

		FOR BHF USE					

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2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

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

<p>I. IDPH License ID Number: <u>0039321</u></p> <p>Facility Name: <u>GlenShire Nursing and Rehabilitation Centre, Ltd.</u></p> <p>Address: <u>22660 South Cicero Avenue</u> <u>Richton Park</u> <u>60471</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 747-6120</u> Fax # <u>(708) 747-6491</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>03/23/1994</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Michael Bilek</u> Telephone Number: <u>(847) 674-5454 ext 8215</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2018</u> to <u>12/31/2018</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) <u>Sidney Glenner</u> (Title) <u>Chairman of Board</u></td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Sidney Glenner</u> (Title) <u>Chairman of Board</u>	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State																											
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Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u>																												

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

0039321 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds 294

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	32,935	344	3,635	36,914	8
9	SNF/PED					9
10	ICF	12,182	127		12,309	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	45,117	471	3,635	49,223	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 45.87%

D. How many bed reserve days during this year were paid by the Department? 0 (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 03/01/94

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 146 and days of care provided 2,697

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: 12/31/18 Fiscal Year: 12/31/18

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

Facility Name & ID Number GlenShire Nursing and Rehabilitation Centre # 0039321 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 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	469,337	36,359	23,444	529,140		529,140		529,140		1
2	Food Purchase		390,176		390,176	(29,116)	361,060		361,060		2
3	Housekeeping	270,315	40,948	54,278	365,541		365,541		365,541		3
4	Laundry	67,241	7,084	112,228	186,553		186,553		186,553		4
5	Heat and Other Utilities			256,160	256,160		256,160	5,164	261,324		5
6	Maintenance	92,136	38,243	176,358	306,737		306,737	13,921	320,658		6
7	Other (specify):* Allocated Employee Benefits							1,770	1,770		7
8	TOTAL General Services	899,029	512,810	622,468	2,034,307	(29,116)	2,005,191	20,855	2,026,046		8
	B. Health Care and Programs										
9	Medical Director			115,223	115,223		115,223		115,223		9
10	Nursing and Medical Records	4,400,652	365,001	17,766	4,783,419		4,783,419		4,783,419		10
10a	Therapy	553,139	1,923	657,634	1,212,696		1,212,696	6,295	1,218,991		10a
11	Activities	112,113	5,103	3,420	120,636		120,636		120,636		11
12	Social Services	99,042			99,042		99,042		99,042		12
13	CNA Training										13
14	Program Transportation			13,986	13,986		13,986		13,986		14
15	Other (specify):* Allocated Employee Benefits							5,431	5,431		15
16	TOTAL Health Care and Programs	5,164,946	372,027	808,029	6,345,002		6,345,002	11,726	6,356,728		16
	C. General Administration										
17	Administrative	126,881		1,568,408	1,695,289		1,695,289	(1,568,408)	126,881		17
18	Directors Fees										18
19	Professional Services			595,334	595,334	(30,935)	564,399	(122,686)	441,713		19
20	Dues, Fees, Subscriptions & Promotions			89,676	89,676	2,550	92,226	(15,443)	76,783		20
21	Clerical & General Office Expenses	427,184	59,556	33,054	519,794	(2,550)	517,244	417,646	934,890		21
22	Employee Benefits & Payroll Taxes			895,292	895,292	29,116	924,408	(3,101)	921,307		22
23	Inservice Training & Education			126	126		126	642	768		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			3,707	3,707		3,707	4,959	8,666		25
26	Insurance-Prop.Liab.Malpractice			1,320,963	1,320,963		1,320,963	5,247	1,326,210		26
27	Other (specify):* Allocated Employee Benefits							80,403	80,403		27
28	TOTAL General Administration	554,065	59,556	4,506,560	5,120,181	(1,819)	5,118,362	(1,200,741)	3,917,621		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,618,040	944,393	5,937,057	13,499,490	(30,935)	13,468,555	(1,168,160)	12,300,395		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			84,849	84,849		84,849	514,501	599,350			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			948	948		948	367,951	368,899			32
33	Real Estate Taxes					30,935	30,935	831,298	862,233			33
34	Rent-Facility & Grounds			1,691,669	1,691,669		1,691,669	(1,859,154)	(167,485)			34
35	Rent-Equipment & Vehicles			121,598	121,598		121,598	8,024	129,622			35
36	Other (specify):* Mortgage Insurance							33,896	33,896			36
37	TOTAL Ownership			1,899,064	1,899,064	30,935	1,929,999	(103,484)	1,826,515			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		331,270	215,072	546,342		546,342		546,342			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			442,310	442,310		442,310		442,310			42
43	Other (specify):* Non-Allowable			536,317	536,317		536,317	(536,317)				43
44	TOTAL Special Cost Centers		331,270	1,193,699	1,524,969		1,524,969	(536,317)	988,652			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,618,040	1,275,663	9,029,820	16,923,523		16,923,523	(1,807,961)	15,115,562			45

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

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(19,599)	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	1,054	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	(13,841)	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	(51,298)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(468,537)	43		24
25	Fund Raising, Advertising and Promotional	(145)	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:	(287,770)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (840,136)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(967,825)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (967,825)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,807,961)		37

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

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

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

BHF USE ONLY							
48		49		50		51	

GlenShire Nursing and Rehabilitation Centre, Ltd.

ID# 0039321

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-allowable professional fees	\$ (237,849)	19	1
2	Non-allowable patient clothing	(1,763)	43	2
3	Non-allowable IL Council on Long Term Care Fee	(15,853)	20	3
4	Non-allowable auto expense - marketing	(2,604)	25	4
5	Non-allowable office expense	(1,997)	43	5
6	Non-allowable marketing employee benefits	(3,101)	22	6
7	Non-allowable marketing salaries	(22,922)	21	7
8	Non-allowable patient storage	(733)	43	8
9	Non-allowable interest expense	(948)	32	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
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24				24
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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	(287,770)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number GlenShire Nursing and Rehabilitation Centre, Ltd.# 0039321

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	5,164	0	0	0	0	0	0	0	0	5,164	5
6	Maintenance	0	0	13,921	0	0	0	0	0	0	0	0	13,921	6
7	Other (specify):*	0	0	1,770	0	0	0	0	0	0	0	0	1,770	7
8	TOTAL General Services	0	0	20,855	0	0	0	0	0	0	0	0	20,855	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	6,295	0	0	0	0	0	0	6,295	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	5,431	0	0	0	0	0	0	5,431	15
16	TOTAL Health Care and Programs	0	0	0	0	11,726	0	0	0	0	0	0	11,726	16
	C. General Administration													
17	Administrative	0	0	(1,568,408)	0	0	0	0	0	0	0	0	(1,568,408)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(237,849)	0	21,154	92,949	1,060	0	0	0	0	0	0	(122,686)	19
20	Fees, Subscriptions & Promotions	(15,853)	0	299	0	111	0	0	0	0	0	0	(15,443)	20
21	Clerical & General Office Expenses	(42,521)	0	458,128	0	2,039	0	0	0	0	0	0	417,646	21
22	Employee Benefits & Payroll Taxes	(3,101)	0	0	0	0	0	0	0	0	0	0	(3,101)	22
23	Inservice Training & Education	0	0	611	0	31	0	0	0	0	0	0	642	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(2,604)	0	7,487	0	76	0	0	0	0	0	0	4,959	25
26	Insurance-Prop.Liab.Malpractice	0	0	5,110	0	137	0	0	0	0	0	0	5,247	26
27	Other (specify):*	0	0	80,165	0	238	0	0	0	0	0	0	80,403	27
28	TOTAL General Administration	(301,928)	0	(995,454)	92,949	3,692	0	0	0	0	0	0	(1,200,741)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(301,928)	0	(974,599)	92,949	15,418	0	0	0	0	0	0	(1,168,160)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number GlenShire Nursing and Rehabilitation Centre, Ltd.# 0039321

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	1,054	0	10,000	503,447	0	0	0	0	0	0	0	514,501	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(948)	0	0	368,899	0	0	0	0	0	0	0	367,951	32
33	Real Estate Taxes	0	0	6,387	824,911	0	0	0	0	0	0	0	831,298	33
34	Rent-Facility & Grounds	0	0	0	(1,859,154)	0	0	0	0	0	0	0	(1,859,154)	34
35	Rent-Equipment & Vehicles	0	0	8,024	0	0	0	0	0	0	0	0	8,024	35
36	Other (specify):*	0	0	0	33,896	0	0	0	0	0	0	0	33,896	36
37	TOTAL Ownership	106	0	24,411	(128,001)	0	0	0	0	0	0	0	(103,484)	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):*	(538,314)	0	0	1,997	0	0	0	0	0	0	0	(536,317)	43
44	TOTAL Special Cost Centers	(538,314)	0	0	1,997	0	0	0	0	0	0	0	(536,317)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(840,136)	0	(950,188)	(33,055)	15,418	0	0	0	0	0	0	(1,807,961)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
AMJED Trust dated 1/04/07	99.20 %	See Attached Page 6-Supplemental		See Attached Schedule A		
Sidney Glenner	0.80 %					

