

		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: 0028753

Facility Name: Glencrest Healthcare & Rehabilitation Centre

Address: 2451 West Touhy Avenue Chicago 60645
 Number City Zip Code

County: Cook

Telephone Number: (773) 338-6800 Fax # (773) 338-1166

HFS ID Number: 363294202001

Date of Initial License for Current Owners: 6/01/1984

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

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 Glencrest Healthcare & Rehabilitation Centre

0028753 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	154	Skilled (SNF)	154	56,210	1
2		Skilled Pediatric (SNF/PED)			2
3	158	Intermediate (ICF)	158	57,670	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	312	TOTALS	312	113,880	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	31,022	629	9,850	41,501	8
9	SNF/PED					9
10	ICF	51,557	1,782	422	53,761	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	82,579	2,411	10,272	95,262	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.65%

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 6/01/84

J. Was the facility purchased or leased after January 1, 1978?
YES Date 2/14/94 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 110 and days of care provided 9,243

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 Glencrest Healthcare & Rehabilitation Centri # 0028753 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	430,108	104,876	42,332	577,316		577,316	14	577,330		1
2	Food Purchase		837,457		837,457	(38,766)	798,691	(60,717)	737,974		2
3	Housekeeping	260,351	107,992		368,343		368,343		368,343		3
4	Laundry	129,868	68,125		197,993		197,993		197,993		4
5	Heat and Other Utilities			238,874	238,874		238,874	6,467	245,341		5
6	Maintenance	104,152	43,384	107,843	255,379		255,379	9,579	264,958		6
7	Other (specify):* Allocated Employee Benefits							619	619		7
8	TOTAL General Services	924,479	1,161,834	389,049	2,475,362	(38,766)	2,436,596	(44,038)	2,392,558		8
	B. Health Care and Programs										
9	Medical Director			90,750	90,750		90,750		90,750		9
10	Nursing and Medical Records	3,535,166	1,231,356	6,440	4,772,962		4,772,962	(513,302)	4,259,660		10
10a	Therapy	405,438	6,057	793,060	1,204,555		1,204,555	79,966	1,284,521		10a
11	Activities	154,393	6,724	1,942	163,059		163,059		163,059		11
12	Social Services	165,066		2,639	167,705		167,705		167,705		12
13	CNA Training					1,200	1,200		1,200		13
14	Program Transportation			165	165		165		165		14
15	Other (specify):* Allocated Employee Benefits							98,805	98,805		15
16	TOTAL Health Care and Programs	4,260,063	1,244,137	894,996	6,399,196	1,200	6,400,396	(334,531)	6,065,865		16
	C. General Administration										
17	Administrative	153,193		1,857,834	2,011,027		2,011,027	(1,767,866)	243,161		17
18	Directors Fees										18
19	Professional Services			116,043	116,043	(8,129)	107,914	(18,476)	89,438		19
20	Dues, Fees, Subscriptions & Promotions			70,089	70,089	4,810	74,899	16,278	91,177		20
21	Clerical & General Office Expenses	139,496	63,747	86,915	290,158	(4,370)	285,788	440,889	726,677		21
22	Employee Benefits & Payroll Taxes			903,684	903,684	38,326	942,010		942,010		22
23	Inservice Training & Education			3,976	3,976	(1,200)	2,776	2,399	5,175		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			61,008	61,008	(9,945)	51,063	8,249	59,312		25
26	Insurance-Prop.Liab.Malpractice			366,427	366,427		366,427	2,891	369,318		26
27	Other (specify):* Allocated Employee Benefits							74,601	74,601		27
28	TOTAL General Administration	292,689	63,747	3,465,976	3,822,412	19,492	3,841,904	(1,241,035)	2,600,869		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,477,231	2,469,718	4,750,021	12,696,970	(18,074)	12,678,896	(1,619,604)	11,059,292		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			163,892	163,892		163,892	157,285	321,177			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			63,419	63,419		63,419	794,194	857,613			32
33	Real Estate Taxes					8,129	8,129	305,198	313,327			33
34	Rent-Facility & Grounds			2,343,712	2,343,712		2,343,712	(2,340,712)	3,000			34
35	Rent-Equipment & Vehicles			184,083	184,083	9,945	194,028	10,140	204,168			35
36	Other (specify):*											36
37	TOTAL Ownership			2,755,106	2,755,106	18,074	2,773,180	(1,073,895)	1,699,285			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		400,086	62,747	462,833		462,833		462,833			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			170,820	170,820		170,820		170,820			42
43	Other (specify):* Non-Allowable			404,682	404,682		404,682	(404,682)				43
44	TOTAL Special Cost Centers		400,086	638,249	1,038,335		1,038,335	(404,682)	633,653			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,477,231	2,869,804	8,143,376	16,490,411		16,490,411	(3,098,181)	13,392,230			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	(38,650)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,755)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(596)	43		19
20	Contributions	(5,350)	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	(376,051)	43		24
25	Fund Raising, Advertising and Promotional	(20,493)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(16,000)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	2,054,656			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ 1,595,761		\$	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)	(4,693,942)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (4,693,942)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (3,098,181)		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	4,855	Ln39,Co2	44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 4,855		47

BHF USE ONLY						
48		49		50		51
						52

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS
 Glencrest Healthcare & Rehabilitation Centre

ID# 0028753

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	\$ (157,523)	10	1
2	Adjust Mgt Co. medical supplies"other" to cost	(355,781)	10	2
3	Adjust Mgt Co. food to cost	(60,765)	2	3
4	Non-allowable professional fees	(39,103)	19	4
5	Patient clothing	(437)	43	5
6	Non-allowable auto expense - marketing	(7)	25	6
7	Non-allowable unrealized gain on investment	1,281,343	43	7
8	Non-allowable realized gain on investment	1,389,608	43	8
9	Non-allowable IL Council on Long Term Care fee	(2,679)	20	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	2,054,656		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre# 0028753

