



Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre

# 0039321 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>142</u>	Skilled (SNF)	<u>142</u>	<u>51,830</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>152</u>	Intermediate (ICF)	<u>152</u>	<u>55,480</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>294</u>	TOTALS	<u>294</u>	<u>107,310</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				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	<u>32,516</u>	<u>688</u>	<u>8,893</u>	<u>42,097</u>	8	
9	SNF/PED					9	
10	ICF	<u>33,076</u>	<u>1,120</u>	<u>395</u>	<u>34,591</u>	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	<u>65,592</u>	<u>1,808</u>	<u>9,288</u>	<u>76,688</u>	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 71.46%

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

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

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

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

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

I. On what date did you start providing long term care at this location?  
Date started 3/01/94

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 3/01/94 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 127 and days of care provided 7,686

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: 12/31/06 Fiscal Year: 12/31/06

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

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre # 0039321 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
	<b>A. General Services</b>										
1	Dietary	364,898	57,737	24,358	446,993		446,993		446,993		1
2	Food Purchase		471,987		471,987	(26,346)	445,641	(22,849)	422,792		2
3	Housekeeping	244,181	86,997		331,178		331,178		331,178		3
4	Laundry	125,688	11,287	28,941	165,916		165,916		165,916		4
5	Heat and Other Utilities			228,763	228,763		228,763	6,397	235,160		5
6	Maintenance	89,578	58,806	129,064	277,448		277,448	6,753	284,201		6
7	Other (specify):* <b>Allocated Employee Benefits</b>							757	757		7
8	<b>TOTAL General Services</b>	824,345	686,814	411,126	1,922,285	(26,346)	1,895,939	(8,942)	1,886,997		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			20,200	20,200		20,200		20,200		9
10	Nursing and Medical Records	3,195,303	1,055,102	213,755	4,464,160		4,464,160	(472,598)	3,991,562		10
10a	Therapy	407,786	9,861	494,635	912,282		912,282	(105,111)	807,171		10a
11	Activities	128,266	5,667	3,408	137,341		137,341		137,341		11
12	Social Services	98,731		3,186	101,917		101,917		101,917		12
13	CNA Training										13
14	Program Transportation			80	80		80		80		14
15	Other (specify):* <b>Allocated Employee Benefits</b>							39,910	39,910		15
16	<b>TOTAL Health Care and Programs</b>	3,830,086	1,070,630	735,264	5,635,980		5,635,980	(537,799)	5,098,181		16
	<b>C. General Administration</b>										
17	Administrative	156,053		1,794,500	1,950,553		1,950,553	(1,710,962)	239,591		17
18	Directors Fees										18
19	Professional Services			107,567	107,567	(43,054)	64,513	27,713	92,226		19
20	Dues, Fees, Subscriptions & Promotions			136,487	136,487		136,487	22,991	159,478		20
21	Clerical & General Office Expenses	244,464	58,550	40,479	343,493		343,493	382,850	726,343		21
22	Employee Benefits & Payroll Taxes			705,643	705,643	26,346	731,989		731,989		22
23	Inservice Training & Education			4,010	4,010		4,010	1,925	5,935		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			8,883	8,883		8,883	7,793	16,676		25
26	Insurance-Prop.Liab.Malpractice			406,150	406,150		406,150	3,121	409,271		26
27	Other (specify):* <b>Allocated Employee Benefits</b>							85,109	85,109		27
28	<b>TOTAL General Administration</b>	400,517	58,550	3,203,719	3,662,786	(16,708)	3,646,078	(1,179,460)	2,466,618		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,054,948	1,815,994	4,350,109	11,221,051	(43,054)	11,177,997	(1,726,201)	9,451,796		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 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	
	<b>D. Ownership</b>											
30	Depreciation			141,735	141,735		141,735	416,348	558,083			30
31	Amortization of Pre-Op. & Org.			6,693	6,693		6,693	(6,693)				31
32	Interest			36,799	36,799		36,799	497,064	533,863			32
33	Real Estate Taxes					43,054	43,054	865,202	908,256			33
34	Rent-Facility & Grounds			2,569,833	2,569,833		2,569,833	(2,569,833)				34
35	Rent-Equipment & Vehicles			10,588	10,588		10,588	6,124	16,712			35
36	Other (specify):* <b>Mortgage Insurance</b>							52,380	52,380			36
37	<b>TOTAL Ownership</b>			2,765,648	2,765,648	43,054	2,808,702	(739,408)	2,069,294			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		501,308	200,203	701,511		701,511		701,511			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			160,968	160,968		160,968		160,968			42
43	Other (specify):* <b>Non-Allowable</b>			280,284	280,284		280,284	(280,284)				43
44	<b>TOTAL Special Cost Centers</b>		501,308	641,455	1,142,763		1,142,763	(280,284)	862,479			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,054,948	2,317,302	7,757,212	15,129,462		15,129,462	(2,745,893)	12,383,569			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	(34,962)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(928)	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	(14,530)	43		18
19	Entertainment				19
20	Contributions	(3,940)	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	(260,995)	43		24
25	Fund Raising, Advertising and Promotional	225	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 <u>See Attached Schedule F:</u>	(525,156)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (840,286)		\$	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	(6,693)	31	33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,898,914)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (1,905,607)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (2,745,893)		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	126,613	Ln39,Co2 44
45	Other-Attach Schedule		X		45
46	Other-Attach Schedule		X		46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$ 126,613	47

BHF USE ONLY					
48	49	50	51	52	

SEE ACCOUNTANTS' COMPILATION REPORT

Glenshire Nursing & Rehabilitation CentreID# 0039321Report Period Beginning: 1/01/2006Ending: 12/31/2006