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	Total from Page 6A	\$ 1,568,408	Glen Health and Home Management, Inc.	A	\$ 618,220	\$ (950,188)	1
2	V							2
3	V	Total from Page 6B	1,859,292	GlenShire Real Estate and Development Limited Partnership	B	1,826,237	(33,055)	3
4	V							4
5	V	Total from Page 6C	50,500	Therapy Masters, Inc.	C	65,918	15,418	5
6	V							6
7	V							7
8	V							8
9	V			OWNERSHIP REFERENCE:				9
10	V			A: Glenner 1995 Family Trust 58.50 % and Sidney Glenner 41.50 %				10
11	V			B: Owned 100.00 % by SLG Limited Partnership				11
12	V			C: Owned 100.00 % by Sidney Glenner				12
13	V							13
14	Total		\$ 3,478,200			\$ 2,510,375	\$ * (967,825)	14

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

Facility Name & ID Number

GlenShire Nursing and Rehabilitation Centre, Ltd.

0039321

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	AMJED Trust dated 1/04/07	99.20 %	GlenBridge Nursing & Rehabilitation	Niles	SEE ATTACHED SCHEDULE A			1
2	Sidney Glenner	0.80 %	Centre, Ltd.					2
3								3
4	AMJED Trust dated 1/04/07	99.20 %	GlenCrest Nursing & Rehabilitation	Chicago				4
5	Sidney Glenner	0.80 %	Centre, Ltd.					5
6								6
7	AMJED Trust dated 1/04/07	99.00 %	Glen Elston Nursing & Rehabilitation	Chicago				7
8	Sidney Glenner	1.00 %	Centre, Ltd.					8
9								9
10	AMJED Trust dated 1/04/07	99.00 %	Glen Oaks Nursing & Rehabilitation	Northbrook				10
11	Sidney Glenner	1.00 %	Centre, Ltd.					11
12								12
13	AMJED Trust dated 1/04/07	99.10 %	GlenLake Terrace Nursing & Rehabilitation	Waukegan				13
14	Sidney Glenner	0.90 %	Centre, Ltd.					14
15								15
16	AMJED Trust dated 1/04/07	99.10 %	Brentwood North Healthcare & Rehabilitation	Riverwoods				16
17	Sidney Glenner	0.90 %	Centre, Inc.					17
18								18
19	AMJED Trust dated 1/04/07	99.50 %	Glen Saint Andrew Living Community LLC.	Niles				19
20	Sidney Glenner	0.50 %						20
21								21
22								22
23								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 Administrative Service Fees	\$ 1,568,408	Glen Health and Home Management, Inc.	A	\$	\$ (1,568,408)
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	5,164	5,164
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	4,345	4,345
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	21,154	21,154
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	299	299
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	23,528	23,528
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	81,935	81,935
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	611	611
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	7,487	7,487
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	5,110	5,110
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	10,000	10,000
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	6,387	6,387
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	8,024	8,024
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	9,576	9,576
29	V						
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	434,600	434,600
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(81,935)	(81,935)
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	1,770	1,770
33	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	80,165	80,165
34	V						
35	V						
36	V			A - OWNERSHIP: Glenner 1995 Family Trust 58.50 % and			
37	V			Sidney Glenner 41.50 %			
38	V						
39	Total		\$ 1,568,408			\$ 618,220	\$ * (950,188)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	43 Clerical	\$	GlenShire Real Estate & Development Limited Partnership	B	\$ 1,997	\$ 1,997
16	V	30 Depreciation		GlenShire Real Estate & Development Limited Partnership	B	503,447	503,447
17	V	32 Interest Income	138	GlenShire Real Estate & Development Limited Partnership	B		(138)
18	V	32 Interest Expense		GlenShire Real Estate & Development Limited Partnership	B	364,677	364,677
19	V	33 Real Estate Taxes		GlenShire Real Estate & Development Limited Partnership	B	824,911	824,911
20	V	34 Rental Income	1,859,154	GlenShire Real Estate & Development Limited Partnership	B		(1,859,154)
21	V	32 Amortization of Mortgage Costs		GlenShire Real Estate & Development Limited Partnership	B	4,360	4,360
22	V	36 Mortgage Insurance Premium		GlenShire Real Estate & Development Limited Partnership	B	33,896	33,896
23	V	19 Professional Fees		GlenShire Real Estate & Development Limited Partnership	B	92,949	92,949
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V			B - OWNERSHIP: Owned 100 % by SLG Limited Partnership			
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,859,292			\$ 1,826,237	\$ * (33,055)

* 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	\$ 50,500	Therapy Masters, Inc.	C	\$ 56,795	\$ 6,295	15
16	V	19 Professional Fees		Therapy Masters, Inc.	C	1,060	1,060	16
17	V	20 Licenses, Permits, and Inspection		Therapy Masters, Inc.	C	111	111	17
18	V	6 Repairs and Maintenance		Therapy Masters, Inc.	C			18
19	V	21 Clerical		Therapy Masters, Inc.	C	112	112	19
20	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	5,669	5,669	20
21	V	23 Training and Education		Therapy Masters, Inc.	C	31	31	21
22	V	25 Auto Expenses		Therapy Masters, Inc.	C	76	76	22
23	V	21 Clerical Salaries		Therapy Masters, Inc.	C	1,927	1,927	23
24	V	22 Employee Benefits		Therapy Masters, Inc.	C	(5,669)	(5,669)	24
25	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	5,431	5,431	25
26	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	238	238	26
27	V	26 Insurance Liability		Therapy Masters, Inc.	C	137	137	27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V			C - OWNERSHIP: 100 % Sidney Glenner				34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 50,500			\$ 65,918	\$ * 15,418	39

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

Facility Name & ID Number GlenShire Nursing and Rehabilitation Centr # 0039321 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Sidney Glenner	Chairman of Board	Administrative	0.80 %		9	14.56%	Salary	\$	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	63,344	6	14.56%	Salary	7,158	Ln 21, Col 7	2
3	Daniel Glenner	President	Administrative	0.00 %	185,210	7	14.56%	Salary	20,929	Ln 21, Col 7	3
4	Elliot Glenner	Dir of Purchasing	Administrative	0.00 %	70,993	6	14.56%	Salary	8,022	Ln 21, Col 7	4
5											5
6											6
7											7
8											8
9											9
10											10
11			See Schedule B								11
12											12
13								TOTAL	\$ 36,109		13

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

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

Facility Name & ID Number GlenShire Nursing and Rehabilitation Centre, Ltd. # 0039321 Report Period Beginning: 1/1/2018 Ending: 2/31/2018

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Resident Days	484,819	8	\$ 50,867	\$ 49,223	\$ 5,164	1	
2	6	Repairs and Maintenance	Resident Days	484,819	8	42,798	49,223	4,345	2	
3	19	Professional Fees	Resident Days	484,819	8	208,351	49,223	21,154	3	
4	20	Licenses, Permits and Inspection	Resident Days	484,819	8	2,942	49,223	299	4	
5	21	Clerical	Resident Days	484,819	8	231,735	49,223	23,528	5	
6	22	Employee Benefits and Payroll	Resident Days	484,819	8	807,011	49,223	81,935	6	
7	23	Training and Education	Resident Days	484,819	8	6,016	49,223	611	7	
8	25	Auto Expenses	Resident Days	484,819	8	73,746	49,223	7,487	8	
9	26	Insurance	Resident Days	484,819	8	50,335	49,223	5,110	9	
10	30	Depreciation	Resident Days	484,819	8	98,490	49,223	10,000	10	
11	33	Real Estate Taxes	Resident Days	484,819	8	62,907	49,223	6,387	11	
12	35	Equipment and Vehicle Rental	Resident Days	484,819	8	79,032	49,223	8,024	12	
13	6	Janitorial Salaries	Resident Days	484,819	8	94,316	94,316	49,223	9,576	13
14									14	
15	21	Administrative Salaries	Resident Days	484,819	8	4,280,568	4,280,568	49,223	434,600	15
16	22	Employee Benefits	Payroll						(81,935)	16
17	7	Employee Benefits - Janitorial	Payroll						1,770	17
18	27	Employee Benefits - Admin	Payroll						80,165	18
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 6,089,114	\$ 4,374,884	\$ 618,220	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	Berkadia Commercial Mortgage	X	Mortgage	\$65,067.03	04/28/04	\$ 10,935,500	\$ 6,624,692	4/01/2030	0.0535	\$ 364,677	1									
2	Berkadia Commercial Mortgage	X	Amortization of mortgage costs							4,360	2									
3											3									
4											4									
5											5									
Working Capital																				
6	Sidney Glenner	X	Working Capital		Various	1,623,320	1,623,320		0.0525		6									
7	AMJED GST Trust	X	Working Capital		Various	17,183,680	17,183,680		0.0525		7									
8											8									
9	TOTAL Facility Related			\$65,067.03		\$ 29,742,500	\$ 25,431,692			\$ 369,037	9									
B. Non-Facility Related*																				
10								Interest Income Offset		(138)	10									
11											11									
12											12									
13											13									
14	TOTAL Non-Facility Related					\$	\$			\$ (138)	14									
15	TOTALS (line 9+line14)					\$ 29,742,500	\$ 25,431,692			\$ 368,899	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 33,896 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 2017 report.		\$	941,000	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.)		\$	856,911	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(84,089)	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	909,000	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.)		\$	30,935	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.		\$	855,846	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2013	839,633	8	
	2014	886,597	9	
	2015	901,958	10	
	2016	887,566	11	
	2017	856,911	12	
See Attached Schedule G for Calculation of 2018 Real Estate Tax Accrual.				