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	0	14	0	0	0	0	0	14	1
2	Food Purchase	(60,765)	0	0	0	0	48	0	0	0	0	0	(60,717)	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	6,467	0	0	0	0	0	0	0	0	6,467	5
6	Maintenance	0	0	9,552	0	0	27	0	0	0	0	0	9,579	6
7	Other (specify):*	0	0	619	0	0	0	0	0	0	0	0	619	7
8	TOTAL General Services	(60,765)	0	16,638	0	0	89	0	0	0	0	0	(44,038)	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	(513,304)	0	0	0	0	2	0	0	0	0	0	(513,302)	10
10a	Therapy	0	0	0	0	0	79,966	0	0	0	0	0	79,966	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	98,805	0	0	0	0	0	98,805	15
16	TOTAL Health Care and Programs	(513,304)	0	0	0	0	178,773	0	0	0	0	0	(334,531)	16
	C. General Administration													
17	Administrative	0	0	(705,386)	(1,062,480)	0	0	0	0	0	0	0	(1,767,866)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(39,103)	0	18,915	0	1,433	279	0	0	0	0	0	(18,476)	19
20	Fees, Subscriptions & Promotions	(2,679)	0	14,128	0	0	4,829	0	0	0	0	0	16,278	20
21	Clerical & General Office Expenses	0	0	431,685	0	0	9,204	0	0	0	0	0	440,889	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	535	0	0	1,864	0	0	0	0	0	2,399	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(7)	0	7,338	0	0	918	0	0	0	0	0	8,249	25
26	Insurance-Prop.Liab.Malpractice	0	0	2,891	0	0	0	0	0	0	0	0	2,891	26
27	Other (specify):*	0	0	73,117	0	0	1,484	0	0	0	0	0	74,601	27
28	TOTAL General Administration	(41,789)	0	(156,777)	(1,062,480)	1,433	18,578	0	0	0	0	0	(1,241,035)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(615,858)	0	(140,139)	(1,062,480)	1,433	197,440	0	0	0	0	0	(1,619,604)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre# 0028753

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	27,781	0	129,504	0	0	0	0	0	0	157,285 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(38,650)	0	0	0	832,844	0	0	0	0	0	0	794,194 32
33	Real Estate Taxes	0	0	14,326	0	290,872	0	0	0	0	0	0	305,198 33
34	Rent-Facility & Grounds	0	0	0	0	(2,340,712)	0	0	0	0	0	0	(2,340,712) 34
35	Rent-Equipment & Vehicles	0	0	10,140	0	0	0	0	0	0	0	0	10,140 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	(38,650)	0	52,247	0	(1,087,492)	0	0	0	0	0	0	(1,073,895) 37
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	2,250,269	0	0	0	(2,654,951)	0	0	0	0	0	0	(404,682) 43
44	TOTAL Special Cost Centers	2,250,269	0	0	0	(2,654,951)	0	0	0	0	0	0	(404,682) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,595,761	0	(87,892)	(1,062,480)	(3,741,010)	197,440	0	0	0	0	0	(3,098,181) 45

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre

0028753

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

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 %	Glen Oaks Nursing & Rehabilitation Centre, Ltd.	Northbrook	SEE ATTACHED SCHEDULE A		
Barry Ray	20.00 %	GlenBridge Nursing & Rehabilitation Centre, Ltd.	Niles			
		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	Total from Page 6A	795,354	Glen Health and Home Management, Inc.	A	707,462	(87,892)	2
3	V							3
4	V	Total from Page 6B	1,062,480	GlenBar Management Company, Ltd.	B		(1,062,480)	4
5	V							5
6	V	Total from Page 6C	2,340,712	GlenCrest Real Estate & Development, L.L.C.	C	(1,400,298)	(3,741,010)	6
7	V							7
8	V	Total from Page 6D	793,051	Therapy Masters, Inc.	D	990,491	197,440	8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 4,991,597			\$ 297,655	\$ * (4,693,942)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre# 0028753Report 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	\$ 795,354	Glen Health and Home Management, Inc.	A	\$	\$ (795,354)	15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	6,467	6,467	16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	5,477	5,477	17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	18,915	18,915	18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	14,128	14,128	19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	42,428	42,428	20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	73,736	73,736	21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	535	535	22
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	7,338	7,338	23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	2,891	2,891	24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	27,781	27,781	25
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	14,326	14,326	26
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	10,140	10,140	27
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	4,075	4,075	28
29	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	89,968	89,968	29
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	389,257	389,257	30
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(73,736)	(73,736)	31
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	619	619	32
33	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	13,730	13,730	33
34	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	59,387	59,387	34
35	V							35
36	V							36
37	V			A - OWNERSHIP:				37
38	V			Sidney Glenner - 100.00 % through attribution				38
39	Total		\$ 795,354			\$ 707,462	\$ * (87,892)	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	\$ 1,062,480	GlenBar Management Company, Ltd.	B	\$	\$ (1,062,480)	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V			B - OWNERSHIP:				25
26	V			Sidney Glenner - 80.00 %				26
27	V			Barry Ray - 20.00 %				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		\$ 1,062,480			\$ 0	\$ * (1,062,480)	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	32 Interest Expense	\$	GlenCrest Real Estate & Development, L.L.C.	C	\$ 12,975	\$ 12,975	15
16	V	19 Professional Fees		GlenCrest Real Estate & Development, L.L.C.	C	1,433	1,433	16
17	V	30 Depreciation		GlenCrest Real Estate & Development, L.L.C.	C	129,504	129,504	17
18	V	32 Interest Income		GlenCrest Real Estate & Development, L.L.C.	C	(314,086)	(314,086)	18
19	V	32 Interest Expense		GlenCrest Real Estate & Development, L.L.C.	C	1,133,955	1,133,955	19
20	V	33 Real Estate Taxes		GlenCrest Real Estate & Development, L.L.C.	C	290,872	290,872	20
21	V	34 Rental	2,340,712	GlenCrest Real Estate & Development, L.L.C.	C		(2,340,712)	21
22	V	43 State Replacement Taxes		GlenCrest Real Estate & Development, L.L.C.	C	16,000	16,000	22
23	V	43 Unrealized Gain on Investment		GlenCrest Real Estate & Development, L.L.C.	C	(1,281,343)	(1,281,343)	23
24	V	43 Realized Gain on Investment		GlenCrest Real Estate & Development, L.L.C.	C	(1,389,608)	(1,389,608)	24
25	V							25
26	V							26
27	V							27
28	V			C - OWNERSHIP:				28
29	V			Sidney Glenner - 80.00 % (constructively)				29
30	V			Barry Ray - 20.00 %				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		\$ 2,340,712			\$ (1,400,298)	\$ * (3,741,010)	39

