

		FOR BHF USE					

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2007
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2007)

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

I. IDPH License ID Number: 0022111

Facility Name: Glen Oaks Nursing & Rehabilitation Ctr

Address: 270 Skokie Highway Northbrook 60062
 Number City Zip Code

County: Cook

Telephone Number: (847) 498-9320 Fax # (847) 498-2990

HFS ID Number: 362847148001

Date of Initial License for Current Owners: 12/01/1975

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input checked="" type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

In the event there are further questions about this report, please contact:
 Name: Charles J. Fischer Telephone Number: (312) 634-4580
 Please send copies of any audit adjustments to address above.

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/01/2007 to 12/31/2007 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider	(Signed) _____	(Date) _____
	(Type or Print Name) _____	
	(Title) _____	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u>	
	(Firm Name & Address) <u>McGladrey & Pullen LLP</u> <u>One S. Wacker Drive, Suite 800, Chicago IL 60606-4650</u>	
	(Telephone) <u>(312) 384-6000</u> Fax # <u>(312) 634-5518</u>	

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Ctr

0022111 Report Period Beginning: 1/01/2007 Ending: 12/31/2007

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 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>35,252</u>	<u>1,564</u>	<u>8,071</u>	<u>44,887</u>	8
9	SNF/PED					9
10	ICF	<u>59,277</u>	<u>1,882</u>	<u>465</u>	<u>61,624</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>94,529</u>	<u>3,446</u>	<u>8,536</u>	<u>106,511</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 97.92%

D. How many bed-hold days during this year were paid by the Department? 612 (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 6,950

Medicare Intermediary Wisconsin Physicians Service Insurance Corporation

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 10/31/07 Fiscal Year: 12/31/07

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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Ctr # 0022111 Report Period Beginning: 1/01/2007 Ending: 12/31/2007

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	451,938	98,014	5,865	555,817		555,817	6	555,823		1
2	Food Purchase		558,741		558,741	(20,762)	537,979	(4,766)	533,213		2
3	Housekeeping	314,039	108,700		422,739		422,739		422,739		3
4	Laundry	142,750	15,340	15,781	173,871		173,871		173,871		4
5	Heat and Other Utilities			196,007	196,007		196,007	7,230	203,237		5
6	Maintenance	108,977	54,142	77,646	240,765		240,765	10,691	251,456		6
7	Other (specify):* Allocated Employee Benefits							693	693		7
8	TOTAL General Services	1,017,704	834,937	295,299	2,147,940	(20,762)	2,127,178	13,854	2,141,032		8
	B. Health Care and Programs										
9	Medical Director			23,150	23,150		23,150		23,150		9
10	Nursing and Medical Records	3,044,686	326,463	2,512	3,373,661		3,373,661	(65,340)	3,308,321		10
10a	Therapy	41,726	436	320,774	362,936		362,936	(88,271)	274,665		10a
11	Activities	93,844	9,452	2,324	105,620		105,620		105,620		11
12	Social Services	167,401		3,177	170,578		170,578		170,578		12
13	CNA Training										13
14	Program Transportation			2,565	2,565		2,565		2,565		14
15	Other (specify):* Allocated Employee Benefits							26,370	26,370		15
16	TOTAL Health Care and Programs	3,347,657	336,351	354,502	4,038,510		4,038,510	(127,241)	3,911,269		16
	C. General Administration										
17	Administrative	168,356		771,162	939,518		939,518	(670,570)	268,948		17
18	Directors Fees										18
19	Professional Services			95,784	95,784		95,784	(12,904)	82,880		19
20	Dues, Fees, Subscriptions & Promotions			31,772	31,772	2,900	34,672	13,841	48,513		20
21	Clerical & General Office Expenses	204,046	65,575	35,748	305,369	(2,900)	302,469	486,417	788,886		21
22	Employee Benefits & Payroll Taxes			762,180	762,180	20,762	782,942		782,942		22
23	Inservice Training & Education			4,051	4,051		4,051	1,358	5,409		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			15,137	15,137	(6,172)	8,965	8,579	17,544		25
26	Insurance-Prop.Liab.Malpractice			125,213	125,213		125,213	3,233	128,446		26
27	Other (specify):* Allocated Employee Benefits							82,146	82,146		27
28	TOTAL General Administration	372,402	65,575	1,841,047	2,279,024	14,590	2,293,614	(87,900)	2,205,714		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,737,763	1,236,863	2,490,848	8,465,474	(6,172)	8,459,302	(201,287)	8,258,015		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 BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			172,742	172,742		172,742	140,966	313,708			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			82,802	82,802		82,802	726,475	809,277			32
33	Real Estate Taxes							364,714	364,714			33
34	Rent-Facility & Grounds			2,632,867	2,632,867		2,632,867	(2,632,867)				34
35	Rent-Equipment & Vehicles			4,136	4,136	6,172	10,308	11,338	21,646			35
36	Other (specify):*											36
37	TOTAL Ownership			2,892,547	2,892,547	6,172	2,898,719	(1,389,374)	1,509,345			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		282,906	13,773	296,679		296,679		296,679			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			92,232	92,232		92,232	(92,232)				43
44	TOTAL Special Cost Centers		282,906	269,157	552,063		552,063	(92,232)	459,831			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,737,763	1,519,769	5,652,552	11,910,084		11,910,084	(1,682,893)	10,227,191			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	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				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	(174,163)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,488)	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	(227)	43		18
19	Entertainment	(84)	43		19
20	Contributions	1,200	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	(35,475)	43		24
25	Fund Raising, Advertising and Promotional	(6,029)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(50,000)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule <u>See Attached Schedule F:</u>	(590,934)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (857,200)		\$	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)	(825,693)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (825,693)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,682,893)		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	426	Ln39,Co2	44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 426		47

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Oaks Nursing & Rehabilitation Ctr