FOR BHF USE ONLY			
13	FROM R. E. TAX STATEMENT FOR 2017	\$	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.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME GlenShire Nursing and Rehabilitation Centre, Ltd. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0039321

CONTACT PERSON REGARDING THIS REPORT Michael Bilek

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2017 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2017.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>31-34-100-012-0000</u>	<u>22660 S. Cicero Ave, Richton Park, IL</u>	\$ <u>856,911.00</u>	\$ <u>856,911.00</u>
2. <u>Allocated from Management Company:</u>		\$ <u>71,470.00</u>	\$ <u>6,387.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>928,381.00</u></u>	\$ <u><u>863,298.00</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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

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

0039321

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

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

None

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

If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>146,800</u>	<u>1994</u>	<u>\$ 300,792</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>8,622</u>	<u>2</u>
3	TOTALS	146,800		\$ 309,414	3

Facility Name & ID Number GlenShire Nursing and Rehabilitation Centre, Ltd.# 0039321

Report Period Beginning:

1/1/2018

Ending:

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	294		1994	1976	\$ 11,663,928	\$	30	\$ 388,798	\$ 388,798	\$ 9,655,141	4
5											5
6	Alloc from			1996	184,148						6
7	Mgt Comp										7
8	Schedule J										8
	Improvement Type**										
9	Building Improvements		1994		78,204		10			78,204	9
10	Building Improvements		1995		107,573		10			107,573	10
11	Custom built 3rd floor nurses station		1995		6,595		10			6,595	11
12	Time delay egress locks and keypad		1995		3,550		10			3,550	12
13	Chimney		1995		1,016		10			1,016	13
14	Wall bumpers		1995		7,713		10			7,713	14
15	Room conversion - remodeling cost		1996		7,024		10			7,024	15
16	Electrical outlets and circuits		1997		18,500		10			18,500	16
17	Electrical outlets and circuits - dialysis room		1997		2,950		10			2,950	17
18	Air cleaner		1997		1,375		10			1,375	18
19	Fluorescent and incandescent lights		1997		9,775		10			9,775	19
20	Waste removal pump		1997		993		10			993	20
21	Boiler		1997		3,169		10			3,169	21
22	Food freezer floor		1997		2,700		10			2,700	22
23	New elevator clutch assembly		1997		1,644		10			1,644	23
24	Heat exchange for boiler		1997		2,392		10			2,392	24
25	Gazebo		1998		10,528		10			10,528	25
26	Fire sprinkler system repairs		1998		1,604		10			1,604	26
27	Security system		1998		1,917		10			1,917	27
28	Storage tank		1998		4,875		10			4,875	28
29	Elevator repairs		1998		2,706		10			2,706	29
30	HVAC replacements		1998		3,855		10			3,855	30
31	Hydraulic repack on all elevators		1998		2,500		10			2,500	31
32	Replace water heater		1998		2,697		10			2,697	32
33	Chain link fencing		1998		2,010		10			2,010	33
34	Elevator repairs		1998		2,747		10			2,747	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number GlenShire Nursing and Rehabilitation Centre, Ltd.# 0039321

Report Period Beginning:

1/1/2018

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Therapy room remodeling: drywall, electrical closet, piping	1998	\$ 8,525	\$	10	\$	\$	\$ 8,525	37
38	Dialysis room: kitchen area	1998	2,757		10			2,757	38
39	10-B label fire rated doors	1998	4,376		10			4,376	39
40	Install cooling units in elevator and MDS office	1998	11,649		10			11,649	40
41	Mini-blinds	1998	1,565		10			1,565	41
42	November 30, 1998 credit	1998	(1,755)		10			(1,755)	42
43	Add suction and liquid filters to compressor	2000	3,982		10			3,982	43
44	Replace wood fence	2000	2,300		10			2,300	44
45	Asphalt and striping project	2000	8,365		10			8,365	45
46	Metal doors, install lighting by staircase	2000	6,010		10			6,010	46
47	Install alarm with keypad at front door	2000	1,177		10			1,177	47
48	Furnish and install 9,000 BTU mini air-conditioning system	2000	2,200		10			2,200	48
49	Install ceramic tiles	2000	1,373		10			1,373	49
50	Power rinse tank for dish washing machine	2001	2,594		10			2,594	50
51	Rebuild condenser water pump	2001	5,198		10			5,198	51
52	Install two grey boxes and mixing valves	2001	4,111		10			4,111	52
53	Install portable chiller	2001	2,891		10			2,891	53
54	Provide panel and circuiting to feed 20 dialysis receptacles	2001	10,914		10			10,914	54
55	Circulating pump	2001	3,385		10			3,385	55
56	Exterior lock doors	2001	3,423		10			3,423	56
57	Painting project	2002	11,500		10			11,500	57
58	Vinyl blinds	2002	8,765		10			8,765	58
59	Installation of fire dampers and thermal blankets	2002	5,318		10			5,318	59
60	Dialysis room renovation	2002	14,500		10			14,500	60
61	Replace controller on air-conditioner	2002	3,570		10			3,570	61
62	Painting project	2002	9,540		10			9,540	62
63	Installation of chemical treatment system	2002	2,300		10			2,300	63
64	Roof project	2002	3,350		10			3,350	64
65	Remove and replace concrete patio	2002	1,800		10			1,800	65
66	Pro Tech Systems project	2002	1,793		10			1,793	66
67	Installation of oak fire doors	2003	2,156		10			2,156	67
68	Installation of new chandeliers and wall sconces	2003	4,635		10			4,635	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,292,955	\$		\$ 388,798	\$ 388,798	\$ 10,100,020	70

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

Facility Name & ID Number GlenShire Nursing and Rehabilitation Centre, Ltd.# 0039321

Report Period Beginning:

1/1/2018

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 12,292,955	\$		\$ 388,798	\$ 388,798	\$ 10,100,020	1
2	Chandeliers and wall sconces	2002	3,739		10			3,739	2
3	Installation of break tank system	2003	1,892		10			1,892	3
4	Fire pump project	2003	4,270		10			4,270	4
5	Installed gauge and adjust compressor core	2004	1,557		10			1,557	5
6	Replace and test 120VAC timer relay on elevator car	2004	2,058		10			2,058	6
7	Replace relay and diode in elevator	2004	3,398		10			3,398	7
8	Installed and rewired new detector edge	2004	1,600		10			1,600	8
9	Installed door locks	2004	3,192		10			3,192	9
10	Installation of new detector unit on elevator	2005	2,290		10			2,290	10
11	Furnish and install glass frame on receptionist counter	2005	1,495		10			1,495	11
12	Bearing job on washing machine	2005	1,718		10			1,718	12
13	Installed new coils in walk-in cooler	2005	1,955		10			1,955	13
14	Installed and wired new detector edge on elevator	2005	2,720		10			2,720	14
15	Installation of drier exhaust with booster fan	2005	1,500		10			1,500	15
16	Keypad alarm installation	2005	1,222		10			1,222	16
17	Two doors with custom hinges and locks	2005	1,042		10			1,042	17
18	Powertron loadbank electrical test project	2006	5,652		10			5,652	18
19	Water heating boiler system and valve repair	2006	12,648		10			12,648	19
20	Trane chiller troubleshooting	2006	2,647		10			2,647	20
21	Replace contactors and fuses for trane chiller	2006	4,651		10			4,651	21
22	Replace controller and isolation relay on chiller	2006	5,816		10			5,816	22
23	Repair 5' cast iron plumbing drain line	2006	5,200		10			5,200	23
24	Installation of new electrical receptacles	2006	4,229		10			4,229	24
25	Valve and sprinkler head replacement	2006	5,023		10			5,023	25
26	Furnish and install elevator car station	2006	1,794		10			1,794	26
27	Rewire entire building for telephones	2006	16,500		10			16,500	27
28	Furnish and install elevator mount and car stations	2006	5,660		10			5,660	28
29	Remove and install border, wallcovering, cove base, and paint	2006	96,260		10			96,260	29
30	Install electrical receptacles	2006	26,565		10			26,565	30
31	Remove and repipe sanitary plumbing line	2006	9,740		10			9,740	31
32	Bumper guards, wallcovering, laminate nurses station	2006	94,212		10			94,212	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,625,200	\$		\$ 388,798	\$ 388,798	\$ 10,432,265	34