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

VII. RELATED PARTIES (continued)

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
		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	\$ 793,051	Therapy Masters, Inc.	D	\$ 873,017	\$ 79,966	15
16	V	19	Professional Fees		Therapy Masters, Inc.	D	279	279	16
17	V	20	Licenses, Permits and Inspection		Therapy Masters, Inc.	D	91	91	17
18	V	20	Employment Fees		Therapy Masters, Inc.	D	4,738	4,738	18
19	V	21	Clerical		Therapy Masters, Inc.	D	551	551	19
20	V	22	Employee Benefits and Payroll		Therapy Masters, Inc.	D	100,289	100,289	20
21	V	23	Training and Education		Therapy Masters, Inc.	D	1,864	1,864	21
22	V	25	Auto Expenses		Therapy Masters, Inc.	D	918	918	22
23	V	2	Food Purchase		Therapy Masters, Inc.	D	48	48	23
24	V	6	Plant Supplies		Therapy Masters, Inc.	D	27	27	24
25	V	21	Clerical Salaries		Therapy Masters, Inc.	D	8,653	8,653	25
26	V	22	Employee Benefits		Therapy Masters, Inc.	D	(100,289)	(100,289)	26
27	V	15	Employee Benefits - Therapy		Therapy Masters, Inc.	D	98,805	98,805	27
28	V	27	Employee Benefits - Clerical		Therapy Masters, Inc.	D	1,484	1,484	28
29	V	10	Nursing Supplies		Therapy Masters, Inc.	D	2	2	29
30	V	1	Dietary Supplies		Therapy Masters, Inc.	D	14	14	30
31	V								31
32	V								32
33	V				D - OWNERSHIP:				33
34	V				Sidney Glenner - 80.00 %				34
35	V				Barry Ray - 20.00 %				35
36	V								36
37	V								37
38	V								38
39	Total			\$ 793,051			\$ 990,491	\$ * 197,440	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Center # 0028753 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	80.00 %	148,453	14	22.80 %	Salary	\$ 35,987	Ln 17, Col 7	1
2	David Glenner	Vice President	Administrative	0.00 %	74,227	9	22.80 %	Salary	17,994	Ln 17, Col 7	2
3	Jonathan Glenner	Clerical	Clerical	0.00 %	38,409	9	22.80 %	Salary	9,311	Ln 21, Col 7	3
4	Daniel Glenner	Clerical	Clerical	0.00 %	23,842	9	22.80 %	Salary	5,780	Ln 21, Col 7	4
5	Joshua Ray	V.P. of Operations	Administrative	0.00 %	148,453	9	22.80 %	Salary	35,987	Ln 21, Col 7	5
6	Barry Ray	Vice President	Administrative	20.00 %	148,453	9	22.80 %	Salary	35,987	Ln 17, Col 7	6
7	David Weinschneider	Administrative	Administrative	0.00 %	24,651	9	22.80 %	Salary	5,976	Ln 21, Col 7	7
8											8
9											9
10			See Schedule B								10
11											11
12											12
13								TOTAL	\$ 147,022		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 Glencrest Healthcare & Rehabilitation Centre # 0028753 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 & 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	\$ 95,262	\$ 6,467	1
2	6	Repairs and Maintenance	Resident Days	488,234	6	28,068	95,262	5,477	2
3	19	Professional Fees	Resident Days	488,234	6	96,943	95,262	18,915	3
4	20	Licenses, Permits & Inspection	Resident Days	488,234	6	72,406	95,262	14,128	4
5	21	Clerical	Resident Days	488,234	6	217,451	95,262	42,428	5
6	22	Employee Benefits and Payroll	Resident Days	488,234	6	377,909	95,262	73,736	6
7	23	Training and Education	Resident Days	488,234	6	2,742	95,262	535	7
8	25	Auto Expenses	Resident Days	488,234	6	37,611	95,262	7,338	8
9	26	Insurance	Resident Days	488,234	6	14,819	95,262	2,891	9
10	30	Depreciation	Resident Days	488,234	6	142,381	95,262	27,781	10
11	33	Real Estate Taxes	Resident Days	488,234	6	73,422	95,262	14,326	11
12	35	Equipment and Vehicle Rental	Resident Days	488,234	6	51,971	95,262	10,140	12
13	6	Janitorial Salaries	Resident Days	488,234	6	20,887	20,887	4,075	13
14	17	Officer's Salaries	Resident Days	488,234	6	461,100	461,100	89,968	14
15	21	Administrative Salaries	Resident Days	488,234	6	1,995,010	1,995,010	389,257	15
16	22	Employee Benefits	Payroll					(73,736)	16
17	7	Employee Benefits - Janitorial	Payroll					619	17
18	27	Employee Benefits - Officer's	Payroll					13,730	18
19	27	Employee Benefits - Admin	Payroll					59,387	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,625,863	\$ 2,476,997	\$ 707,462	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	Name of Lender	2		3	4	5	6		7	8	9	10						
			Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
			YES	NO											Original	Balance			
		A. Directly Facility Related																	
		Long-Term																	
1		JPMorgan Chase Bank, N.A.		X	Mortgage	\$900,000annual	1/26/94	\$ 10,000,000	\$ 1,400,000	2/15/2024	variable	\$ 130,063	1						
2		JPMorgan Chase Bank, N.A.		X	Amortization of mortgage costs							6,213	2						
3		JPMorgan Chase Bank, N.A.		X	Construction note	\$10,157.76	8/01/04	731,358	314,890	7/31/2010	0.0450	31,330	3						
4		MB Financial Bank		X	Finance equipment purchase	\$3,641.50	12/22/03	197,730	44,243	12/22/2008	0.0400	6,332	4						
5		MB Financial Bank		X	Finance telephone system	\$1,987.36	10/18/06	64,750	42,842	10/18/2009	0.0650	2,144	5						
		Working Capital																	
6		JPMorgan Chase Bank, N.A.		X	Operating Loan		7/01/05	6,500,000	6,500,000	2/28/2008	variable	433,022	6						
7		JPMorgan Chase Bank, N.A.		X	Operating Loan		7/14/06	8,000,000	8,000,000	9/30/2008	variable	546,302	7						
8													8						
9		TOTAL Facility Related				\$15,786.62		\$ 25,493,838	\$ 16,301,975			\$ 1,155,406	9						
		B. Non-Facility Related*																	
10											Interest income offset:	(297,793)	10						
11													11						
12													12						
13													13						
14		TOTAL Non-Facility Related						\$	\$			(297,793)	14						
15		TOTALS (line 9+line14)						\$ 25,493,838	\$ 16,301,975			\$ 857,613	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.)