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Adjust Mgt Co. medical supplies "A" to cost	\$ (317,701)	10	1
2	Adjust Mgt Co. medical supplies "other" to cost	(154,897)	10	2
3	Adjust Mgt Co. food to cost	(22,858)	2	3
4	Non-allowable professional fees	(24,236)	19	4
5	Non-allowable patient clothing	(116)	43	5
6	Non-allowable trust fees	(3,804)	21	6
7	Non-allowable auto expense - marketing	(74)	25	7
8	Non-allowable IL Council on Long Term Care Fee	(1,470)	20	8
9				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
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30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(525,156)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre# 0039321

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	(22,858)	0	0	0	0	9	0	0	0	0	0	(22,849)	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	6,397	0	0	0	0	0	0	0	0	6,397	5
6	Maintenance	0	0	6,749	0	0	4	0	0	0	0	0	6,753	6
7	Other (specify):*	0	0	757	0	0	0	0	0	0	0	0	757	7
8	<b>TOTAL General Services</b>	<b>(22,858)</b>	<b>0</b>	<b>13,903</b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(8,942)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(472,598)	0	0	0	0	0	0	0	0	0	0	(472,598)	10
10a	Therapy	0	0	0	0	0	(105,111)	0	0	0	0	0	(105,111)	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	0	39,910	0	0	0	0	0	39,910	15
16	<b>TOTAL Health Care and Programs</b>	<b>(472,598)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(65,201)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(537,799)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	(648,462)	(1,062,500)	0	0	0	0	0	0	0	(1,710,962)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(24,236)	0	19,578	0	32,112	259	0	0	0	0	0	27,713	19
20	Fees, Subscriptions & Promotions	(1,470)	0	5,977	0	0	18,484	0	0	0	0	0	22,991	20
21	Clerical & General Office Expenses	(3,804)	0	373,773	0	3,804	9,077	0	0	0	0	0	382,850	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	685	0	0	1,240	0	0	0	0	0	1,925	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(74)	0	7,138	0	0	729	0	0	0	0	0	7,793	25
26	Insurance-Prop.Liab.Malpractice	0	0	3,121	0	0	0	0	0	0	0	0	3,121	26
27	Other (specify):*	0	0	84,186	0	0	923	0	0	0	0	0	85,109	27
28	<b>TOTAL General Administration</b>	<b>(29,584)</b>	<b>0</b>	<b>(154,004)</b>	<b>(1,062,500)</b>	<b>35,916</b>	<b>30,712</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,179,460)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(525,040)</b>	<b>0</b>	<b>(140,101)</b>	<b>(1,062,500)</b>	<b>35,916</b>	<b>(34,476)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,726,201)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre# 0039321

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)	
	<b>D. Ownership</b>													
30	Depreciation	0	0	27,550	0	388,798	0	0	0	0	0	0	416,348	30
31	Amortization of Pre-Op. & Org.	(6,693)	0	0	0	0	0	0	0	0	0	0	(6,693)	31
32	Interest	(34,962)	0	0	0	532,026	0	0	0	0	0	0	497,064	32
33	Real Estate Taxes	0	0	12,329	0	852,873	0	0	0	0	0	0	865,202	33
34	Rent-Facility & Grounds	0	0	0	0	(2,569,833)	0	0	0	0	0	0	(2,569,833)	34
35	Rent-Equipment & Vehicles	0	0	6,124	0	0	0	0	0	0	0	0	6,124	35
36	Other (specify):*	0	0	0	0	52,380	0	0	0	0	0	0	52,380	36
37	<b>TOTAL Ownership</b>	<b>(41,655)</b>	<b>0</b>	<b>46,003</b>	<b>0</b>	<b>(743,756)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(739,408)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	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):*	(280,284)	0	0	0	0	0	0	0	0	0	0	(280,284)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(280,284)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(280,284)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(846,979)	0	(94,098)	(1,062,500)	(707,840)	(34,476)	0	0	0	0	0	(2,745,893)	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	80.00 %	GlenBridge Nursing & Rehabilitation Centre,Ltd.	Niles	SEE ATTACHED SCHEDULE A		
Barry Ray	20.00 %	GlenCrest Nursing & Rehabilitation Centre,Ltd.	Chicago			
		Glen Elston Nursing & Rehabilitation Centre,Ltd.	Chicago			
		Glen Oaks Nursing & Rehabilitation Centre,Ltd.	Northbrook			

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	Total from Page 6A	\$ 732,000	Glen Health and Home Management, Inc.	A	\$ 637,902	\$ (94,098)	1
2	V							2
3	V	Total from Page 6B	1,062,500	GlenBar Management Company, Ltd.	B		(1,062,500)	3
4	V							4
5	V	Total from Page 6C	2,569,833	GlenShire Real Estate and Development Limited Partnership	C	1,861,993	(707,840)	5
6	V							6
7	V	Total from Page 6D	492,686	Therapy Masters, Inc.	D	458,210	(34,476)	7
8	V							8
9	V			OWNERSHIP REFERENCE:				9
10	V			A: Owned 100.00 % by Sidney Glenner through attribution				10
11	V			B: Owned 80.00 % by Sidney Glenner & 20.00 % by Barry Ray				11
12	V			C: Owned 60.00 % (constructively) by Sidney Glenner & 20.00 % by Barry Ray				12
13	V			D: Owned 60.00 % by Sidney Glenner and 40.00 % by Barry Ray				13
14	Total		\$ 4,857,019			\$ 2,958,105	\$ * (1,898,914)	14

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

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre# 0039321Report Period Beginning: 1/01/2006 Ending: 12/31/2006