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

Facility Name & ID Number GlenShire Nursing and Rehabilitation Centre, Ltd.# 0039321

Report Period Beginning:

1/1/2018

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 12,625,200	\$		\$ 388,798	\$ 388,798	\$ 10,432,265	1
2	Remove and install cove base, vinyl and ceramic tile	2006	70,249		10			70,249	2
3	Install kitchen fire suppression system and range guard	2006	2,900		10			2,900	3
4	Installation of water heater pump	2006	3,342		10			3,342	4
5	Purchase of ceiling tile	2006	3,868		10			3,868	5
6	Replacement of 100 ton compressor	2006	32,280		10			32,280	6
7	Insurance refund of damaged compressor	2006	(26,597)		10			(26,597)	7
8	Furnish and install heat exchanger	2006	6,040		10			6,040	8
9	Furnish garbage disposal and mounting gasket	2006	1,319		10			1,319	9
10	Installation of new current sensing relay for compressor	2006	1,312		10			1,312	10
11	Remove and rebuild concrete block firewall	2006	1,850		10			1,850	11
12	Furnish and install insulated window units	2006	1,025		10			1,025	12
13	Remove and install border, wallcovering and paint	2006	43,740		10			43,740	13
14	Remove and install cove base	2007	8,566		10			8,566	14
15	Furnish bed wall bumper guards	2007	8,318		10			8,318	15
16	Installation of cove base, vinyl tile and corner guards	2007	57,702		10			57,702	16
17	Ceiling project and cove base installation	2007	21,610		10			21,610	17
18	Installation of wall sconces	2007	16,350		10			16,350	18
19	Installation of cove base, wallpaper, walls and ceilings	2007	26,362		10			26,362	19
20	Custom laminate work station with cabinets	2007	5,277		10			5,277	20
21	Remove and install carpet and cove base	2007	3,322		10			3,322	21
22	Remove and install ceramic tile	2007	30,921		10			30,921	22
23	Remove and relocate lighting tracks	2007	4,732		10			4,732	23
24	Remove and install ceiling	2007	13,500		10			13,500	24
25	Installation of bumper guards, carpet and ceramic/vinyl tile	2007	88,803		10			88,803	25
26	Remove cove base and install ceramic tile	2007	22,464		10			22,464	26
27	Painting	2007	2,367		10			2,367	27
28	Remove and install cove base and corner guards	2007	17,586		10			17,586	28
29	Furnish signs, crown molding and window treatments	2007	8,791		10			8,791	29
30	Furnish and install quarry tile	2007	4,575		10			4,575	30
31	Install fireguard FST for generator	2007	18,993		10			18,993	31
32	Drywall project	2007	3,040		10			3,040	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,129,807	\$		\$ 388,798	\$ 388,798	\$ 10,936,872	34

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

Facility Name & ID Number GlenShire Nursing and Rehabilitation Centre, Ltd.# 0039321

Report Period Beginning:

1/1/2018

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 13,129,807	\$		\$ 388,798	\$ 388,798	\$ 10,936,872	1
2	Relocate controller and rewire chiller	2007	2,661		10			2,661	2
3	Furnish and install new elevator mount stations	2007	7,177		10			7,177	3
4	Furnish and install elevator car station	2007	17,640		10			17,640	4
5	Flush mount hall elevator station	2007	2,000		10			2,000	5
6	Furnish and install new tramco sewage pump	2007	5,315		10			5,315	6
7	Furnish & install elevator key switch, provide piping & wiring	2007	4,750		10			4,750	7
8	Relocate sprinkler heads	2007	2,785		10			2,785	8
9	Plumbing project	2007	3,040		10			3,040	9
10	Installation of respirator monitor system	2007	3,244		10			3,244	10
11	Replace 2 valves on water heater	2008	2,920	146	10	146		2,920	11
12	Sheet vinyl for dialysis area	2008	2,966	145	10	145		2,966	12
13	Install pipe run across ceiling, electrical wiring	2009	2,530	253	10	253		2,404	13
14									14
15	Furnish and install drywall, paint walls	2009	4,125	413	10	413		3,923	15
16	Install new microprocessor controllers on both elevators,	2009	75,000	7,500	10	7,500		71,250	16
17	new selectors, new wiring, new power door operators								17
18	Level, petomat, resurface and strip pavement in parking lot	2009	79,790	7,979	10	7,979		75,801	18
19	Bathroom - Remodel (32 rooms)	2009	89,600	9,856	10	9,856		86,912	19
20	- Remove ceramic tile in bathrooms, new ceramic wall								20
21	tile, new wallcoverings, sheet vinyl, light fixtures,								21
22	mirrors, grab bars, new sinks & towel bars								22
23	Install conduit with new circuits and new receptacles in elevators	2009	2,575	258	10	258		2,451	23
24	Installation to power rod out station	2009	4,850	485	10	485		4,608	24
25	Category 6 cable (550mhz)	2010	4,301	430	10	430		3,655	25
26	Repack both sides of fire pump, replace flow switches	2010	3,278	328	10	328		2,788	26
27									27
28	Elevator oil contamination removal	2011	3,500	317	10	317		2,559	28
29	Remove pilot assembly and clean hot water heater	2011	2,751	251	10	251		2,015	29
30	Purchase of six shower pan bases	2011	4,332	398	10	398		3,178	30
31	Purchase of six shower stalls	2011	7,112	700	10	700		5,311	31
32	Purchase of six shower stalls	2011	7,636	665	10	665		5,532	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,475,685	\$ 30,124		\$ 418,922	\$ 388,798	\$ 11,263,757	34

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

Facility Name & ID Number GlenShire Nursing and Rehabilitation Centre, Ltd.# 0039321

Report Period Beginning:

1/1/2018

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 13,475,685	\$ 30,124		\$ 418,922	\$ 388,798	\$ 11,263,757	1
2	Remove and install new hot water heater in mechanical room	2011	8,850	809	10	885	76	6,638	2
3	Replace and install heat exchanger	2011	12,192	1,114	10	1,219	105	9,143	3
4	Purchase of gas water heater	2011	5,828	533	10	583	50	4,372	4
5	Purchase of heat exchanger unit	2011	3,034	278	10	303	25	2,273	5
6	Purchase and install water softener tank	2011	9,950	918	10	995	77	7,463	6
7	Install new cables in existing conduits	2012	21,309	1,986	10	2,131	145	13,851	7
8	Install new cables in existing conduits	2012	3,441	321	10	344	23	2,236	8
9	Demo 20' block wall, install acoustical ceiling	2012	7,900	748	10	790	42	5,135	9
10	Remove old dropped ceiling, install new acoustical ceiling	2012	4,082	387	10	408	21	2,652	10
11	Remove section of block wall, build walls in dialysis room	2012	3,107	294	10	311	17	2,021	11
12	Remove cove base, install sheet vinyl, laminate nurses station	2012	46,125	4,396	10	4,613	217	29,984	12
13	Installation of smoke detectors, recall panel in elevators	2012	12,800	1,220	10	1,280	60	8,320	13
14	Installation of 5 dialysis boxes and replace piping	2012	15,649	1,491	10	1,565	74	10,172	14
15	Relocate 11 sprinkler heads into new drop ceiling	2012	3,867	369	10	387	18	2,515	15
16	Installation of 18 new receptacles and circuits, outlets	2012	4,177	398	10	418	20	2,717	16
17	Furnish and install handrails, wallcovering in elevators	2012	6,069	584	10	607	23	3,945	17
18	Install sprinklers in electrical room, fire alarm panel room, generator room, elevator equipment room and pit	2013	3,200	309	10	320	11	1,760	18
19									19
20	Furnish and install doors in dialysis room and counter top	2013	5,500	533	10	550	17	3,025	20
21	Furnish 78 x 48 plate glasses in resident rooms and third floor	2013	2,534	246	10	253	7	1,392	21
22	Installation of heavy duty sump pump	2013	2,900	284	10	290	6	1,595	22
23	Remove and replace hydraulic power unit B passenger elevator	2013	10,950	1,080	10	1,095	15	6,023	23
24	Replace broken p-traps in the floor	2013	5,300	526	10	530	4	2,915	24
25	Furnish and install 8 valves on heating/cooling coils on air-handler	2013	3,723	372	10	372		2,046	25
26	Install new electrical conduit and outlet box	2013	8,750	874	10	875	1	4,813	26
27	Install new fire pump casing and sleeves, gasket, pressure switch on fire pump	2014	3,235	324	10	324		1,620	27
28									28
29	Replace DS block and engineer new float system on generator	2014	3,572	357	10	357		1,785	29
30	Replace fuel floats in day tank, switches on generator	2014	2,605	261	10	261		1,305	30
31	ASCO automatic transfer switch on generator	2014	11,345	1,135	10	1,135		5,675	31
32	Telephone wiring project	2014	6,386	639	10	639		3,195	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,714,064	\$ 52,910		\$ 442,762	\$ 389,852	\$ 11,414,343	34

