

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre

0022111 Report Period Beginning: 1/01/2006 Ending: 12/31/2006

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>164</u>	Skilled (SNF)	<u>164</u>	<u>59,860</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>134</u>	Intermediate (ICF)	<u>134</u>	<u>48,910</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>298</u>	TOTALS	<u>298</u>	<u>108,770</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	<u>34,242</u>	<u>1,836</u>	<u>9,269</u>	<u>45,347</u>	8
9	SNF/PED					9
10	ICF	<u>53,851</u>	<u>1,605</u>	<u>518</u>	<u>55,974</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>88,093</u>	<u>3,441</u>	<u>9,787</u>	<u>101,321</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.15%

D. How many bed-hold days during this year were paid by the Department? 863 (Do not include bed-hold days in Section B.)

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 12/01/75

J. Was the facility purchased or leased after January 1, 1978?
YES Date 1/15/85 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 150 and days of care provided 7,839

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 10/31/06 Fiscal Year: 12/31/06

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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre # 0022111 Report Period Beginning: 1/01/2006 Ending: 12/31/2006

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 OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	433,520	92,260	4,550	530,330		530,330		530,330		1
2	Food Purchase		533,052		533,052	(20,797)	512,255	(13,912)	498,343		2
3	Housekeeping	288,218	112,675		400,893		400,893		400,893		3
4	Laundry	134,927	16,384	40,823	192,134		192,134		192,134		4
5	Heat and Other Utilities			195,166	195,166		195,166	8,452	203,618		5
6	Maintenance	115,459	36,749	95,752	247,960		247,960	10,335	258,295		6
7	Other (specify):* Allocated Employee Benefits							1,000	1,000		7
8	TOTAL General Services	972,124	791,120	336,291	2,099,535	(20,797)	2,078,738	5,875	2,084,613		8
	B. Health Care and Programs										
9	Medical Director			24,075	24,075		24,075		24,075		9
10	Nursing and Medical Records	3,029,674	349,382	8,365	3,387,421		3,387,421	(76,074)	3,311,347		10
10a	Therapy	40,635	1,549	241,834	284,018		284,018	(65,878)	218,140		10a
11	Activities	98,171	9,534	2,304	110,009		110,009		110,009		11
12	Social Services	166,898		2,546	169,444		169,444		169,444		12
13	CNA Training										13
14	Program Transportation			2,040	2,040		2,040		2,040		14
15	Other (specify):* Allocated Employee Benefits							18,122	18,122		15
16	TOTAL Health Care and Programs	3,335,378	360,465	281,164	3,977,007		3,977,007	(123,830)	3,853,177		16
	C. General Administration										
17	Administrative	153,125		768,000	921,125		921,125	(657,629)	263,496		17
18	Directors Fees										18
19	Professional Services			76,899	76,899	(9,376)	67,523	31,001	98,524		19
20	Dues, Fees, Subscriptions & Promotions			22,807	22,807		22,807	15,500	38,307		20
21	Clerical & General Office Expenses	197,914	69,993	31,011	298,918		298,918	489,636	788,554		21
22	Employee Benefits & Payroll Taxes			698,057	698,057	20,797	718,854		718,854		22
23	Inservice Training & Education			3,017	3,017		3,017	1,515	4,532		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			13,201	13,201	(5,678)	7,523	9,410	16,933		25
26	Insurance-Prop.Liab.Malpractice			124,885	124,885		124,885	4,124	129,009		26
27	Other (specify):* Allocated Employee Benefits							110,516	110,516		27
28	TOTAL General Administration	351,039	69,993	1,737,877	2,158,909	5,743	2,164,652	4,073	2,168,725		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,658,541	1,221,578	2,355,332	8,235,451	(15,054)	8,220,397	(113,882)	8,106,515		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			189,659	189,659		189,659	146,305	335,964			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			6,707	6,707		6,707	260,889	267,596			32
33	Real Estate Taxes					9,376	9,376	330,239	339,615			33
34	Rent-Facility & Grounds			2,271,810	2,271,810		2,271,810	(2,271,810)				34
35	Rent-Equipment & Vehicles			9,044	9,044	5,678	14,722	8,091	22,813			35
36	Other (specify):*											36
37	TOTAL Ownership			2,477,220	2,477,220	15,054	2,492,274	(1,526,286)	965,988			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		338,878	17,400	356,278		356,278		356,278			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			163,152	163,152		163,152		163,152			42
43	Other (specify):* Non-Allowable			108,475	108,475		108,475	(108,475)				43
44	TOTAL Special Cost Centers		338,878	289,027	627,905		627,905	(108,475)	519,430			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,658,541	1,560,456	5,121,579	11,340,576		11,340,576	(1,748,643)	9,591,933			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	OHF 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				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(67,693)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,225)	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	(6,500)	43		18
19	Entertainment	(2,005)	43		19
20	Contributions	(23,040)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(18,467)	43		24
25	Fund Raising, Advertising and Promotional	(7,636)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(49,094)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule <u>See Attached Schedule F:</u>	(101,386)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (277,046)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,471,597)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,471,597)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,748,643)		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	Exceptional Care Program		X	54,539	Ln39,Co2	44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 54,539		47

BHF USE ONLY					
48	49	50	51	52	

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Oaks Nursing & Rehabilitation Centre

ID# 0022111

Report Period Beginning: 1/01/2006

Ending: 12/31/2006

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Adjust Mgt Co. medical supplies "A" to cost	\$ (49,525)	10	1
2	Adjust Mgt Co. medical supplies "other" to cost	(26,549)	10	2
3	Adjust Mgt Co. food to cost	(13,916)	2	3
4	Non-allowable professional fees	(10,434)	19	4
5	Non-allowable patient clothing	(508)	43	5
6	Non-allowable auto expense - marketing	(329)	25	6
7	Amortization of 2006 deferred maintenance	1,415	6	7
8	Non-allowable auto expense - parking ticket	(50)	25	8
9	Non-allowable IL Council on Long Term Care Fee	(1,490)	20	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(101,386)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre# 0022111

Report Period Beginning:

1/01/2006

Ending:

12/31/2006

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	(13,916)	0	0	0	4	0	0	0	0	0	0	(13,912)	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	8,452	0	0	0	0	0	0	0	0	8,452	5
6	Maintenance	1,415	0	8,918	0	2	0	0	0	0	0	0	10,335	6
7	Other (specify):*	0	0	1,000	0	0	0	0	0	0	0	0	1,000	7
8	TOTAL General Services	(12,501)	0	18,370	0	6	0	0	0	0	0	0	5,875	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	(76,074)	0	0	0	0	0	0	0	0	0	0	(76,074)	10
10a	Therapy	0	0	0	0	(65,878)	0	0	0	0	0	0	(65,878)	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	18,122	0	0	0	0	0	0	18,122	15
16	TOTAL Health Care and Programs	(76,074)	0	0	0	(47,756)	0	0	0	0	0	0	(123,830)	16
	C. General Administration													
17	Administrative	0	0	(657,629)	0	0	0	0	0	0	0	0	(657,629)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(10,434)	0	25,867	15,440	128	0	0	0	0	0	0	31,001	19
20	Fees, Subscriptions & Promotions	(1,490)	0	7,897	0	9,093	0	0	0	0	0	0	15,500	20
21	Clerical & General Office Expenses	0	0	485,170	0	4,466	0	0	0	0	0	0	489,636	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	905	0	610	0	0	0	0	0	0	1,515	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(379)	0	9,430	0	359	0	0	0	0	0	0	9,410	25
26	Insurance-Prop.Liab.Malpractice	0	0	4,124	0	0	0	0	0	0	0	0	4,124	26
27	Other (specify):*	0	0	110,097	0	419	0	0	0	0	0	0	110,516	27
28	TOTAL General Administration	(12,303)	0	(14,139)	15,440	15,075	0	0	0	0	0	0	4,073	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(100,878)	0	4,231	15,440	(32,675)	0	0	0	0	0	0	(113,882)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre# 0022111

Report Period Beginning:

1/01/2006 Ending:

12/31/2006

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	0	0	36,400	109,905	0	0	0	0	0	0	0	146,305	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(67,693)	0	0	328,582	0	0	0	0	0	0	0	260,889	32
33	Real Estate Taxes	0	0	16,289	313,950	0	0	0	0	0	0	0	330,239	33
34	Rent-Facility & Grounds	0	0	0	(2,271,810)	0	0	0	0	0	0	0	(2,271,810)	34
35	Rent-Equipment & Vehicles	0	0	8,091	0	0	0	0	0	0	0	0	8,091	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(67,693)	0	60,780	(1,519,373)	0	(1,526,286)	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):*	(108,475)	0	0	0	0	0	0	0	0	0	0	(108,475)	43
44	TOTAL Special Cost Centers	(108,475)	0	0	0	0	0	0	0	0	0	0	(108,475)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(277,046)	0	65,011	(1,503,933)	(32,675)	0	0	0	0	0	0	(1,748,643)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Sidney Glenner	100.00 %	GlenBridge Nursing & Rehabilitation Centre,Ltd.	Niles	SEE ATTACHED SCHEDULE A		
		GlenCrest Nursing & Rehabilitation Centre,Ltd.	Chicago			
		Glen Elston Nursing & Rehabilitation Centre,Ltd.	Chicago			
		GlenShire Nursing & Rehabilitation Centre,Ltd.	Richton Park			

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		\$					
2	V	From Page 6A	768,000	Glen Health and Home Management, Inc.	A	833,011	65,011	2
3	V							3
4	V	From Page 6B	2,271,810	Glen Oaks Real Estate and Development, L.L.C.	B	767,877	(1,503,933)	4
5	V							5
6	V	From Page 6C	241,834	Therapy Masters, Inc.	C	209,159	(32,675)	6
7	V							7
8	V							8
9	V			OWNERSHIP REFERENCE:				9
10	V			A - Sidney Glenner - 100.00 % through attribution				10
11	V			B - Sidney Glenner - 60.00 % (constructively)				11
12	V			C - Sidney Glenner - 60.00 % Barry Ray - 40.00 %				12
13	V							13
14	Total		\$ 3,281,644			\$ 1,810,047	\$ * (1,471,597)	14

* 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	17 Management Fees	\$ 768,000	Glen Health and Home Management, Inc.	A	\$	\$ (768,000) 15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	8,452	8,452 16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	3,970	3,970 17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	25,867	25,867 18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	7,897	7,897 19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	52,830	52,830 20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	111,097	111,097 21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	905	905 22
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	9,430	9,430 23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	4,124	4,124 24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	36,400	36,400 25
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	16,289	16,289 26
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	8,091	8,091 27
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	4,948	4,948 28
29	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	110,371	110,371 29
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	432,340	432,340 30
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(111,097)	(111,097) 31
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	1,000	1,000 32
33	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	23,064	23,064 33
34	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	87,033	87,033 34
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 768,000			\$ 833,011	\$ * 65,011 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	32 Bond Fees	\$	Glen Oaks Real Estate and Development, L.L.C.	B	\$ 2,500	\$ 2,500
16	V	32 Letter of Credit Fees		Glen Oaks Real Estate and Development, L.L.C.	B	7,674	7,674
17	V	30 Depreciation		Glen Oaks Real Estate and Development, L.L.C.	B	109,905	109,905
18	V	32 Interest Expense		Glen Oaks Real Estate and Development, L.L.C.	B	317,429	317,429
19	V	32 Interest Income		Glen Oaks Real Estate and Development, L.L.C.	B	(6,697)	(6,697)
20	V	32 Amortization of Mortgage Costs		Glen Oaks Real Estate and Development, L.L.C.	B	7,676	7,676
21	V	33 Real Estate Taxes		Glen Oaks Real Estate and Development, L.L.C.	B	313,950	313,950
22	V	34 Rental Income	2,271,810	Glen Oaks Real Estate and Development, L.L.C.	B		(2,271,810)
23	V	19 Professional Fees		Glen Oaks Real Estate and Development, L.L.C.	B	15,440	15,440
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 2,271,810			\$ 767,877	\$ * (1,503,933)

* 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	\$ 241,834	Therapy Masters, Inc.	C	\$ 175,956	\$ (65,878)
16	V	19 Professional Fees		Therapy Masters, Inc.	C	128	128
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	C	11	11
18	V	20 Employment Fees		Therapy Masters, Inc.	C	9,082	9,082
19	V	6 Plant Supplies		Therapy Masters, Inc.	C	2	2
20	V	21 Clerical		Therapy Masters, Inc.	C	186	186
21	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	18,541	18,541
22	V	23 Training and Education		Therapy Masters, Inc.	C	610	610
23	V	25 Auto Expenses		Therapy Masters, Inc.	C	359	359
24	V	2 Food Purchase		Therapy Masters, Inc.	C	4	4
25	V	21 Clerical Salaries		Therapy Masters, Inc.	C	4,280	4,280
26	V	22 Employee Benefits		Therapy Masters, Inc.	C	(18,541)	(18,541)
27	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	18,122	18,122
28	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	419	419
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 241,834			\$ 209,159	\$ * (32,675)

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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre # 0022111 Report Period Beginning: 1/01/2006 Ending: 12/31/2006

