

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre

0022111 Report Period Beginning: 1/01/2009 Ending: 12/31/2009

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	164	Skilled (SNF)	164	59,860	1
2		Skilled Pediatric (SNF/PED)			2
3	134	Intermediate (ICF)	134	48,910	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	298	TOTALS	298	108,770	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	22,143	0	2,425	24,568	8
9	SNF/PED					9
10	ICF	79,337	1,411	588	81,336	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	101,480	1,411	3,013	105,904	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 97.37%

D. How many bed-hold days during this year were paid by the Department? 1,104 (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 1,944

Medicare Intermediary Wisconsin Physicians Service Insurance Corporation

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 10/31/09 Fiscal Year: 12/31/09

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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre # 0022111 Report Period Beginning: 1/01/2009 Ending: 12/31/2009

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	494,279	107,973	6,440	608,692		608,692		608,692		1
2	Food Purchase		603,197		603,197	(23,117)	580,080	(18,701)	561,379		2
3	Housekeeping	354,768	103,073		457,841		457,841		457,841		3
4	Laundry	140,334	17,039	14,967	172,340		172,340		172,340		4
5	Heat and Other Utilities			195,675	195,675		195,675	6,148	201,823		5
6	Maintenance	125,476	56,039	113,490	295,005		295,005	9,126	304,131		6
7	Other (specify):* Allocated Employee Benefits							593	593		7
8	TOTAL General Services	1,114,857	887,321	330,572	2,332,750	(23,117)	2,309,633	(2,834)	2,306,799		8
	B. Health Care and Programs										
9	Medical Director			27,600	27,600		27,600		27,600		9
10	Nursing and Medical Records	3,430,421	399,988	3,545	3,833,954		3,833,954	(69,201)	3,764,753		10
10a	Therapy	55,465	840	303,227	359,532		359,532	(64,117)	295,415		10a
11	Activities	116,979	8,441	2,180	127,600		127,600		127,600		11
12	Social Services	208,579		1,551	210,130		210,130		210,130		12
13	CNA Training										13
14	Program Transportation			2,445	2,445		2,445		2,445		14
15	Other (specify):* Allocated Employee Benefits							24,837	24,837		15
16	TOTAL Health Care and Programs	3,811,444	409,269	340,548	4,561,261		4,561,261	(108,481)	4,452,780		16
	C. General Administration										
17	Administrative	168,429		960,069	1,128,498		1,128,498	(888,631)	239,867		17
18	Directors Fees										18
19	Professional Services			85,169	85,169		85,169	3,525	88,694		19
20	Dues, Fees, Subscriptions & Promotions			70,699	70,699	1,280	71,979	(4,329)	67,650		20
21	Clerical & General Office Expenses	256,196	88,313	78,519	423,028	(1,280)	421,748	540,080	961,828		21
22	Employee Benefits & Payroll Taxes			891,742	891,742	23,117	914,859		914,859		22
23	Inservice Training & Education			2,922	2,922		2,922	1,319	4,241		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			26,016	26,016	(13,608)	12,408	7,770	20,178		25
26	Insurance-Prop.Liab.Malpractice			134,268	134,268		134,268	2,311	136,579		26
27	Other (specify):* Allocated Employee Benefits							85,585	85,585		27
28	TOTAL General Administration	424,625	88,313	2,249,404	2,762,342	9,509	2,771,851	(252,370)	2,519,481		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,350,926	1,384,903	2,920,524	9,656,353	(13,608)	9,642,745	(363,685)	9,279,060		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	D. Ownership										
30	Depreciation			170,054	170,054		170,054	123,580	293,634		30
31	Amortization of Pre-Op. & Org.							117	117		31
32	Interest			6,129	6,129		6,129	2,542,596	2,548,725		32
33	Real Estate Taxes							400,169	400,169		33
34	Rent-Facility & Grounds			3,651,026	3,651,026		3,651,026	(3,651,026)			34
35	Rent-Equipment & Vehicles			10,620	10,620	13,608	24,228	8,787	33,015		35
36	Other (specify):* Mortgage Insurance							391,789	391,789		36
37	TOTAL Ownership			3,837,829	3,837,829	13,608	3,851,437	(183,988)	3,667,449		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		133,469	7,052	140,521		140,521		140,521		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			53,446	53,446		53,446	(53,446)			43
44	TOTAL Special Cost Centers		133,469	223,650	357,119		357,119	(53,446)	303,673		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,350,926	1,518,372	6,982,003	13,851,301		13,851,301	(601,119)	13,250,182		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	(92,995)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,679)	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				19
20	Contributions	(950)	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	(17,575)	43		24
25	Fund Raising, Advertising and Promotional	(2,816)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(30,000)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(146,478)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (292,493)		\$	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)	(308,626)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (308,626)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (601,119)		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: 1/01/2009

