

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre

0022111 Report Period Beginning: 1/01/2008 Ending: 12/31/2008

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>60,024</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>134</u>	Intermediate (ICF)	<u>134</u>	<u>49,044</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>109,068</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>26,968</u>	<u>552</u>	<u>7,037</u>	<u>34,557</u>	8
9	SNF/PED					9
10	ICF	<u>68,642</u>	<u>2,084</u>	<u>682</u>	<u>71,408</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>95,610</u>	<u>2,636</u>	<u>7,719</u>	<u>105,965</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 97.15%

D. How many bed-hold days during this year were paid by the Department?

633 (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 5,958

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: 10/31/08 Fiscal Year: 12/31/08

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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre # 0022111 Report Period Beginning: 1/01/2008 Ending: 12/31/2008

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	465,777	110,105	6,349	582,231		582,231		582,231		1
2	Food Purchase		573,965		573,965	(21,741)	552,224	(4,258)	547,966		2
3	Housekeeping	340,350	114,034		454,384		454,384		454,384		3
4	Laundry	132,789	15,979	16,494	165,262		165,262		165,262		4
5	Heat and Other Utilities			226,650	226,650		226,650	7,703	234,353		5
6	Maintenance	112,050	44,868	87,271	244,189		244,189	14,116	258,305		6
7	Other (specify):* Allocated Employee Benefits							729	729		7
8	TOTAL General Services	1,050,966	858,951	336,764	2,246,681	(21,741)	2,224,940	18,290	2,243,230		8
	B. Health Care and Programs										
9	Medical Director			22,600	22,600		22,600		22,600		9
10	Nursing and Medical Records	3,212,355	411,011	2,670	3,626,036		3,626,036	(93,836)	3,532,200		10
10a	Therapy	12,505	134	283,832	296,471		296,471	(65,758)	230,713		10a
11	Activities	118,183	9,900	2,252	130,335		130,335		130,335		11
12	Social Services	203,435		1,814	205,249		205,249		205,249		12
13	CNA Training										13
14	Program Transportation			2,360	2,360		2,360		2,360		14
15	Other (specify):* Allocated Employee Benefits							25,319	25,319		15
16	TOTAL Health Care and Programs	3,546,478	421,045	315,528	4,283,051		4,283,051	(134,275)	4,148,776		16
	C. General Administration										
17	Administrative	173,529		989,329	1,162,858		1,162,858	(910,085)	252,773		17
18	Directors Fees										18
19	Professional Services			73,761	73,761		73,761	5,324	79,085		19
20	Dues, Fees, Subscriptions & Promotions			23,762	23,762	1,350	25,112	(4,551)	20,561		20
21	Clerical & General Office Expenses	221,139	58,659	65,152	344,950	(1,350)	343,600	541,463	885,063		21
22	Employee Benefits & Payroll Taxes			811,495	811,495	21,005	832,500		832,500		22
23	Inservice Training & Education			1,819	1,819	736	2,555	2,669	5,224		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			23,085	23,085	(12,363)	10,722	11,597	22,319		25
26	Insurance-Prop.Liab.Malpractice			138,382	138,382		138,382	2,675	141,057		26
27	Other (specify):* Allocated Employee Benefits							84,338	84,338		27
28	TOTAL General Administration	394,668	58,659	2,126,785	2,580,112	9,378	2,589,490	(266,570)	2,322,920		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,992,112	1,338,655	2,779,077	9,109,844	(12,363)	9,097,481	(382,555)	8,714,926		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			156,367	156,367		156,367	131,773	288,140			30
31	Amortization of Pre-Op. & Org.							126	126			31
32	Interest			31,799	31,799		31,799	1,702,312	1,734,111			32
33	Real Estate Taxes							435,103	435,103			33
34	Rent-Facility & Grounds			3,685,724	3,685,724		3,685,724	(3,685,724)				34
35	Rent-Equipment & Vehicles			1,922	1,922	12,363	14,285	8,566	22,851			35
36	Other (specify):* Mortgage Insurance							10,759	10,759			36
37	TOTAL Ownership			3,875,812	3,875,812	12,363	3,888,175	(1,397,085)	2,491,090			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		319,051	13,529	332,580		332,580		332,580			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			111,387	111,387		111,387	(111,387)				43
44	TOTAL Special Cost Centers		319,051	288,068	607,119		607,119	(111,387)	495,732			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,992,112	1,657,706	6,942,957	13,592,775		13,592,775	(1,891,027)	11,701,748			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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre

0022111

Report Period Beginning: 1/01/2008

Ending: 12/31/2008

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	(70,767)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,830)	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	(192)	43		19
20	Contributions	(2,862)	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	(48,407)	43		24
25	Fund Raising, Advertising and Promotional	(2,700)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(55,000)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(384,840)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (566,598)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,324,429)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,324,429)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,891,027)		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			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Oaks Nursing & Rehabilitation Centre

ID# 0022111

Report Period Beginning: 1/01/2008

Ending: 12/31/2008

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Adjust Mgt Co. medical supplies"A" to cost	\$ (38,516)	10	1
2	Adjust Mgt Co. medical supplies"other" to cost	(55,320)	10	2
3	Adjust Mgt Co. food to cost	(4,269)	2	3
4	Non-allowable professional fees	(31,313)	19	4
5	Non-allowable patient clothing	(396)	43	5
6	Non-allowable early extinguishment of debt	(246,201)	32	6
7	Non-allowable auto expense - marketing	(12)	25	7
8	Non-allowable auto expense - parking ticket	(50)	25	8
9	Non-allowable Illinois Council on Long Term Care Dues	(8,763)	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	(384,840)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre

0022111

Report Period Beginning:

1/01/2008

Ending:

12/31/2008

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	0	0	0	0	0	0	0	1
2	Food Purchase	(4,269)	0	0	0	11	0	0	0	0	0	0	(4,258)	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	7,703	0	0	0	0	0	0	0	0	7,703	5
6	Maintenance	0	0	14,116	0	0	0	0	0	0	0	0	14,116	6
7	Other (specify):*	0	0	729	0	0	0	0	0	0	0	0	729	7
8	TOTAL General Services	(4,269)	0	22,548	0	11	0	0	0	0	0	0	18,290	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	(93,836)	0	0	0	0	0	0	0	0	0	0	(93,836)	10
10a	Therapy	0	0	0	0	(65,758)	0	0	0	0	0	0	(65,758)	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	25,319	0	0	0	0	0	0	25,319	15
16	TOTAL Health Care and Programs	(93,836)	0	0	0	(40,439)	0	0	0	0	0	0	(134,275)	16
	C. General Administration													
17	Administrative	0	0	(910,085)	0	0	0	0	0	0	0	0	(910,085)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(31,313)	0	35,596	0	1,041	0	0	0	0	0	0	5,324	19
20	Fees, Subscriptions & Promotions	(8,763)	0	1,542	0	2,670	0	0	0	0	0	0	(4,551)	20
21	Clerical & General Office Expenses	0	0	537,489	0	3,974	0	0	0	0	0	0	541,463	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	2,138	0	531	0	0	0	0	0	0	2,669	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(62)	0	11,391	0	268	0	0	0	0	0	0	11,597	25
26	Insurance-Prop.Liab.Malpractice	0	0	2,675	0	0	0	0	0	0	0	0	2,675	26
27	Other (specify):*	0	0	84,015	0	323	0	0	0	0	0	0	84,338	27
28	TOTAL General Administration	(40,138)	0	(235,239)	0	8,807	0	0	0	0	0	0	(266,570)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(138,243)	0	(212,691)	0	(31,621)	0	0	0	0	0	0	(382,555)	29

STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

1/01/2008

Ending:

12/31/2008

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	21,868	109,905	0	0	0	0	0	0	0	131,773 30
31	Amortization of Pre-Op. & Org.	0	0	126	0	0	0	0	0	0	0	0	126 31
32	Interest	(316,968)	0	0	2,019,280	0	0	0	0	0	0	0	1,702,312 32
33	Real Estate Taxes	0	0	12,479	422,624	0	0	0	0	0	0	0	435,103 33
34	Rent-Facility & Grounds	0	0	0	(3,685,724)	0	0	0	0	0	0	0	(3,685,724) 34
35	Rent-Equipment & Vehicles	0	0	8,566	0	0	0	0	0	0	0	0	8,566 35
36	Other (specify):*	0	0	0	10,759	0	0	0	0	0	0	0	10,759 36
37	TOTAL Ownership	(316,968)	0	43,039	(1,123,156)	0	0	0	0	0	0	0	(1,397,085) 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):*	(111,387)	0	0	0	0	0	0	0	0	0	0	(111,387) 43
44	TOTAL Special Cost Centers	(111,387)	0	0	0	0	0	0	0	0	0	0	(111,387) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(566,598)	0	(169,652)	(1,123,156)	(31,621)	0	0	0	0	0	0	(1,891,027) 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			
		Brentwood North Healthcare & Rehabilitation Ctr,Inc	Riverwoods			

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 Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V		\$			\$	\$	1
2	V	From Page 6A	989,329	Glen Health and Home Management, Inc.	A	819,677	(169,652)	2
3	V							3
4	V	From Page 6B	3,685,724	Glen Oaks Real Estate and Development, L.L.C.	B	2,562,568	(1,123,156)	4
5	V							5
6	V	From Page 6C	283,832	Therapy Masters, Inc.	C	252,211	(31,621)	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		\$ 4,958,885			\$ 3,634,456	\$ * (1,324,429)	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 Centre# 0022111Report Period Beginning: 1/01/2008 Ending: 12/31/2008

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	\$ 989,329	Glen Health and Home Management, Inc.	A	\$	\$ (989,329)	15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	7,703	7,703	16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	9,254	9,254	17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	35,596	35,596	18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	1,542	1,542	19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	56,053	56,053	20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	84,744	84,744	21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	2,138	2,138	22
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	11,391	11,391	23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	2,675	2,675	24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	21,868	21,868	25
26	V	31 Amortization		Glen Health and Home Management, Inc.	A	126	126	26
27	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	12,479	12,479	27
28	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	8,566	8,566	28
29	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	4,862	4,862	29
30	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	79,244	79,244	30
31	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	481,436	481,436	31
32	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(84,744)	(84,744)	32
33	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	729	729	33
34	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	11,873	11,873	34
35	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	72,142	72,142	35
36	V							36
37	V							37
38	V							38
39	Total		\$ 989,329			\$ 819,677	\$ * (169,652)	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 Bond Fees	\$	Glen Oaks Real Estate and Development, L.L.C.	B	\$ 625	\$ 625	15
16	V	32 Letter of Credit Fees		Glen Oaks Real Estate and Development, L.L.C.	B	414	414	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	1,797,572	1,797,572	18
19	V	32 Interest Income		Glen Oaks Real Estate and Development, L.L.C.	B	(33,081)	(33,081)	19
20	V	32 Amortization of Mortgage Costs		Glen Oaks Real Estate and Development, L.L.C.	B	7,549	7,549	20
21	V	33 Real Estate Taxes		Glen Oaks Real Estate and Development, L.L.C.	B	422,624	422,624	21
22	V	34 Rental Income	3,685,724	Glen Oaks Real Estate and Development, L.L.C.	B		(3,685,724)	22
23	V	36 Mortgage Insurance Premium		Glen Oaks Real Estate and Development, L.L.C.	B	10,759	10,759	23
24	V	32 Early Extinguishment of Debt		Glen Oaks Real Estate and Development, L.L.C.	B	246,201	246,201	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		\$ 3,685,724			\$ 2,562,568	\$ * (1,123,156)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10a Therapy	\$ 283,832	Therapy Masters, Inc.	C	\$ 218,074	\$ (65,758)	15
16	V	19 Professional Fees		Therapy Masters, Inc.	C	1,041	1,041	16
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	C	7	7	17
18	V	20 Employment Fees		Therapy Masters, Inc.	C	2,663	2,663	18
19	V	21 Clerical Salaries		Therapy Masters, Inc.	C	2,864	2,864	19
20	V	21 Clerical		Therapy Masters, Inc.	C	1,110	1,110	20
21	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	25,642	25,642	21
22	V	23 Training and Education		Therapy Masters, Inc.	C	531	531	22
23	V	25 Auto Expenses		Therapy Masters, Inc.	C	268	268	23
24	V	2 Food Purchase		Therapy Masters, Inc.	C	11	11	24
25	V	22 Employee Benefits		Therapy Masters, Inc.	C	(25,642)	(25,642)	25
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	25,319	25,319	26
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	323	323	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		\$ 283,832			\$ 252,211	\$ * (31,621)	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 Centre # 0022111 Report Period Beginning: 1/01/2008 Ending: 12/31/2008