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	President	Administrative	100.00 %	134,369	15	25.6 %	Salary	\$ 44,850	Ln 17, Col 7	1
2	David Glenner	Vice President	Administrative	0.00 %	67,185	10	25.6 %	Salary	22,425	Ln 17, Col 7	2
3	Jonathan Glenner	Clerical	Clerical	0.00 %	22,605	10	25.6 %	Salary	7,545	Ln 21, Col 7	3
4	Daniel Glenner	Clerical	Clerical	0.00 %	22,242	10	25.6 %	Salary	7,424	Ln 21, Col 7	4
5	Joshua Ray	V.P. of Operations	Administrative	0.00 %	134,369	10	25.6 %	Salary	44,850	Ln 21, Col 7	5
6	Barry Ray	Vice President	Administrative	0.00 %	129,114	10	25.6 %	Salary	43,096	Ln 17, Col 7	6
7											7
8											8
9											9
10											10
11			See Schedule B								11
12											12
13								TOTAL	\$ 170,190		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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre # 0022111 Report Period Beginning: 1/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Resident Days	404,875	5	\$ 33,774	\$ 101,321	\$ 8,452	1
2	6	Repairs and Maintenance	Resident Days	404,875	5	15,862	101,321	3,970	2
3	19	Professional Fees	Resident Days	404,875	5	103,363	101,321	25,867	3
4	20	Licenses,Permits and Inspection	Resident Days	404,875	5	31,556	101,321	7,897	4
5	21	Clerical	Resident Days	404,875	5	211,108	101,321	52,830	5
6	22	Employee Benefits and Payroll	Resident Days	404,875	5	443,941	101,321	111,097	6
7	23	Training and Education	Resident Days	404,875	5	3,615	101,321	905	7
8	25	Auto Expenses	Resident Days	404,875	5	37,683	101,321	9,430	8
9	26	Insurance	Resident Days	404,875	5	16,479	101,321	4,124	9
10	30	Depreciation	Resident Days	404,875	5	145,453	101,321	36,400	10
11	33	Real Estate Taxes	Resident Days	404,875	5	65,090	101,321	16,289	11
12	35	Equipment and Vehicle Rental	Resident Days	404,875	5	32,332	101,321	8,091	12
13	6	Janitorial Salaries	Resident Days	404,875	5	19,772	19,772	4,948	13
14	17	Officer's Salaries	Resident Days	404,875	5	441,040	441,040	110,371	14
15	21	Administrative Salaries	Resident Days	404,875	5	1,727,614	1,727,614	432,340	15
16	22	Employee Benefits	Payroll					(111,097)	16
17	7	Employee Benefits - Janitorial	Payroll					1,000	17
18	27	Employee Benefits - Officer's	Payroll					23,064	18
19	27	Employee Benefits - Admin	Payroll					87,033	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 3,328,682	\$ 2,188,426		\$ 833,011	25

SEE ACCOUNTANTS' COMPILATION REPORT

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										
										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	JPMorgan Chase Bank, N.A.		X	Mortgage	\$700,000annual	12/16/96	\$ 9,200,000	\$ 3,900,000	12/01/2011	0.0550	\$ 327,603	1							
2	JPMorgan Chase Bank, N.A.		X	Amortization of mortgage costs							7,676	2							
3	MB Financial Bank, N.A.		X	Finance equipment purchase	\$1,498.63	12/22/03	76,730	30,692	12/22/2008	0.0825	4,211	3							
4	MB Financial Bank, N.A.		X	Finance telephone system	\$780.33	1/06/06	40,040	33,941	1/06/2011	0.0625	2,303	4							
5	MB Financial Bank, N.A.		X	Finance automobile purchase	\$386.04	2/17/04	13,800	1,646	2/17/2007	0.0450	193	5							
Working Capital																			
6												6							
7												7							
8												8							
9	TOTAL Facility Related				\$2,665.00		\$ 9,330,570	\$ 3,966,279			\$ 341,986	9							
B. Non-Facility Related*																			
10										Interest Income Offset:	(74,390)	10							
11												11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (74,390)	14							
15	TOTALS (line 9+line14)						\$ 9,330,570	\$ 3,966,279			\$ 267,596	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2005 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2005 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2005.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2005 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2006 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2005 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glen Oaks Nursing & Rehabilitation Centre COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0022111

CONTACT PERSON REGARDING THIS REPORT Charles J. Fischer

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2005 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 2005.

(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>04-02-202-033-0000</u>	<u>270 Skokie Highway, Northbrook IL</u>	\$ <u>78,147.03</u>	\$ <u>78,147.03</u>
2. <u>04-02-202-038-0000</u>	<u>270 Skokie Highway, Northbrook IL</u>	\$ <u>249,512.71</u>	\$ <u>249,512.71</u>
3. <u>Allocated from Management Company:</u>	<u></u>	\$ <u>65,090.00</u>	\$ <u>16,289.00</u>
4. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
TOTALS		\$ <u>392,749.74</u>	\$ <u>343,948.74</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 & 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 2005 tax bills which were listed in Section A to this statement. Be sure to use the 2005 tax bill which is normally paid during 2006.

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.

X. BUILDING AND GENERAL INFORMATION:

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

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

NONE

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>98,518</u>	<u>1985</u>	<u>\$ 345,000</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>18,807</u>	<u>2</u>
3	TOTALS	98,518		\$ 363,807	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre# 0022111

Report Period Beginning:

1/01/2006 Ending: 12/31/2006

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	298	1985		\$ 3,587,393	\$	30	\$ 119,580	\$ 119,580	\$ 2,630,758	4
5										5
6	Alloc from			400,981			12,851	12,851		6
7	Mgt Comp									7
8	ScheduleJ									8
	Improvement Type**									
9	Leasehold Improvements		1980	7,274		65 months			7,274	9
10	Leasehold Improvements		1981	4,127		35 months			4,127	10
11	Sprinkler		1981	15,769		25			15,769	11
12	Ceiling - dining room		1982	3,621		10			3,621	12
13	Masonry - building		1982	15,200		10			15,200	13
14	Generator fixture		1982	7,967		10			7,967	14
15	Roofing		1983	28,000		10			28,000	15
16	Parking lot		1983	4,632		15			4,632	16
17	Painting		1983	14,000		5			14,000	17
18	Air-conditioner		1983	3,033		10			3,033	18
19	Leasehold Improvements		1984	40,296		10			40,296	19
20	Building Improvements		1985	28,578		10			28,578	20
21	Building Improvements		1986	14,578		10			14,578	21
22	Building Improvements		1987	7,225		10			7,225	22
23	Painting and decorating		1985	11,028		3			11,028	23
24	Sprinkler		1987	117,905		26	4,535	4,535	86,920	24
25	Building Improvements		1988	37,503		10			37,503	25
26	Building Improvements		1989	52,259		10			52,259	26
27	Building Improvements		1990	17,633		10			17,633	27
28	Building Improvements		1990	2,100		10			2,100	28
29	Building Improvements		1991	8,500		10			8,500	29
30	Building Improvements		1991	2,322		10			2,322	30
31	Building Improvements		1992	371,526		10			371,526	31
32	Building Improvements		1993	21,620		10			21,620	32
33	Building Improvements		1993	9,267		10			9,267	33
34	Building Improvements		1993	151,464		10			151,464	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre# 0022111