Ending: 12/31/2009

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Adjust Mgt Co. medical supplies "A" to cost	\$ (18,985)	10	1
2	Adjust Mgt Co. medical supplies "other" to cost	(50,216)	10	2
3	Adjust Mgt Co. food to cost	(18,719)	2	3
4	Non-allowable professional fees	(38,786)	19	4
5	Non-allowable patient clothing	(426)	43	5
6	Non-allowable auto expense - parking ticket	(100)	25	6
7	Non-allowable Illinois Council on Long Term Care Dues	(9,556)	20	7
8	Non-allowable Illinois Council on Long Term Care Dues	(3,963)	20	8
9	Non-allowable training and education	(148)	23	9
10	Non-allowable related party interest expense	(5,219)	32	10
11	Non-allowable professional fees	(85)	43	11
12	Non-allowable office expense	(275)	43	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	(146,478)		49

STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

1/01/2009

Ending:

12/31/2009

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(18,719)	0	0	0	18	0	0	0	0	0	0	(18,701)	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	6,148	0	0	0	0	0	0	0	0	6,148	5
6	Maintenance	0	0	9,126	0	0	0	0	0	0	0	0	9,126	6
7	Other (specify):*	0	0	593	0	0	0	0	0	0	0	0	593	7
8	TOTAL General Services	(18,719)	0	15,867	0	18	0	0	0	0	0	0	(2,834)	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	(69,201)	0	0	0	0	0	0	0	0	0	0	(69,201)	10
10a	Therapy	0	0	0	0	(64,117)	0	0	0	0	0	0	(64,117)	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	24,837	0	0	0	0	0	0	24,837	15
16	TOTAL Health Care and Programs	(69,201)	0	0	0	(39,280)	0	0	0	0	0	0	(108,481)	16
	C. General Administration													
17	Administrative	0	0	(888,631)	0	0	0	0	0	0	0	0	(888,631)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(38,786)	0	42,211	0	100	0	0	0	0	0	0	3,525	19
20	Fees, Subscriptions & Promotions	(13,519)	0	7,903	0	1,287	0	0	0	0	0	0	(4,329)	20
21	Clerical & General Office Expenses	0	0	536,701	0	3,379	0	0	0	0	0	0	540,080	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	(148)	0	803	0	664	0	0	0	0	0	0	1,319	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(100)	0	7,631	0	239	0	0	0	0	0	0	7,770	25
26	Insurance-Prop.Liab.Malpractice	0	0	2,311	0	0	0	0	0	0	0	0	2,311	26
27	Other (specify):*	0	0	85,362	0	223	0	0	0	0	0	0	85,585	27
28	TOTAL General Administration	(52,553)	0	(205,709)	0	5,892	0	0	0	0	0	0	(252,370)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(140,473)	0	(189,842)	0	(33,370)	0	0	0	0	0	0	(363,685)	29

STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

1/01/2009 Ending:

12/31/2009

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	13,623	109,905	52	0	0	0	0	0	0	123,580	30
31	Amortization of Pre-Op. & Org.	0	0	117	0	0	0	0	0	0	0	0	117	31
32	Interest	(98,214)	0	0	2,640,810	0	0	0	0	0	0	0	2,542,596	32
33	Real Estate Taxes	0	0	12,243	387,926	0	0	0	0	0	0	0	400,169	33
34	Rent-Facility & Grounds	0	0	0	(3,651,026)	0	0	0	0	0	0	0	(3,651,026)	34
35	Rent-Equipment & Vehicles	0	0	8,787	0	0	0	0	0	0	0	0	8,787	35
36	Other (specify):*	0	0	0	391,789	0	0	0	0	0	0	0	391,789	36
37	TOTAL Ownership	(98,214)	0	34,770	(120,596)	52	0	0	0	0	0	0	(183,988)	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):*	(53,806)	0	0	360	0	0	0	0	0	0	0	(53,446)	43
44	TOTAL Special Cost Centers	(53,806)	0	0	360	0	(53,446)	44						
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(292,493)	0	(155,072)	(120,236)	(33,318)	0	0	0	0	0	0	(601,119)	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 Centre, Lt	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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$		1
2	V	From Page 6A	960,069	Glen Health and Home Management, Inc.	A	804,997	(155,072)	2
3	V							3
4	V	From Page 6B	3,651,026	Glen Oaks Real Estate and Development, L.L.C.	B	3,530,790	(120,236)	4
5	V							5
6	V	From Page 6C	303,039	Therapy Masters, Inc.	C	269,721	(33,318)	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		\$ 4,914,134			\$ 4,605,508	\$ * (308,626)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 Management Fees	\$ 960,069	Glen Health and Home Management, Inc.	A	\$	\$(960,069)
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	6,148	6,148
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	5,200	5,200
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	42,211	42,211
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	7,903	7,903
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	46,011	46,011
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	85,955	85,955
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	803	803
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	7,631	7,631
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	2,311	2,311
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	13,623	13,623
26	V	31 Amortization		Glen Health and Home Management, Inc.	A	117	117
27	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	12,243	12,243
28	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	8,787	8,787
29	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	3,926	3,926
30	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	71,438	71,438
31	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	490,690	490,690
32	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(85,955)	(85,955)
33	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	593	593
34	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	10,848	10,848
35	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	74,514	74,514
36	V						
37	V						
38	V						
39	Total		\$ 960,069			\$ 804,997	\$ * (155,072)