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 %	149,732	15	25.60 %	Salary	\$ 39,928	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	42,949	10	25.60 %	Salary	11,453	Ln 21, Col 7	2
3	Daniel Glenner	Administrative	Administrative	0.00 %	23,542	10	25.60 %	Salary	6,278	Ln 21, Col 7	3
4	David Weinschneider	Administrative	Administrative	0.00 %	41,840	10	25.60 %	Salary	11,157	Ln 21, Col 7	4
5	Joshua Ray	V.P. of Operations	Administrative	0.00 %	149,732	10	25.60 %	Salary	39,928	Ln 21, Col 7	5
6	Barry Ray	Vice President	Administrative	0.00 %	147,435	10	25.60 %	Salary	39,316	Ln 17, Col 7	6
7	Daniel Glenner	Asst Administrator	Administrative	0.00 %	44,556	10	25.60 %				7
8											8
9											9
10			See Attached Schedule B								10
11											11
12											12
13								TOTAL	\$ 148,060		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre # 0022111 Report Period Beginning: 1/01/2008 Ending: 2/31/2008

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	503,336	7	\$ 36,590	\$ 105,965	\$ 7,703	1
2	6	Repairs and Maintenance	Resident Days	503,336	7	43,957	105,965	9,254	2
3	19	Professional Fees	Resident Days	503,336	7	169,083	105,965	35,596	3
4	20	Licenses, Permits and Inspection	Resident Days	503,336	7	7,325	105,965	1,542	4
5	21	Clerical	Resident Days	503,336	7	266,253	105,965	56,053	5
6	22	Employee Benefits and Payroll	Resident Days	503,336	7	402,537	105,965	84,744	6
7	23	Training and Education	Resident Days	503,336	7	10,154	105,965	2,138	7
8	25	Auto Expenses	Resident Days	503,336	7	54,107	105,965	11,391	8
9	26	Insurance	Resident Days	503,336	7	12,704	105,965	2,675	9
10	30	Depreciation	Resident Days	503,336	7	103,875	105,965	21,868	10
11	31	Amortization	Resident Days	503,336	7	598	105,965	126	11
12	33	Real Estate Taxes	Resident Days	503,336	7	59,276	105,965	12,479	12
13	35	Equipment and Vehicle Rental	Resident Days	503,336	7	40,687	105,965	8,566	13
14	6	Janitorial Salaries	Resident Days	503,336	7	23,093	23,093	4,862	14
15	17	Officer's Salaries	Resident Days	503,336	7	376,410	376,410	79,244	15
16	21	Administrative Salaries	Resident Days	503,336	7	2,286,830	2,286,830	481,436	16
17	22	Employee Benefits	Payroll					(84,744)	17
18	7	Employee Benefits - Janitorial	Payroll					729	18
19	27	Employee Benefits - Officer's	Payroll					11,873	19
20	27	Employee Benefits - Admin	Payroll					72,142	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,893,479	\$ 2,686,333	\$ 819,677	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	The PrivateBank		X	Mortgage		12/21/07	\$ 38,000,000	\$	12/22/2008	0.0618	\$ 1,798,611	1								
2	The PrivateBank		X	Amortization of mortgage costs							7,549	2								
3	Greystone Servicing Corp		X	Mortgage	\$244,030.26	12/22/08	39,270,000	39,270,000	1/01/2044	0.0675		3								
4	MB Financial Bank, N.A.		X	Finance equipment purchase	\$1,498.63	12/22/03	76,730	1,279	12/22/2008	0.0725	9,748	4								
5	MB Financial Bank, N.A.		X	Finance telephone system	\$780.33	1/06/06	40,040	18,183	1/06/2011	0.0625	1,368	5								
Working Capital																				
6												6								
7												7								
8												8								
9	TOTAL Facility Related				\$246,309.22		\$ 77,386,770	\$ 39,289,462			\$ 1,817,276	9								
B. Non-Facility Related*																				
10										Interest Income Offset:	(83,165)	10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			(83,165)	14								
15	TOTALS (line 9+line14)						\$ 77,386,770	\$ 39,289,462			\$ 1,734,111	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 10,759 Line # 36

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 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 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 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 2008 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,

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glen Oaks Nursing & Rehabilitation Centre COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0022111

CONTACT PERSON REGARDING THIS REPORT Charles J. Fischer

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

A. Summary of Real Estate Tax Costs

Enter the tax index number and real estate tax assessed for 2007 on the lines provided below. Enter only the portion of total 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 2007.

(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	\$ 88,833.20	\$ 88,833.20
2. 04-02-202-038-0000	270 Skokie Highway	\$ 290,790.58	\$ 290,790.58
3. <u>Allocated from Management Company:</u>		\$ 59,276.00	\$ 12,479.00
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>438,899.78</u>	\$ <u>392,102.78</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 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008

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).