Report Period Beginning:

1/01/2006 Ending: 12/31/2006

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Leasehold Improvements	1994	\$ 118,383	\$	10	\$	\$	\$ 118,383	37
38	Building Improvements	1995	20,792		10			20,792	38
39	New closets in rooms 150 and 180	1995	2,600		10			2,600	39
40	New 200 amp and 50 amp lines to activity room	1996	4,900	163	10	163		4,900	40
41	Construct office room in basement	1996	1,650	53	10	53		1,650	41
42	Roofing work	1996	95,112	3,173	10	3,173		95,112	42
43	Overbed tables	1997	3,537	354	10	354		3,422	43
44	Sprinklers	1997	8,367	837	10	837		8,091	44
45	Exiss observation system	1997	975	97	10	97		938	45
46	Fence post and rail	1997	1,885	188	10	188		1,817	46
47	Exhaust fan and stove	1997	8,143	814	10	814		7,870	47
48	Brick floor	1997	7,707	771	10	771		7,453	48
49	Wiring for telephones	1997	1,832	183	10	183		1,770	49
50	Fire alarm	1997	16,271	1,627	10	1,627		15,728	50
51	Piping	1997	821	82	10	82		793	51
52	Emergency lighting fixtures	1997	3,000	300	10	300		2,900	52
53	Wiring for exhaust fan	1997	1,610	161	10	161		1,557	53
54	Replacement door	1997	1,445	145	10	145		1,401	54
55	Therapy room	1997	6,116	612	10	612		5,916	55
56	Concrete	1997	895	90	10	90		870	56
57	Remodeling of physical and occupational therapy rooms	1997	268,920	26,892	10	26,892		259,956	57
58	Flooring	1997	585	58	10	58		561	58
59	Handrails: corner and bumper guards	1997	11,954	1,195	10	1,195		10,358	59
60	Fire alarm system improvements	1997	3,450	345	10	345		2,990	60
61	Ceiling tile	1997	3,985	398	10	398		3,451	61
62	New walls - therapy room	1997	2,982	298	10	298		2,583	62
63	Signs	1997	1,713	171	10	171		1,483	63
64	Electric service	1997	1,700	170	10	170		1,473	64
65	Chain link fence	1997	3,100	310	10	310		2,687	65
66	Dining room ceiling	1997	2,000	200	10	200		1,733	66
67	Balance air conditioner system	1997	24,290	2,429	10	2,429		21,051	67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,616,521	\$ 42,116		\$ 179,082	\$ 136,966	\$ 4,209,489	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,616,521	\$ 42,116		\$ 179,082	\$ 136,966	\$ 4,209,489	1
2	Video monitoring system	1997	1,932	193	10	193		1,673	2
3	Electric service	1998	3,250	325	10	325		2,817	3
4	Fire alarm system improvements	1998	2,625	263	10	263		2,278	4
5	Floor tiles	1998	3,598	360	10	360		3,120	5
6	Electrical work: install outlets, amp feeders	1999	16,737	1,674	10	1,674		12,833	6
7	Aquarium	1999	10,500	1,050	10	1,050		8,050	7
8	Hot water tanks	1999	5,132	513	10	513		3,934	8
9	Ceiling tiles	1999	2,689	269	10	269		2,062	9
10	Fabrication of 211 sleeves for fire dampers	1999	2,532	253	10	253		1,940	10
11	Two gold chandeliers	1999	4,193	419	10	419		3,213	11
12	Fire dampers installation	1999	5,083	508	10	508		3,895	12
13	Fire dampers installation	1999	1,641	164	10	164		1,258	13
14	Install new gas valves & gaskets on boiler	1999	4,173	417	10	417		2,954	14
15	Install new motor in water heater	1999	2,397	240	10	240		1,800	15
16	Install security cameras	1999	3,109	311	10	311		2,203	16
17	Furnish, wire & install lights in the main dining room	2000	2,640	264	10	264		1,716	17
18	Install 2 fan coils, water piping, drain & insulation	2000	4,300	430	10	430		2,795	18
19	Install new chiller	2000	1,925	192	10	192		1,248	19
20	Install handrails, wall bumpers & rubber cove base	2000	14,570	1,457	10	1,457		9,471	20
21	Install handrails, wall bumpers & rubber cove base	2000	5,904	590	10	590		3,835	21
22	Install corner guards	2000	1,616	162	10	162		1,053	22
23	Vinyl tiles & rubber cove base	2000	1,875	187	10	187		1,216	23
24	Electrical work	2000	30,000	3,000	10	3,000		19,500	24
25	Install metal partition walls with drywall	2000	3,280	328	10	328		2,132	25
26	Generator installation	2000	3,610	361	10	361		2,346	26
27	Relaminate bedside units and closet doors	2000	3,200	320	10	320		2,080	27
28	Install 6 circuits for new dialysis room	2000	3,485	348	10	348		2,263	28
29	Electrical project	2001	32,903	3,290	10	3,290		18,095	29
30	2 dura glide 3000 single door packages	2001	11,408	1,140	10	1,140		6,270	30
31	Nurses station with solid surface counter tops	2001	9,180	918	10	918		5,049	31
32	78 custom built-in wardrobes with sliding doors	2001	13,650	1,365	10	1,365		7,507	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,829,658	\$ 63,427		\$ 200,393	\$ 136,966	\$ 4,350,095	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre# 0022111

Report Period Beginning:

1/01/2006 Ending: 12/31/2006

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 5,829,658	\$ 63,427		\$ 200,393	\$ 136,966	\$ 4,350,095	1
2	Elevator shaft exterior brick	2001	11,980	1,198	10	1,198		6,589	2
3	Remove lobby wall and install ceiling	2001	12,508	1,251	10	1,251		6,880	3
4	New ceiling and lighting project	2001	14,758	1,476	10	1,476		8,118	4
5	82 custom built-in wardrobes with sliding doors	2001	18,749	1,875	10	1,875		10,312	5
6	Carpeting	2001	3,589	359	10	359		1,974	6
7	Wallcovering installation and painting project	2001	5,181	518	10	518		2,849	7
8	Concrete repairs on handicap and delivery ramp	2001	3,600	360	10	360		1,980	8
9	Tuckpointing	2001	2,500	250	10	250		1,375	9
10	Paneling	2001	5,756	576	10	576		3,168	10
11	Nurses station with doors, counters and hanging chart units	2001	10,695	1,070	10	1,070		5,885	11
12	Installation of wallcovering	2002	2,380	238	10	238		1,071	12
13	Cooling tower	2002	6,950	695	10	695		3,128	13
14	Wallcovering border	2002	4,034	403	10	403		1,814	14
15	Installation of cooling tower	2002	46,000	4,600	10	4,600		20,700	15
16	Installation of hydraulic pump unit	2002	6,200	620	10	620		2,790	16
17	Econocare project	2002	14,000	1,400	10	1,400		6,300	17
18	Insurance claim refund	2002	(7,118)	(712)	10	(712)		(3,204)	18
19	Painting project	2002	4,750	475	10	475		2,138	19
20	Installation of wood blinds	2003	2,140	214	10	214		749	20
21	Air conditioning compressor	2003	7,617	762	10	762		2,667	21
22	Insurance claim refund - compressor	2003	(6,367)	(637)	10	(637)		(2,229)	22
23	Furnish and install one new hydraulic tank unit	2003	8,400	840	10	840		2,940	23
24	Parking lot paving project	2003	76,765	7,677	10	7,677		26,869	24
25	Center roof section reroofing project	2003	4,200	420	10	420		1,470	25
26	Remove and install new ceilings, install ceramic tile	2003	16,559	1,656	10	1,656		5,796	26
27	Center roof section reroofing project	2002	2,100	210	10	210		945	27
28	Installation of custom built wardrobes	2003	25,830	2,583	10	2,583		9,040	28
29	Installation of cove base, vinyl tiles and wallcovering	2002	35,098	3,510	10	3,510		15,795	29
30	Relocate water meter and install RPZ for plumbing project	2004	16,066	1,607	10	1,607		4,017	30
31	Furnish and install smoke detectors by doors	2004	8,490	849	10	849		2,123	31
32	Furnish and install glass for windows	2004	1,980	198	10	198		495	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,195,048	\$ 99,968		\$ 236,934	\$ 136,966	\$ 4,504,639	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 6,195,048	\$ 99,968		\$ 236,934	\$ 136,966	\$ 4,504,639	1
2	Provide and install delay lock & keypads, relocate kill switch	2004	1,762	176	10	176		440	2
3	Furnish and install new door detector on elevator door	2004	2,115	212	10	212		530	3
4	Wiring for cameras and quad installation	2004	1,574	157	10	157		393	4
5	Heat exchanger	2004	1,598	160	10	160		400	5
6	Landscaping project: tree planting	2004	4,650	465	10	465		1,163	6
7	Installed new parts and replace discharge gauge on chillers	2005	2,123	212	10	212		318	7
8	Installation of new compressor	2005	11,900	1,190	10	1,190		1,785	8
9	Furnish and install iron fencing	2005	5,400	540	10	540		810	9
10	Fireproofing project	2005	6,220	622	10	622		933	10
11	Replace car sills in elevators	2005	8,130	813	10	813		1,220	11
12	Furnish and install new controller and selector on elevator	2005	18,500	1,850	10	1,850		2,775	12
13	Remove and replace smoke detector	2005	1,679	168	10	168		252	13
14	Build and install custom built-in wardrobes and cabinets	2005	55,002	5,500	10	5,500		8,250	14
15	Insurance reimbursement of compressor loss	2005	(11,144)	(1,114)	10	(1,114)		(1,671)	15
16	Furnish and install DVR system	2005	1,480	148	10	148		222	16
17	Furnish and install two televisions with satellite	2005	1,828	183	10	183		274	17
18	Install new window frame at receptionist counter	2005	1,450	145	10	145		218	18
19	Install new ceramic wall tile, toilets, sinks, plumbing	2006	87,802	4,390	10	4,390		4,390	19
20	Carrier chiller compressor	2006	14,850	743	10	743		743	20
21	Insurance claim refund for damaged compressor	2006	(11,900)	(595)	10	(595)		(595)	21
22	Furnish and install elevator car, station	2006	13,711	686	10	686		686	22
23	Remove plumbing, drywall and shower stalls	2006	3,833	192	10	192		192	23
24	New elevator lobby car, controller, selector and fixtures	2006	42,711	2,136	10	2,136		2,136	24
25	Metal doors with framing	2006	7,289	364	10	364		364	25
26	Furnish and install 8 vertical rod devices on doors	2006	6,020	301	10	301		301	26
27	Furnish and install new elevator pump unit and valve assembly	2006	8,000	400	10	400		400	27
28	Sidewalk concrete project	2006	3,230	162	10	162		162	28
29	Remove and install elevator flooring, ceiling and lighting	2006	5,369	268	10	268		268	29
30	Furnish and install new elevator door opener and locks	2006	6,750	338	10	338		338	30
31	Telephone system	2006	40,040	2,002	10	2,002		2,002	31
32	Allocated from Management Co.:		32,706			3,502	3,502	25,202	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,569,726	\$ 122,782		\$ 263,250	\$ 140,468	\$ 4,559,540	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre

0022111

Report Period Beginning:

1/01/2006

Ending:

12/31/2006

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	\$ 736,227	\$ 46,544	\$ 46,544	\$	5,10years	\$ 429,852	71
72	Current Year Purchases	50,560	2,528	2,528		10 years	2,528	72
73	Fully Depreciated Assets	859,651	436	436		5,7,10years	859,651	73
74	Allocated from Management Company:	170,528		16,435	16,435		144,288	74
75	TOTALS	\$ 1,816,966	\$ 49,508	\$ 65,943	\$ 16,435		\$ 1,436,319	75

D. Vehicle Depreciation (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	1991 Dodge Caravan	1995	\$ 27,331	\$	\$	\$	5 years	\$ 27,331	76
77	Patient Care	1996 Toyota Camry	1996	18,773				5 years	18,773	77
78	Patient Care	2003 Buick Rendezvous	2004	15,800	3,160	3,160		5 years	7,900	78
79	Allocated from Management Company:			30,799		3,611	3,611		27,586	79
80	TOTALS			\$ 92,703	\$ 3,160	\$ 6,771	\$ 3,611		\$ 81,590	80

E. Summary of Care-Related Assets

	1	2		
	Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 8,843,202	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 175,450	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 335,964	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 160,514	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,077,449	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

If NO, see instructions.