ID# 0022111

Report Period Beginning: 1/01/2007

Ending: 12/31/2007

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Adjust Mgt Co. medical supplies"A" to cost	\$ (20,219)	10	1
2	Adjust Mgt Co. medical supplies"other" to cost	(45,122)	10	2
3	Adjust Mgt Co. food to cost	(4,786)	2	3
4	Non-allowable professional fees	(34,489)	19	4
5	Non-allowable patient clothing	(129)	43	5
6	Non-allowable IL Council on Long Term Care fee	(3,925)	20	6
7	Non-allowable early extinguishment of debt	(482,264)	32	7
8				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
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	(590,934)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Ctr

0022111

Report Period Beginning:

1/01/2007

Ending:

12/31/2007

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

	Operating Expenses	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)	
	A. General Services													
1	Dietary	0	0	0	0	6	0	0	0	0	0	0	6	1
2	Food Purchase	(4,786)	0	0	0	20	0	0	0	0	0	0	(4,766)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	7,230	0	0	0	0	0	0	0	0	7,230	5
6	Maintenance	0	0	10,680	0	11	0	0	0	0	0	0	10,691	6
7	Other (specify):*	0	0	693	0	0	0	0	0	0	0	0	693	7
8	TOTAL General Services	(4,786)	0	18,603	0	37	0	0	0	0	0	0	13,854	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	(65,341)	0	0	0	1	0	0	0	0	0	0	(65,340)	10
10a	Therapy	0	0	0	0	(88,271)	0	0	0	0	0	0	(88,271)	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	26,370	0	0	0	0	0	0	26,370	15
16	TOTAL Health Care and Programs	(65,341)	0	0	0	(61,900)	0	0	0	0	0	0	(127,241)	16
	C. General Administration													
17	Administrative	0	0	(670,570)	0	0	0	0	0	0	0	0	(670,570)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(34,489)	0	21,149	322	114	0	0	0	0	0	0	(12,904)	19
20	Fees, Subscriptions & Promotions	(3,925)	0	15,796	0	1,970	0	0	0	0	0	0	13,841	20
21	Clerical & General Office Expenses	0	0	482,661	0	3,756	0	0	0	0	0	0	486,417	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	598	0	760	0	0	0	0	0	0	1,358	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	8,205	0	374	0	0	0	0	0	0	8,579	25
26	Insurance-Prop.Liab.Malpractice	0	0	3,233	0	0	0	0	0	0	0	0	3,233	26
27	Other (specify):*	0	0	81,750	0	396	0	0	0	0	0	0	82,146	27
28	TOTAL General Administration	(38,414)	0	(57,178)	322	7,370	0	0	0	0	0	0	(87,900)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(108,541)	0	(38,575)	322	(54,493)	0	0	0	0	0	0	(201,287)	29

STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

1/01/2007

Ending:

12/31/2007

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	31,061	109,905	0	0	0	0	0	0	0	140,966	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(656,427)	0	0	1,382,902	0	0	0	0	0	0	0	726,475	32
33	Real Estate Taxes	0	0	16,017	348,697	0	0	0	0	0	0	0	364,714	33
34	Rent-Facility & Grounds	0	0	0	(2,632,867)	0	0	0	0	0	0	0	(2,632,867)	34
35	Rent-Equipment & Vehicles	0	0	11,338	0	0	0	0	0	0	0	0	11,338	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(656,427)	0	58,416	(791,363)	0	0	0	0	0	0	0	(1,389,374)	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):*	(92,232)	0	0	0	0	0	0	0	0	0	0	(92,232)	43
44	TOTAL Special Cost Centers	(92,232)	0	0	0	0	0	0	0	0	0	0	(92,232)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(857,200)	0	19,841	(791,041)	(54,493)	0	0	0	0	0	0	(1,682,893)	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	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			
		GlenLake Terrace Nursing & Rehabilitation Ctr, Ltd	Waukegan			

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$		1
2	V	From Page 6A	771,162	Glen Health and Home Management, Inc.	A	791,003	19,841	2
3	V							3
4	V	From Page 6B	2,632,867	Glen Oaks Real Estate and Development, L.L.C.	B	1,841,826	(791,041)	4
5	V							5
6	V	From Page 6C	320,774	Therapy Masters, Inc.	C	266,281	(54,493)	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 - 80.00 % Barry Ray - 20.00 %				12
13	V							13
14	Total		\$ 3,724,803			\$ 2,899,110	\$ * (825,693)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Ctr# 0022111Report Period Beginning: 1/01/2007 Ending: 12/31/2007

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	\$ 771,162	Glen Health and Home Management, Inc.	A	\$	\$ (771,162)	15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	7,230	7,230	16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	6,123	6,123	17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	21,149	21,149	18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	15,796	15,796	19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	47,438	47,438	20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	82,443	82,443	21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	598	598	22
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	8,205	8,205	23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	3,233	3,233	24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	31,061	31,061	25
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	16,017	16,017	26
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	11,338	11,338	27
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	4,557	4,557	28
29	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	100,592	100,592	29
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	435,223	435,223	30
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(82,443)	(82,443)	31
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	693	693	32
33	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	15,351	15,351	33
34	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	66,399	66,399	34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 771,162			\$ 791,003	\$ * 19,841	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Ctr# 0022111Report Period Beginning: 1/01/2007Ending: 12/31/2007