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	Patient Care	98,518	1985	\$ 345,000	1
2	Allocated from Management Company:			17,881	2
3	TOTALS	98,518		\$ 362,881	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Glen Oaks Nursing & Rehabilitation Centre**

0022111

Report Period Beginning:

1/01/2008

Ending:

12/31/2008

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	\$ 2,869,918	4
5											5
6	Alloc from				381,842			10,459	10,459		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	95,990	24
25	Building Improvements		1988		37,503		10			37,503	25
26	Building Improvements		1989		52,259		10			52,259	26
27	Building Improvements		1990		17,633		10			17,633	27
28	Building Improvements		1990		2,100		10			2,100	28
29	Building Improvements		1991		8,500		10			8,500	29
30	Building Improvements		1991		2,322		10			2,322	30
31	Building Improvements		1992		371,526		10			371,526	31
32	Building Improvements		1993		21,620		10			21,620	32
33	Building Improvements		1993		9,267		10			9,267	33
34	Building Improvements		1993		151,464		10			151,464	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

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

Report Period Beginning:

1/01/2008 Ending: 12/31/2008

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		10			3,537	43
44	<u>Sprinklers</u>	1997	8,367		10			8,367	44
45	<u>Exiss observation system</u>	1997	975		10			975	45
46	<u>Fence post and rail</u>	1997	1,885		10			1,885	46
47	<u>Exhaust fan and stove</u>	1997	8,143		10			8,143	47
48	<u>Brick floor</u>	1997	7,707		10			7,707	48
49	<u>Wiring for telephones</u>	1997	1,832		10			1,832	49
50	<u>Fire alarm</u>	1997	16,271		10			16,271	50
51	<u>Piping</u>	1997	821		10			821	51
52	<u>Emergency lighting fixtures</u>	1997	3,000		10			3,000	52
53	<u>Wiring for exhaust fan</u>	1997	1,610		10			1,610	53
54	<u>Replacement door</u>	1997	1,445		10			1,445	54
55	<u>Therapy room</u>	1997	6,116		10			6,116	55
56	<u>Concrete</u>	1997	895		10			895	56
57	<u>Remodeling of physical and occupational therapy rooms</u>	1997	268,920		10			268,920	57
58	<u>Flooring</u>	1997	585		10			585	58
59	<u>Handrails: corner and bumper guards</u>	1997	11,954		10			11,954	59
60	<u>Fire alarm system improvements</u>	1997	3,450		10			3,450	60
61	<u>Ceiling tile</u>	1997	3,985		10			3,985	61
62	<u>New walls - therapy room</u>	1997	2,982		10			2,982	62
63	<u>Signs</u>	1997	1,713		10			1,713	63
64	<u>Electric service</u>	1997	1,700		10			1,700	64
65	<u>Chain link fence</u>	1997	3,100		10			3,100	65
66	<u>Dining room ceiling</u>	1997	2,000		10			2,000	66
67	<u>Balance air conditioner system</u>	1997	24,290		10			24,290	67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,597,382	\$		\$ 134,574	\$ 134,574	\$ 4,476,150	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 Centre# 0022111

Report Period Beginning:

1/01/2008 Ending: 12/31/2008

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		\$ 5,597,382	\$		\$ 134,574	\$ 134,574	\$ 4,476,150	1
2	Video monitoring system	1997	1,932		10			1,932	2
3	Electric service	1998	3,250	108	10	108		3,250	3
4	Fire alarm system improvements	1998	2,625	84	10	84		2,625	4
5	Floor tiles	1998	3,598	118	10	118		3,598	5
6	Electrical work: install outlets, amp feeders	1999	16,737	1,674	10	1,674		16,181	6
7	Aquarium	1999	10,500	1,050	10	1,050		10,150	7
8	Hot water tanks	1999	5,132	513	10	513		4,960	8
9	Ceiling tiles	1999	2,689	269	10	269		2,600	9
10	Fabrication of 211 sleeves for fire dampers	1999	2,532	253	10	253		2,446	10
11	Two gold chandeliers	1999	4,193	419	10	419		4,051	11
12	Fire dampers installation	1999	5,083	508	10	508		4,911	12
13	Fire dampers installation	1999	1,641	164	10	164		1,586	13
14	Install new gas valves & gaskets on boiler	1999	4,173	417	10	417		3,788	14
15	Install new motor in water heater	1999	2,397	240	10	240		2,280	15
16	Install security cameras	1999	3,109	311	10	311		2,825	16
17	Furnish, wire & install lights in the main dining room	2000	2,640	264	10	264		2,244	17
18	Install 2 fan coils, water piping, drain & insulation	2000	4,300	430	10	430		3,655	18
19	Install new chiller	2000	1,925	192	10	192		1,632	19
20	Install handrails, wall bumpers & rubber cove base	2000	14,570	1,457	10	1,457		12,385	20
21	Install handrails, wall bumpers & rubber cove base	2000	5,904	590	10	590		5,015	21
22	Install corner guards	2000	1,616	162	10	162		1,377	22
23	Vinyl tiles & rubber cove base	2000	1,875	187	10	187		1,590	23
24	Electrical work	2000	30,000	3,000	10	3,000		25,500	24
25	Install metal partition walls with drywall	2000	3,280	328	10	328		2,788	25
26	Generator installation	2000	3,610	361	10	361		3,068	26
27	Relaminate bedside units and closet doors	2000	3,200	320	10	320		2,720	27
28	Install 6 circuits for new dialysis room	2000	3,485	348	10	348		2,959	28
29	Electrical project	2001	32,903	3,290	10	3,290		24,675	29
30	2 dura glide 3000 single door packages	2001	11,408	1,140	10	1,140		8,550	30
31	Nurses station with solid surface counter tops	2001	9,180	918	10	918		6,885	31
32	78 custom built-in wardrobes with sliding doors	2001	13,650	1,365	10	1,365		10,237	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,810,519	\$ 20,480		\$ 155,054	\$ 134,574	\$ 4,658,613	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