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

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

This amount was calculated by dividing the total amount to be amortized by the length of the lease 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: \$ 12,184 Description: Copier\$6,655, Ice-maker\$1,705, Postage meter\$684, Allocated from Management Co: \$3,140

(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	<u>Patient Care</u>	<u>2005 Toyota Avalon</u>	\$ <u>469.00</u>	\$ <u>5,678</u>	17
18					18
19	<u>Allocated from Management Company:</u>			<u>4,951</u>	19
20					20
21	TOTAL		\$ <u>469.00</u>	\$ <u>10,629</u>	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. /2007 \$ _____

13. /2008 \$ _____

14. /2009 \$ _____

* 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		3	4
		1	2		
		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.
- SEE ACCOUNTANTS' COMPILATION REPORT**

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 2&3	hrs	\$	1,794	\$ 99,876	\$ 773	1,794	\$ 100,649	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 3	hrs		105	3,116		105	3,116	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		2,074	138,842	776	2,074	139,618	4
5	Physician Care	Ln 39, Col 3	visits			1,004			1,004	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescripts				284,339		284,339	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	Ln 39, Col 2					54,539		54,539	12
13	Respiratory Therapy Other (specify): Radiology & Lab	Ln10a, Col 1 Ln 39, Col 3	1886 hours	40,635		16,396		1,886	40,635 16,396	13
14	TOTAL			\$ 40,635	3,973	\$ 259,234	\$ 340,427	5,859	\$ 640,296	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre# 0022111Report Period Beginning: 1/01/2006Ending: 12/31/2006

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2006

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 3,656,028	\$ 3,860,189	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>97,800</u>)	2,523,254	2,523,254	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	82,900	82,900	6
7	Other Prepaid Expenses	7,705	7,705	7
8	Accounts Receivable (owners or related parties)	(2,067,439)		8
9	Other(specify): <u>Other Receivables</u>	47,188	47,188	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,249,636	\$ 6,521,236	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		363,807	13
14	Buildings, at Historical Cost		3,988,374	14
15	Leasehold Improvements, at Historical Cost	2,048,551	2,581,352	15
16	Equipment, at Historical Cost	1,091,355	1,909,669	16
17	Accumulated Depreciation (book methods)	(2,263,043)	(6,077,449)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe <u>Deposits</u>)	248,085	248,085	22
23	Other(specify): <u>Mortgage Costs (Net)</u>		152,881	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,124,948	\$ 3,166,719	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,374,584	\$ 9,687,955	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 267,874	\$ 265,054	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	384,513	384,513	28
29	Short-Term Notes Payable	15,346	15,346	29
30	Accrued Salaries Payable	311,238	311,238	30
31	Accrued Taxes Payable (excluding real estate taxes)	1,191	1,191	31
32	Accrued Real Estate Taxes(Sch.IX-B)		336,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule E:</u>	701,978	701,978	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,682,140	\$ 2,015,320	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	50,933	50,933	39
40	Mortgage Payable		3,900,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 50,933	\$ 3,950,933	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,733,073	\$ 5,966,253	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,641,511	\$ 3,721,702	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,374,584	\$ 9,687,955	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,026,746	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,026,746	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	2,968,067	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	(1,353,302)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,614,765	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)	\$ 3,641,511	24

* Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre# 0022111Report Period Beginning: 1/01/2006Ending: 12/31/2006

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 14,831,065	1
2	Discounts and Allowances for all Levels	(2,188,055)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,643,010	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	550,694	6
7	Oxygen	191,754	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 742,448	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	376,405	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	30,339	19
20	Radiology and X-Ray	4,940	20
21	Other Medical Services	380,358	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 792,042	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	67,693	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 67,693	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Public Aid Bedhold</u>	63,450	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 63,450	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,308,643	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,099,535	31
32	Health Care	3,977,007	32
33	General Administration	2,158,909	33
B. Capital Expense			
34	Ownership	2,477,220	34
C. Ancillary Expense			
35	Special Cost Centers	464,753	35
36	Provider Participation Fee	163,152	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,340,576	40
41	Income before Income Taxes (line 30 minus line 40)**	2,968,067	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 2,968,067	43

* 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. SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre

0022111

Report Period Beginning: 1/01/2006

Ending: 12/31/2006

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	1,856	2,126	\$ 142,309	\$ 66.94	1
2	Assistant Director of Nursing	2,037	2,159	113,094	52.38	2
3	Registered Nurses	41,271	43,878	1,067,810	24.34	3
4	Licensed Practical Nurses	2,272	2,497	49,279	19.74	4
5	CNAs & Orderlies	117,495	126,848	1,429,970	11.27	5
6	CNA Trainees					6
7	Licensed Therapist	1,736	1,886	40,635	21.55	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,770	2,058	25,047	12.17	9
10	Activity Assistants	7,717	8,119	73,124	9.01	10
11	Social Service Workers	10,177	11,072	166,898	15.07	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	8,672	9,757	129,834	13.31	14
15	Cook Helpers/Assistants	29,433	31,578	303,686	9.62	15
16	Dishwashers					16
17	Maintenance Workers	7,169	7,759	115,459	14.88	17
18	Housekeepers	30,409	32,737	288,218	8.80	18
19	Laundry	13,557	14,967	134,927	9.01	19
20	Administrator	2,037	2,246	102,225	45.51	20
21	Assistant Administrator	1,989	2,086	50,900	24.40	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,748	12,767	197,914	15.50	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>	17,173	18,359	227,212	12.38	33
34	TOTAL (lines 1 - 33)	308,518	332,899	\$ 4,658,541 *	\$ 13.99	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	\$ 4,550	Ln 1, Col 3	35
36	Medical Director	Monthly	24,075	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,595	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	49	2,304	Ln 11, Col 3	44
45	Social Service Consultant	47	2,346	Ln 12, Col 3	45
46	Other(specify)				46
47	<u>Religious Consultant</u>	8	200	Ln 12, Col 3	47
48					48
49	TOTAL (lines 35 - 48)	104	\$ 36,070		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	
Simcha Dachs	Administrator	0.00 %	\$ 102,225	Workers' Compensation Insurance	\$ 87,425	IDPH License Fee	\$ 995	
John Corso	Asst Administrator	0.00 %	50,900	Unemployment Compensation Insurance	38,081	Advertising: Employee Recruitment	2,920	
				FICA Taxes	329,091	Health Care Worker Background Check	3,760	
				Employee Health Insurance	75,592	(Indicate # of checks performed)		
				Employee Meals	20,797	Patient Background Checks	376	
				Illinois Municipal Retirement Fund (IMRF)*				
				Union Health and Welfare	84,150	See Attached Schedule K:	13,642	
				Union Pension Fund	38,219			
				Other Employee Benefits	30,629	Allocated from Therapy Masters, Inc.	9,093	
				401K Match	11,488	Allocated from Management Company:	7,897	
				Uniform Allowance	3,382	Less: Public Relations Expense	()	
				See Attached Schedule D:	0	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 153,125				\$ 718,854			\$ 38,307	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees (eliminated in Column 7)			\$ 768,000				Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense	
\$ 768,000								
C. Professional Services							Entertainment Expense	
Vendor/Payee	Type		Amount					()
See Attached Schedule C:			98,524					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$ 98,524				\$			\$	

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13								
													Amount of Expense Amortized Per Year							
													Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2003	FY2004	FY2005	FY2006
1	Painting & Decorating	2000	\$ 45,159	3years	\$ 7,526	\$	\$	\$	\$	\$	\$	\$								
2	Painting & Decorating	2001	8,181	3years	2,727	1,364														
3	Painting & Decorating	2003	8,493	3years	1,416	2,831	2,831	1,415												
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20	TOTALS		\$ 61,833		\$ 11,669	\$ 4,195	\$ 2,831	\$ 1,415	\$	\$	\$	\$								

SEE ACCOUNTANTS' COMPILATION REPORT

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 \$16,028
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 30,685 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 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. \$ 163,152
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.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 20,797 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
 - c. What percent of all travel expense relates to transportation of nurses and patients? N/A
 - d. Have vehicle usage logs been maintained? Yes
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
 - g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. 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) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

Glen Oaks Nursing and Rehabilitation Centre, Ltd.