## 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	\$ 732,000	Glen Health and Home Management, Inc.	A	\$	\$ (732,000) 15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	6,397	6,397 16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	3,004	3,004 17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	19,578	19,578 18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	5,977	5,977 19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	39,986	39,986 20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	84,088	84,088 21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	685	685 22
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	7,138	7,138 23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	3,121	3,121 24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	27,550	27,550 25
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	12,329	12,329 26
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	6,124	6,124 27
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	3,745	3,745 28
29	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	83,538	83,538 29
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	327,230	327,230 30
31	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	6,557	6,557 31
32	V	27 Employee Benefits		Glen Health and Home Management, Inc.	A	855	855 32
33	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(84,088)	(84,088) 33
34	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	757	757 34
35	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	17,457	17,457 35
36	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	65,874	65,874 36
37	V						
38	V						
39	Total		\$ 732,000			\$ 637,902	\$ * (94,098) 39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	\$ 1,062,500	GlenBar Management Company, Ltd.	B	\$	\$ (1,062,500)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
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		\$ 1,062,500			\$ 0	\$ * (1,062,500)

\* 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	21 Clerical	\$	GlenShire Real Estate & Development Limited Partnership	C	\$ 3,804	\$ 3,804
16	V	30 Depreciation		GlenShire Real Estate & Development Limited Partnership	C	388,798	388,798
17	V	32 Interest Income		GlenShire Real Estate & Development Limited Partnership	C	(33,843)	(33,843)
18	V	32 Interest Expense		GlenShire Real Estate & Development Limited Partnership	C	561,509	561,509
19	V	33 Real Estate Taxes		GlenShire Real Estate & Development Limited Partnership	C	852,873	852,873
20	V	34 Rental Income	2,569,833	GlenShire Real Estate & Development Limited Partnership	C		(2,569,833)
21	V	32 Amortization of Mortgage Costs		GlenShire Real Estate & Development Limited Partnership	C	4,360	4,360
22	V	36 Mortgage Insurance Premium		GlenShire Real Estate & Development Limited Partnership	C	52,380	52,380
23	V	19 Professional Fees		GlenShire Real Estate & Development Limited Partnership	C	32,112	32,112
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		\$ 2,569,833			\$ 1,861,993	\$ * (707,840)

\* 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	\$ 492,686	Therapy Masters, Inc.	D	\$ 387,575	\$ (105,111)	15
16	V	19 Professional Fees		Therapy Masters, Inc.	D	259	259	16
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	D	22	22	17
18	V	20 Employment Fees		Therapy Masters, Inc.	D	18,462	18,462	18
19	V	6 Plant Supplies		Therapy Masters, Inc.	D	4	4	19
20	V	21 Clerical		Therapy Masters, Inc.	D	377	377	20
21	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	D	40,833	40,833	21
22	V	23 Training and Education		Therapy Masters, Inc.	D	1,240	1,240	22
23	V	25 Auto Expenses		Therapy Masters, Inc.	D	729	729	23
24	V	2 Food Purchase		Therapy Masters, Inc.	D	9	9	24
25	V	21 Clerical Salaries		Therapy Masters, Inc.	D	8,700	8,700	25
26	V	22 Employee Benefits		Therapy Masters, Inc.	D	(40,833)	(40,833)	26
27	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	D	39,910	39,910	27
28	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	D	923	923	28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 492,686			\$ 458,210	\$ * (34,476)	39

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

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre # 0039321 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	80.00 %	145,273	12	19.8 %	Salary	\$ 33,946	Ln 17, Col 7	1
2	David Glenner	Vice President	Administrative	0.00 %	72,637	8	19.8 %	Salary	16,973	Ln 17, Col 7	2
3	Jonathan Glenner	Clerical	Clerical	0.00 %	24,439	8	19.8 %	Salary	5,711	Ln 21, Col 7	3
4	Daniel Glenner	Clerical	Clerical	0.00 %	24,047	8	19.8 %	Salary	5,619	Ln 21, Col 7	4
5	Joshua Ray	V.P. of Operations	Administrative	0.00 %	145,273	8	19.8 %	Salary	33,946	Ln 21, Col 7	5
6	Barry Ray	Vice President	Administrative	20.00 %	139,591	8	19.8 %	Salary	32,619	Ln 17, Col 7	6
7											7
8											8
9											9
10											10
11			See Schedule B								11
12											12
13								TOTAL	\$ 128,814		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 Glenshire Nursing & Rehabilitation Centre # 0039321 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

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	404,875	5	\$ 33,774	\$ 76,688	\$ 6,397	1
2	6	Repairs and Maintenance	Resident Days	404,875	5	15,862	76,688	3,004	2
3	19	Professional Fees	Resident Days	404,875	5	103,363	76,688	19,578	3
4	20	Licenses,Permits and Inspection	Resident Days	404,875	5	31,556	76,688	5,977	4
5	21	Clerical	Resident Days	404,875	5	211,108	76,688	39,986	5
6	22	Employee Benefits and Payroll	Resident Days	404,875	5	443,941	76,688	84,088	6
7	23	Training and Education	Resident Days	404,875	5	3,615	76,688	685	7
8	25	Auto Expenses	Resident Days	404,875	5	37,683	76,688	7,138	8
9	26	Insurance	Resident Days	404,875	5	16,479	76,688	3,121	9
10	30	Depreciation	Resident Days	404,875	5	145,453	76,688	27,550	10
11	33	Real Estate Taxes	Resident Days	404,875	5	65,090	76,688	12,329	11
12	35	Equipment and Vehicle Rental	Resident Days	404,875	5	32,332	76,688	6,124	12
13	6	Janitorial Salaries	Resident Days	404,875	5	19,772	19,772	3,745	13
14	17	Officer's Salaries	Resident Days	404,875	5	441,040	441,040	83,538	14
15	21	Administrative Salaries	Resident Days	404,875	5	1,727,614	1,727,614	327,230	15
16	21	Administrative Salaries	Direct Cost			6,557	6,557	6,557	16
17	27	Employee Benefits	Direct Cost			855		855	17
18	22	Employee Benefits	Payroll					(84,088)	18
19	7	Employee Benefits - Janitorial	Payroll					757	19
20	27	Employee Benefits - Officer's	Payroll					17,457	20
21	27	Employee Benefits - Admin	Payroll					65,874	21
22									22
23									23
24									24
25	TOTALS				\$ 3,336,094	\$ 2,194,983		\$ 637,902	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre # 0039321 Report Period Beginning: 1/01/2006 Ending: 12/31/2006