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

Facility Name & ID Number GlenShire Nursing and Rehabilitation Centre, Ltd.# 0039321

Report Period Beginning:

1/1/2018

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 13,714,064	\$ 52,910		\$ 442,762	\$ 389,852	\$ 11,414,343	1
2	Add R-22 refrigerant, restore operation to compressor	2014	2,686	269	10	269		1,345	2
3	Replace and install new compressor	2014	18,920	1,892	10	1,892		9,460	3
4	Disconnect and remove air-handler unit heating coils	2014	7,900	790	10	790		3,950	4
5	Furnish and install new coils and Trane air-handler unit	2014	51,876	5,188	10	5,188		25,940	5
6	Replace compressor # 2 controls on two controllers	2014	7,072	707	10	707		3,535	6
7	Split case water pressure booster repair 7 1/2 horsepower	2014	5,196	520	10	520		2,600	7
8	Replace relief valve for hot water boiler in kitchen	2014	3,179	318	10	318		1,590	8
9	Insurance claim - air-handler	2014	(58,499)	(5,850)	10	(5,850)		(29,250)	9
10	Insurance claim - compressor	2014	(18,706)	(1,871)	10	(1,871)		(9,355)	10
11	Furnish AO Smith hot water boiler 660,000 BTU	2014	7,456	746	10	746		3,730	11
12	Remove and install new cove base, carpet, wallcovering in	2015	3,519	352	10	352		1,232	12
13	Administrator's office, Admissions office and office hallway								13
14	Replacement of 8 inch single check valve backflow preventer	2015	9,600	960	10	960		3,360	14
15	Replace terminal gaskets and liquid line core driers on 75 ton	2015	3,848	385	10	385		1,347	15
16	circuit								16
17	Furnish and install new isolation valves and pressure test	2015	3,345	335	10	335		1,172	17
18	Removal of 2" valve and furnish and replace new 3" valve	2015	2,530	253	10	253		886	18
19	Furnish and install new Weinman pump	2015	4,686	469	10	469		1,641	19
20	Furnish and install new honeywell control for boiler, repair	2015	7,824	782	10	782		2,737	20
21	terminals on relay								21
22	Furnish and install new elevator cylinder	2016	38,500	3,850	10	3,850		9,625	22
23	Furnish and install copper fittings and condenser unit in walk-in	2016	8,600	860	10	860		2,150	23
24	refrigerator								24
25	Removal of stuck elevator cylinder in ground	2016	4,944	494	10	494		1,235	25
26	Roofing project	2016	9,600	960	10	960		2,400	26
27	Install ten CAT5E cables for Allworx phone system	2016	4,047	405	10	405		1,012	27
28	Replace crystallized cast iron pipe with schedule 40 PVC pipe and	2016	4,154	415	10	415		1,038	28
29	fittings								29
30	Mount blend valve, connect wall boxes to drain	2016	8,014	801	10	801		2,003	30
31	Install new motor & relief valve for water pressure booster pump	2016	2,598	260	10	260		650	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,856,953	\$ 67,200		\$ 457,052	\$ 389,852	\$ 11,460,376	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 13,856,953	\$ 67,200		\$ 457,052	\$ 389,852	\$ 11,460,376	1
2	Elevator #2 Cylinder Project.	2017	36,515	3,652	10	3,652		5,478	2
3	Replace Emergency Phone, Fire Service on Timer, Custom Pit	2017	5,495	550	10	550		825	3
4	Ladder for Elevator #3.								4
5	Installation of Freezer Door and Door Frame on Walk-In	2017	4,980	498	10	498		747	5
6	Freezer.								6
7	Furnish, Install, and Test Elevator #3 Cylinder.	2017	36,515	3,652	10	3,652		5,478	7
8	Remove Piping, Install Ball Valves, Re-Pipe Coils on Boiler in	2017	5,895	590	10	590		885	8
9	Basement.								9
10	Replace Water Cooled Condensor on Walk-in Cooler.	2017	5,200	520	10	520		780	10
11	Furnish, Install and Test Schedules Black Piping on Elevator.	2017	8,890	889	10	889		1,334	11
12	Furnish and Install Elevator #1 Pit Ladder, Door Restrictor.	2017	3,430	343	10	343		858	12
13	Furnish and Install Elevator #3 Door Restrictors, Ladder.	2017	4,620	462	10	462		1,155	13
14	Retractable Elevator #1 & #2 Pit Ladder Installation.	2017	3,035	304	10	304		759	14
15	Install Ballast Kit, Lamps, 12,000V & 9,000V Transformers on	2017	2,539	254	10	254		381	15
16	Exterior Signs.								16
17	Add Emergency Outlets at Nurses Stations, Electrical for Coffee	2017	3,100	310	10	310		465	17
18	Maker.								18
19	Furnish and Install New Conduit and Wiring Dishwasher, Steam	2017	2,900	290	10	290		435	19
20	Table, Outlets in the Kitchen.								20
21	Modernization Project for Elevators #1 & #2.	2017	102,200	10,220	10	10,220		15,320	21
22	Furnish and Install Elevator #2 Door Restrictors, Ladder.	2017	3,430	343	10	343		858	22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,085,697	\$ 90,077		\$ 479,929	\$ 389,852	\$ 11,496,134	34

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

Facility Name & ID Number GlenShire Nursing and Rehabilitation Centre, Ltd.# 0039321

Report Period Beginning:

1/1/2018

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 14,085,697	\$ 90,077		\$ 479,929	\$ 389,852	\$ 11,496,134	1
2									2
3	Freight elevator feeder/shunt trip	2018	17,250	863		863		863	3
4	Transfer switch replacement	2018	49,240	2,462		2,462		2,462	4
5	Elevator wiring	2018	2,981	149		149		149	5
6	Replace switch/adjust charge for AC unit	2018	4,575	229		229		229	6
7	Generator transfer switch	2018	3,833	192		192		192	7
8	Replace oil pressure switches on generator	2018	3,490	175		175		175	8
9	Replace voltage rheostat on generator	2018	4,643	232		232		232	9
10	Replace tower belts,descaler on AC unit	2018	2,638	132		132		132	10
11	Install new feed form elevator car #2	2018	6,988	349		349		349	11
12	Instal new drain pipe on kitchen and dialysis room	2018	3,600	180		180		180	12
13	Thermo pac boiler tubing	2018	22,972	1,149		1,149		1,149	13
14	Elevator controller pipe,electric-fire alarm connections	2018	4,923	246		246		246	14
15	Install boiler pilot burner controls	2018	3,406	170		170		170	15
16	Elevator heat relay construction	2018	6,890	345		345		345	16
17	Add heat detectors to fire alarm system	2018	3,900	195		195		195	17
18	Replace air handler to walk in refrigerator unit	2018	5,203	260		260		260	18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	See Attached Schedule L:								26
27	Leasehold Improvements Allocated from Management Company:	1998	10,141					32,826	27
28	Leasehold Improvements Allocated from Management Company:	1999	4,235						28
29	Leasehold Improvements Allocated from Management Company:	2000	508						29
30	Leasehold Improvements Allocated from Management Company:	2008	1,527						30
31	Leasehold Improvements Allocated from Management Company:	2016	15,129						31
32	Leasehold Improvements Allocated from Management Company:	2018	1,287						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,265,056	\$ 97,404		\$ 487,256	\$ 389,852	\$ 11,536,287	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	\$ 541,869	\$ 111,213	\$ 111,213	\$	5, 10 years	\$ 283,782	71
72	Current Year Purchases	17,627	881	881		5 years	881	72
73	Fully Depreciated Assets	1,065,021				5, 10 years	1,065,201	73
74	Allocated from Therapy Masters, Mgt Co:	98,474					87,119	74
75	TOTALS	\$ 1,722,991	\$ 112,094	\$ 112,094	\$		\$ 1,436,983	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Care	2001 Toyota Camry	2004	\$ 10,770	\$	\$	\$	5 Years	\$ 10,770	76
77										77
78	Allocated from Management Company:			20,282					20,282	78
79										79
80	TOTALS			\$ 31,052	\$	\$	\$		\$ 31,052	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 16,328,513	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 209,498	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 599,350	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 389,852	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 13,004,322	85