Report Period Beginning:

1/01/2008 Ending: 12/31/2008

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		\$ 5,810,519	\$ 20,480		\$ 155,054	\$ 134,574	\$ 4,658,613	1
2	Elevator shaft exterior brick	2001	11,980	1,198	10	1,198		8,985	2
3	Remove lobby wall and install ceiling	2001	12,508	1,251	10	1,251		9,382	3
4	New ceiling and lighting project	2001	14,758	1,476	10	1,476		11,070	4
5	82 custom built-in wardrobes with sliding doors	2001	18,749	1,875	10	1,875		14,062	5
6	Carpeting	2001	3,589	359	10	359		2,692	6
7	Wallcovering installation and painting project	2001	5,181	518	10	518		3,885	7
8	Concrete repairs on handicap and delivery ramp	2001	3,600	360	10	360		2,700	8
9	Tuckpointing	2001	2,500	250	10	250		1,875	9
10	Paneling	2001	5,756	576	10	576		4,320	10
11	Nurses station with doors, counters and hanging chart units	2001	10,695	1,070	10	1,070		8,025	11
12	Installation of wallcovering	2002	2,380	238	10	238		1,547	12
13	Cooling tower	2002	6,950	695	10	695		4,518	13
14	Wallcovering border	2002	4,034	403	10	403		2,620	14
15	Installation of cooling tower	2002	46,000	4,600	10	4,600		29,900	15
16	Installation of hydraulic pump unit	2002	6,200	620	10	620		4,030	16
17	Econocare project	2002	14,000	1,400	10	1,400		9,100	17
18	Insurance claim refund	2002	(7,118)	(712)	10	(712)		(4,628)	18
19	Painting project	2002	4,750	475	10	475		3,088	19
20	Installation of wood blinds	2003	2,140	214	10	214		1,177	20
21	Air conditioning compressor	2003	7,617	762	10	762		4,191	21
22	Insurance claim refund - compressor	2003	(6,367)	(637)	10	(637)		(3,503)	22
23	Furnish and install one new hydraulic tank unit	2003	8,400	840	10	840		4,620	23
24	Parking lot paving project	2003	76,765	7,677	10	7,677		42,223	24
25	Center roof section reroofing project	2003	4,200	420	10	420		2,310	25
26	Remove and install new ceilings, install ceramic tile	2003	16,559	1,656	10	1,656		9,108	26
27	Center roof section reroofing project	2002	2,100	210	10	210		1,365	27
28	Installation of custom built wardrobes	2003	25,830	2,583	10	2,583		14,206	28
29	Installation of cove base, vinyl tiles and wallcovering	2002	35,098	3,510	10	3,510		22,815	29
30	Relocate water meter and install RPZ for plumbing project	2004	16,066	1,607	10	1,607		7,231	30
31	Furnish and install smoke detectors by doors	2004	8,490	849	10	849		3,821	31
32	Furnish and install glass for windows	2004	1,980	198	10	198		891	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,175,909	\$ 57,021		\$ 191,595	\$ 134,574	\$ 4,886,239	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		\$ 6,175,909	\$ 57,021		\$ 191,595	\$ 134,574	\$ 4,886,239	1
2	Provide and install delay lock & keypads, relocate kill switch	2004	1,762	176	10	176		792	2
3	Furnish and install new door detector on elevator door	2004	2,115	212	10	212		954	3
4	Wiring for cameras and quad installation	2004	1,574	157	10	157		707	4
5	Heat exchanger	2004	1,598	160	10	160		720	5
6	Landscaping project: tree planting	2004	4,650	465	10	465		2,093	6
7	Installed new parts and replace discharge gauge on chillers	2005	2,123	212	10	212		742	7
8	Installation of new compressor	2005	11,900	1,190	10	1,190		4,165	8
9	Furnish and install iron fencing	2005	5,400	540	10	540		1,890	9
10	Fireproofing project	2005	6,220	622	10	622		2,177	10
11	Replace car sills in elevators	2005	8,130	813	10	813		2,846	11
12	Furnish and install new controller and selector on elevator	2005	18,500	1,850	10	1,850		6,475	12
13	Remove and replace smoke detector	2005	1,679	168	10	168		588	13
14	Build and install custom built-in wardrobes and cabinets	2005	55,002	5,500	10	5,500		19,250	14
15	Insurance reimbursement of compressor loss	2005	(11,144)	(1,114)	10	(1,114)		(3,899)	15
16	Furnish and install DVR system	2005	1,480	148	10	148		518	16
17	Furnish and install two televisions with satellite	2005	1,828	183	10	183		640	17
18	Install new window frame at receptionist counter	2005	1,450	145	10	145		508	18
19	Install new ceramic wall tile, toilets, sinks, plumbing	2006	87,802	8,780	10	8,780		21,950	19
20	Carrier chiller compressor	2006	14,850	1,485	10	1,485		3,713	20
21	Insurance claim refund for damaged compressor	2006	(11,900)	(1,190)	10	(1,190)		(2,975)	21
22	Furnish and install elevator car, station	2006	13,711	1,371	10	1,371		3,428	22
23	Remove plumbing, drywall and shower stalls	2006	3,833	383	10	383		958	23
24	New elevator lobby car, controller, selector and fixtures	2006	42,711	4,271	10	4,271		10,678	24
25	Metal doors with framing	2006	7,289	729	10	729		1,822	25
26	Furnish and install 8 vertical rod devices on doors	2006	6,020	602	10	602		1,505	26
27	Furnish and install new elevator pump unit and valve assembly	2006	8,000	800	10	800		2,000	27
28	Sidewalk concrete project	2006	3,230	323	10	323		808	28
29	Remove and install elevator flooring, ceiling and lighting	2006	5,369	537	10	537		1,342	29
30	Furnish and install new elevator door opener and locks	2006	6,750	675	10	675		1,688	30
31	Telephone system	2006	40,040	4,004	10	4,004		10,010	31
32	Install drain tile system in rehab room	2007	5,300	530	10	530		795	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,523,181	\$ 91,748		\$ 226,322	\$ 134,574	\$ 4,985,127	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 12D, Carried Forward		\$ 6,523,181	\$ 91,748		\$ 226,322	\$ 134,574	\$ 4,985,127	1
2	Power rodding project	2007	5,800	580	10	580		870	2
3	Delime heater system	2007	2,861	286	10	286		429	3
4	Carrier chiller leak	2007	4,238	424	10	424		636	4
5	Installation of water heater	2007	6,180	618	10	618		927	5
6	Rewire smoke detector system	2007	2,570	257	10	257		386	6
7	Installation of chemical feed system	2007	2,897	290	10	290		435	7
8	Boiler refractory project	2007	3,930	393	10	393		590	8
9	Roofing project	2008	8,000	400	10	400		400	9
10	Roofing project	2008	7,650	383	10	383		383	10
11	Furnish and install smoke detectors in dining area	2008	6,515	326	10	326		326	11
12	Installation of split air cooling system for elevator mechanical room	2008	4,700	235	10	235		235	12
13	Satellite cable headend installation	2008	22,000	1,100	10	1,100		1,100	13
14	Fire alarm plan prevention project	2008	3,975	199	10	199		199	14
15	Furnish and install new panic bars, remove hardware on doors	2008	4,575	229	10	229		229	15
16	Install electrical receptacles for new televisions	2008	11,500	575	10	575		575	16
17	Add smoke detectors in dining area for first and second floors	2008	2,649	132	10	132		132	17
18									18
19									19
20									20
21	Leasehold Improvements Allocated from Management Co:		34,028			2,123	2,123	28,564	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)		\$ 6,657,249	\$ 98,175		\$ 234,872	\$ 136,697	\$ 5,021,543	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre # 0022111 Report Period Beginning: 1/01/2008 Ending: 12/31/2008