* 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	43 Professional Fees	\$	Glen Oaks Real Estate and Development, L.L.C.	B	\$ 85	\$	85	15
16	V	43 Office Expense		Glen Oaks Real Estate and Development, L.L.C.	B	275		275	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	2,641,873		2,641,873	18
19	V	32 Interest Income		Glen Oaks Real Estate and Development, L.L.C.	B	(19,326)		(19,326)	19
20	V	32 Amortization of Mortgage Costs		Glen Oaks Real Estate and Development, L.L.C.	B	18,263		18,263	20
21	V	33 Real Estate Taxes		Glen Oaks Real Estate and Development, L.L.C.	B	387,926		387,926	21
22	V	34 Rental Income	3,651,026	Glen Oaks Real Estate and Development, L.L.C.	B			(3,651,026)	22
23	V	36 Mortgage Insurance Premium		Glen Oaks Real Estate and Development, L.L.C.	B	391,789		391,789	23
24	V								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		\$ 3,651,026			\$ 3,530,790	\$ *	(120,236)	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	\$ 303,039	Therapy Masters, Inc.	C	\$ 238,922	\$ (64,117)
16	V	19 Professional Fees		Therapy Masters, Inc.	C	100	100
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	C	39	39
18	V	20 Employment Fees		Therapy Masters, Inc.	C	1,248	1,248
19	V	21 Clerical Salaries		Therapy Masters, Inc.	C	2,220	2,220
20	V	21 Clerical		Therapy Masters, Inc.	C	1,159	1,159
21	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	25,060	25,060
22	V	23 Training and Education		Therapy Masters, Inc.	C	664	664
23	V	25 Auto Expenses		Therapy Masters, Inc.	C	239	239
24	V	2 Food Purchase		Therapy Masters, Inc.	C	18	18
25	V	22 Employee Benefits		Therapy Masters, Inc.	C	(25,060)	(25,060)
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	24,837	24,837
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	223	223
28	V	30 Depreciation		Therapy Masters, Inc.	C	52	52
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 303,039			\$ 269,721	\$ * (33,318)

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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre # 0022111 Report Period Beginning: 1/01/2009 Ending: 12/31/2009

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 %	156,726	15	25.60 %	Salary	\$ 38,155	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	43,154	10	25.60 %	Salary	10,506	Ln 21, Col 7	2
3	Daniel Glenner	Administrative	Administrative	0.00 %	23,764	10	25.60 %	Salary	5,785	Ln 21, Col 7	3
4	Elliot Glenner	Clerical	Clerical	0.00 %	8,411	10	25.60 %	Salary	2,048	Ln 21, Col 7	4
5	David Weinschneider	Administrative	Administrative	0.00 %	42,218	10	25.60 %	Salary	10,278	Ln 21, Col 7	5
6	Joshua Ray	V.P. of Operations	Administrative	0.00 %	156,726	10	25.60 %	Salary	38,155	Ln 21, Col 7	6
7	Barry Ray	Vice-President	Administrative	0.00 %	136,716	10	25.60 %	Salary	33,284	Ln 17, Col 7	7
8											8
9											9
10			See Attached Schedule B								10
11											11
12											12
13								TOTAL	\$ 138,211		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:

1/01/2009

Ending: 2/31/2009

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Resident Days	540,919	7	\$ 31,402	\$ 105,904	\$ 6,148	1
2	6	Repairs and Maintenance	Resident Days	540,919	7	26,561	105,904	5,200	2
3	19	Professional Fees	Resident Days	540,919	7	215,599	105,904	42,211	3
4	20	Licenses, Permits and Inspection	Resident Days	540,919	7	40,365	105,904	7,903	4
5	21	Clerical	Resident Days	540,919	7	235,006	105,904	46,011	5
6	22	Employee Benefits and Payroll	Resident Days	540,919	7	439,026	105,904	85,955	6
7	23	Training and Education	Resident Days	540,919	7	4,102	105,904	803	7
8	25	Auto Expenses	Resident Days	540,919	7	38,975	105,904	7,631	8
9	26	Insurance	Resident Days	540,919	7	11,803	105,904	2,311	9
10	30	Depreciation	Resident Days	540,919	7	69,580	105,904	13,623	10
11	31	Amortization	Resident Days	540,919	7	598	105,904	117	11
12	33	Real Estate Taxes	Resident Days	540,919	7	62,534	105,904	12,243	12
13	35	Equipment and Vehicle Rental	Resident Days	540,919	7	44,880	105,904	8,787	13
14	6	Janitorial Salaries	Resident Days	540,919	7	20,053	105,904	3,926	14
15	17	Officer's Salaries	Resident Days	540,919	7	364,880	364,880	71,438	15
16	21	Administrative Salaries	Resident Days	540,919	7	2,506,264	2,506,264	490,690	16
17	22	Employee Benefits	Payroll					(85,955)	17
18	7	Employee Benefits - Janitorial	Payroll					593	18
19	27	Employee Benefits - Officer's	Payroll					10,848	19
20	27	Employee Benefits - Admin	Payroll					74,514	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 4,111,628	\$ 2,891,197	\$ 804,997	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Glen Oaks Nursing & Rehabilitation Centre