**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			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	Capmark Finance	X	Mortgage	\$135,644.07	4/28/04	\$ 10,935,500	\$ 10,394,476	4/01/2030	0.0535	\$ 561,509	1								
2	Capmark Finance	X	Amortization of mortgage costs							4,360	2								
3	MB Financial Bank	X	Finance equipment purchase	\$6,602.78	12/22/03	380,930	152,372	12/22/2008	0.0400	15,518	3								
4											4								
5											5								
<b>Working Capital</b>																			
6											6								
7											7								
8											8								
9	<b>TOTAL Facility Related</b>			\$142,246.85		\$ 11,316,430	\$ 10,546,848			\$ 581,387	9								
<b>B. Non-Facility Related*</b>																			
10								<b>Interest Income Offset:</b>		<b>(47,524)</b>	10								
11											11								
12											12								
13											13								
14	<b>TOTAL Non-Facility Related</b>					\$	\$			\$ (47,524)	14								
15	<b>TOTALS (line 9+line14)</b>					\$ 11,316,430	\$ 10,546,848			\$ 533,863	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 52,380 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.)

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.)





**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>18,960</u>	<u>2</u>
3	<b>TOTALS</b>	<b>146,800</b>		<b>\$ 319,752</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre# 0039321

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	294		1994	1981	\$ 11,663,928	\$	30	\$ 388,798	\$ 388,798	\$ 4,989,571	4
5											5
6	Alloc from				404,357			9,727	9,727		6
7	Mgt Comp										7
8	ScheduleJ										8
	<b>Improvement Type**</b>										
9	Building Improvements		1994		78,204		10			78,204	9
10	Building Improvements		1995		107,573		10			107,573	10
11	Custom built 3rd floor nurses station		1995		6,595		10			6,595	11
12	Time delay egress locks and keypad		1995		3,550		10			3,550	12
13	Chimney		1995		1,016		10			1,016	13
14	Wall bumpers		1995		7,713		10			7,713	14
15	Room conversion - remodeling cost		1996		7,024	238	10	238		7,024	15
16	Electrical outlets and circuits		1997		18,500	1,850	10	1,850		17,883	16
17	Electrical outlets and circuits - dialysis room		1997		2,950	295	10	295		2,852	17
18	Air cleaner		1997		1,375	138	10	138		1,332	18
19	Fluorescent and incandescent lights		1997		9,775	978	10	978		9,452	19
20	Waste removal pump		1997		993	99	10	99		958	20
21	Boiler		1997		3,169	317	10	317		3,064	21
22	Food freezer floor		1997		2,700	270	10	270		2,340	22
23	New elevator clutch assembly		1997		1,644	164	10	164		1,422	23
24	Heat exchange for boiler		1997		2,392	239	10	239		2,072	24
25	Gazebo		1998		10,528	1,053	10	1,053		9,125	25
26	Fire sprinkler system repairs		1998		1,604	160	10	160		1,388	26
27	Security system		1998		1,917	192	10	192		1,663	27
28	Storage tank		1998		4,875	488	10	488		4,228	28
29	Elevator repairs		1998		2,706	271	10	271		2,348	29
30	HVAC replacements		1998		3,855	386	10	386		3,344	30
31	Hydraulic repack on all elevators		1998		2,500	250	10	250		2,167	31
32	Replace water heater		1998		2,697	270	10	270		2,339	32
33	Chain link fencing		1998		2,010	201	10	201		1,742	33
34	Elevator repairs		1998		2,747	275	10	275		2,383	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 Glenshire Nursing & Rehabilitation Centre# 0039321