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	\$ 676,992	\$ 38,126	\$ 38,126	\$	5,10 years	\$ 431,724	71
72	Current Year Purchases					10 years		72
73	Fully Depreciated Assets	982,899	2,697	2,697		5,7,10 years	982,899	73
74	Allocated from Management Company:	164,384		7,994	7,994		158,872	74
75	TOTALS	\$ 1,824,275	\$ 40,823	\$ 48,817	\$ 7,994		\$ 1,573,495	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	14,220	78
79	Allocated from Management Company:			12,916		1,291	1,291		6,303	79
80	TOTALS			\$ 74,820	\$ 3,160	\$ 4,451	\$ 1,291		\$ 66,627	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)	\$ 8,919,225	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 142,158	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 288,140	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 145,982	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,661,665	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								6
7	TOTAL				\$			7

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

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

N/A
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: \$ 4,194 Description: Ice-maker \$1,194, Postage meter \$729, Allocated from Management Company: \$2,271
(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>3,915</u>	17
18	<u>Patient Care</u>	<u>2008 Infiniti G35</u>	<u>559.00</u>	<u>8,448</u>	18
19					19
20	<u>Allocated from Management Company:</u>			<u>6,294</u>	20
21	TOTAL		\$ <u>1,028.00</u>	\$ <u>18,657</u>	21

10. Effective dates of current rental agreement:

Beginning _____
Ending _____

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2009</u>	\$ _____
13.	<u>/2010</u>	\$ _____
14.	<u>/2011</u>	\$ _____

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

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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre # 0022111 Report Period Beginning: 1/01/2008 Ending: 12/31/2008

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>
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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	\$	2,017	\$ 114,713	\$ 134	2,017	\$ 114,847	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 3	hrs		372	24,915		372	24,915	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a, Col 3	hrs		2,165	144,204		2,165	144,204	4
5	Physician Care	Ln 39, Col 3	visits			360			360	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescripts				319,051		319,051	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Respiratory Therapy Other (specify): <u>Radiology & Lab</u>	Ln10a, Col 1 Ln 39, Col 3	511 hours	12,505		13,169		511	12,505 13,169	13
14	TOTAL			\$ 12,505	4,554	\$ 297,361	\$ 319,185	5,065	\$ 629,051	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Glen Oaks Nursing & Rehabilitation Centre**# **0022111**Report Period Beginning: **1/01/2008**

Ending:

12/31/2008**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2008** (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 3,436,543	\$ 5,395,150	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 50,859)	5,124,343	5,124,343	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	90,193	472,134	6
7	Other Prepaid Expenses	7,705	7,705	7
8	Accounts Receivable (owners or related parties)	(2,228,213)		8
9	Other(specify): Other Receivables	152,476	152,476	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,583,047	\$ 11,151,808	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		362,881	13
14	Buildings, at Historical Cost		3,969,235	14
15	Leasehold Improvements, at Historical Cost	2,153,891	2,688,014	15
16	Equipment, at Historical Cost	1,104,807	1,899,095	16
17	Accumulated Depreciation (book methods)	(2,592,153)	(6,661,665)	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)	207,689	207,689	22
23	Other(specify): Mortgage Costs (Net):		639,363	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 874,234	\$ 3,104,612	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,457,281	\$ 14,256,420	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 214,139	\$ 214,139	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	9,769	9,769	29
30	Accrued Salaries Payable	181,153	181,153	30
31	Accrued Taxes Payable (excluding real estate taxes)	1,781	1,781	31
32	Accrued Real Estate Taxes(Sch.IX-B)		390,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
36	Other Current Liabilities(specify): See Attached Schedule E:	1,006,749	1,006,749	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,413,591	\$ 1,803,591	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	9,693	9,693	39
40	Mortgage Payable		39,270,000	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)	\$ 9,693	\$ 39,279,693	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,423,284	\$ 41,083,284	46
47	TOTAL EQUITY (page 18, line 24)	\$ 6,033,997	\$ (26,826,864)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,457,281	\$ 14,256,420	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 6,783,706	1
2	Restatements (describe):		2
3	Year End Adjusted not posted	(19,756)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 6,763,950	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	2,358,347	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	(3,088,300)	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)	\$ (729,953)	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)	\$ 6,033,997	24 *

Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre# 0022111Report Period Beginning: 1/01/2008Ending: 12/31/2008**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	\$ 15,461,456	1
2	Discounts and Allowances for all Levels	(1,134,167)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,327,289	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	470,381	6
7	Oxygen	195,578	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 665,959	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	424,037	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	31,869	19
20	Radiology and X-Ray	3,298	20
21	Other Medical Services	375,494	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 834,698	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	70,767	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 70,767	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Public Aid Bedhold	52,409	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 52,409	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,951,122	30

		2	
		Expenses	Amount
A. Operating Expenses			
31	General Services	2,246,681	31
32	Health Care	4,283,051	32
33	General Administration	2,580,112	33
B. Capital Expense			
34	Ownership	3,875,812	34
C. Ancillary Expense			
35	Special Cost Centers	443,967	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)*	\$ 13,592,775	40
41	Income before Income Taxes (line 30 minus line 40)**	2,358,347	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 2,358,347	43

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

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

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

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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre

0022111

Report Period Beginning: 1/01/2008

Ending:

12/31/2008

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	3,792	4,045	\$ 131,721	\$ 32.56	1
2	Assistant Director of Nursing	1,854	1,969	98,137	49.84	2
3	Registered Nurses	42,194	45,220	1,204,583	26.64	3
4	Licensed Practical Nurses					4
5	CNAs & Orderlies	121,943	132,757	1,563,004	11.77	5
6	CNA Trainees					6
7	Licensed Therapist	480	511	12,505	24.47	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,782	2,045	26,458	12.94	9
10	Activity Assistants	8,567	9,167	91,725	10.01	10
11	Social Service Workers	11,641	12,582	203,435	16.17	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	8,973	9,881	138,462	14.01	14
15	Cook Helpers/Assistants	28,960	31,275	327,315	10.47	15
16	Dishwashers					16
17	Maintenance Workers	6,628	7,157	112,050	15.66	17
18	Housekeepers	32,757	35,300	340,350	9.64	18
19	Laundry	12,458	13,703	132,789	9.69	19
20	Administrator	2,042	2,251	119,881	53.26	20
21	Assistant Administrator	1,979	2,091	53,648	25.66	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,504	12,529	221,139	17.65	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>	15,332	16,613	214,910	12.94	33
34	TOTAL (lines 1 - 33)	312,886	339,096	\$ 4,992,112 *	\$ 14.72	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	\$ 6,349	Ln 1, Col 3	35
36	Medical Director	Monthly	22,600	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,495	Ln10, 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	46	2,252	Ln11, Col 3	44
45	Social Service Consultant	30	1,614	Ln12, Col 3	45
46	Other(specify)				46
47	<u>Religious Consultant</u>	Monthly	200	Ln12, Col 3	47
48					48
49	TOTAL (lines 35 - 48)	76	\$ 35,510		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 FY2005	6 FY2006	7 FY2007	8 FY2008	9 FY2009	10 FY2010	11 FY2011	12 FY2012	13 FY2013
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 Glen Oaks Nursing & 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 \$8,075
- (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. \$ 34,675 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. \$ 21,741 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.

12/31/2008

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

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, LTD.
 Provider # 0022111
 12/31/2008

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
	Brentwood North Healthcare & Rehabilitation	GlenCrest Nursing & Rehab. Centre, Ltd.	GlenBridge Nursing & Rehab. Centre, Ltd.	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	GlenLake Terrace Nursing & Rehab. Centre, Ltd.	
Sidney Glenner	5,865	34,776	35,393	14,171	30,702	28,825	149,732
Jonathan Glenner	1,682	9,975	10,152	4,065	8,807	8,268	42,949
Daniel Glenner	922	5,468	5,565	2,228	4,827	4,532	23,542
Daniel Glenner	0	0	44,556	0	0	0	44,556
David Weinschneider	1,639	9,717	9,890	3,960	8,579	8,055	41,840
Joshua Ray	5,865	34,776	35,393	14,171	30,702	28,825	149,732
Barry Ray	5,775	34,242	34,850	13,954	30,231	28,383	147,435
Total compensation received from other Nursing Homes	21,748	128,954	175,799	52,549	113,848	106,888	599,786

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
 Provider # 0022111
 12/31/2008

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	6,488
Advanced Answers on Demand Inc.	Computers	4,965
E Health Data Solutions	Computers	10,245
RSM McGladrey	Accounting	32,982
Frost, Ruttenberg & Rothblatt	Accounting	3,340
ReedSmith Sachnoff & Weaver	Legal	9,520
Ira I. Silverstein	Legal	2,400
Prospect Resources, Inc.	Maintenance Consulting	750
Personnel Planners, Inc.	Unemployment Consulting	1,052
Littler Mendelson	Legal	933
Commitment Consulting	A/R Collections	1,086
		<u>73,760</u>
Allocated from Management Co.		
RSM McGladrey - Accounting Services		33,282
Sachnoff & Weaver, Ltd. - Legal Services		<u>2,314</u>
Total allocated from Management Co.		<u>35,596</u>
Total allocated from Therapy Masters, Inc.		1,041
Non-allowable Professional Fees:		
ReedSmith Sachnoff & Weaver - Legal		-6,155
RSM McGladrey - Accounting Fees		-20,740
Commitment Consulting - A/R Collections		-1,086
Ira I. Silverstein - A/R Collections		-2,400
Littler Mendelson - out of period		<u>-932</u>
Total Non-allowable Professional Fees		<u>-31,313</u>
Total adjustments page 21, Sch C.		<u>5,324</u>
Total Schedule V, line 19, column 8		<u>79,085</u>