0022111

Report Period Beginning:

1/01/2009

Ending:

12/31/2009

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	Midland Loan Services		X	Mortgage	\$244,030.26	12/22/08	\$ 39,270,000	\$ 39,008,218	1/01/2044	0.0675	\$ 2,641,873	1							
2	Midland Loan Services		X	Amortization of mortgage costs							18,263	2							
3	MB Financial Bank, N.A.		X	Finance telephone system	\$780.33	1/06/06	40,040	9,729	1/06/2011	0.0625	910	3							
4												4							
5												5							
Working Capital																			
6	Health & Home Management	X									5,219	6							
7							Non-Allowable related party interest;				(5,219)	7							
8												8							
9	TOTAL Facility Related				\$244,810.59		\$ 39,310,040	\$ 39,017,947			\$ 2,661,046	9							
B. Non-Facility Related*																			
10									Interest Income Offset:		(112,321)	10							
11												11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (112,321)	14							
15	TOTALS (line 9+line14)						\$ 39,310,040	\$ 39,017,947			\$ 2,548,725	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 391,789 Line # 36

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 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	<u>Patient Care</u>	<u>98,518</u>	<u>1985</u>	<u>\$ 345,000</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>16,632</u>	<u>2</u>
3	TOTALS	98,518		\$ 361,632	3

SEE ACCOUNTANTS' COMPILATION REPORT

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

Report Period Beginning:

1/01/2009

Ending:

12/31/2009**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	\$ 2,989,498
5										
6	Alloc from				355,107			9,727	9,727	
7	Mgt Comp									
8	Schedule J									
	Improvement Type**									
9	Leasehold Improvements		1980		7,274		65 months			7,274
10	Leasehold Improvements		1981		4,127		35 months			4,127
11	Sprinkler		1981		15,769		25			15,769
12	Ceiling - dining room		1982		3,621		10			3,621
13	Masonry - building		1982		15,200		10			15,200
14	Generator fixture		1982		7,967		10			7,967
15	Roofing		1983		28,000		10			28,000
16	Parking lot		1983		4,632		15			4,632
17	Painting		1983		14,000		5			14,000
18	Air-conditioner		1983		3,033		10			3,033
19	Leasehold Improvements		1984		40,296		10			40,296
20	Building Improvements		1985		28,578		10			28,578
21	Building Improvements		1986		14,578		10			14,578
22	Building Improvements		1987		7,225		10			7,225
23	Painting and decorating		1985		11,028		3			11,028
24	Sprinkler		1987		117,905		26	4,535	4,535	100,525
25	Building Improvements		1988		37,503		10			37,503
26	Building Improvements		1989		52,259		10			52,259
27	Building Improvements		1990		17,633		10			17,633
28	Building Improvements		1990		2,100		10			2,100
29	Building Improvements		1991		8,500		10			8,500
30	Building Improvements		1991		2,322		10			2,322
31	Building Improvements		1992		371,526		10			371,526
32	Building Improvements		1993		21,620		10			21,620
33	Building Improvements		1993		9,267		10			9,267
34	Building Improvements		1993		151,464		10			151,464
35										
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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Leasehold Improvements	1994	\$ 118,383	\$	10	\$	\$	\$ 118,383	37
38	Building Improvements	1995	20,792		10			20,792	38
39	New closets in rooms 150 and 180	1995	2,600		10			2,600	39
40	New 200 amp and 50 amp lines to activity room	1996	4,900		10			4,900	40
41	Construct office room in basement	1996	1,650		10			1,650	41
42	Roofing work	1996	95,112		10			95,112	42
43	Overbed tables	1997	3,537		10			3,537	43
44	Sprinklers	1997	8,367		10			8,367	44
45	Exiss observation system	1997	975		10			975	45
46	Fence post and rail	1997	1,885		10			1,885	46
47	Exhaust fan and stove	1997	8,143		10			8,143	47
48	Brick floor	1997	7,707		10			7,707	48
49	Wiring for telephones	1997	1,832		10			1,832	49
50	Fire alarm	1997	16,271		10			16,271	50
51	Piping	1997	821		10			821	51
52	Emergency lighting fixtures	1997	3,000		10			3,000	52
53	Wiring for exhaust fan	1997	1,610		10			1,610	53
54	Replacement door	1997	1,445		10			1,445	54
55	Therapy room	1997	6,116		10			6,116	55
56	Concrete	1997	895		10			895	56
57	Remodeling of physical and occupational therapy rooms	1997	268,920		10			268,920	57
58	Flooring	1997	585		10			585	58
59	Handrails: corner and bumper guards	1997	11,954		10			11,954	59
60	Fire alarm system improvements	1997	3,450		10			3,450	60
61	Ceiling tile	1997	3,985		10			3,985	61
62	New walls - therapy room	1997	2,982		10			2,982	62
63	Signs	1997	1,713		10			1,713	63
64	Electric service	1997	1,700		10			1,700	64
65	Chain link fence	1997	3,100		10			3,100	65
66	Dining room ceiling	1997	2,000		10			2,000	66
67	Balance air conditioner system	1997	24,290		10			24,290	67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,570,647	\$		\$ 133,842	\$ 133,842	\$ 4,600,265	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:

1/01/2009 Ending: 12/31/2009

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		\$ 5,570,647	\$		\$ 133,842	\$ 133,842	\$ 4,600,265	1
2	Video monitoring system	1997	1,932		10			1,932	2
3	Electric service	1998	3,250		10			3,250	3
4	Fire alarm system improvements	1998	2,625		10			2,625	4
5	Floor tiles	1998	3,598		10			3,598	5
6	Electrical work: install outlets, amp feeders	1999	16,737	556	10	556		16,737	6
7	Aquarium	1999	10,500	350	10	350		10,500	7
8	Hot water tanks	1999	5,132	172	10	172		5,132	8
9	Ceiling tiles	1999	2,689	89	10	89		2,689	9
10	Fabrication of 211 sleeves for fire dampers	1999	2,532	86	10	86		2,532	10
11	Two gold chandeliers	1999	4,193	142	10	142		4,193	11
12	Fire dampers installation	1999	5,083	172	10	172		5,083	12
13	Fire dampers installation	1999	1,641	55	10	55		1,641	13
14	Install new gas valves & gaskets on boiler	1999	4,173	385	10	385		4,173	14
15	Install new motor in water heater	1999	2,397	117	10	117		2,397	15
16	Install security cameras	1999	3,109	284	10	284		3,109	16
17	Furnish, wire & install lights in the main dining room	2000	2,640	264	10	264		2,508	17
18	Install 2 fan coils, water piping, drain & insulation	2000	4,300	430	10	430		4,085	18
19	Install new chiller	2000	1,925	192	10	192		1,824	19
20	Install handrails, wall bumpers & rubber cove base	2000	14,570	1,457	10	1,457		13,842	20
21	Install handrails, wall bumpers & rubber cove base	2000	5,904	590	10	590		5,605	21
22	Install corner guards	2000	1,616	162	10	162		1,539	22
23	Vinyl tiles & rubber cove base	2000	1,875	187	10	187		1,777	23
24	Electrical work	2000	30,000	3,000	10	3,000		28,500	24
25	Install metal partition walls with drywall	2000	3,280	328	10	328		3,116	25
26	Generator installation	2000	3,610	361	10	361		3,429	26
27	Relaminate bedside units and closet doors	2000	3,200	320	10	320		3,040	27
28	Install 6 circuits for new dialysis room	2000	3,485	348	10	348		3,307	28
29	Electrical project	2001	32,903	3,290	10	3,290		27,965	29
30	2 dura glide 3000 single door packages	2001	11,408	1,140	10	1,140		9,690	30
31	Nurses station with solid surface counter tops	2001	9,180	918	10	918		7,803	31
32	78 custom built-in wardrobes with sliding doors	2001	13,650	1,365	10	1,365		11,602	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,783,784	\$ 16,760		\$ 150,602	\$ 133,842	\$ 4,799,488	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 12B, Carried Forward		\$ 5,783,784	\$ 16,760		\$ 150,602	\$ 133,842	\$ 4,799,488	1
2	Elevator shaft exterior brick	2001	11,980	1,198	10	1,198		10,183	2
3	Remove lobby wall and install ceiling	2001	12,508	1,251	10	1,251		10,633	3
4	New ceiling and lighting project	2001	14,758	1,476	10	1,476		12,546	4
5	82 custom built-in wardrobes with sliding doors	2001	18,749	1,875	10	1,875		15,937	5
6	Carpeting	2001	3,589	359	10	359		3,051	6
7	Wallcovering installation and painting project	2001	5,181	518	10	518		4,403	7
8	Concrete repairs on handicap and delivery ramp	2001	3,600	360	10	360		3,060	8
9	Tuckpointing	2001	2,500	250	10	250		2,125	9
10	Paneling	2001	5,756	576	10	576		4,896	10
11	Nurses station with doors, counters and hanging chart units	2001	10,695	1,070	10	1,070		9,095	11
12	Installation of wallcovering	2002	2,380	238	10	238		1,785	12
13	Cooling tower	2002	6,950	695	10	695		5,213	13
14	Wallcovering border	2002	4,034	403	10	403		3,023	14
15	Installation of cooling tower	2002	46,000	4,600	10	4,600		34,500	15
16	Installation of hydraulic pump unit	2002	6,200	620	10	620		4,650	16
17	Econocare project	2002	14,000	1,400	10	1,400		10,500	17
18	Insurance claim refund	2002	(7,118)	(712)	10	(712)		(5,340)	18
19	Painting project	2002	4,750	475	10	475		3,563	19
20	Installation of wood blinds	2003	2,140	214	10	214		1,391	20
21	Air conditioning compressor	2003	7,617	762	10	762		4,953	21
22	Insurance claim refund - compressor	2003	(6,367)	(637)	10	(637)		(4,140)	22
23	Furnish and install one new hydraulic tank unit	2003	8,400	840	10	840		5,460	23
24	Parking lot paving project	2003	76,765	7,677	10	7,677		49,900	24
25	Center roof section reroofing project	2003	4,200	420	10	420		2,730	25
26	Remove and install new ceilings, install ceramic tile	2003	16,559	1,656	10	1,656		10,764	26
27	Center roof section reroofing project	2002	2,100	210	10	210		1,575	27
28	Installation of custom built wardrobes	2003	25,830	2,583	10	2,583		16,789	28
29	Installation of cove base, vinyl tiles and wallcovering	2002	35,098	3,510	10	3,510		26,325	29
30	Relocate water meter and install RPZ for plumbing project	2004	16,066	1,607	10	1,607		8,838	30
31	Furnish and install smoke detectors by doors	2004	8,490	849	10	849		4,670	31
32	Furnish and install glass for windows	2004	1,980	198	10	198		1,089	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,149,174	\$ 53,301		\$ 187,143	\$ 133,842	\$ 5,063,655	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		\$ 6,149,174	\$ 53,301		\$ 187,143	\$ 133,842	\$ 5,063,655	1
2	Provide and install delay lock & keypads, relocate kill switch	2004	1,762	176	10	176		968	2
3	Furnish and install new door detector on elevator door	2004	2,115	212	10	212		1,166	3
4	Wiring for cameras and quad installation	2004	1,574	157	10	157		864	4
5	Heat exchanger	2004	1,598	160	10	160		880	5
6	Landscaping project: tree planting	2004	4,650	465	10	465		2,558	6
7	Installed new parts and replace discharge gauge on chillers	2005	2,123	212	10	212		954	7
8	Installation of new compressor	2005	11,900	1,190	10	1,190		5,355	8