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

B. Real Estate Taxes

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2006 report.		\$ 346,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$ 314,872	2
3. Under or (over) accrual (line 2 minus line 1).		\$ (31,128)	3
4. Real Estate Tax accrual used for 2007 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 322,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$ 8,129	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$ _____	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 299,001	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2002	362,112	8
	2003	328,345	9
	2004	335,639	10
	2005	339,057	11
	2006	314,872	12
See Attached Schedule G For Calculation of 2007 Real Estate Tax Accrual.			
		FOR BHF USE ONLY	
	13	FROM R. E. TAX STATEMENT FOR 2006 \$	13
	14	PLUS APPEAL COST FROM LINE 5 \$	14
	15	LESS REFUND FROM LINE 6 \$	15
	16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

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 Glencrest Healthcare & Rehabilitation Centr COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0028753

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 the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 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. <u>10-36-202-030-0000</u>	<u>2451 West Touhy, Chicago IL</u>	<u>\$ 314,871.94</u>	<u>\$ 314,871.94</u>
2. <u>Allocated from Management Company:</u>		<u>\$ 73,422.00</u>	<u>\$ 14,326.00</u>
3. _____		<u>\$ _____</u>	<u>\$ _____</u>
4. _____		<u>\$ _____</u>	<u>\$ _____</u>
5. _____		<u>\$ _____</u>	<u>\$ _____</u>
6. _____		<u>\$ _____</u>	<u>\$ _____</u>
7. _____		<u>\$ _____</u>	<u>\$ _____</u>
8. _____		<u>\$ _____</u>	<u>\$ _____</u>
9. _____		<u>\$ _____</u>	<u>\$ _____</u>
10. _____		<u>\$ _____</u>	<u>\$ _____</u>
TOTALS		<u>\$ 388,293.94</u>	<u>\$ 329,197.94</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 home (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used)

C. **Tax Bills**

Attach a copy of the original 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 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.

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre# 0028753

Report Period Beginning:

1/01/2007 Ending:12/31/2007**X. BUILDING AND GENERAL INFORMATION:**A. Square Feet: 50,400 B. General Construction Type: Exterior Brick Frame Multi-story steel Number of Stories FourC. 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).

2427 Touhy Avenue L.L.C. - 6 unit apartment building, 6,300 square feet, adjacent to the nursing home rented to the public.The apartment building is operated completely independent from the nursing home.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>53,193</u>	<u>1994</u>	<u>\$ 524,482</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>16,573</u>	<u>2</u>
3	TOTALS	53,193		\$ 541,055	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre# 0028753

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 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	312		1994		\$ 4,175,048	\$	30	\$ 104,376	\$ 104,376	\$ 1,457,442	4
5											5
6	Mgt Comp				353,892			10,020	10,020		6
7	Allocation										7
8	Schedule J										8
	Improvement Type**										
9	Various Improvements		1984		14,558		10			14,558	9
10	Various Improvements		1985		49,988		10			49,988	10
11	Various Improvements		1986		53,010		10			53,010	11
12	Various Improvements		1987		18,999		10			18,999	12
13	Various Improvements		1988		10,172		10			10,172	13
14	Various Improvements		1989		43,502		10			43,502	14
15	Various Improvements		1990		28,496		10			28,496	15
16	Various Improvements		1991		26,763		10			26,763	16
17	Various Improvements		1992		51,415		10			51,415	17
18	Various Improvements		1993		32,359		10			32,359	18
19	Various Improvements		1994		36,809		10			36,809	19
20	Various Improvements		1995		49,197		10			49,197	20
21	Security cameras throughout facility with housings/wiring		1995		8,985		10			8,985	21
22	Call lights in dialysis room		1996		1,191		10			1,191	22
23	Second floor custom nurses station, hand rails		1996		24,426		10			24,426	23
24	Basement mason work, 2 rooms constructed rehab, room		1996		11,685		10			11,685	24
25	Hand rails and wall bumper guards		1996		19,408		10			19,408	25
26	Custom wall mounted bookcases		1996		5,510		10			5,510	26
27	First floor custom nurses station, reconfigure soffit		1996		20,882		10			20,882	27
28	Install electrical lines into activity room		1996		1,000		10			1,000	28
29	Install counter tops, sink and wood file cabinets		1996		3,700		10			3,700	29
30	Install four 70 watt high pressure lights over exit signs		1996		1,900		10			1,900	30
31	Swag valence in dining rooms		1996		2,342		10			2,342	31
32	Door locks and fire doors		1996		5,241		10			5,241	32
33	Electrical outlets and circuits		1997		4,950	165	10	165		4,950	33
34	Elevator frames, doors & other parts		1997		10,626	359	10	359		10,626	34
35	Cabinets and sinks		1997		26,743	893	10	893		26,743	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 Glencrest Healthcare & Rehabilitation Centre# 0028753

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	Elevator repairs	1997	\$ 7,700	\$ 1,027	10	\$ 1,027	\$	\$ 7,700	37
38	Furnace repairs	1997	2,321	310	10	310		2,321	38
39	Chain link fencing	1998	3,000	300	10	300		2,900	39
40	HVAC system modifications	1998	2,131	213	10	213		2,060	40
41	Fire alarm system improvements	1998	4,148	415	10	415		4,011	41
42	Exhaust system	1998	4,980	498	10	498		4,814	42
43	HVAC system modifications	1998	2,008	201	10	201		1,942	43
44	18 access doors	1998	2,824	282	10	282		2,727	44
45	HVAC system modifications	1998	6,866	687	10	687		6,640	45
46	Fire alarm smoke detectors	1998	12,024	1,202	10	1,202		11,621	46
47	4 smoke/fire dampers	1998	1,235	124	10	124		1,197	47
48	Roof repairs	1998	5,000	500	10	500		4,833	48
49	Wallpaper	1999	6,529	653	10	653		5,659	49
50	Install handrails and bumpers	1999	11,501	1,150	10	1,150		9,967	50
51	4th floor nurses station-with angled radius corners	1999	7,500	750	10	750		6,500	51
52	4th floor nurses station-with angled radius corners	1999	7,505	751	10	751		6,507	52
53	Carpeting	1999	45,885	4,588	10	4,588		39,764	53
54	Cove base installation	1999	15,738	1,573	10	1,573		13,634	54
55	Install back porch siding and 2 doors	1999	4,000	400	10	400		3,467	55
56	Install back porch siding and 2 doors	1999	9,270	927	10	927		8,034	56
57	Heavy duty electrohydraulic ADA operator	1999	2,547	255	10	255		2,209	57
58	Diesel generator	1999	54,879	5,488	10	5,488		47,562	58
59	Emergency generator	1999	111,000	11,100	10	11,100		96,200	59
60	Install door alarm system on 4 floors	1999	7,817	782	10	782		6,777	60
61	Wallpaper	1999	5,859	586	10	586		5,078	61
62	Furnished and installed 2 door restrictors	1998	2,600	260	10	260		2,253	62
63	Install handrails and bumpers	1999	4,600	460	10	460		3,987	63
64	Laundry room exhaust	1999	1,922	192	10	192		1,665	64
65	Furnish and install fire alarm equipment	1999	1,920	192	10	192		1,664	65
66	Radiator valve repairs	1999	2,359	236	10	236		2,045	66
67	Install plumbing for whirlpool tub	1999	2,400	240	10	240		2,080	67
68	Cove base/amfico installation	1999	3,146	315	10	315		2,729	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,456,011	\$ 38,074		\$ 152,470	\$ 114,396	\$ 2,341,846	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre# 0028753