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2008

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	37,441
FUTA	554
SUTA	884
401K Match	2,574
Insurance - Hospital	33,493
Employee Benefits	5,830
Other Employee Benefits	2,345
Workers Compensation Insurance	1,623
Total allocated from Management Co.	<u>84,744</u>
Allocate Employee Benefits to Line #'s 7, 27	-84,744
Allocated from Therapy Masters, Inc.	
FICA taxes	14,752
FUTA	266
SUTA	436
401K Match	1,240
Insurance - Hospital	4,661
Other Employee Benefits	135
Workers Compensation Insurance	4,090
Uniform Allowance	62
Total allocated from Therapy Masters, Inc.	<u>25,642</u>
Allocate Employee Benefits to Line #'s 15, 27	-25,642
Total	<u>0</u>

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2008

SCHEDULE E

XV. SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Accrued Management Fee	215,005
BlueCross/Blue Shield Advance	14,354
Due to Third Party	248,601
Insurance Payable	64,381
Estimated Medicare Settlement	337,052
Sundry Payable	35,332
Credit Union	100
Accrued Union Dues	3,444
Accrued Wage Assignment	81,726
Due Con. Mutual	709
Accrued 401K	3,953
Accrued Profit Sharing	2,092
Total, Page 17, Line36, Column 1	<u>1,006,749</u>

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2008

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	-396	43
Non-allowable early extinguishment of debt	-246,201	32
Non-allowable professional fees	-31,313	19
Non-allowable auto expense - marketing	-12	25
Non-allowable auto expense - parking ticket	-50	25
Non-allowable Illinois Council on Long Term Care Dues	-8,763	20
Adjust Mgt. Co. Med Supplies - Med'A' purchases to cost	-38,516	10
Adjust Mgt. Co. Med Supplies - 'Other' purchases to cost	-55,320	10
Adjust Mgt. Co. Food purchases to cost	-4,269	2
Total	<u>-384,840</u>	

See Accountants' Compilation Report

Glen Oaks Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2008

SCHEDULE G

	Accrued 1/01/08	Payments	Expense	Accrued 12/31/08
Balance @ 1/01/2008:	-347,000.00		-347,000.00	
2007 real estate taxes paid		379,623.78	379,623.78	
Estimated 2008 real estate taxes:				
2007 taxes	379,623.78			
Estimated increase	2.50%			
Estimated 2008 taxes	<u>389,114.37</u>			
USE	<u>390,000.00</u>		390,000.00	-390,000.00
Totals	<u>-347,000.00</u>	<u>379,623.78</u>	<u>422,623.78</u>	<u>-390,000.00</u>

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%
2007	379,623.78	41,926.38	12.42%

See Accountants' Compilation Report

Provider Name: Glen Oaks Nursing & Rehabilitation

Provider I.D. #: 0022111

Year Ended: December 31, 2008

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Sim Dachs, Dennis Ong, Lyndon Bugaring	1/17/08	Skokie	Illinois Council on Long Term Care Be Prepared for MDS Medicaid Audits	285
Sim Dachs	3/11/08	Skokie	Illinois Council on Long Term Care Customer Satisfaction	95
Dennis Ong, Joben Arceno	4/15/08	Skokie	Illinois Council on Long Term Care Infection Protection It's In Your Hands	190
Sim Dachs, Dennis Ong, Joben Arceno	5/15/08	Skokie	Illinois Council on Long Term Care Wound Management	285
Sim Dachs	6/12/08	Skokie	Illinois Council on Long Term Care Pain Management	95
All Nursing Staff Members, Social Service Department	6/17/08	Facility	Robert Cleve Case Management for Social Workers & Other Healthcare Professionals	300
Theresa Chen, Sim Dachs	8/13/08	Skokie	Illinois Council on Long Term Care OBRA Dietary & Sanitary Regulations	190
Nallie Arroyo	9/24/08	Skokie	Illinois Council on Long Term Care Marketing Effectively to Baby Boomers	95
Theresa Chen	10/3/08	Chicago	Cynthia Chow & Associates Survey Says: No Write-ups! What Everyone Needs to Know Regarding the New Guidelines F-325	110
Nursing Department	11/21/08	Facility	Pulmonary Exchange Suctioning, Trach Care and Trach tube replacement	910
			Allocated From Management Company	2,138
			Allocated From Therapy Masters	531
			Total	5,224

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Oaks Nursing and Rehabilitation Centre, LTD.
Provider #0022111
12/31/2008

SCHEDULE I

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

	Gasoline	Licenses/ Stickers	Repairs	Mileage Reimburse	Parking Ticket	Total
Direct Expense	8,177	234	854	1,408	50	10,722
Non-allowable auto expense - marketing						-12
Non-allowable auto expense - parking ticket						-50
Allocated from Therapy Masters, Inc.						268
Allocated from Management Company						11,391
TOTAL	<u>8,177</u>	<u>234</u>	<u>854</u>	<u>1,408</u>	<u>50</u>	<u>22,319</u>

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2008

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	16,838
Illinois Health Care Association Fees	3,420
Village of Northbrook License, Inspection	1,065
Cook County Boiler Inspection	532
Secretary of State Annual Report	150
CLIA Laboratory Program Certificate of Waiver Usage Fee	150
Employment Fees	1,608
Non-Allowable Illinois Council on Long Term Care Dues	-8,763
Total	<u>14,999</u>

See Accountants' Compilation Report