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	Therapy room remodeling: drywall, electrical closet, piping	1998	\$ 8,525	\$ 853	10	\$ 853	\$	\$ 6,539	37
38	Dialysis room: kitchen area	1998	2,757	276	10	276		2,115	38
39	10-B label fire rated doors	1998	4,376	438	10	438		3,358	39
40	Install cooling units in elevator and MDS office	1998	11,649	1,165	10	1,165		8,253	40
41	Mini-blinds	1998	1,565	157	10	157		1,359	41
42	November 30, 1998 credit	1998	(1,755)	(176)	10	(176)		(1,349)	42
43	Add suction and liquid filters to compressor	2000	3,982	398	10	398		2,587	43
44	Replace wood fence	2000	2,300	230	10	230		1,495	44
45	Asphalt and striping project	2000	8,365	836	10	836		5,434	45
46	Metal doors, install lighting by staircase	2000	6,010	601	10	601		3,907	46
47	Install alarm with keypad at front door	2000	1,177	118	10	118		767	47
48	Furnish and install 9,000 BTU mini air-conditioning system	2000	2,200	220	10	220		1,430	48
49	Install ceramic tiles	2000	1,373	138	10	138		897	49
50	Power rinse tank for dish washing machine	2001	2,594	259	10	259		1,425	50
51	Rebuild condenser water pump	2001	5,198	520	10	520		2,860	51
52	Install two grey boxes and mixing valves	2001	4,111	411	10	411		2,261	52
53	Install portable chiller	2001	2,891	289	10	289		1,590	53
54	Provide panel and circuiting to feed 20 dialysis receptacles	2001	10,914	1,091	10	1,091		6,001	54
55	Circulating pump	2001	3,385	339	10	339		1,864	55
56	Exterior lock doors	2001	3,423	342	10	342		1,881	56
57	Painting project	2002	11,500	1,150	10	1,150		5,175	57
58	Vinyl blinds	2002	8,765	877	10	877		3,946	58
59	Installation of fire dampers and thermal blankets	2002	5,318	532	10	532		2,394	59
60	Dialysis room renovation	2002	14,500	1,450	10	1,450		6,525	60
61	Replace controller on air-conditioner	2002	3,570	357	10	357		1,606	61
62	Painting project	2002	9,540	954	10	954		4,293	62
63	Installation of chemical treatment system	2002	2,300	230	10	230		1,035	63
64	Roof project	2002	3,350	335	10	335		1,508	64
65	Remove and replace concrete patio	2002	1,800	180	10	180		810	65
66	Pro Tech Systems project	2002	1,793	179	10	179		806	66
67	Installation of oak fire doors	2003	2,156	216	10	216		756	67
68	Installation of new chandeliers and wall sconces	2003	4,635	464	10	464		1,624	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,513,164	\$ 23,563		\$ 422,088	\$ 398,525	\$ 5,358,500	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	<b>Totals from Page 12A, Carried Forward</b>		\$ 12,513,164	\$ 23,563		\$ 422,088	\$ 398,525	\$ 5,358,500	1
2	Chandeliers and wall sconces	2002	3,739	374	10	374		1,683	2
3	Installation of break tank system	2003	1,892	189	10	189		662	3
4	Fire pump project	2003	4,270	427	10	427		1,495	4
5	Installed gauge and adjust compressor core	2004	1,557	156	10	156		390	5
6	Replace and test 120VAC timer relay on elevator car	2004	2,058	206	10	206		515	6
7	Replace relay and diode in elevator	2004	3,398	340	10	340		850	7
8	Installed and rewired new detector edge	2004	1,600	160	10	160		400	8
9	Installed door locks	2004	3,192	319	10	319		798	9
10	Installation of new detector unit on elevator	2005	2,290	229	10	229		344	10
11	Furnish and install glass frame on receptionist counter	2005	1,495	150	10	150		225	11
12	Bearing job on washing machine	2005	1,718	172	10	172		258	12
13	Installed new coils in walk-in cooler	2005	1,955	196	10	196		294	13
14	Installed and wired new detector edge on elevator	2005	2,720	272	10	272		408	14
15	Installation of drier exhaust with booster fan	2005	1,500	150	10	150		225	15
16	Keypad alarm installation	2005	1,222	122	10	122		183	16
17	Two doors with custom hinges and locks	2005	1,042	104	10	104		156	17
18	Powertron loadbank electrical test project	2006	5,652	283	10	283		283	18
19	Water heating boiler system and valve repair	2006	12,648	632	10	632		632	19
20	Trane chiller troubleshooting	2006	2,647	132	10	132		132	20
21	Replace contactors and fuses for trane chiller	2006	4,651	233	10	233		233	21
22	Replace controller and isolation relay on chiller	2006	5,816	291	10	291		291	22
23	Repair 5' cast iron plumbing drain line	2006	5,200	260	10	260		260	23
24	Installation of new electrical receptacles	2006	4,229	211	10	211		211	24
25	Valve and sprinkler head replacement	2006	5,023	251	10	251		251	25
26	Furnish and install elevator car station	2006	1,794	90	10	90		90	26
27	Rewire entire building for telephones	2006	27,100	1,355	10	1,355		1,355	27
28	Furnish and install elevator mount and car stations	2006	5,660	283	10	283		283	28
29	Remove and install border, wallcovering, cove base, and paint	2006	96,260	4,813	10	4,813		4,813	29
30	Install electrical receptacles	2006	26,565	1,328	10	1,328		1,328	30
31	Remove and repipe sanitary plumbing line	2006	9,740	487	10	487		487	31
32	Bumper guards, wallcovering, laminate nurses station	2006	94,212	4,711	10	4,711		4,711	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,856,009	\$ 42,489		\$ 441,014	\$ 398,525	\$ 5,382,746	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre# 0039321

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	<b>Totals from Page 12B, Carried Forward</b>		\$ 12,856,009	\$ 42,489		\$ 441,014	\$ 398,525	\$ 5,382,746	1
2	Remove and install cove base, vinyl and ceramic tile	2006	70,249	3,512	10	3,512		3,512	2
3	Install kitchen fire suppression system and range guard	2006	2,900	145	10	145		145	3
4	Installation of water heater pump	2006	3,342	167	10	167		167	4
5	Purchase of ceiling tile	2006	3,868	193	10	193		193	5
6	Replacement of 100 ton compressor	2006	32,280	1,614	10	1,614		1,614	6
7	Insurance refund of damaged compressor	2006	(26,597)	(1,330)	10	(1,330)		(1,330)	7
8	Furnish and install heat exchanger	2006	6,040	302	10	302		302	8
9	Furnish garbage disposal and mounting gasket	2006	1,319	66	10	66		66	9
10	Installation of new current sensing relay for compressor	2006	1,312	66	10	66		66	10
11	Remove and rebuild concrete block firewall	2006	1,850	93	10	93		93	11
12	Furnish and install insulated window units	2006	1,025	51	10	51		51	12
13									13
14									14
15									15
16									16
17									17
18	Allocated from Management Company:		32,981			2,651	2,651	25,414	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,986,578	\$ 47,368		\$ 448,544	\$ 401,176	\$ 5,413,039	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre

# 0039321

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	\$ 827,553	\$ 82,756	\$ 82,756	\$	10 years	\$ 347,501	71
72	Current Year Purchases	93,567	4,678	4,678		10 years	4,678	72
73	Fully Depreciated Assets	1,133,968	4,778	4,778		5,10 years	1,133,968	73
74	Allocated from Management Company:	171,963		12,440	12,440		145,503	74
75	TOTALS	\$ 2,227,051	\$ 92,212	\$ 104,652	\$ 12,440		\$ 1,631,650	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	2001 Toyota Camry	2004	\$ 10,770	\$ 2,154	\$ 2,154	\$	5 years	\$ 5,385	76
77										77
78	Allocated from Management Company:			31,058		2,733	2,733		27,818	78
79										79
80	TOTALS			\$ 41,828	\$ 2,154	\$ 4,887	\$ 2,733		\$ 33,203	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)	\$ 15,575,209	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 141,734	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 558,083	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 416,349	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,077,892	85