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		\$ 5,456,011	\$ 38,074		\$ 152,470	\$ 114,396	\$ 2,341,846	1
2	Resident room signs & common area signs	1999	2,731	273	10	273		2,366	2
3	Install resident windows on 4th floor	1999	13,284	1,328	10	1,328		11,510	3
4	Handrails, bumpers, accent rails & cove base installation	2000	4,592	459	10	459		3,443	4
5	Furnish & install mixing valve, vent & water piping	2000	5,731	573	10	573		4,298	5
6	Complete electrical work for 10 dialysis chairs	2000	4,575	458	10	458		3,434	6
7	Furnish and install hand sink	2000	2,501	250	10	250		1,875	7
8	Install locks on 4th floor	2000	4,116	412	10	412		3,089	8
9	Universal shower panel - wall-mounted shower system	1999	1,963	196	10	196		1,700	9
10	Install & program 3 telephones	2000	1,537	154	10	154		1,155	10
11	Furnish 2 stainless steel sinks	2000	4,268	427	10	427		3,202	11
12	Install 2 stainless steel sinks	2000	2,550	255	10	255		1,912	12
13	Automatic door operating equipment	2000	16,743	1,674	10	1,674		12,555	13
14	Undervoltage sensors for electrical transfer switch	2000	2,798	280	10	280		2,100	14
15	Elevator door motor and electrical schematics for controllers	2001	11,390	1,139	10	1,139		7,404	15
16	Replace ejector pump	2001	8,144	814	10	814		5,292	16
17	Electrical schematics for elevator controllers, elevator car	2001	11,390	1,139	10	1,139		7,403	17
18	Insurance claim refund	2002	(4,800)	(480)	10	(480)		(2,640)	18
19	Insurance claim refund	2002	(7,455)	(746)	10	(746)		(4,103)	19
20	Burst free coil	2002	4,075	408	10	408		2,244	20
21	Cove base installation	2002	3,500	350	10	350		1,925	21
22	Installation of spiral duct for laundry	2002	3,600	360	10	360		1,980	22
23	Booster pump, break tank, valves	2002	4,857	486	10	486		2,673	23
24	Dialysis plumbing	2002	12,825	1,283	10	1,283		7,056	24
25	Fire alarm detectors	2002	5,754	575	10	575		3,163	25
26	Cove base installation, remove and install ceilings and walls	2003	111,159	11,116	10	11,116		50,022	26
27	Installation of exterior disconnect switch on trash compactor	2003	2,800	280	10	280		1,260	27
28	Installation and wiring of new camera	2003	2,968	297	10	297		1,336	28
29	External door alarm setup	2002	1,400	140	10	140		770	29
30	Installation of door safety edge	2003	1,850	185	10	185		832	30
31	Maple door and brass hardware sealing and installation	2003	1,404	140	10	140		630	31
32	Installation of receptacles to circuit breaker panels	2003	9,863	986	10	986		4,437	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,708,124	\$ 63,285		\$ 177,681	\$ 114,396	\$ 2,486,169	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre# 0028753