9	Furnish and install iron fencing	2005	5,400	540	10	540		2,430	9
10	Fireproofing project	2005	6,220	622	10	622		2,799	10
11	Replace car sills in elevators	2005	8,130	813	10	813		3,659	11
12	Furnish and install new controller and selector on elevator	2005	18,500	1,850	10	1,850		8,325	12
13	Remove and replace smoke detector	2005	1,679	168	10	168		756	13
14	Build and install custom built-in wardrobes and cabinets	2005	55,002	5,500	10	5,500		24,750	14
15	Insurance reimbursement of compressor loss	2005	(11,144)	(1,114)	10	(1,114)		(5,013)	15
16									16
17									17
18	Install new window frame at receptionist counter	2005	1,450	145	10	145		653	18
19	Install new ceramic wall tile, toilets, sinks, plumbing	2006	82,802	8,780	10	8,280	(500)	30,230	19
20	Carrier chiller compressor	2006	14,850	1,485	10	1,485		5,198	20
21	Insurance claim refund for damaged compressor	2006	(11,900)	(1,190)	10	(1,190)		(4,165)	21
22	Furnish and install elevator car, station	2006	13,711	1,371	10	1,371		4,799	22
23	Remove plumbing, drywall and shower stalls	2006	3,833	383	10	383		1,341	23
24	New elevator lobby car, controller, selector and fixtures	2006	42,711	4,271	10	4,271		14,949	24
25	Metal doors with framing	2006	7,289	729	10	729		2,551	25
26	Furnish and install 8 vertical rod devices on doors	2006	6,020	602	10	602		2,107	26
27	Furnish and install new elevator pump unit and valve assembly	2006	8,000	800	10	800		2,800	27
28	Sidewalk concrete project	2006	3,230	323	10	323		1,131	28
29	Remove and install elevator flooring, ceiling and lighting	2006	5,369	537	10	537		1,879	29
30	Furnish and install new elevator door opener and locks	2006	6,750	675	10	675		2,363	30
31	Telephone system	2006	17,040	4,004	10	1,704	(2,300)	11,714	31
32	Install drain tile system in rehab room	2007	5,300	530	10	530		1,325	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,465,138	\$ 87,697		\$ 218,739	\$ 131,042	\$ 5,192,981	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		\$ 6,465,138	\$ 87,697		\$ 218,739	\$ 131,042	\$ 5,192,981	1
2	Power rodding project	2007	5,800	580	10	580		1,450	2
3	Delime heater system	2007	2,861	286	10	286		715	3
4	Carrier chiller leak	2007	4,238	424	10	424		1,060	4
5	Installation of water heater	2007	6,180	618	10	618		1,545	5
6	Rewire smoke detector system	2007	2,570	257	10	257		643	6
7	Installation of chemical feed system	2007	2,897	290	10	290		725	7
8	Boiler refractory project	2007	3,930	393	10	393		983	8
9	Roofing project	2008	8,000	800	10	800		1,200	9
10	Roofing project	2008	7,650	765	10	765		1,148	10
11	Furnish and install smoke detectors in dining area	2008	6,515	652	10	652		978	11
12	Installation of split air cooling system for elevator mechanical room	2008	4,700	470	10	470		705	12
13	Satellite cable headend installation	2008	9,500	2,200	10	950	(1,250)	2,050	13
14									14
15	Furnish and install new panic bars, remove hardware on doors	2008	4,575	458	10	458		687	15
16	Install electrical receptacles for new televisions	2008	11,500	1,150	10	1,150		1,725	16
17	Add smoke detectors in dining area for first and second floors	2008	2,649	265	10	265		397	17
18	Wallcovering	2009	13,113	656	10	656		656	18
19	Lever Handle Passage locks brushed chrome	2009	3,997	200	10	200		200	19
20	Install entire condensing unit	2009	4,966	248	10	248		248	20
21	Resurface roof	2009	49,850	2,493	10	2,493		2,493	21
22	Remodel-Sign installation, remove existing border, wallcovering	2009	326,303	16,315	10	16,315		16,315	22
23	New drywall, painting doorframes, install handrails,								23
24	bumper guards,custom nurses stations, floor tile, co-base								24
25	& new doors								25
26	Furnish & install new domestic hot water heaters	2009	21,200	1,060	10	1,060		1,060	26
27	Furnish and install new toilets	2009	12,316	616	10	616		616	27
28	Furnish and install new toilets	2009	(1,108)	(55)	10	(55)		(55)	28
29	Install drywall on ceilings in closets	2009	6,800	340	10	340		340	29
30	Install fire sprinklers in closets	2009	3,900	195	10	195		195	30
31	Replace copper lines and relief valve on storage tank	2009	5,000	250	10	250		250	31
32	Power supply installation for telephone system	2009	2,581	129	10	129		129	32
33	Leasehold Improvements Allocated from Management Co:		31,645			801	801	27,486	33
34	TOTAL (lines 1 thru 33)		\$ 7,029,266	\$ 119,752		\$ 250,345	\$ 130,593	\$ 5,258,925	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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	\$ 574,271	\$ 32,137	\$ 32,137	\$	5,10 years	\$ 378,409	71
72	Current Year Purchases	45,595	2,280	2,280		10 years	2,280	72
73	Fully Depreciated Assets	1,085,618	4,144	4,144		5,7,10 years	1,085,618	73
74	Allocated from Management Company:	152,875		1,629	1,629		149,326	74
75	TOTALS	\$ 1,858,359	\$ 38,561	\$ 40,190	\$ 1,629		\$ 1,615,633	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	1,580	1,580		5 years	15,800	78
79	Allocated from Management Company:			17,471		1,519	1,519		9,153	79
80	TOTALS			\$ 79,375	\$ 1,580	\$ 3,099	\$ 1,519		\$ 71,057	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)	\$ 9,328,632	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 159,893	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 293,634	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 133,741	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,945,615	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