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

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

G. Construction-in-Progress

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

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

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

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

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

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: \$ 12,965 Description: Copier\$7,260,Ice-maker\$2,015, Postage meter \$1,313,Allocated from Management Co: \$2,377

(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>Allocated from Management Company:</u>		\$	\$ <u>3,747</u>	17
18					18
19					19
20					20
21	TOTAL		\$	\$ <u>3,747</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.	<u>/2007</u>	\$ _____
13.	<u>/2008</u>	\$ _____
14.	<u>/2009</u>	\$ _____

\* 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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
  - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- 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	\$	3,192	\$ 161,812	\$ 3,056	3,192	\$ 164,868	1
2	Licensed Speech and Language Development Therapist	Ln 10a, Col 3	hrs		1,743	84,899		1,743	84,899	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		4,628	245,975	6,805	4,628	252,780	4
5	Physician Care	Ln 39, Col 3	visits			793			793	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescripts				374,695		374,695	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	Ln 39, Col 2					126,613		126,613	12
13	Radiology, Laboratory & Dialysis Other (specify): <b>Respiratory Therapy</b>	Ln 39, Col 3 Ln10a,Col 1&3	20,667 hours	407,786	13	199,410 634		20,680	199,410 408,420	13
14	<b>TOTAL</b>			\$ 407,786	9,576	\$ 693,523	\$ 511,169	30,243	\$ 1,612,478	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 Glenshire Nursing & Rehabilitation Centre# 0039321Report 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*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 367,966	\$ 2,114,009	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>727,600</u> )	2,628,783	2,628,783	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	217,096	217,096	6
7	Other Prepaid Expenses		71,653	7
8	Accounts Receivable (owners or related parties)	7,299	7,299	8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,221,144	\$ 5,038,840	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		319,752	13
14	Buildings, at Historical Cost		12,068,285	14
15	Leasehold Improvements, at Historical Cost	882,020	918,293	15
16	Equipment, at Historical Cost	1,150,470	2,268,879	16
17	Accumulated Depreciation (book methods)	(972,237)	(7,077,892)	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>Goodwill</u> )	15,698	15,698	22
23	Other(specify): <u>Mortgage Costs (Net)</u>		101,735	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,075,951	\$ 8,614,750	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,297,095	\$ 13,653,590	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 217,236	\$ 216,096	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	13,854	13,854	28
29	Short-Term Notes Payable	76,186	76,186	29
30	Accrued Salaries Payable	310,952	310,952	30
31	Accrued Taxes Payable (excluding real estate taxes)	13,671	13,671	31
32	Accrued Real Estate Taxes(Sch.IX-B)		841,000	32
33	Accrued Interest Payable		46,342	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Attached Schedule E:</u>	1,732,855	1,732,855	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,364,754	\$ 3,250,956	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	76,186	76,186	39
40	Mortgage Payable		10,394,476	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to GlenShire R.E. LLC.</u>	1,364,654		43
44	<u>Due to Officers</u>	10,177,500	10,177,500	44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 11,618,340	\$ 20,648,162	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 13,983,094	\$ 23,899,118	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (9,685,999)	\$ (10,245,528)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 4,297,095	\$ 13,653,590	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(6,315,742)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(6,315,742)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(3,370,257)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(3,370,257)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(9,685,999)</b>	<b>24</b>

\* Operating Entity Only

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre# 0039321Report 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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 11,883,635	1
2	Discounts and Allowances for all Levels	(3,900,371)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 7,983,264</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,129,809	6
7	Oxygen	652,490	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 1,782,299</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	618,127	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	64,452	19
20	Radiology and X-Ray	12,415	20
21	Other Medical Services	1,263,464	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 1,958,458</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	34,962	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 34,962</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Miscellaneous Income</u>	222	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 222</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 11,759,205</b>	<b>30</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,922,285	31
32	Health Care	5,635,980	32
33	General Administration	3,662,786	33
<b>B. Capital Expense</b>			
34	Ownership	2,765,648	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	981,795	35
36	Provider Participation Fee	160,968	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 15,129,462</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(3,370,257)</b>	<b>41</b>
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (3,370,257)</b>	<b>43</b>

\* 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 **Glenshire Nursing & Rehabilitation Centre**

# **0039321**

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	1,970	2,036	\$ 78,829	\$ 38.72	1
2	Assistant Director of Nursing	869	894	23,376	26.15	2
3	Registered Nurses	35,579	36,783	925,528	25.16	3
4	Licensed Practical Nurses	39,721	41,075	933,211	22.72	4
5	CNAs & Orderlies	110,838	116,038	1,052,568	9.07	5
6	CNA Trainees					6
7	Licensed Therapist	11,621	12,000	407,786	33.98	7
8	Rehab/Therapy Aides	3,717	4,399	46,027	10.46	8
9	Activity Director	1,546	1,578	19,327	12.25	9
10	Activity Assistants	11,496	12,916	108,939	8.43	10
11	Social Service Workers	7,231	7,704	98,731	12.82	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	3,938	4,171	90,717	21.75	14
15	Cook Helpers/Assistants	30,508	32,500	274,181	8.44	15
16	Dishwashers					16
17	Maintenance Workers	6,371	6,667	89,578	13.44	17
18	Housekeepers	29,319	31,245	244,181	7.82	18
19	Laundry	14,335	15,678	125,688	8.02	19
20	Administrator	1,784	1,896	97,852	51.61	20
21	Assistant Administrator	2,942	3,096	58,201	18.80	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	14,742	15,888	244,464	15.39	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,331	1,369	13,826	10.10	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	10,172	10,815	121,938	11.27	33
34	TOTAL (lines 1 - 33)	340,030	358,748	\$ 5,054,948 *	\$ 14.09	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	\$ 24,358	Ln 1, Col 3	35
36	Medical Director	Monthly	20,200	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,215	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	71	3,408	Ln 11, Col 3	44
45	Social Service Consultant	64	3,186	Ln 12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	135	\$ 53,367		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	784	\$ 38,415	Ln 10, Col 3	50
51	Licensed Practical Nurses	4,889	171,109	Ln 10, Col 3	51
52	Certified Nurse Assistants/Aides	134	2,016	Ln 10, Col 3	52
53	TOTAL (lines 50 - 52)	5,807	\$ 211,540		53

SEE ACCOUNTANTS' COMPILATION REPORT



**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
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	<b>TOTALS</b>		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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 \$17,817
- (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. \$ 19,500 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. \$ 160,968  
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. \$ 26,346 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 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.