12/31/2006

Provider I.D. # 0022111

SCHEDULE A

SCHEDULE VII. RELATED PARTIES

Part A. Col.3

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

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, LTD.
 Provider # 0022111
 12/31/2006

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 Elston Nursing & Rehab. Centre, Ltd.	GlenCrest Nursing & Rehab. Centre, Ltd.	GlenBridge Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	
Sidney Glenner	17,827	41,190	41,406	33,946	134,369
David Glenner	8,914	20,595	20,703	16,973	67,185
Jonathan Glenner	2,999	6,929	6,966	5,711	22,605
Daniel Glenner	2,951	6,818	6,854	5,619	22,242
David Weinschneider	25,434	0	0	0	25,434
Joshua Ray	17,827	41,190	41,406	33,946	134,369
Barry Ray	17,130	39,578	39,787	32,619	129,114
Total compensation received from other Nursing Homes	93,082	156,300	157,122	128,814	535,318

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
 Provider # 0022111
 12/31/2006

XIX. SUPPORT SCHEDULES

SCHEDULE C

Page 21

C. Professional Services

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Health Data Systems, Inc.	Computers	7,939
Advanced Answers on Demand Inc.	Computers	5,427
Kronos	Computers	1,456
E Health Data Solutions	Computers	5,130
RSM McGladrey	Accounting	32,861
Frost, Ruttenberg & Rothblatt	Accounting	476
Sachnoff & Weaver, Ltd.	Legal	7,394
Berton I. Goldstein	Legal	650
Foley & Lardner LLP	Legal	500
Ira I. Silverstein	Legal	2,200
SAS Architects & Planners	Architectural Services	2,347
Personnel Planners, Inc.	Unemployment Consulting	1,053
Little Mendelson	Legal	80
Sidley & Austin LLC	Legal	4,900
Commitment Consulting	A/R Collections	2,754
Schiller, Klein & McElroy, P.C.	Real Estate Tax Reduction	1,732
		<u>76,899</u>
Allocated from Management Co.		
Health Data Systems, Inc. - Computer Services		1,314
RSM McGladrey - Accounting Services		24,347
Frost, Roth & Ruttenberg - Accounting Services		146
Sachnoff & Weaver, Ltd. - Legal Services		59
Total allocated from Management Co.		<u>25,867</u>
Total allocated from Therapy Masters, Inc.		128
Glen Oaks Real Estate & Development, LLC:		
Scott & Kraus, LLC. - legal		7,796
Schiller, Klein & McElroy - real estate tax reduction		7,644
		<u>15,440</u>
Reclass Schiller, Klein & McElroy invoice to Line 33		-1,732
Reclass Schiller, Klein & McElroy invoice to Line 33		-7,644
Non-allowable Professional Fees:		
Commitment Consulting - A/R Collections		-2,754
Foley & Lardner LLP - non-allowable		-500
Sidley Austin LLP - non-allowable		-4,900
Ira I. Silverstein - A/R Collections		-2,200
Little Mendelson - out of period		-80
Total Non-allowable Professional Fees		<u>-10,434</u>
Total adjustments page 21, Sch C.		<u>21,625</u>
Total Schedule V, line 19, column 8		<u>98,524</u>

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2006

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	36,417
FUTA	482
SUTA	2,404
401K Match	2,412
Insurance - Hospital	57,517
Employee Benefits	3,541
Other Employee Benefits	6,692
Workers Compensation Insurance	1,632
Total allocated from Management Co.	<u>111,097</u>
Allocate Employee Benefits to Line #'s 7, 27	-111,097
Allocated from Therapy Masters, Inc.	
FICA taxes	12,229
FUTA	268
SUTA	548
401K Match	977
Insurance - Hospital	2,927
Other Employee Benefits	266
Workers Compensation Insurance	1,294
Uniform Allowance	32
Total allocated from Therapy Masters, Inc.	<u>18,541</u>
Allocate Employee Benefits to Line #'s 15, 27	-18,541
Total	<u>0</u>

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2006

SCHEDULE E

XV. SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
BlueCross/Blue Shield Advance	6,010
Sundry Payable	0
Due to Third Party	550,590
Insurance Payable	60,050
Credit Union	100
Accrued Union Dues	3,074
Accrued Wage Assignment	81,511
Due Con. Mutual	723
401K Loan	(80)
Accrued Profit Sharing	0
Total, Page 17, Line36, Column 1	<u><u>701,978</u></u>

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2006

SCHEDULE F

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

Description	Amount	Reference
Patient Clothing	-508	43
Non-allowable professional fees	-10,434	19
Adjust Mgt. Co. Med Supplies - Med'A' purchases to cost	-49,525	10
Adjust Mgt. Co. Med Supplies - 'Other' purchases to cost	-26,549	10
Amortization of 2006 deferred maintenance	1,415	6
Adjust Mgt. Co. Food purchases to cost	-13,916	2
Non-allowable IL Council on Long Term Care fee	-1,490	20
Non-allowable auto expense - marketing	-329	25
Non-allowable auto expense - parking ticket	-50	25
Total	<u>-101,386</u>	

See Accountants' Compilation Report

Glen Oaks Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2006

SCHEDULE G

	Accrued 1/01/06	Payments	Expense	Accrued 12/31/06
Balance @ 1/01/2006	(329,000.00)		(329,000.00)	
2005 real estate taxes paid		327,659.74	327,659.74	
Cash received 1/23/06 for reduction in 2001 real estate taxes.		(20,384.92)	(20,384.92)	
Cash received 3/30/06 for reduction in 1999 real estate taxes.		(324.61)	(324.61)	
Estimated 2006 real estate taxes:				
2005 taxes	327,659.74			
Estimated increase	2.50 %			
Estimated 2006 taxes	335,851.23			
USE	336,000.00		336,000.00	(336,000.00)
Totals	(329,000.00)	306,950.21	313,950.21	(336,000.00)