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		\$ 5,708,124	\$ 63,285		\$ 177,681	\$ 114,396	\$ 2,486,169	1
2	Installation of circuit breaker panel and ran electrical feed	2003	10,500	1,050	10	1,050		4,725	2
3	5 ton furnace	2004	3,600	360	10	360		1,260	3
4	Removal and installation of cove base and carpeting	2004	48,384	4,838	10	4,838		16,933	4
5	Replace condenser gaskets/power strip and installed pump	2004	7,087	709	10	709		2,481	5
6	Replace power head on vacuum pump, assembled condenser	2004	4,592	459	10	459		1,607	6
7	Concrete project for rear entrance exit stairs	2004	2,740	274	10	274		959	7
8	Cut out and replace leaking hot water pipes	2004	2,045	205	10	205		717	8
9	Replace pre-wash motor assembly on dishwasher	2004	1,623	162	10	162		567	9
10	Speakers and amplifier project	2004	3,540	354	10	354		1,239	10
11	Exterior renovation	2004	753,820	25,127	10	25,127		87,945	11
12	Install smoke detectors and tie in to existing system	2005	3,750	375	10	375		938	12
13	Install isolation valves and rotate pump shafts on chiller	2005	3,887	389	10	389		972	13
14	Chiller tower piping project	2005	2,204	220	10	220		550	14
15	Compressor system leak	2005	1,538	154	10	154		385	15
16	Furnish and install microprocessor controller on elevator	2005	21,100	2,110	10	2,110		5,275	16
17	Installation of smoke detectors on all floors	2005	2,080	208	10	208		520	17
18	Fire protection automatic sprinkler repairs	2005	8,833	883	10	883		2,208	18
19	Furnish and install disconnects, circuit breakers for elevator	2005	4,150	415	10	415		1,038	19
20	Provided smoke detectors to existing fire alarm system	2005	9,358	936	10	936		2,340	20
21	Provided fire alarm equipment and testing	2005	6,108	611	10	611		1,527	21
22	Repair of air conditioning equipment	2005	2,590	259	10	259		648	22
23	Installed piping, boxes and wiring for smoke detectors	2005	7,924	792	10	792		1,980	23
24	Wired and installed 2 cameras with DVR and monitor	2005	1,692	169	10	169		423	24
25	Remove and install new carpet and vinyl cove base	2005	1,606	161	10	161		402	25
26	Furnish and install wiring for elevator recall system	2005	1,405	141	10	141		352	26
27	Cable receivers, modulators for cable rewiring project	2006	26,500	2,650	10	2,650		3,975	27
28	Installation of new electrical receptacles	2006	4,007	401	10	401		601	28
29	Air-conditioning package with wall mounted fan coil	2006	7,200	720	10	720		1,080	29
30	Installation of lexon clear safety windows on fourth floor	2006	3,506	351	10	351		526	30
31	Furnish and install seventy sash screens	2006	5,372	537	10	537		806	31
32	Install feed and hook-up for air-conditioner and compressor	2006	4,514	451	10	451		677	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,675,379	\$ 109,756		\$ 224,152	\$ 114,396	\$ 2,631,825	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 6,675,379	\$ 109,756		\$ 224,152	\$ 114,396	\$ 2,631,825	1
2	Transfer of cable system	2006	6,350	635	10	635		953	2
3	Sprinkler system valve replacement	2006	2,558	256	10	256		384	3
4	Installation of electrical receptacles for new televisions	2006	12,225	1,223	10	1,223		1,834	4
5	Replace main sewer for roof drains from building to sidewalk	2006	6,500	650	10	650		975	5
6	Replace cylindrical locks on stairwell doors	2006	4,673	467	10	467		701	6
7	New telephone system	2006	64,750	6,475	10	6,475		9,713	7
8	Installation of air-conditioner unit	2006	2,860	286	10	286		429	8
9	Furnish and install illuminated letters for outdoor signs	2007	8,531	427	10	427		427	9
10	Power rod project	2007	5,800	290	10	290		290	10
11	Install ceiling receptacles for televisions	2007	7,040	352	10	352		352	11
12	Furnish sprinkler heads	2007	2,599	130	10	130		130	12
13	Furnish and install heat exchanger	2007	3,850	193	10	193		193	13
14									14
15									15
16									16
17									17
18									18
19	Allocation from Management Co:		28,603			2,731	2,731	25,184	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)		\$ 6,831,718	\$ 121,140		\$ 238,267	\$ 117,127	\$ 2,673,390	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre # 0028753 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	\$ 637,703	\$ 64,851	\$ 64,851	\$	10 years	\$ 378,761	71
72	Current Year Purchases	29,460	1,472	1,472		10 years	1,472	72
73	Fully Depreciated Assets	1,541,727	1,557	1,557		8,9,10years	1,541,727	73
74	Allocated from Management Co:	152,353		12,910	12,910		139,834	74
75	TOTALS	\$ 2,361,243	\$ 67,880	\$ 80,790	\$ 12,910		\$ 2,061,794	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	Maintenance	1976 Pick Up Truck	1993	\$ 3,303	\$	\$	\$	5 years	\$ 3,303	76
77										77
78	Allocated from Management Co:			27,147		2,120	2,120		26,434	78
79										79
80	TOTALS			\$ 30,450	\$	\$ 2,120	\$ 2,120		\$ 29,737	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)	\$ 9,764,466	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 189,020	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 321,177	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 132,157	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,764,921	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.

SEE ACCOUNTANTS' COMPILATION REPORT

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	Parking Lot				3,000	month to month		6
7	TOTAL				\$ 3,000			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: _____*

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: \$ 187,794 Description: Copier \$820, Ice-maker \$1,972, Postage meter \$912, Med Equip\$180,379, Mgt Co:\$3,711
(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 Lexus GX470</u>	\$ <u>690.00</u>	\$ <u>9,945</u>	17
18					18
19	<u>Allocated from Management Company:</u>			<u>6,429</u>	19
20					20
21	TOTAL		\$ <u>690.00</u>	\$ <u>16,374</u>	21

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

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

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre # 0028753 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>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		1,200		1,200
9	TOTALS	\$	\$ 1,200	\$	\$ 1,200
10	SUM OF line 9, col. 1 and 2 (e)	\$	1,200		

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	24
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	24

- (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	\$	8,916	\$ 237,270	\$ 3,917	8,916	\$ 241,187	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 3	hrs		2,243	93,901		2,243	93,901	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		9,633	461,889	2,140	9,633	464,029	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescripts				395,231		395,231	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	Ln 39, Col 2					4,855		4,855	12
13	Radiology, Laboratory & Dialysis Other (specify):	Ln 39, Col 3				62,747			62,747	13
14	TOTAL			\$	20,792	\$ 855,807	\$ 406,143	20,792	\$ 1,261,950	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 **Glencrest Healthcare & Rehabilitation Centre**# **0028753**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	\$ 557,236	\$ 14,612,036	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>1,020,000</u>)	4,182,469	4,182,469	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	218,644	218,644	6
7	Other Prepaid Expenses	861,958	861,958	7
8	Accounts Receivable (owners or related parties)	(3,702,446)		8
9	Other(specify): <u>Other Receivables</u>	54,333	281,059	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,172,194	\$ 20,156,166	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments		1,000,000	12
13	Land		541,055	13
14	Buildings, at Historical Cost		4,528,940	14
15	Leasehold Improvements, at Historical Cost	1,408,395	2,302,778	15
16	Equipment, at Historical Cost	1,103,435	2,391,693	16
17	Accumulated Depreciation (book methods)	(1,801,528)	(4,764,921)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe <u>Deposits</u>)	63,680	63,680	22
23	Other(specify): <u>Mortgage Costs (Net):</u>		104,784	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 773,982	\$ 6,168,009	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,946,176	\$ 26,324,175	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 624,200	\$ 624,200	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	87,085	87,085	29
30	Accrued Salaries Payable	345,543	345,543	30
31	Accrued Taxes Payable (excluding real estate taxes)	8,235	8,235	31
32	Accrued Real Estate Taxes(Sch.IX-B)		322,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule E:</u>	213,262	213,262	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,278,325	\$ 1,600,325	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		1,400,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Construction Note Payable</u>		314,890	43
44	<u>JPMorgan Chase Bank Notes</u>		14,500,000	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 16,214,890	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,278,325	\$ 17,815,215	46
47	TOTAL EQUITY (page 18, line 24)	\$ 1,667,851	\$ 8,508,960	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,946,176	\$ 26,324,175	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,445,001	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,445,001	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(777,150)	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)	\$ (777,150)	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)	\$ 1,667,851	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	\$ 15,116,611	1
2	Discounts and Allowances for all Levels	(3,144,374)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,972,237	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,441,288	6
7	Oxygen	671,002	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,112,290	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	517,122	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	50,495	19
20	Radiology and X-Ray	8,670	20
21	Other Medical Services	1,013,608	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,589,895	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	38,650	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 38,650	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Miscellaneous Income</u>	189	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 189	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,713,261	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,475,362	31
32	Health Care	6,399,196	32
33	General Administration	3,822,412	33
B. Capital Expense			
34	Ownership	2,755,106	34
C. Ancillary Expense			
35	Special Cost Centers	867,515	35
36	Provider Participation Fee	170,820	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,490,411	40
41	Income before Income Taxes (line 30 minus line 40)**	(777,150)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (777,150)	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 Glencrest Healthcare & Rehabilitation Centre