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 Schedule V	2 Line	3 Cost Per General Ledger		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization		8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization						
15	V	32	Bond Fees	\$		Glen Oaks Real Estate and Development, L.L.C.	B	\$ 3,125	\$	3,125	15
16	V	32	Letter of Credit Fees			Glen Oaks Real Estate and Development, L.L.C.	B	5,452		5,452	16
17	V	30	Depreciation			Glen Oaks Real Estate and Development, L.L.C.	B	109,905		109,905	17
18	V	32	Interest Expense			Glen Oaks Real Estate and Development, L.L.C.	B	949,552		949,552	18
19	V	32	Interest Income			Glen Oaks Real Estate and Development, L.L.C.	B	(65,088)		(65,088)	19
20	V	32	Amortization of Mortgage Costs			Glen Oaks Real Estate and Development, L.L.C.	B	7,597		7,597	20
21	V	33	Real Estate Taxes			Glen Oaks Real Estate and Development, L.L.C.	B	348,697		348,697	21
22	V	34	Rental Income	2,632,867		Glen Oaks Real Estate and Development, L.L.C.	B			(2,632,867)	22
23	V	19	Professional Fees			Glen Oaks Real Estate and Development, L.L.C.	B	322		322	23
24	V	32	Early Extinguishment of Debt			Glen Oaks Real Estate and Development, L.L.C.	B	482,264		482,264	24
25	V										25
26	V										26
27	V										27
28	V										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			\$ 2,632,867				\$ 1,841,826	\$ *	(791,041)	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	10a Therapy	\$ 320,774	Therapy Masters, Inc.	C	\$ 232,503	\$ (88,271)	15
16	V	19 Professional Fees		Therapy Masters, Inc.	C	114	114	16
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	C	37	37	17
18	V	20 Employment Fees		Therapy Masters, Inc.	C	1,933	1,933	18
19	V	6 Plant Supplies		Therapy Masters, Inc.	C	11	11	19
20	V	21 Clerical		Therapy Masters, Inc.	C	225	225	20
21	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	26,766	26,766	21
22	V	23 Training and Education		Therapy Masters, Inc.	C	760	760	22
23	V	25 Auto Expenses		Therapy Masters, Inc.	C	374	374	23
24	V	2 Food Purchase		Therapy Masters, Inc.	C	20	20	24
25	V	21 Clerical Salaries		Therapy Masters, Inc.	C	3,531	3,531	25
26	V	22 Employee Benefits		Therapy Masters, Inc.	C	(26,766)	(26,766)	26
27	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	26,370	26,370	27
28	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	396	396	28
29	V	10 Nursing Supplies		Therapy Masters, Inc.	C	1	1	29
30	V	1 Dietary Supplies		Therapy Masters, Inc.	C	6	6	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		\$ 320,774			\$ 266,281	\$ * (54,493)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Ctr # 0022111 Report Period Beginning: 1/01/2007 Ending: 12/31/2007

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 %	144,203	15	25.6 %	Salary	\$ 40,237	Ln 17, Col 7	1
2	David Glenner	Vice President	Administrative	0.00 %	72,103	10	25.6 %	Salary	20,118	Ln 17, Col 7	2
3	Jonathan Glenner	Clerical	Clerical	0.00 %	37,310	10	25.6 %	Salary	10,410	Ln 21, Col 7	3
4	Daniel Glenner	Clerical	Clerical	0.00 %	23,160	10	25.6 %	Salary	6,462	Ln 21, Col 7	4
5	Joshua Ray	V.P. of Operations	Administrative	0.00 %	144,203	10	25.6 %	Salary	40,237	Ln 21, Col 7	5
6	Barry Ray	Vice President	Administrative	0.00 %	144,203	10	25.6 %	Salary	40,237	Ln 17, Col 7	6
7	David Weinschneider	Administrative	Administrative	0.00 %	23,946	10	25.6 %	Salary	6,681	Ln 21, Col 7	7
8											8
9											9
10			See Attached Schedule B								10
11											11
12											12
13								TOTAL	\$ 164,382		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 Ctr # 0022111 Report Period Beginning: 1/01/2007 Ending: 2/31/2007

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 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

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	488,234	6	\$ 33,143	\$ 106,511	\$ 7,230	1	
2	6	Repairs and Maintenance	Resident Days	488,234	6	28,068	106,511	6,123	2	
3	19	Professional Fees	Resident Days	488,234	6	96,943	106,511	21,149	3	
4	20	Licenses,Permits and Inspection	Resident Days	488,234	6	72,406	106,511	15,796	4	
5	21	Clerical	Resident Days	488,234	6	217,451	106,511	47,438	5	
6	22	Employee Benefits and Payroll	Resident Days	488,234	6	377,909	106,511	82,443	6	
7	23	Training and Education	Resident Days	488,234	6	2,742	106,511	598	7	
8	25	Auto Expenses	Resident Days	488,234	6	37,611	106,511	8,205	8	
9	26	Insurance	Resident Days	488,234	6	14,819	106,511	3,233	9	
10	30	Depreciation	Resident Days	488,234	6	142,381	106,511	31,061	10	
11	33	Real Estate Taxes	Resident Days	488,234	6	73,422	106,511	16,017	11	
12	35	Equipment and Vehicle Rental	Resident Days	488,234	6	51,971	106,511	11,338	12	
13	6	Janitorial Salaries	Resident Days	488,234	6	20,887	20,887	106,511	4,557	13
14	17	Officer's Salaries	Resident Days	488,234	6	461,100	461,100	106,511	100,592	14
15	21	Administrative Salaries	Resident Days	488,234	6	1,995,010	1,995,010	106,511	435,223	15
16	22	Employee Benefits	Payroll						(82,443)	16
17	7	Employee Benefits - Janitorial	Payroll						693	17
18	27	Employee Benefits - Officer's	Payroll						15,351	18
19	27	Employee Benefits - Admin	Payroll						66,399	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 3,625,863	\$ 2,476,997	\$ 791,003		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											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	JPMorgan Chase Bank, N.A.		X	Mortgage	\$700,000annual	12/16/96	\$ 9,200,000	\$	9/17/2007	0.0550	\$ 175,276	1								
2	LaSalle Bank, N.A.		X	Mortgage		9/18/07	38,000,000		12/20/2007	0.0618	713,880	2								
3	The PrivateBank		X	Mortgage		12/21/07	38,000,000	38,000,000	12/20/2010	0.0618	68,970	3								
4	JPMorgan Chase Bank, N.A.		X	Amortization of mortgage costs							5,117	4								
5	The PrivateBank		X	Amortization of mortgage costs							2,480	5								
Working Capital																				
6	MB Financial Bank, N.A.		X	Finance equipment purchase	\$1,498.63	12/22/03	76,730	15,346	12/22/2008	0.0725	1,649	6								
7	MB Financial Bank, N.A.		X	Finance telephone system	\$780.33	1/06/06	40,040	26,115	1/06/2011	0.0625	1,850	7								
8												8								
9	TOTAL Facility Related				\$2,278.96		\$ 85,316,770	\$ 38,041,461			\$ 969,222	9								
B. Non-Facility Related*																				
10												10								
11		X		Intercompany interest expense							79,303	11								
12												12								
13										Interest Income Offset:	(239,248)	13								
14	TOTAL Non-Facility Related						\$	\$			(159,945)	14								
15	TOTALS (line 9+line14)						\$ 85,316,770	\$ 38,041,461			\$ 809,277	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: 2006 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 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 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 2007 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,