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

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

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

9. Option to Buy: YES NO Terms: N/A *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 14,381 Description: Ice-maker \$1,860, Postage meter \$846, Copy Machine \$7,915, Allocated from Mgt Company: \$3,760

(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	Patient Care	2008 Infiniti G35	\$ 558.74	\$ 6,705	17
18	Patient Care	2008 Infiniti FX35	575.23	6,903	18
19					19
20	Allocated from Management Company:			5,026	20
21	TOTAL		\$ #####	\$ 18,634	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>/2010</u>	\$ _____
13.	<u>/2011</u>	\$ _____
14.	<u>/2012</u>	\$ _____

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

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

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to hire only certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
 - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- SEE ACCOUNTANTS' COMPILATION REPORT**

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	Ln10a,Col 2&3	hrs	\$	1,962	\$ 111,674	\$ 187	1,962	\$ 111,861	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 3	hrs		584	34,031		584	34,031	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		2,171	157,334	653	2,171	157,987	4
5	Physician Care	Ln 39, Col 3	visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescrpts				133,469		133,469	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 1,2&3 Ln 39, Col 3	2,120 hours	55,465		188 7,052		2,120	55,653 7,052	13
14	TOTAL			\$ 55,465	4,717	\$ 310,279	\$ 134,309	6,837	\$ 500,053	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre# 0022111Report Period Beginning: 1/01/2009Ending: 12/31/2009

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2009

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 6,984,242	\$ 8,236,382	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>50,859</u>)	2,544,105	2,544,105	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	78,159	110,884	6
7	Other Prepaid Expenses	45,740	45,740	7
8	Accounts Receivable (owners or related parties)	(2,274,264)		8
9	Other(specify): <u>Other Receivables</u>	192,678	192,678	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 7,570,660	\$ 11,129,789	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		361,632	13
14	Buildings, at Historical Cost		3,942,500	14
15	Leasehold Improvements, at Historical Cost	2,601,009	3,086,766	15
16	Equipment, at Historical Cost	1,150,402	1,937,734	16
17	Accumulated Depreciation (book methods)	(2,762,207)	(6,945,615)	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,Escrows</u>)	161,504	1,086,971	22
23	Other(specify): <u>Mortgage Costs (Net):</u>		620,527	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,150,708	\$ 4,090,515	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,721,368	\$ 15,220,304	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 225,728	\$ 225,728	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	128,945	128,945	28
29	Short-Term Notes Payable	9,729	9,729	29
30	Accrued Salaries Payable	230,450	230,450	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		394,000	32
33	Accrued Interest Payable		219,421	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule E:</u>	931,442	931,442	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,526,294	\$ 2,139,715	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		39,008,218	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 39,008,218	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,526,294	\$ 41,147,933	46
47	TOTAL EQUITY(page 18, line 24)	\$ 7,195,074	\$ (25,927,629)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,721,368	\$ 15,220,304	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 6,033,997	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 6,033,997	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,411,077	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	(250,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,161,077	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)	\$ 7,195,074	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: 1/01/2009Ending: 12/31/2009