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

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

G. Construction-in-Progress

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

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

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

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

0039321

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

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

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

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

This amount was calculated by dividing the total amount to be amortized by the length of the lease N/A. N/A

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

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

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ 124,588 Description: See Attached Schedule M

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18	<u>Allocated from Management Co:</u>			<u>5,034</u>	18
19					19
20					20
21	TOTAL		\$	\$ <u>5,034</u>	21

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	Ln10a,Col 3	hrs	\$	454	\$ 272,376	\$	454	\$ 272,376	1
2	Licensed Speech and Language Development Therapist	Ln10a,Col 3	hrs		175	100,128		175	100,128	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		507	285,130	1,924	507	287,054	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescripts				331,270		331,270	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Raadiology,Dialysis,Laboratory Other (specify): <u>Respiratory Therapist</u>	Ln 39, Col 3 Ln10a, Col 1	Hours 21,868 hours	553,139		215,072		21,868	215,072 553,139	13
14	TOTAL			\$ 553,139	1,136	\$ 872,706	\$ 333,194	23,004	\$ 1,759,039	14

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

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

0039321

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (1,019,186)	\$ (681,617)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>531,965</u>)	3,244,869	3,244,869	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	820,185	831,253	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)		838,993	8
9	Other(specify): <u>Receivable from Insurance:</u>			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,045,868	\$ 4,233,498	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		309,414	13
14	Buildings, at Historical Cost		11,848,076	14
15	Leasehold Improvements, at Historical Cost	1,642,260	2,416,980	15
16	Equipment, at Historical Cost	1,635,287	1,754,043	16
17	Accumulated Depreciation (book methods)	(2,959,450)	(13,004,322)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe Escrows)		699,783	22
23	Other(specify): <u>Mortgage Costs (Net)</u>		49,415	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 318,097	\$ 4,073,389	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,363,965	\$ 8,306,887	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 10,070,389	\$ 10,180,376	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		936,995	29
30	Accrued Salaries Payable	303,399	303,399	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		909,000	32
33	Accrued Interest Payable		29,535	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule E:</u>	2,564,160	2,564,160	36
37	<u>Due to Related Parties:</u>	3,670,802	3,670,802	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 16,608,750	\$ 18,594,267	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		6,187,697	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44	<u>Due to Shareholders</u>	22,919,471	22,919,471	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 22,919,471	\$ 29,107,168	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 39,528,221	\$ 47,701,435	46
47	TOTAL EQUITY(page 18, line 24)	\$ (36,164,256)	\$ (39,394,548)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,363,965	\$ 8,306,887	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (31,342,951)	1
2	Restatements (describe):		2
3	Year-End AJE @ 12/31/17 posted	14,998	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (31,327,953)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(4,836,303)	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)	\$ (4,836,303)	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)	\$ (36,164,256)	24

* Operating Entity Only

* This must agree with page 17, line 47.

Facility Name & ID Number GlenShire Nursing and Rehabilitation Centre, Ltd. # 0039321 Report Period Beginning: 1/1/2018Ending: 12/31/2018**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.****Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,590,740	1
2	Discounts and Allowances for all Levels	(1,886,264)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,704,476	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,327,631	6
7	Oxygen	354,851	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,682,482	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	72,837	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	29,479	19
20	Radiology and X-Ray	5,191	20
21	Other Medical Services	578,411	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 685,918	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	14,344	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 14,344	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)	\$ 12,087,220	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,034,307	31
32	Health Care	6,345,003	32
33	General Administration	5,120,181	33
B. Capital Expense			
34	Ownership	1,899,064	34
C. Ancillary Expense			
35	Special Cost Centers	1,082,659	35
36	Provider Participation Fee	442,310	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,923,524	40
41	Income before Income Taxes (line 30 minus line 40)**	(4,836,304)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (4,836,304)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 8,003,015	44
45	Private Pay - Net Inpatient Revenue	84,301	45
46	Medicare - Net Inpatient Revenue	1,372,519	46
47	Other-(specify) Insurance - Net Inpatient Revenue	167,930	47
48	Other-(specify) Veterans - Net Inpatient Revenue	76,711	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,704,476	49

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

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

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

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

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

0039321

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,200	1,284	\$ 24,358	\$ 18.97	1
2	Assistant Director of Nursing	2,170	2,287	74,345	32.51	2
3	Registered Nurses	28,625	29,944	1,120,767	37.43	3
4	Licensed Practical Nurses	57,930	62,894	1,825,609	29.03	4
5	CNAs & Orderlies	90,009	95,199	1,302,677	13.68	5
6	CNA Trainees					6
7	Licensed Therapist	20,156	21,868	553,139	25.29	7
8	Rehab/Therapy Aides					8
9	Activity Director	2,536	2,826	45,038	15.94	9
10	Activity Assistants	5,213	5,536	67,076	12.12	10
11	Social Service Workers	3,997	4,356	99,043	22.74	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	2,811	3,239	72,000	22.23	14
15	Cook Helpers/Assistants	29,799	32,326	397,337	12.29	15
16	Dishwashers					16
17	Maintenance Workers	4,859	5,214	92,136	17.67	17
18	Housekeepers	20,357	21,159	270,316	12.78	18
19	Laundry	5,268	5,471	67,241	12.29	19
20	Administrator	2,488	2,698	126,881	47.03	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	16,561	18,040	427,183	25.79	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	3,724	4,203	52,894	12.58	33
34	TOTAL (lines 1 - 33)	297,703	318,544	\$ 6,618,040 *	\$ 20.78	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	\$ 23,444	Ln 1, Col 3	35
36	Medical Director	Monthly	115,224	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	16,790	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	Hourly	3,420	Ln 11, Col 3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 158,878		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	8	\$ 484	Ln 10, Col 3	50
51	Licensed Practical Nurses	19	972	Ln 10, Col 3	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	27	\$ 1,456		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	
Laquanta Jordan	Administrator	0.00%	\$ 25,247	Workers' Compensation Insurance	\$ 150,434	IDPH License Fee	\$ 1,991	
Richard Taylor	Administrator	0.00%	53,173	Unemployment Compensation Insurance	56,828	Advertising: Employee Recruitment		
Callie Graham	Administrator	0.00%	48,461	FICA Taxes	563,762	Health Care Worker Background Check		
				Employee Health Insurance	113,540	(Indicate # of checks performed <u>20</u>)	690	
				Employee Meals	29,116	Patient Background Checks	186	
				Illinois Municipal Retirement Fund (IMRF)*				
				Union Health and Welfare	10,728	See Attached Schedule K:	71,832	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 126,881			Allocated from Therapy Masters, Inc.:	111	
B. Administrative - Other						Allocated from Management Company:	299	
Description			Amount	Non-Allowable Marketing Employee Benefits:	(3,101)	Less: Public Relations Expense	()	
Administrative Service Fees (eliminated in Column 7)			\$ 1,568,408	See Attached Schedule D:	0	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,568,408	TOTAL (agree to Schedule V, line 22, col.8)	\$ 921,307	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 76,783	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**		
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
See Attached Schedule C:			\$ 441,713				Out-of-State Travel	\$
							In-State Travel	
							Seminar Expense	
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 441,713	TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	\$

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number GlenShire Nursing and Rehabilitation Centre, Ltd.# 0039321Report Period Beginning: 1/1/2018Ending: 12/31/2018**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Illinois Council on Long Term Care \$32,188
- (3) Did the nursing home make political contributions or payments to a political organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 55,291 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 442,310
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ 29,116 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. **Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees

GlenShire Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0039321
12/31/2018

SCHEDULE A

SCHEDULE VII. RELATED PARTIES
Part A. Col.3

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

SCHEDULE B

SCHEDULE VII RELATED PARTIES

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

Name	Compensation Received From Other Nursing Homes							Total
	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenCrest Nursing & Rehab. Centre, Ltd.	Glen Bridge Nursing & Rehab. Centre, Ltd.	Glen Elston Nursing & Rehab. Centre, Ltd.	Brentwood North Healthcare & Rehabilitation	Glen Lake Terrace Nursing & Rehab	Glen Saint Andrew Living Comm	
Sidney Glenner	0	0	0	0	0	0	0	0
Jonathan Glenner	10,738	11,328	11,243	4,382	6,825	10,353	8,475	63,344
Daniel Glenner	31,396	33,121	32,874	12,812	19,956	30,271	24,780	185,210
Elliot Glenner	12,034	12,696	12,601	4,911	7,649	11,603	9,499	70,993
Total compensation received from other Nursing Homes	54,168	57,145	56,718	22,105	34,430	52,227	42,754	319,547

XIX. SUPPORT SCHEDULES

Page 21

C. Professional Services

Vendor/Payee	Type	AMOUNT
Health Data Systems, Inc.	Computers	4,418
Point ClickCare	Computers	92,937
Comcast Business	Computers	15,600
Net Health	Computers	10,929
Kronos	Computers	43,544
Microsoft Corporation	Computers	7,093
Franklin Group	Business Development Consulting	2,863
RSM US LLP	Accounting	16,092
Much Shelist	Legal	32,744
Sachoff and Weaver	Legal	-5,610
Marilyn P. Dunn	Legal	4,590
Berkadia	Legal	15,000
Global Fiscal Midwest	Billing Consultants	136,175
2401 Incorporated	Architectural Consulting	2,280
Howard S Chez and Association P.C.	Electrical Engineering Consultant	4,900
Platinum Billing Solutions	A/R Collections	184,238
Personnel Planners, Inc.	Unemployment Consulting	3,379
Resolute Healthcare Solutions	Healthcare Executive Search Consulting	13,489
Mack Communications	Marketing	5,671
Signet Healthcare Consultants, Inc.	Billing Consultants	5,000
		<u>595,334</u>

Allocated from Management Co:

Point ClickCare - Computer Services	-61
Kronos - Computer Services	939
Health Data Systems, Inc. - Computer Services	338
Creative Tech Solutions - Computer Services	203
MB Financial Bank - LOC fees	4,358
Marcum - Accounting Services	366
McGladrey - Accounting Services	6,392
Polsinelli - Legal	1,789
Govig - Legal	2,437
Change Healthcare - Healthcare Technology and Business Solutions	122
Marilyn Dunn - Legal	18
Perspectives - Human Resource Consulting	38
TWG Benefits - 401K Plan Management	181
Company Nurse - W/C Consulting	8
Much Shelist - Legal	1,557
Julie McHugh - MDS Consulting	1,322
Murphy Consulting - HUD Consulting	81
Birdseye - Payroll Management Consulting	305
Saul, Eweing Arnstein and Lehr - Legal retainer	761
Total allocated from Management Co.	<u>21,154</u>

Allocated from Therapy Masters:

Virtu Senses - Computer Services	63
Kronos - Computer Services	274
Casamba - Computer Services	427
Health Data Systems - Computer Services	6
Much Shelist - Legal	0
Post Acute Consulting	73
Career Tree Network - Therapy Recruitment	147
Theracore - Business Consulting	49
Personnel Planners - Financial consulting	5
RSM - Accounting Services	13
TWG Benefits	2
Total allocated from Therapy Masters:	<u>1,059</u>

GlenShire Real Estate & Development Limited Partnership:

Berkadia - Legal - Change of Operator	15,000
Skidelsky & Associates - Real Estate Tax Reduction	30,935
RSM - Accounting	16,938
Much Shelist - Legal - Lease of GlenShire	30,077
Total allocated from GlenShire Real Estate & Development, Limited Partnership:	<u>92,950</u>

Reclass Skidelsky & Associates - Real Estate Tax Reduction to Line 33 -30,935

Non-Allowable Expenses:

Franklin Group - Business Development Consulting	-2,863
Platinum Billing Solutions - A/R Collections	-184,238
Mack Communications - Marketing	-5,671
Berkadia - Legal - Change of Operator - GlenShire Real Estate & Development, LP	-15,000
Much Shelist - Legal - Lease of GlenShire - GlenShire Real Estate & Development, LP	-30,077
Total Non-Allowable Expenses:	<u>-237,849</u>

Total adjustments page 21, Sch C -153,621

Total Schedule V, line 19, column f 441,713

SCHEDULE D

XIX. SUPPORT SCHEDULES

D. Employee Benefits and Payroll Taxes
 Page 21

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Allocated from Management Co.	
FICA taxes	32,587
FUTA	(73)
SUTA	1,807
Insurance - Hospital	49,155
Workers Compensation Insurance	(1,541)
	<u>81,935</u>
Total allocated from Management Co.	<u>81,935</u>
Allocated Employee Benefits to Line #'s 7 & 27	(81,935)
Allocated from Therapy Masters, Inc.	
FICA taxes	2984
FUTA	67
SUTA	110
Insurance - Hospital	2154
Workers Compensation Insurance	355
	<u>5,669</u>
Total allocated from Therapy Masters, Inc.	<u>5,669</u>
Allocated Employee Benefits to Line #'s 15 & 27	(5,669)
Total	<u>0</u>

GlenShire Nursing and Rehabilitation Centre, Ltd.
Provider # 0039321
12/31/2018

SCHEDULE E

XV. SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
401K DEDUCTION	2,458
ACCRUED UNION DUES	-10,498
ACCRUED RENT	-382,919
ACCRUED WAGE ASSIGN.	3,945
ACCRUED MNGMT FEES	-2,175,026
REFUNDS EXCHANGE	-16,962
FEDERAL U/C	-190
STATE U/C	15,033
Total, Page 17, Line36	<u><u>-2,564,160</u></u>

SCHEDULE F

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

<u>Description</u>	<u>Amount</u>	<u>Reference</u>
Patient Clothing	(1,763)	43
Non-allowable IL Council on Long Term Care fee	(15,853)	20
Non-allowable professional fees	(237,849)	19
Non-allowable office expense	(1,997)	43
Non-allowable marketing salaries	(22,922)	21
Non-allowable marketing employee benefits	(3,101)	22
Non-allowable patient storage	(733)	43
Non-allowable auto expense - marketing	(2,604)	25
Non-allowable interest expense	(948)	32
Total	<u>(287,770)</u>	

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

SCHEDULE G

	Accrued 1/01/18	Payments	Expense	Accrued 12/31/18
Balance @ 1/01/2018 - G/L# 210:	(941,000.00)		(941,000.00)	
2017 Real Estate Taxes Paid		856,911.19	856,911.19	
Estimated 2017 real estate taxes:				
2,017.00	856,911.19			
Estimated increase	6.00%			
Estimated 2018 taxes	908,325.86			
USE	909,000.00		909,000.00	(909,000.00)
Totals	(941,000.00)	856,911.19	824,911.19	(909,000.00)

Real estate tax history:

Year	Amount	Increase	
		\$	%
1991	443,164.00		
1992	465,682.00	22,518.00	5.08%
1993	529,742.00	64,060.00	13.76%
1994	545,165.38	15,423.38	2.91%
1995	582,936.44	37,771.06	6.93%
1996	601,796.63	18,860.19	3.24%
1997	624,000.41	22,203.78	3.69%
1998	642,857.87	18,857.46	3.02%
1999	648,110.27	5,252.40	0.82%
2000	658,314.50	10,204.23	1.57%
2001	703,338.03	45,023.53	6.84%
2002	667,742.79	(35,595.24)	-5.06%
2003	686,735.80	18,993.01	2.84%
2004	728,336.76	41,600.96	6.06%
2005	812,535.50	84,198.74	11.56%
2006	815,030.99	2,495.49	0.31%
2007	853,829.05	38,798.06	4.76%
2008	922,622.22	68,793.17	8.06%
2009	681,822.88	(240,799.34)	-26.10%
2010	701,966.03	20,143.15	2.95%
2011	734,593.69	32,627.66	4.65%
2012	796,990.26	62,396.57	8.49%
2013	839,632.57	42,642.31	5.35%
2014	886,597.23	46,964.66	5.59%
2015	901,957.51	15,360.28	1.73%
2016	887,566.34	(14,391.17)	-1.60%
2017	856,911.19	(30,655.15)	-3.45%

Provider Name: GlenShire Nursing and Rehabilitation Centre LTD.