2006 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glen Oaks Nursing & Rehabilitation Ct 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 Cos

Enter the tax index number and real estate tax assessed for 2006 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 2006

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. 04-02-202-033-0000	270 Skokie Highway, Northbrook IL	\$ 80,541.04	\$ 80,541.04
2. 04-02-202-038-0000	270 Skokie Highway, Northbrook IL	\$ 257,156.36	\$ 257,156.36
3. <u>Allocated from Management Company:</u>		\$ 73,422.00	\$ 16,017.00
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>411,119.40</u>	\$ <u>353,714.40</u>

B. Real Estate Tax Cost Allocation:

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct 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 hom (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 2006 tax bills which were listed in Section A to this statement. Be sure to use the 200 tax bill which is normally paid during 2007

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:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 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>18,535</u>	<u>2</u>
3	TOTALS	98,518		\$ 363,535	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Ctr

0022111

Report Period Beginning:

1/01/2007

Ending:

12/31/2007

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	\$ 2,750,338	4
5											5
6	Alloc from				395,682			11,203	11,203		6
7	Mgt Comp										7
8	Schedule J										8
	Improvement Type**										
9	Leasehold Improvements		1980		7,274		65 months			7,274	9
10	Leasehold Improvements		1981		4,127		35 months			4,127	10
11	Sprinkler		1981		15,769		25			15,769	11
12	Ceiling - dining room		1982		3,621		10			3,621	12
13	Masonry - building		1982		15,200		10			15,200	13
14	Generator fixture		1982		7,967		10			7,967	14
15	Roofing		1983		28,000		10			28,000	15
16	Parking lot		1983		4,632		15			4,632	16
17	Painting		1983		14,000		5			14,000	17
18	Air-conditioner		1983		3,033		10			3,033	18
19	Leasehold Improvements		1984		40,296		10			40,296	19
20	Building Improvements		1985		28,578		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	91,455	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 Ctr# 0022111

Report Period Beginning:

1/01/2007 Ending: 12/31/2007

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	<u>Leasehold Improvements</u>	1994	\$ 118,383	\$	10	\$	\$	\$ 118,383	37
38	<u>Building Improvements</u>	1995	20,792		10			20,792	38
39	<u>New closets in rooms 150 and 180</u>	1995	2,600		10			2,600	39
40	<u>New 200 amp and 50 amp lines to activity room</u>	1996	4,900		10			4,900	40
41	<u>Construct office room in basement</u>	1996	1,650		10			1,650	41
42	<u>Roofing work</u>	1996	95,112		10			95,112	42
43	<u>Overbed tables</u>	1997	3,537	115	10	115		3,537	43
44	<u>Sprinklers</u>	1997	8,367	276	10	276		8,367	44
45	<u>Exiss observation system</u>	1997	975	37	10	37		975	45
46	<u>Fence post and rail</u>	1997	1,885	68	10	68		1,885	46
47	<u>Exhaust fan and stove</u>	1997	8,143	273	10	273		8,143	47
48	<u>Brick floor</u>	1997	7,707	254	10	254		7,707	48
49	<u>Wiring for telephones</u>	1997	1,832	62	10	62		1,832	49
50	<u>Fire alarm</u>	1997	16,271	543	10	543		16,271	50
51	<u>Piping</u>	1997	821	28	10	28		821	51
52	<u>Emergency lighting fixtures</u>	1997	3,000	100	10	100		3,000	52
53	<u>Wiring for exhaust fan</u>	1997	1,610	53	10	53		1,610	53
54	<u>Replacement door</u>	1997	1,445	44	10	44		1,445	54
55	<u>Therapy room</u>	1997	6,116	200	10	200		6,116	55
56	<u>Concrete</u>	1997	895	25	10	25		895	56
57	<u>Remodeling of physical and occupational therapy rooms</u>	1997	268,920	8,964	10	8,964		268,920	57
58	<u>Flooring</u>	1997	585	24	10	24		585	58
59	<u>Handrails: corner and bumper guards</u>	1997	11,954	1,596	10	1,596		11,954	59
60	<u>Fire alarm system improvements</u>	1997	3,450	460	10	460		3,450	60
61	<u>Ceiling tile</u>	1997	3,985	534	10	534		3,985	61
62	<u>New walls - therapy room</u>	1997	2,982	399	10	399		2,982	62
63	<u>Signs</u>	1997	1,713	230	10	230		1,713	63
64	<u>Electric service</u>	1997	1,700	227	10	227		1,700	64
65	<u>Chain link fence</u>	1997	3,100	413	10	413		3,100	65
66	<u>Dining room ceiling</u>	1997	2,000	267	10	267		2,000	66
67	<u>Balance air conditioner system</u>	1997	24,290	3,239	10	3,239		24,290	67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,611,222	\$ 18,431		\$ 153,749	\$ 135,318	\$ 4,352,035	70

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 Ctr# 0022111

Report Period Beginning:

1/01/2007 Ending: 12/31/2007

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		\$ 5,611,222	\$ 18,431		\$ 153,749	\$ 135,318	\$ 4,352,035	1
2	Video monitoring system	1997	1,932	259	10	259		1,932	2
3	Electric service	1998	3,250	325	10	325		3,142	3
4	Fire alarm system improvements	1998	2,625	263	10	263		2,541	4
5	Floor tiles	1998	3,598	360	10	360		3,480	5
6	Electrical work: install outlets, amp feeders	1999	16,737	1,674	10	1,674		14,507	6
7	Aquarium	1999	10,500	1,050	10	1,050		9,100	7
8	Hot water tanks	1999	5,132	513	10	513		4,447	8
9	Ceiling tiles	1999	2,689	269	10	269		2,331	9
10	Fabrication of 211 sleeves for fire dampers	1999	2,532	253	10	253		2,193	10
11	Two gold chandeliers	1999	4,193	419	10	419		3,632	11
12	Fire dampers installation	1999	5,083	508	10	508		4,403	12
13	Fire dampers installation	1999	1,641	164	10	164		1,422	13
14	Install new gas valves & gaskets on boiler	1999	4,173	417	10	417		3,371	14
15	Install new motor in water heater	1999	2,397	240	10	240		2,040	15
16	Install security cameras	1999	3,109	311	10	311		2,514	16
17	Furnish, wire & install lights in the main dining room	2000	2,640	264	10	264		1,980	17
18	Install 2 fan coils, water piping, drain & insulation	2000	4,300	430	10	430		3,225	18
19	Install new chiller	2000	1,925	192	10	192		1,440	19
20	Install handrails, wall bumpers & rubber cove base	2000	14,570	1,457	10	1,457		10,928	20
21	Install handrails, wall bumpers & rubber cove base	2000	5,904	590	10	590		4,425	21
22	Install corner guards	2000	1,616	162	10	162		1,215	22
23	Vinyl tiles & rubber cove base	2000	1,875	187	10	187		1,403	23
24	Electrical work	2000	30,000	3,000	10	3,000		22,500	24
25	Install metal partition walls with drywall	2000	3,280	328	10	328		2,460	25
26	Generator installation	2000	3,610	361	10	361		2,707	26
27	Relaminate bedside units and closet doors	2000	3,200	320	10	320		2,400	27
28	Install 6 circuits for new dialysis room	2000	3,485	348	10	348		2,611	28
29	Electrical project	2001	32,903	3,290	10	3,290		21,385	29
30	2 dura glide 3000 single door packages	2001	11,408	1,140	10	1,140		7,410	30
31	Nurses station with solid surface counter tops	2001	9,180	918	10	918		5,967	31
32	78 custom built-in wardrobes with sliding doors	2001	13,650	1,365	10	1,365		8,872	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,824,359	\$ 39,808		\$ 175,126	\$ 135,318	\$ 4,514,018	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 Ctr# 0022111

Report Period Beginning:

1/01/2007 Ending: 12/31/2007

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		\$ 5,824,359	\$ 39,808		\$ 175,126	\$ 135,318	\$ 4,514,018	1
2	Elevator shaft exterior brick	2001	11,980	1,198	10	1,198		7,787	2
3	Remove lobby wall and install ceiling	2001	12,508	1,251	10	1,251		8,131	3
4	New ceiling and lighting project	2001	14,758	1,476	10	1,476		9,594	4
5	82 custom built-in wardrobes with sliding doors	2001	18,749	1,875	10	1,875		12,187	5
6	Carpeting	2001	3,589	359	10	359		2,333	6
7	Wallcovering installation and painting project	2001	5,181	518	10	518		3,367	7
8	Concrete repairs on handicap and delivery ramp	2001	3,600	360	10	360		2,340	8
9	Tuckpointing	2001	2,500	250	10	250		1,625	9
10	Paneling	2001	5,756	576	10	576		3,744	10
11	Nurses station with doors, counters and hanging chart units	2001	10,695	1,070	10	1,070		6,955	11
12	Installation of wallcovering	2002	2,380	238	10	238		1,309	12
13	Cooling tower	2002	6,950	695	10	695		3,823	13
14	Wallcovering border	2002	4,034	403	10	403		2,217	14
15	Installation of cooling tower	2002	46,000	4,600	10	4,600		25,300	15
16	Installation of hydraulic pump unit	2002	6,200	620	10	620		3,410	16
17	Econocare project	2002	14,000	1,400	10	1,400		7,700	17
18	Insurance claim refund	2002	(7,118)	(712)	10	(712)		(3,916)	18
19	Painting project	2002	4,750	475	10	475		2,613	19
20	Installation of wood blinds	2003	2,140	214	10	214		963	20
21	Air conditioning compressor	2003	7,617	762	10	762		3,429	21
22	Insurance claim refund - compressor	2003	(6,367)	(637)	10	(637)		(2,866)	22
23	Furnish and install one new hydraulic tank unit	2003	8,400	840	10	840		3,780	23
24	Parking lot paving project	2003	76,765	7,677	10	7,677		34,546	24
25	Center roof section reroofing project	2003	4,200	420	10	420		1,890	25
26	Remove and install new ceilings, install ceramic tile	2003	16,559	1,656	10	1,656		7,452	26
27	Center roof section reroofing project	2002	2,100	210	10	210		1,155	27
28	Installation of custom built wardrobes	2003	25,830	2,583	10	2,583		11,623	28
29	Installation of cove base, vinyl tiles and wallcovering	2002	35,098	3,510	10	3,510		19,305	29
30	Relocate water meter and install RPZ for plumbing project	2004	16,066	1,607	10	1,607		5,624	30
31	Furnish and install smoke detectors by doors	2004	8,490	849	10	849		2,972	31
32	Furnish and install glass for windows	2004	1,980	198	10	198		693	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,189,749	\$ 76,349		\$ 211,667	\$ 135,318	\$ 4,705,103	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 Ctr

0022111

Report Period Beginning:

1/01/2007 Ending: 12/31/2007

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		\$ 6,189,749	\$ 76,349		\$ 211,667	\$ 135,318	\$ 4,705,103	1
2	Provide and install delay lock & keypads, relocate kill switch	2004	1,762	176	10	176		616	2
3	Furnish and install new door detector on elevator door	2004	2,115	212	10	212		742	3
4	Wiring for cameras and quad installation	2004	1,574	157	10	157		550	4
5	Heat exchanger	2004	1,598	160	10	160		560	5
6	Landscaping project: tree planting	2004	4,650	465	10	465		1,628	6
7	Installed new parts and replace discharge gauge on chillers	2005	2,123	212	10	212		530	7
8	Installation of new compressor	2005	11,900	1,190	10	1,190		2,975	8
9	Furnish and install iron fencing	2005	5,400	540	10	540		1,350	9
10	Fireproofing project	2005	6,220	622	10	622		1,555	10
11	Replace car sills in elevators	2005	8,130	813	10	813		2,033	11
12	Furnish and install new controller and selector on elevator	2005	18,500	1,850	10	1,850		4,625	12
13	Remove and replace smoke detector	2005	1,679	168	10	168		420	13
14	Build and install custom built-in wardrobes and cabinets	2005	55,002	5,500	10	5,500		13,750	14
15	Insurance reimbursement of compressor loss	2005	(11,144)	(1,114)	10	(1,114)		(2,785)	15
16	Furnish and install DVR system	2005	1,480	148	10	148		370	16
17	Furnish and install two televisions with satellite	2005	1,828	183	10	183		457	17
18	Install new window frame at receptionist counter	2005	1,450	145	10	145		363	18
19	Install new ceramic wall tile, toilets, sinks, plumbing	2006	87,802	8,780	10	8,780		13,170	19
20	Carrier chiller compressor	2006	14,850	1,485	10	1,485		2,228	20
21	Insurance claim refund for damaged compressor	2006	(11,900)	(1,190)	10	(1,190)		(1,785)	21
22	Furnish and install elevator car, station	2006	13,711	1,371	10	1,371		2,057	22
23	Remove plumbing, drywall and shower stalls	2006	3,833	383	10	383		575	23
24	New elevator lobby car, controller, selector and fixtures	2006	42,711	4,271	10	4,271		6,407	24
25	Metal doors with framing	2006	7,289	729	10	729		1,093	25
26	Furnish and install 8 vertical rod devices on doors	2006	6,020	602	10	602		903	26
27	Furnish and install new elevator pump unit and valve assembly	2006	8,000	800	10	800		1,200	27
28	Sidewalk concrete project	2006	3,230	323	10	323		485	28
29	Remove and install elevator flooring, ceiling and lighting	2006	5,369	537	10	537		805	29
30	Furnish and install new elevator door opener and locks	2006	6,750	675	10	675		1,013	30
31	Telephone system	2006	40,040	4,004	10	4,004		6,006	31
32	Install drain tile system in rehab room	2007	5,300	265	10	265		265	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,537,021	\$ 110,811		\$ 246,129	\$ 135,318	\$ 4,769,264	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	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12D, Carried Forward	\$ 6,537,021	\$ 110,811		\$ 246,129	\$ 135,318	\$ 4,769,264	1	
2	Power rodding project	2007 5,800	290	10	290		290	2	
3	Delime heater system	2007 2,861	143	10	143		143	3	
4	Carrier chiller leak	2007 4,238	212	10	212		212	4	
5	Installation of water heater	2007 6,180	309	10	309		309	5	
6	Rewire smoke detector system	2007 2,570	129	10	129		129	6	
7	Installation of chemical feed system	2007 2,897	145	10	145		145	7	
8	Boiler refractory project	2007 3,930	197	10	197		197	8	
9								9	
10								10	
11								11	
12								12	
13	Allocated from Management Co:	31,981			3,053	3,053	28,157	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	TOTAL (lines 1 thru 33)	\$ 6,597,478	\$ 112,236		\$ 250,607	\$ 138,371	\$ 4,798,846	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 Ctr # 0022111 Report Period Beginning: 1/01/2007 Ending: 12/31/2007

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	\$ 736,952	\$ 40,303	\$ 40,303	\$	5,10years	\$ 446,235	71
72	Current Year Purchases	13,453	673	673		10 years	673	72
73	Fully Depreciated Assets	909,485	2,161	2,161		5,7,10years	909,485	73
74	Allocated from Management Company:	170,343		14,434	14,434		156,346	74
75	TOTALS	\$ 1,830,233	\$ 43,137	\$ 57,571	\$ 14,434		\$ 1,512,739	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	11,060	78
79	Allocated from Management Company:			30,352		2,370	2,370		29,556	79
80	TOTALS			\$ 92,256	\$ 3,160	\$ 5,530	\$ 2,370		\$ 86,720	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)	\$ 8,883,502	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 158,533	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 313,708	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 155,175	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,398,305	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning _____
Ending _____

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2008</u>	\$ _____
13.	<u>/2009</u>	\$ _____
14.	<u>/2010</u>	\$ _____

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 N/A
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: \$ 8,286 Description: Copier \$1,208, Ice-maker \$2,245, Postage meter \$683, Allocated from Mgt Co: \$4,150
(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>6,172</u>	17
18					18
19	<u>Allocated from Management Company:</u>			<u>7,188</u>	19
20					20
21	TOTAL		\$ 469.00	\$ 13,360	21

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

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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Ctr # 0022111 Report Period Beginning: 1/01/2007 Ending: 12/31/2007

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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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	\$	2,127	\$ 118,334	\$ 31	2,127	\$ 118,365	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 3	hrs		674	39,848		674	39,848	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a, Col 2&3	hrs		2,661	162,592	405	2,661	162,997	4
5	Physician Care	Ln 39, Col 3	visits			495			495	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescripts				282,480		282,480	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	Ln 39, Col 2					426		426	12
13	Respiratory Therapy Other (specify): Radiology & Lab	Ln10a, Col 1 Ln 39, Col 3	1,817 hours	41,726		13,278		1,817	41,726 13,278	13
14	TOTAL			\$ 41,726	5,462	\$ 334,547	\$ 283,342	7,279	\$ 659,615	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 Ctr**# **0022111**Report Period Beginning: **1/01/2007**

Ending:

12/31/2007**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2007** (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	\$ 6,444,063	\$ 7,034,653	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 58,000)	2,463,951	2,463,951	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	174,576	174,576	6
7	Other Prepaid Expenses	7,705	7,705	7
8	Accounts Receivable (owners or related parties)	(2,155,316)		8
9	Other(specify): Other Receivables	46,891	46,891	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,981,870	\$ 9,727,776	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		363,535	13
14	Buildings, at Historical Cost		3,983,075	14
15	Leasehold Improvements, at Historical Cost	2,082,327	2,614,403	15
16	Equipment, at Historical Cost	1,104,807	1,922,489	16
17	Accumulated Depreciation (book methods)	(2,435,785)	(6,398,305)	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 Deposits)	185,491	185,491	22
23	Other(specify): Mortgage Costs (Net)		256,157	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 936,840	\$ 2,926,845	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,918,710	\$ 12,654,621	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 138,791	\$ 138,791	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	15,346	15,346	29
30	Accrued Salaries Payable	329,532	329,532	30
31	Accrued Taxes Payable (excluding real estate taxes)	1,472	1,472	31
32	Accrued Real Estate Taxes(Sch.IX-B)		347,000	32
33	Accrued Interest Payable		68,969	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
36	Other Current Liabilities(specify): See Attached Schedule E:	623,748	623,748	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,108,889	\$ 1,524,858	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	26,115	26,115	39
40	Mortgage Payable		38,000,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
43	Other Long-Term Liabilities(specify):			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 26,115	\$ 38,026,115	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,135,004	\$ 39,550,973	46
47	TOTAL EQUITY (page 18, line 24)	\$ 6,783,706	\$ (26,896,352)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,918,710	\$ 12,654,621	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,641,511	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,641,511	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	3,142,195	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 3,142,195	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)	\$ 6,783,706	24

* Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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	\$ 15,294,637	1
2	Discounts and Allowances for all Levels	(1,685,068)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,609,569	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	501,505	6
7	Oxygen	100,537	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 602,042	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	370,222	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	25,230	19
20	Radiology and X-Ray	2,906	20
21	Other Medical Services	223,052	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 621,410	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	174,163	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 174,163	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Public Aid Bedhold	45,095	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 45,095	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,052,279	30

		2	
		Expenses	Amount
A. Operating Expenses			
31	General Services	2,147,940	31
32	Health Care	4,038,510	32
33	General Administration	2,279,024	33
B. Capital Expense			
34	Ownership	2,892,547	34
C. Ancillary Expense			
35	Special Cost Centers	388,911	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)*	\$ 11,910,084	40
41	Income before Income Taxes (line 30 minus line 40)**	3,142,195	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 3,142,195	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 Ctr

0022111

Report Period Beginning:

1/01/2007

Ending:

12/31/2007

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	3,372	3,622	\$ 127,218	\$ 35.12	1
2	Assistant Director of Nursing	2,037	2,166	105,487	48.70	2
3	Registered Nurses	41,823	45,086	1,115,211	24.74	3
4	Licensed Practical Nurses					4
5	CNAs & Orderlies	119,591	130,656	1,481,407	11.34	5
6	CNA Trainees					6
7	Licensed Therapist	1,614	1,816	41,726	22.98	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,915	2,179	27,590	12.66	9
10	Activity Assistants	6,826	7,149	66,254	9.27	10
11	Social Service Workers	10,110	11,151	167,401	15.01	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	8,584	9,553	127,342	13.33	14
15	Cook Helpers/Assistants	29,476	32,014	324,596	10.14	15
16	Dishwashers					16
17	Maintenance Workers	6,702	7,071	108,977	15.41	17
18	Housekeepers	31,810	34,563	314,039	9.09	18
19	Laundry	13,343	14,796	142,750	9.65	19
20	Administrator	2,024	2,240	102,337	45.69	20
21	Assistant Administrator	1,968	2,080	66,019	31.74	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,136	12,026	204,046	16.97	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>	15,950	17,509	215,363	12.30	33
34	TOTAL (lines 1 - 33)	308,281	335,677	\$ 4,737,763 *	\$ 14.11	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	\$ 5,865	Ln 1, Col 3	35
36	Medical Director	Monthly	23,150	Ln 9, Col 6	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,512	Ln 10, Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,324	Ln 11, Col 3	44
45	Social Service Consultant	57	2,977	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)	113	\$ 37,028		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-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
 (See instructions.)

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2004	6 FY2005	7 FY2006	8 FY2007	9 FY2008	10 FY2009	11 FY2010	12 FY2011	13 FY2012
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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 \$16,628
- (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. \$ 31,206 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 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.
- (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. \$ 20,762 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 \$5,000, 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.

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Oaks Nursing and Rehabilitation Centre, Ltd.

12/31/2007

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
 12/31/2007

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 Bridge Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	GlenLake Terrace Nursing & Rehab. Centre, Ltd.	
Sidney Glenner	15,212	35,987	35,422	29,501	28,081	144,203
David Glenner	7,606	17,994	17,711	14,751	14,041	72,103
Jonathan Glenner	3,936	9,311	9,165	7,633	7,265	37,310
Daniel Glenner	2,443	5,780	5,689	4,738	4,510	23,160
David Weinschneider	2,526	5,976	5,882	4,899	4,663	23,946
Joshua Ray	15,212	35,987	35,422	29,501	28,081	144,203
Barry Ray	15,212	35,987	35,422	29,501	28,081	144,203
Total compensation received from other Nursing Homes	62,147	147,022	144,713	120,524	114,722	589,128

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
 Provider # 0022111
 12/31/2007

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	6,930
Advanced Answers on Demand Inc.	Computers	150
Kronos	Computers	1,125
E Health Data Solutions	Computers	4,860
RSM McGladrey	Accounting	38,854
Frost, Ruttenberg & Rothblatt	Accounting	300
Sachnoff & Weaver, Ltd.	Legal	25,361
Berton I. Goldstein	Legal	650
Ira I. Silverstein	Legal	2,000
Personnel Planners, Inc.	Unemployment Consulting	2,002
Littler Mendelson	Legal	10,052
James O. Hamilton	Real Estate Appraisal	3,500
		<u>95,784</u>
Allocated from Management Co.		
Health Data Systems, Inc. - Computer Services		717
RSM McGladrey - Accounting Services		19,919
Frost, Roth & Ruttenberg - Accounting Services		204
Sachnoff & Weaver, Ltd. - Legal Services		309
Total allocated from Management Co.		<u>21,149</u>
Total allocated from Therapy Masters, Inc.		114
Glen Oaks Real Estate & Development, LLC:		
Sachnoff & Weaver, Ltd.		<u>322</u>
		<u>322</u>
Non-allowable Professional Fees:		
Sachnoff & Weaver, Ltd. - out of period		-640
RSM McGladrey - Accounting Services		-22,285
Sachnoff & Weaver, Ltd. - Glen Oaks R.E. LLC - out of period		-322
Ira I. Silverstein - A/R Collections		-2,000
Littler Mendelson - out of period		-9,242
Total Non-allowable Professional Fees		<u>-34,489</u>
Total adjustments page 21, Sch C.		<u>-12,904</u>
Total Schedule V, line 19, column 8		<u>82,880</u>