0028753

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	2,103	2,203	\$ 93,832	\$ 42.59	1
2	Assistant Director of Nursing	2,086	2,342	94,130	40.19	2
3	Registered Nurses	54,580	56,890	1,529,603	26.89	3
4	Licensed Practical Nurses	20,796	21,657	470,160	21.71	4
5	CNAs & Orderlies	114,849	124,331	1,197,040	9.63	5
6	CNA Trainees					6
7	Licensed Therapist	16,202	16,862	405,438	24.04	7
8	Rehab/Therapy Aides					8
9	Activity Director	2,358	2,598	34,097	13.12	9
10	Activity Assistants	10,561	11,713	120,296	10.27	10
11	Social Service Workers	11,899	12,637	165,066	13.06	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	4,343	4,948	88,497	17.89	14
15	Cook Helpers/Assistants	31,158	34,143	341,611	10.01	15
16	Dishwashers					16
17	Maintenance Workers	6,994	7,534	104,152	13.82	17
18	Housekeepers	26,962	28,865	260,351	9.02	18
19	Laundry	12,891	14,302	129,868	9.08	19
20	Administrator	1,968	2,179	103,627	47.56	20
21	Assistant Administrator	2,056	2,184	49,566	22.70	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,173	10,808	139,496	12.91	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>	10,672	11,871	150,401	12.67	33
34	TOTAL (lines 1 - 33)	342,651	368,067	\$ 5,477,231 *	\$ 14.88	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	\$ 42,332	Ln 1, Col 3	35
36	Medical Director	Monthly	90,750	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,310	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	40	1,942	Ln 11, Col 3	44
45	Social Service Consultant	51	2,639	Ln 12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	91	\$ 139,973		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	8	\$ 423	Ln 10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	8	\$ 423		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	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre**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 \$17,410
- (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. \$ 25,595 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.
-
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 170,820
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. \$ 38,326 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

GlenCrest Nursing and Rehabilitation Centre, Ltd.

12/31/2007

Provider I.D. # 0028753

SCHEDULE VII. RELATED PARTIES

Part A. Col.3

SCHEDULE A

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
GlenCrest 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

GlenCrest Nursing and Rehabilitation Centre, LTD.
 Provider # 0028753
 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.	GlenBridge Nursing & Rehab. Centre, Ltd.	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	GlenLake Terrace Nursing & Rehab. Centre, Ltd.	
Sidney Glenner	15,212	35,422	40,237	29,501	28,081	148,453
David Glenner	7,606	17,711	20,118	14,751	14,041	74,227
Jonathan Glenner	3,936	9,165	10,410	7,633	7,265	38,409
Daniel Glenner	2,443	5,689	6,462	4,738	4,510	23,842
David Weinschneider	2,526	5,882	6,681	4,899	4,663	24,651
Joshua Ray	15,212	35,422	40,237	29,501	28,081	148,453
Barry Ray	15,212	35,422	40,237	29,501	28,081	148,453
Total compensation received from other Nursing Homes	62,147	144,713	164,382	120,524	114,722	606,488

See Accountants' Compilation Report

GlenCrest Nursing and Rehabilitation Centre, Ltd.
 Provider # 0035014
 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	6,951
Kronos	Computers	1,125
Ehealth Data Solutions	Computers	4,860
RSM McGladrey	Accounting	29,012
Frost, Ruttenberg & Rothblatt	Accounting	300
Sachnoff & Weaver, Ltd.	Legal	6,021
Ira I. Silverstein	Legal	2,400
Myers, Miller & Krauskopf	Legal	41,918
Personnel Planners, Inc.	Unemployment Consulting	3,327
Schiller Klein & McElroy, P.C.	Real Estate Tax Reduction	8,129
C.P.T.L.	Marketing	12,000
		<u>116,043</u>
Allocated from Management Co:		
Health Data Systems, Inc. - Computer Services		642
RSM MCGladrey - Accounting Services		17,814
Frost, Roth & Ruttenberg - Accounting Services		183
Sachnoff, Weaver & Rubenstein - Legal Services		276
Total allocated from Management Co.		<u>18,915</u>
Total allocated from Therapy Masters:		279
GlenCrest Real Estate LLC:		
Scott & Kraus, LLC.	Legal	878
Sachnoff & Weaver, Ltd.	Legal	556
Total allocated from GlenCrest Real Estate LLC:		<u>1,433</u>
Reclass Schiller, Klein & McElroy, P.C. - real estate tax reduction to Line 33		-8,129
Non-Allowable Expenses:		
Ira I. Silverstein - A/R Collections		-2,400
RSM MCGladrey - Accounting Services		-19,932
Myers, Miller & Krauskopf - out of period		-3,209
C.P.T.L. - marketing		-12,000
Sachnoff & Weaver, Ltd. - out of period		-1,006
Sachnoff & Weaver, Ltd.- GlenCrest R.E. LLC - out of period		-556
		<u>-39,103</u>
Total adjustments page 21, Sch C.		<u>-26,605</u>
Total Schedule V, line 19, column 8		<u>89,438</u>