Real estate tax history:

Year	Amount	Increase	
	\$	\$	%
1992	268,135.26		
1993	276,387.40	8,252.14	3.08%
1994	293,076.34	16,688.94	6.04%
1995	299,722.22	6,645.88	2.27%
1996	301,089.35	1,367.13	0.46%
1997	303,074.24	1,984.89	0.66%
1998	305,668.32	2,594.08	0.86%
1999	312,803.95	7,135.63	2.33%
2000	303,160.15	(9,643.80)	-3.08%
2001	326,141.52	22,981.37	7.58%
2002	314,693.25	(11,448.27)	-3.51%
2003	322,112.64	7,419.39	2.36%
2004	320,753.21	(1,359.43)	-0.42%
2005	327,659.74	6,906.53	2.15%

See Accountants' Compilation Report

Provider Name: Glen Oaks Nursing & Rehabilitation

Provider I.D. #: 0022111

Year Ended: December 31, 2006

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Sim Dachs, Maria Tuble, Dennis Ong, Joben Arceno	2/23/06	Skokie	Il Council on Long Term Care 2006 Revised MDS Medicaid System	480
Nursing and Social Service staff members	4/26/06	Northbrook	Pat Tadel Ethics in the Clinical Setting	500
Maria Tuble, Dennis Ong, Sim Dachs	5/23/06	Skokie	Il Council on Long Term Care 2006 Changes to the OBRA Survey	285
Maria Tuble, Sim Dachs	6/13/06	Skokie	Il Council on Long Term Care Success Oriented Approaches to Behavioral Challenges in Dementia	190
John Corso, Jamille Mirany, Leah Ramos, Beverly Brock	6/22/06	Skokie	Il Council on Long Term Care Skills Training for Psychiatric Rehab	620
Social Service, Administrative & Nursing Staff	8/24/06	Northbrook	Stanley McCracken Motivational Interviewing with Medical and Psychiatric Patients	600
Sim Dachs, Maria Tuble	10/18/06	Lincolnwood	Il Council on Long Term Care The Most Frequent Life Safety Code Violations	195
Theresa Chen	10/13/06	Chicago	Cynthia Chow & Associates Dietary Sanitation Course	85
Sidney Glenner, Maria Tuble	11/29/06	Kenosha, WI	Mutual of Omaha Medicare 101 Billing & Compliance Seminar	62
			Allocated From Management Company	905
			Allocated From Therapy Masters	610
			Total	4,532

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Oaks Nursing and Rehabilitation Centre, LTD.
 Provider #0022111
 12/31/2006

SCHEDULE I

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

	Gasoline	Licenses/ Stickers	Repairs	Parking Ticket	Mileage Reimburse	Tolls/ IPASS	Total
Direct Expense	3,881	234	1,574	50	1,624	160	7,523
Non-allowable auto expense - parking ticket							-50
Non-allowable auto expense - marketing							-329
Allocated from Therapy Masters, Inc.							359
Allocated from Management Company							9,430
TOTAL	3,881	234	1,574	50	1,624	160	16,933

See Accountants' Compilation Report

HEALTH AND HOME MANAGEMENT, INC.
 ALLOCATION OF MANAGEMENT COMPANY BUILDING

SCHEDULE J

ASSET DESCRIPTION	COST 6/30/1999	ADJUSTMENTS TO CAPITAL PROJECTION	ADJUSTED CAPITAL PROJECTION 6/30/1999	ADDITIONS 7/1/99- 12/31/2000	COST 12/31/2000	NURSING HOME PERCENTAGE 84.9438%	GLENBRIDGE 103,052/460,292 0.223883969	GLENCREST 111,372/460,292 0.241959452	SCHEDULE J			
									GLEN OAKS 101,895/460,292 0.221370348	GLEN ELSTON 41,220/460,292 0.08955185	GLENSHIRE 102,753/460,292 0.223234382	
1996 BUILDING PURCHASE	230,000		230,000		<u>230,000</u>	195,371	43,740	47,272	#	43,249	17,496	43,613
1998 BUILDING RENOVATION												
GENERAL CONTRACTOR	957,570		957,570		957,570							
ELECTRICAL CONTRACTOR	275,576		275,576		275,576							
HVAC CONTRACTOR	182,130		182,130		182,130							
PLUMBING CONTRACTOR	68,599		68,599		68,599							
ARCHITECT FEES	115,968		115,968		115,968							
OTHER FEES AND PERMITS	33,024		33,024		33,024							
SECURITY SYSTEM	17,953		17,953		17,953							
TELEPHONE SYSTEM	12,500		12,500		12,500							
MISC. BUILDING COMPONENTS	24,226		24,226		24,226							
CAPITALIZED INTEREST	121,387	-15,261	106,126		106,126							
LANDSCAPING	30,000		30,000		30,000							
SPRINKLER SYSTEM	10,720		10,720		10,720							
HVAC SYSTEMS	24,749	-24,749	0		0							
WALL CONSTRUCTION	10,235	-10,235	0		0							
ELECTRICAL	10,634	-10,634	0		0							
MISC. IMPROVEMENTS	26,075	-26,075	0		0							
ASPHALT DRIVEWAY	5,900	-5,900	0		0							
					<u>1,834,392</u>	1,558,202	348,857	377,022	#	344,940	139,540	347,844
1999 ACCORD ELECTRIC				17,929	17,929							
HMS + ASSOCIATES-INTERIOR				31,505	31,505							
SAM MORMINO-LANDSCAPING				1,050	1,050							
ARCHITECTURAL DYNAMICS-ARCHITECT FEES				1,468	1,468							
MISC.				11,076	11,076							
					<u>63,028</u>	53,538	11,986	12,954	#	11,852	4,794	11,952
2000 AQUATIC WORKS - BUILT-IN FISH TANK				5,000	<u>5,000</u>	4,247	951	1,028	#	940	380	948
2001 NO ADDITIONS												
2002 NO ADDITIONS												
2003 NO ADDITIONS												
2004 NO ADDITIONS												
2005 NO ADDITIONS												
2006 NO ADDITIONS												
					<u>2,132,420</u>	<u>1,811,359</u>	<u>405,534</u>	<u>438,276</u>		<u>400,981</u>	<u>162,210</u>	<u>404,357</u>

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Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2006

SCHEDULE K

XIX. SUPPORT SCHEDULES

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F. Dues, Fees, Subscriptions and Promotions

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Illinois Council on Long Term Care Dues	17,518
CLIA Laboratory Program Certificate Fee	150
Village of Northbrook License, Inspection	1,020
Secretary of State	150
Employment Fees	-3,706
Non-allowable Illinois Council on Long Term Care Fee	-1,490
Total	<u>13,642</u>

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