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2007

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	36,101
FUTA	507
SUTA	1,765
401K Match	2,339
Insurance - Hospital	31,478
Employee Benefits	5,775
Other Employee Benefits	2,834
Workers Compensation Insurance	1,644
Total allocated from Management Co.	<u>82,443</u>
Allocate Employee Benefits to Line #'s 7, 27	-82,443
Allocated from Therapy Masters, Inc.	
FICA taxes	16,031
FUTA	311
SUTA	607
Other	168
401K Match	1,297
Insurance - Hospital	4,727
Other Employee Benefits	457
Workers Compensation Insurance	3,098
Uniform Allowance	70
Total allocated from Therapy Masters, Inc.	<u>26,766</u>
Allocate Employee Benefits to Line #'s 15, 27	-26,766
Total	<u>0</u>

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2007

SCHEDULE E

XV. SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
BlueCross/Blue Shield Advance	13,666
Due to Third Party	484,876
Insurance Payable	128,136
Credit Union	100
Accrued Union Dues	3,109
Accrued Wage Assignment	81,511
Due Con. Mutual	723
401K Loan	(80)
Refunds Exchange	(88,293)
Total, Page 17, Line36, Column 1	<u>623,748</u>

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2007

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	-129	43
Non-allowable early extinguishment of debt	-482,264	32
Non-allowable IL Council on Long Term Care fee	-3,925	20
Non-allowable professional fees	-34,489	19
Adjust Mgt. Co. Med Supplies - Med'A' purchases to cost	-20,219	10
Adjust Mgt. Co. Med Supplies - 'Other' purchases to cost	-45,122	10
Adjust Mgt. Co. Food purchases to cost	-4,786	2
Total	<u>-590,934</u>	

See Accountants' Compilation Report

Glen Oaks Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2007

SCHEDULE G

	Accrued 1/01/07	Payments	Expense	Accrued 12/31/07
Balance @ 1/01/2007 - G/L # 251:	-336,000.00		-336,000.00	
2006 real estate taxes paid		337,697.40	337,697.40	
Estimated 2007 real estate taxes:				
2006 taxes	337,697.40			
Estimated increase	2.50%			
Estimated 2007 taxes	346,139.84			
USE	347,000.00		347,000.00	-347,000.00
Totals	-336,000.00	337,697.40	348,697.40	-347,000.00

Real estate tax history:

	Year	Amount	Increase \$	%
	1992	268,135.26		
	1993	276,387.40	8,252.14	3.08%
	1994	293,076.34	16,688.94	6.04%
	1995	299,722.22	6,645.88	2.27%
	1996	301,089.35	1,367.13	0.46%
	1997	303,074.24	1,984.89	0.66%
	1998	305,668.32	2,594.08	0.86%
	1999	312,803.95	7,135.63	2.33%
	2000	303,160.15	-9,643.80	-3.08%
	2001	326,141.52	22,981.37	7.58%
	2002	314,693.25	-11,448.27	-3.51%
	2003	322,112.64	7,419.39	2.36%
	2004	320,753.21	-1,359.43	-0.42%
	2005	327,659.74	6,906.53	2.15%
	2006	337,697.40	10,037.66	3.06%

See Accountants' Compilation Report

Provider Name: Glen Oaks Nursing & Rehabilitation

Provider I.D. #: 0022111

Year Ended: December 31, 2007

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Dennis Ong	1/23/07	Skokie, Il	Illinois Council on Long Term Care Stages of Dementia	764
Nursing & Social Service Staff	2/9/07	Facility	Nancy Goode Working with Difficult Patients	600
Simcha Dachs, Dennis Ong & Joben Arceno	3/29/07	Skokie, Il	Illinois Council on Long Term Care Effective Quality Assurance for Nursing	285
Nursing Staff	3/2/07	Facility	Accent Health Care Oxygen Equipment Monitoring	107
Simcha Dachs, Dennis Ong & John Corso	5/31/07	Skokie, Il	Illinois Council on Long Term Care Effective tips & Strategies for Maximizing RUGS	290
Dennis Ong	6/14/07	Skokie, Il	Illinois Council on Long Term Care Alzheimer Training for subpart U	95
Administrative Staff, Admissions, Social Service Nursing Staff	6/12/07	Facility	Joseph Monahan Guardianship, Informed Consent & Powers of Atty	700
Simcha Dachs	8/22/07	Skokie, Il	Illinois Council on Long Term Care OBRA Accident & Supervision of Frequent Falls	75
Theresa Chen	10/19/07	Chicago, Il	Cynthia Chow & Associates Sanitation course for Dietary Managers	85
Nursing Staff, Social Service & Administrative Staff	10/29/07	Facility	Nancy Goode Biophysiology	600
Nursing Staff	12/13/07	Facility	Pulmonary Exchange Trach Care	450
			Allocated From Management Company	598
			Allocated From Therapy Masters	760
			Total	5,409

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Oaks Nursing and Rehabilitation Centre, LTD.
Provider #0022111
12/31/2007

SCHEDULE I

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

	Gasoline	Licenses/ Stickers	Repairs	Mileage Reimburse	Tolls/ IPASS	Total
Direct Expense	6,742	156	340	1,408	320	8,965
Allocated from Therapy Masters, Inc.						374
Allocated from Management Company						8,205
TOTAL	<u>6,742</u>	<u>156</u>	<u>340</u>	<u>1,408</u>	<u>320</u>	<u>17,544</u>

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2007

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	16,628
Illinois Health Care Association Fees	3,420
Village of Northbrook License, Inspection	1,410
State of Illinois/Cook County Boiler Inspection	885
Secretary of State	150
Employment Fees	-129
Non-allowable Illinois Council on Long Term Care Fee	-3,925
Total	<u>18,439</u>

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