438%	OLENBRIDGE 87,707	OLENCREST 98,782	GLEN OAKS 108,311	GLEN ELSTON 46,287	GLENSHIRE 78,007	OLENLAKE 74,334	TOTAL 488,734										
							0.199115401	0.199115407	0.218156038	0.082474797	0.16949942	0.152250765	1										
2007 NO ADDITIONS				<u>2,135,245</u>		1,813,758	348,338	351,892	395,682	149,589	290,111	276,146	1,813,758										
							RECALCULATION BASED ON 2008 CENSUS																
						NURSING HOME PERCENTAGE 84.9438%	OLENBRIDGE 93,929	OLENCREST 92,291	GLEN OAKS 105,965	GLEN ELSTON 37,609	GLENSHIRE 81,480	OLENLAKE 76,408	BRENTWOOD 15,564	TOTAL 503,336									
							18.66%	18.34%	21.05%	7.47%	16.19%	15.20%	3.09%	1									
2008 NO ADDITIONS				<u>2,135,245</u>		1,813,758	338,471	332,568	381,842	135,523	293,611	275,659	56,084	1,813,758									
							RECALCULATION BASED ON 2009 CENSUS																
						NURSING HOME PERCENTAGE 84.9438%	OLENBRIDGE 92,668	OLENCREST 90,627	GLEN OAKS 105,904	GLEN ELSTON 37,909	GLENSHIRE 82,080	OLENLAKE 82,504	BRENTWOOD 49,247	TOTAL 540,913									
							17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%									
2009 NO ADDITIONS				<u>2,135,245</u>		1,813,758	310,728	303,882	355,107	127,113	275,156	276,645	165,130	1,813,758									
							RECALCULATION BASED ON 2009 CENSUS																
						NURSING HOME PERCENTAGE 84.9438%	OLENBRIDGE 92,668	OLENCREST 90,627	GLEN OAKS 105,904	GLEN ELSTON 37,909	GLENSHIRE 82,080	OLENLAKE 82,504	BRENTWOOD 49,247	TOTAL 540,913									
							17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%									
2010 NO ADDITIONS				<u>2,135,245</u>		1,813,758	310,728	303,882	355,107	127,113	275,156	276,645	165,130	1,813,758									
							RECALCULATION BASED ON 2009 CENSUS																
						NURSING HOME PERCENTAGE 84.9438%	OLENBRIDGE 92,668	OLENCREST 90,627	GLEN OAKS 105,904	GLEN ELSTON 37,909	GLENSHIRE 82,080	OLENLAKE 82,504	BRENTWOOD 49,247	TOTAL 540,913									
							17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%									
2011 NO ADDITIONS				<u>2,135,245</u>		1,813,758	310,728	303,882	355,107	127,113	275,156	276,645	165,130	1,813,758									
							RECALCULATION BASED ON 2009 CENSUS																
						NURSING HOME PERCENTAGE 84.9438%	OLENBRIDGE 92,668	OLENCREST 90,627	GLEN OAKS 105,904	GLEN ELSTON 37,909	GLENSHIRE 82,080	OLENLAKE 82,504	BRENTWOOD 49,247	TOTAL 540,913									
							17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%									
2012 NO ADDITIONS				<u>2,135,245</u>		1,813,758	310,728	303,882	355,107	127,113	275,156	276,645	165,130	1,813,758									
							RECALCULATION BASED ON 2009 CENSUS																
						NURSING HOME PERCENTAGE 84.9438%	OLENBRIDGE 92,668	OLENCREST 90,627	GLEN OAKS 105,904	GLEN ELSTON 37,909	GLENSHIRE 82,080	OLENLAKE 82,504	BRENTWOOD 49,247	TOTAL 540,913									
							17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%									
2013 NO ADDITIONS				<u>2,135,245</u>		1,813,758	310,728	303,882	355,107	127,113	275,156	276,645	165,130	1,813,758									
							RECALCULATION BASED ON 2009 CENSUS																
						NURSING HOME PERCENTAGE 84.9438%	OLENBRIDGE 92,668	OLENCREST 90,627	GLEN OAKS 105,904	GLEN ELSTON 37,909	GLENSHIRE 82,080	OLENLAKE 82,504	BRENTWOOD 49,247	TOTAL 540,913									
							17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%									
2014 NO ADDITIONS				<u>2,135,245</u>		1,813,758	310,728	303,882	355,107	127,113	275,156	276,645	165,130	1,813,758									
							RECALCULATION BASED ON 2015 CENSUS																
						NURSING HOME PERCENTAGE 84.9438%	OLENBRIDGE 91,738	OLENCREST 91,834	GLEN OAKS 88,298	GLEN ELSTON 38,356	GLENSHIRE 67,590	OLENLAKE 74,884	BRENTWOOD 46,827	BALLARD 49,340	GEALC 62,493	TOTAL 611,160							
							15.01%	15.03%	14.45%	8.28%	11.06%	12.55%	7.63%	8.07%	10.23%	100.00%							
2015 NO ADDITIONS				<u>2,135,345</u>		1,813,758	272,254	272,539	262,045	113,830	200,588	222,236	138,376	146,428	185,462	1,006,921							
							RECALCULATION BASED ON 2015 CENSUS																
						NURSING HOME PERCENTAGE 84.9438%	OLENBRIDGE 91,738	OLENCREST 91,834	GLEN OAKS 88,298	GLEN ELSTON 38,356	GLENSHIRE 67,590	OLENLAKE 74,884	BRENTWOOD 46,827	BALLARD 49,340	GEALC 62,493	TOTAL 611,160							
							15.01%	15.03%	14.45%	8.28%	11.06%	12.55%	7.63%	8.07%	10.23%	100.00%							
2016 NO ADDITIONS				<u>2,135,245</u>		1,813,758	272,254	272,539	262,045	113,830	200,588	222,236	138,376	146,428	185,462	1,006,921							

SCHEDULE K

XIX. SUPPORT SCHEDULES

Page 21
F. Dues, Fees, Subscriptions and Promotions

DESCRIPTION	AMOUNT
Illinois Council on Long Term Care Dues	29,717
Management Network Services Dues	750
Collaborative Healthcare Urgency Group	250
Employment Fees	52,000
Village of Niles Annual Business License	4,904
Secretary of State Annual Report, Fee	225
Joint Commission Fees	4,000
CLIA Laborative Program Fee	150
Suburban Elevator Company Inspection Fee	897
Cook County Department of Environmental Control Equipment Inspection	373
Non-allowable Illinois Council on Long Term Care PAC Fees	-9,807
Total allocated to Page 21	83,459

SCHEDULE L

HFS 3745 (N-4-99)

SCHEDULE M

XIX. SUPPORT SCHEDULES

Page 14
Line 16. Rental Amount for Movable Equipment

DESCRIPTION	AMOUNT
Postage meter	561
Copy machine	6,968
Ice-maker	2,040
Telephone system	30,284
Therapy equipment	27,910
Allocated from Management Company:	5,648
Total allocated to Page 14, Line 16	73,411