Provider I.D. #: 0039321

Year Ended: December 31, 2018

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Nursing	10/26/18	Richton Park	Training Concepts-CPR	126
			Allocated From Management Company	611
			Allocated From Therapy Masters	31
			Total	<u>768</u>

GlenShire Nursing and Rehabilitation Centre, LTD.
 Provider #0039321
 12/31/2018

SCHEDULE I

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

	Gasoline Allowance	Employee Reimbursement: Tolls, Parking, Mileage	Truck Rental	Total
Direct Expense	2,400	673	634	3,707
Non-allowable auto expense - marketing				-2,604
Allocated from Therapy Masters, Inc.				76
Allocated from Management Company				7,487
TOTAL	<u>2,400</u>	<u>673</u>	<u>634</u>	<u>8,666</u>

SCHEDULE K

XIX. SUPPORT SCHEDULES

Page 21

F. Dues, Fees, Subscriptions and Promotions

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Illinois Council on Long Term Care Dues	48,041
Collaborative Healthcare Urgency Group Fee	450
Employment Fees	29,657
Cook County Department of Environmental Control Inspection Fees	783
Secretary of State Annual Report Fees	0
Village of Richton Park Elevator Inspection, Health Inspection Fee	400
State Fire Marshall	100
Joint Commission Fees	8,255
Non-allowable Illinois Council on Long Term Care PAC Fees	<u>(15,853)</u>
	<u>71,832</u>

Total

HEALTH AND HOME MANAGEMENT, INC. ALLOCATION OF MANAGEMENT COMPANY LEASEHOLD IMPROVEMENTS										SCHEDULE L												
ASSET DESCRIPTION	COST	CAPITAL FROM FARGO @ 84.9438 %	ADJUSTED LEASEHOLD IMPROVEMENTS	COST	GLENBRIDGE 103,052/460,292 0.223883969	GLENCREST 111,372/460,292 0.241959452	GLEN OAKS 101,895/460,292 0.221370348	GLEN ELSTON 41,220/460,292 0.08955185	GLENSHIRE 102,753/460,292 0.223234382													
1998 PARKING LOT REPAVING LEASEHOLD IMPROVEMENTS - ADDITIONAL CONSTRUCTION COSTS FARGO BUILDING	5,900 87,339	6,647	6,647	6,647																		
1999 LEASEHOLD IMPROVEMENTS - ADDITIONAL CONSTRUCTION COSTS FARGO BUILDING	41,710		41,710	41,710	31,701	34,260	31,345	12,680	31,609													
2000 AQUATIC WORKS - BUILT IN FISH TAN	5,000		5,000	5,000	32,820	35,470	32,452	13,128	32,725													
2001 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725													
2002 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725													
2003 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725													
2004 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725													
2005 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725													
2006 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725													
RECALCULATION BASED ON 2007 CENSUS - New facility added in 2007 (GlenLake Terrace Nursing Ctr.)																						
GLENBRIDGE GLENCREST GLEN OAKS GLEN ELSTON GLENSHIRE GLENLAKE TOTAL																						
2007 NO ADDITIONS	146,596	28,154	28,603	31,981	12,090	23,448	22,319	146,596	79,093	74,334	100.00%	488,234										
RECALCULATION BASED ON 2008 CENSUS - New facility added in 2008 (Brentwood partial year 9/1/08-12/31/08)																						
GLENBRIDGE GLENCREST GLEN OAKS GLEN ELSTON GLENSHIRE GLENLAKE BRENTWOOD TOTAL																						
2008 INSTALLATION OF IRRIGATION SYSTEM	15,036				15,036	18,866	18,346	21,056	7,476	16,196	15.25%	3,096	503.336									
RECALCULATION BASED ON 2009 CENSUS - New facility added in 2008 (Brentwood) is now allocated over full year in 2009																						
GLENBRIDGE GLENCREST GLEN OAKS GLEN ELSTON GLENSHIRE GLENLAKE BRENTWOOD TOTAL																						
2009 NO ADDITIONS	161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632	82,660	82,504	9.247	540,919									
RECALCULATION BASED ON 2009 CENSUS																						
GLENBRIDGE GLENCREST GLEN OAKS GLEN ELSTON GLENSHIRE GLENLAKE BRENTWOOD TOTAL																						
2010 NO ADDITIONS	161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632	82,660	82,504	9.247	540,919									
Amounts as reported on cost report. Differences due to error in formula: (Total allocated over 99.18 % not 100.00 %)																						
GLENBRIDGE GLENCREST GLEN OAKS GLEN ELSTON GLENSHIRE GLENLAKE BRENTWOOD TOTAL																						
2011 NO ADDITIONS	161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632	82,660	82,504	9.247	540,919									
RECALCULATION BASED ON 2009 CENSUS																						
GLENBRIDGE GLENCREST GLEN OAKS GLEN ELSTON GLENSHIRE GLENLAKE BRENTWOOD TOTAL																						
2012 NO ADDITIONS	161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632	82,660	82,504	9.247	540,919									
RECALCULATION BASED ON 2009 CENSUS																						
GLENBRIDGE GLENCREST GLEN OAKS GLEN ELSTON GLENSHIRE GLENLAKE BRENTWOOD TOTAL																						
2013 NO ADDITIONS	161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632	82,660	82,504	9.247	540,919									
RECALCULATION BASED ON 2009 CENSUS																						
GLENBRIDGE GLENCREST GLEN OAKS GLEN ELSTON GLENSHIRE GLENLAKE BRENTWOOD TOTAL																						
2014 NO ADDITIONS	161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632	82,660	82,504	9.247	540,919									
CALCULATION BASED ON 2015 CENSUS																						
GLENBRIDGE GLENCREST GLEN OAKS GLEN ELSTON GLENSHIRE GLENLAKE BRENTWOOD BALLARD GSALC TOTAL																						
2015 NO ADDITIONS	161,632	24,262	24,287	23,352	10,144	17,676	19,804	12,331	13,049	16,527	161,632	74,884	46,827	49,340	62,493	611,180						
RECALCULATION BASED ON 2015 CENSUS																						
GLENBRIDGE GLENCREST GLEN OAKS GLEN ELSTON GLENSHIRE GLENLAKE BRENTWOOD BALLARD GSALC TOTAL																						
2016 HOME OFFICE VINYL FLOORING, CARPETING, EXTERIOR STUCCO, BUILD NEW OFFICES	149,012				149,012	46,829	46,878	44,881	19,498	34,355	38,062	23,700	25,079	31,764	310,644							
RECALCULATION BASED ON 2015 CENSUS																						
GLENBRIDGE GLENCREST GLEN OAKS GLEN ELSTON GLENSHIRE GLENLAKE BRENTWOOD BALLARD GSALC TOTAL																						
2017 NO ADDITIONS	310,644	46,829	46,878	44,881	19,498	34,355	38,062	23,700	25,079	31,764	310,644	74,884	46,827	49,340	62,493	611,180						
CALCULATION BASED ON 2018 CENSUS																						
GLENBRIDGE GLENCREST GLEN OAKS GLEN ELSTON GLENSHIRE GLENLAKE BRENTWOOD GSALC TOTAL																						
2018 CLOUD BASED DOOR SECURITY ACCESS SYSTEM PURCHASE OF COMPRESSOR AND WIRING FOR ROOF REMOVE AND REPLACE COMPRESSOR ON THE ROOF	3,736 5,442 3,500				77,316	77,898	73,840	30,132	49,223	71,194	46,935	58,281	494,819									
GLENBRIDGE GLENCREST GLEN OAKS GLEN ELSTON GLENSHIRE GLENLAKE BRENTWOOD GSALC TOTAL																						
2018 CLOUD BASED DOOR SECURITY ACCESS SYSTEM PURCHASE OF COMPRESSOR AND WIRING FOR ROOF REMOVE AND REPLACE COMPRESSOR ON THE ROOF	323,222				61,561	61,950	49,243	20,095	32,826	47,479	31,301	38,867	323,322									

SCHEDULE M

Page 14, XII. Rental Costs

16. Rental Amount for movable equipment:

	Ice-Machine	Copy Machine	Postage	Telephone System	Dish Machine	Medical Equipment	Total
Direct Expense	2,074	8,576	361	29,966	2,400	78,221	121,598
Allocated from Therapy Masters, Inc.							0
Allocated from Management Company							2,990
TOTAL	2,074	8,576	361	29,966	2,400	78,221	124,588