**GlenShire Nursing and Rehabilitation Centre, Ltd.**  
**Provider I.D. # 0039321**  
**12/31/2006**

**SCHEDULE A**

SCHEDULE VII. RELATED PARTIES  
Part A. Col.3

<b>3</b>		
<b>OTHER RELATED BUSINESS ENTITIES</b>		
<b>Name</b>	<b>City</b>	<b>Type of Business</b>
Glen Health & Home Management, Inc.	Skokie	Management Company
GlenBar Management Company, Ltd.	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
VNA Home Health of Illinois, Ltd.	Skokie	Home Health agency
VNA Private Duty of Illinois, Ltd.	Skokie	Home Health agency

**See Accountants' Compilation Report**

GlenShire Nursing and Rehabilitation Centre, LTD.  
 Provider # 0039321  
 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.	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenBridge Nursing & Rehab. Centre, Ltd.	
Sidney Glenner	17,827	41,190	44,850	41,406	145,273
David Glenner	8,914	20,595	22,425	20,703	72,637
Jonathan Glenner	2,999	6,929	7,545	6,966	24,439
Daniel Glenner	2,951	6,818	7,424	6,854	24,047
David Weinschneider	25,434	0	0	0	25,434
Joshua Ray	17,827	41,190	44,850	41,406	145,273
Barry Ray	17,130	39,578	43,096	39,787	139,591
Total compensation received from other Nursing Homes	93,082	156,300	170,190	157,122	576,694

**See Accountants' Compilation Report**

GlenShire Nursing and Rehabilitation Centre, LTD.  
 Provider # 0039321  
 12/31/2006

**XIX. SUPPORT SCHEDULES**

**SCHEDULE C**

Page 21

C. Professional Services

Vendor/Payee	Type	AMOUNT
Health Data Systems, Inc.	Computers	6,950
Advanced Answers on Demand	Computers	5,358
Kronos	Computers	1,456
E Health Data Solutions	Computers	5,130
IIT/Sourcetechn	Computers	600
RSM McGladrey	Accounting	26,765
Frost, Rутtenberg & Rothblatt	Accounting	475
Sachnoff & Weaver, Ltd.	Legal	7,599
Ira I. Silverstein	Legal	7,347
Commitment Consulting	A/R Collections	4,257
Personnel Planners, Inc.	Unemployment Consulting	3,406
Foley & Lardner LLP	Legal	500
Schiller, Klein & McElroy, P.C.	Real Estate Tax Reduction	10,942
A.D.R. Systems of America	Legal	525
Michigan Peer Review Org	Third Party Review/Appeal	2,570
Myers, Miller, Standa & Krauskopf	Legal	23,687
		<u>107,567</u>
Allocated from Management Co:		
Health Data Systems, Inc. - Computer Services		994
RSM McGladrey - Accounting Services		18,428
Frost, Rутtenberg & Rothblatt - Accounting Services		111
Sachnoff & Weaver, Ltd. - Legal Services		45
Total allocated from Management Co.		<u>19,578</u>
Total allocated from Therapy Masters:		259
GlenShire Real Estate & Development LLC:		
Schiller, Klein & McElroy, P.C.-real estate tax reduction		16,966
Fisk, Kart, Katz and Regan, Ltd-real estate tax reduction		15,146
Total allocated from GlenShire Real Estate & Development, LLC.		<u>32,112</u>
Reclass Schiller, Klein & McElroy, P.C. to Line 33		-10,942
Reclass Schiller, Klein & McElroy, P.C. to Line 33		-16,966
Reclass Fisk, Kart, Katz and Regan, Ltd. to Line 33		-15,146
Non-Allowable Expenses:		
Ira I. Silverstein - A/R Collections		-7,347
Myers, Miller & Krauskopf - out of period		-11,607
Foley & Lardner LLP - non-allowable		-500
A.D.R. Systems of America - out of period		-525
Commitment Consulting - A/R Collections		-4,257
		<u>-24,236</u>
<b>Total adjustments page 21, Sch C.</b>		<u>-15,341</u>
<b>Total Schedule V, line 19, column 8</b>		<u><u>92,226</u></u>

See Accountants' Compilation Report

GlenShire Nursing and Rehabilitation Centre, Ltd.  
Provider # 0039321  
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	27,563
FUTA	365
SUTA	1,820
401K Match	1,826
Insurance - Hospital	43,533
Employee Benefits	2,680
Other Employee Benefits	5,065
Workers Compensation Insurance	1,236
Total allocated from Management Co.	<u>84,088</u>
Allocated Employee Benefits to Line #'s 7 & 27	(84,088)
Allocated from Therapy Masters, Inc.	
FICA taxes	26,932
FUTA	590
SUTA	1,207
401K Match	2,151
Insurance - Hospital	6,447
Uniform Allowance	70
Other Employee Benefits	587
Workers Compensation Insurance	2,849
Total allocated from Therapy Masters, Inc.	<u>40,833</u>
Allocated Employee Benefits to Line #'s 15 & 27	(40,833)
Total	<u>0</u>

**See Accountants' Compilation Report**

GlenShire Nursing and Rehabilitation Centre, Ltd.  
Provider # 0039321  
12/31/2006