See Accountants' Compilation Report

GlenCrest Nursing and Rehabilitation Centre, Ltd.
Provider # 0035014
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	32,288
FUTA	453
SUTA	1,578
Insurance - Hospital	28,154
Employee Benefits	5,165
Other Employee Benefits	2,534
Workers Compensation Insurance	1,471
401K Match	2,093
Total allocated from Management Co.	<u>73,736</u>
Allocate to Line #'s 7,27	-73,736
Allocated from Therapy Masters, Inc.:	
FICA taxes	60,199
FUTA	1,168
SUTA	2,278
Other	411
Insurance - Hospital	17,750
Other Employee Benefits	1,716
Workers Compensation Insurance	11,635
401K Match	4,870
Uniform Allowance	262
Total allocated from Therapy Masters, Inc.:	<u>100,289</u>
Allocate to Line #'s 15,27	-100,289
Total allocated to Page 21	<u>0</u>

See Accountants' Compilation Report

GlenCrest Nursing and Rehabilitation Centre, Ltd.
Provider # 0035014
12/31/2007

SCHEDULE E

XV. SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Accrued Wage Assignment	(748)
Workshop	8
Due to Third Party	235,037
Refunds Exchange	(24,637)
Accrued Management Fees	(100)
Accrued Union Dues	3,702
Total, Page 17, Line36	<u><u>213,262</u></u>

See Accountants' Compilation Report

GlenCrest Nursing and Rehabilitation Centre, Ltd.
Provider # 0028753
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	(437)	43
Non-allowable IL Council on Long Term Care Fee	(2,679)	20
Non-allowable auto expense - marketing	(7)	25
Non-allowable professional fees	(39,103)	19
Adjust Mgt. Co. Med Supplies - 'Other' to cost	(355,781)	10
Adjust Mgt. Co. Med Supplies - Med 'A' to cost	(157,523)	10
Adjust Mgt. Co. Food to cost	(60,765)	2
Non-allowable unrealized gain on investment	1,281,343	43
Non-allowable realized gain on investment	1,389,608	43
Total	<u>2,054,656</u>	

See Accountants' Compilation Report

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

SCHEDULE G

	Accrued 1/01/07	Payments/ (Receipts)	Expense	Accrued 12/31/07
Balance @ 1/01/2007:	-346,000.00		-346,000.00	
2006 real estate taxes paid		314,871.94	314,871.94	
Estimated 2007 real estate taxes:				
2006 taxes	314,871.94			
Estimated increase	<u>2.00%</u>			
Estimated 2007 taxes	321,169.38			
	USE <u>322,000.00</u>		322,000.00	-322,000.00
Totals	<u>-346,000.00</u>	<u>314,871.94</u>	<u>290,871.94</u>	<u>-322,000.00</u>

Real estate tax history:

Year	Amount	\$	Increase	%
1993	323,273.20			
1994	345,685.97	22,412.77		6.93%
1995	350,490.39	4,804.42		1.39%
1996	359,114.08	8,623.69		2.46%
1997	353,830.54	-5,283.54		-1.47%
1998	360,112.00	6,281.46		1.78%
1999	357,695.02	-2,416.98		-0.67%
2000	349,019.69	-8,675.33		-2.43%
2001	358,096.91	9,077.22		2.60%
2002	362,111.89	4,014.98		1.12%
2003	328,345.47	-33,766.42		-9.32%
2004	335,639.12	7,293.65		2.22%
2005	339,056.61	3,417.49		1.02%
2006	314,871.94	-24,184.67		-7.13%

See Accountants' Compilation Report

Provider Name: Glen Crest Nursing & Rehab Ctr.

Provider I.D. #: 0028753

Year Ended: December 31, 2007

SCHEDULE H

Training & Education

<u>Person(s) Attending</u>	<u>Date Attended</u>	<u>Location</u>	<u>Title Sponsor</u>	<u>Total Cost</u>
Cynthia Thompson, Dalisay Villalon	3/29/07	Skokie, Il	Illinois Council on Long Term Care Effective Quality Assurance for Nursing	781
Administration, Nursing Staff & Social Service Staff	3/13/07	Facility	Pat Tadel Patient Advocacy Issues	600
C.N.A. Testing- 5 employees	3/16/07	Facility	Southern Illinois University	250
Dalisay Villalon	5/1/07	Skokie, Il	Illinois Council on Long Term Care In-Depth Training for Wound Care Nurses	165
C.N.A. Testing- 1 employee	4/18/07	Facility	Southern Illinois University	50
C.N.A. Testing- 8 employees	6/08/07	Facility	Southern Illinois University	400
Admissions Staff, Administration, Social Service Nursing Staff	8/15/07	Facility	Dr. Jim Nelson Spiritual & Religious Issues in Discharge & Treatment Planning	600
C.N.A. Testing- 10 employees	9/13/07	Facility	Southern Illinois University	500
Evelyn Amador	10/17/07	Skokie, Il	Illinois Council on Long Term Care What is Immediate Jeopardy and what it is not	85
Richard Dabrowski	10/15/07	Chicago, Il	Cynthia Chow & Associates Sanitation for Dietary Managers	170
Nursing Staff	11/8/07	Facility	Pulmonary Exchange Trach Care	375
			Reclass CNA Competency Testing to Line 13	(1,200)
			Allocated From Management Company	535
			Allocated From Therapy Masters	1,864
			Total	<u>5,175</u>

SEE ACCOUNTANTS' COMPILATION REPORT

GlenCrest Nursing and Rehabilitation Centre, LTD.

Provider #0028753

12/31/2007

SCHEDULE I

Page 3, Schedule V, Line 25, Col 8

Other Admin. Staff Transportation

	Gasoline	Licenses/ Stickers	Repairs	Mileage Reimb.	Total
Direct Expense	46,118	0	3,556	1,389	51,063
Non-allowable auto expense - marketing					-7
Allocated from Management Company					7,338
Allocated from Therapy Masters					918
TOTAL	<u>46,118</u>	<u>0</u>	<u>3,556</u>	<u>1,389</u>	<u>59,312</u>

See Accountants' Compilation Report

GlenCrest Nursing and Rehabilitation Centre, Ltd.

Provider # 0035014

12/31/2007

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	17,410
Illinois Health Care Association	3,780
Employment Fees	37,637
Joint Commission Fees	1,040
Secretary of State Annual Report Fee	100
Sam's Club Membership Fee	280
City of Chicago Elevator, Boiler Inspections, Permits & License	2,292
Non-allowable Illinois Council on Long Term Care fee	-2,679
Total Allocated to Page 21, Section F:	<u>59,859</u>

See Accountants' Compilation Report