SCHEDULE E

**XV. SUPPORT SCHEDULES**

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Accrued 401K	0
Due Affiliates	0
Estimated Medicare Settlement	0
Refunds Exchange	-31,848
Accrued Wage Assignment	78
Credit Union	-431
Accrued Union Dues	3,143
Accrued Management Fees	1,339,587
Due to Third Party	421,364
Due Con. Mutual	962
Total, Page 17, Line36	<u><u>1,732,855</u></u>

**See Accountants' Compilation Report**

GlenShire Nursing and Rehabilitation Centre, Ltd.  
Provider # 0039321  
12/31/2006

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	(116)	43
Non-allowable professional fees	(24,236)	19
Adjust Mgt. Co. Med Supplies - Med'A' to cost	(317,701)	10
Adjust Mgt. Co. Med Supplies - 'Other' to cost	(154,897)	10
Adjust Mgt. Co. Food to cost	(22,858)	2
Non-allowable Illinois Council on Long Term Care Fee	(1,470)	20
Non-allowable bank fees	(3,804)	21
Non-allowable auto expense - marketing	(74)	25
Total	<u>(525,156)</u>	

**See Accountants' Compilation Report**

**GlenShire Real Estate & Development, LLC**  
**Accrued Real Estate Taxes**  
**12/31/2006**

**SCHEDULE G**

	Accrued 1/1/2006	Payments	Expense	Accrued 12/31/2006
Balance @ 1/01/06	(754,000.00)		(754,000.00)	
2005 real estate taxes paid		812,535.50	812,535.50	
Cash received 1/23/06 for reduction in 2002 real estate taxes.		(45,241.40)	(45,241.40)	
Cash received 3/23/06 for reduction in 1999 real estate taxes.		(1,421.25)	(1,421.25)	
Estimated 2006 real estate taxes:				
2005 taxes	812,535.50			
Estimated increase	3.50%			
Estimated 2006 taxes	840,974.24			
<b>USE</b>	<b>841,000.00</b>		841,000.00	(841,000.00)
Totals	(754,000.00)	765,872.85	852,872.85	(841,000.00)

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%

**See Accountants' Compilation Report**

Provider Name: Glen Shire Nursing & Rehab Ctr.

Provider I.D. #: 0039321

Year Ended: December 31, 2006

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Lenise Martin	01/10/06	Skokie	Oakton Community College Activity Course	380
Nursing Staff	1/19/06	Richton Pk	Pulmonary Exchange Tracheostomy Care	130
Betty Tate, Mary Chapman, Zina Ward	2/23/06	Oak Lawn	II Council on Long Term Care The 2006 Revised MDS Medicaid System	285
Social Service & Nursing Staff	5/25/06	Richton Pk	The Core Center Case Management for Patients Diagnosed with HIV/AIDS	500
Lenette Clark, Kathy Hall, Gil Hofliena, Amy Roberts Melanie Boice	5/11/06	Oak Lawn	II Council on Long Term Care MDS Section S	475
Lenette Clark, Kathy Hall, Melanie Boice	6/22/06	Oak Lawn	II Council on Long Term Care Skills Training Inservice - Psychiatric Rehab	310
Mary O'Connor	8/17/06	Chicago	Cynthia Chow & Associates Dietary Sanitation Course	67
Melanie Boice, Larpie Buenaventura	8/24/06	Naperville	CMS/Mutual of Omaha SNF Billing & Compliance Seminar	72
Social Service, Administration & Nursing Staff	9/26/06	Richton Pk	Pat Tadel Ethics in the Clinical Setting: Patient Advocacy Issues	600
Lenette Clark, Kathy Hall, Melanie Boice, Larpie Buenaventura	10/19/06	Oak Lawn	II Council on Long Term Care Life Safety Code	380
Mary O'Connor	10/19/06	Chicago	Cynthia Chow & Associates Challenges of the New Era	85
Lenette Clark, Noreen Buchtal	12/7/06	Oak Lawn	II Council on Long Term Care Medication Regulations	190
All Nursing Staff members	12/15/06	Richton Park	Accent Healthcare Tracheostomy and Respiratory Care	537
			Allocated From Management Company	685
			Allocated From Therapy Masters	1,240
			Total	5,935

SEE ACCOUNTANTS' COMPILATION REPORT

GlenShire Nursing and Rehabilitation Centre, LTD.  
Provider #0039321  
12/31/2006

SCHEDULE I

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

	Gasoline	Repairs	Mileage Reimb.	Licenses/ Stickers	Total
Direct Expense	6,725	279	1,801	78	8,883
Non-allowable auto expense - marketing					-74
Allocated from Therapy Masters, Inc.					729
Allocated from Management Company					7,138
<b>TOTAL</b>	<b>6,725</b>	<b>279</b>	<b>1,801</b>	<b>78</b>	<b>16,676</b>

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	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
						PERCENTAGE 84.9438%					
1996 BUILDING PURCHASE	230,000		230,000		230,000	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						
					1,834,392	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						
					63,028	53,538	11,986	12,954	11,852	4,794	11,952
2000 AQUATIC WORKS - BUILT-IN FISH TANK				5,000	5,000						
					5,000	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											
					2,132,420	1,811,359	405,534	438,276	400,981	162,210	404,357

See Accountants' Compilation Report

GlenShire Nursing and Rehabilitation Centre, Ltd.  
Provider # 0039321  
12/31/2006

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	19,287
Non-allowable Illinois Council on Long Term Care Fee	(1,470)
Management Network Services Dues	1,000
Employment Fees	73,614
Joint Commission Fees	2,975
Secretary of State Annual Report Fee	175
Department of Professional Regulation Application Fees	150
Cook County Annual Equipment Inspection Fee	317
State of Illinois Boiler Inspection	240
Total	<u>96,288</u>

**See Accountants' Compilation Report**