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 14,660,055	1
2	Discounts and Allowances for all Levels	(854,866)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,805,189	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	429,998	6
7	Oxygen	319,509	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 749,507	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	161,590	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	15,409	19
20	Radiology and X-Ray	2,280	20
21	Other Medical Services	352,848	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 532,127	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	92,995	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 92,995	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Public Aid Bedhold</u>	82,560	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 82,560	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,262,378	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,332,750	31
32	Health Care	4,561,261	32
33	General Administration	2,762,342	33
B. Capital Expense			
34	Ownership	3,837,829	34
C. Ancillary Expense			
35	Special Cost Centers	193,967	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)*	\$ 13,851,301	40
41	Income before Income Taxes (line 30 minus line 40)**	1,411,077	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,411,077	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: 1/01/2009

Ending:

12/31/2009

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	3,753	4,033	\$ 130,198	\$ 32.28	1
2	Assistant Director of Nursing	1,880	2,124	101,759	47.91	2
3	Registered Nurses	46,195	49,939	1,368,189	27.40	3
4	Licensed Practical Nurses					4
5	CNAs & Orderlies	119,391	131,986	1,590,660	12.05	5
6	CNA Trainees					6
7	Licensed Therapist	2,120	2,203	55,465	25.18	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,812	2,080	28,504	13.70	9
10	Activity Assistants	8,553	9,214	88,475	9.60	10
11	Social Service Workers	11,552	12,627	208,579	16.52	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	8,701	9,701	147,376	15.19	14
15	Cook Helpers/Assistants	29,482	31,858	346,903	10.89	15
16	Dishwashers					16
17	Maintenance Workers	8,078	8,542	125,476	14.69	17
18	Housekeepers	32,326	35,589	354,768	9.97	18
19	Laundry	12,879	14,353	140,334	9.78	19
20	Administrator	2,037	2,246	118,150	52.60	20
21	Assistant Administrator	1,949	2,086	50,279	24.10	21
22	Other Administrative					22
23	Office Manager	10,748	11,671	256,196	21.95	23
24	Clerical					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>	15,075	16,173	239,615	14.82	33
34	TOTAL (lines 1 - 33)	316,531	346,425	\$ 5,350,926 *	\$ 15.45	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	\$ 6,440	Ln 1, Col 3	35
36	Medical Director	Monthly	27,600	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,520	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	44	2,180	Ln11, Col 3	44
45	Social Service Consultant	23	1,266	Ln12, Col 3	45
46	Other(specify)				46
47	<u>Religious Consultant</u>	Monthly	285	Ln12, Col 3	47
48					48
49	TOTAL (lines 35 - 48)	67	\$ 40,291		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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Centre

Report Period Beginning: 1/01/2009

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Simcha Dachs	Administrator	0.00 %	\$ 118,150	Workers' Compensation Insurance	\$ 85,755	IDPH License Fee	\$ 1,990	
John Corso	Asst Administrator	0.00 %	50,279	Unemployment Compensation Insurance	23,018	Advertising: Employee Recruitment	468	
				FICA Taxes	394,389	Health Care Worker Background Check		
				Employee Health Insurance	124,516	(Indicate # of checks performed <u>102</u>)	1,020	
				Employee Meals	23,117	Patient Background Checks	26	
				Illinois Municipal Retirement Fund (IMRF)*				
				Other Employee Benefits	7,514	See Attached Schedule K:	54,722	
				Union Health and Welfare	135,871			
				Union Pension	48,221	Allocated from Therapy Masters, Inc.:	1,287	
				401K Match	16,058	Allocated from Management Company:	7,903	
				Profit Sharing	56,400	Less: Public Relations Expense	()	
				See Attached Schedule D:	0	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 168,429				\$ 914,859			\$ 67,650	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees (eliminated in Column 7)			\$ 960,069				Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense	
\$ 960,069								
C. Professional Services							Entertainment Expense	
Vendor/Payee	Type		Amount				()	
See Attached Schedule C:			88,779					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)							TOTAL (agree to Sch. V, line 24, col. 8)	
\$ 88,779							\$	

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014
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

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 \$14,170
- (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. \$ 32,048 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. \$ 23,117 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
- (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.
12/31/2009
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
 12/31/2009

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	17,743	32,651	33,386	13,658	29,564	29,724	156,726
Jonathan Glenner	4,885	8,990	9,193	3,761	8,140	8,185	43,154
Daniel Glenner	2,690	4,951	5,062	2,071	4,483	4,507	23,764
Elliot Glenner	952	1,752	1,792	733	1,587	1,595	8,411
David Weinschneider	4,779	8,795	8,994	3,679	7,964	8,007	42,218
Joshua Ray	17,743	32,651	33,386	13,658	29,564	29,724	156,726
Barry Ray	15,477	28,482	29,124	11,914	25,790	25,929	136,716
Total compensation received from other Nursing Homes	64,269	118,272	120,937	49,474	107,092	107,671	567,715

See Accountants' Compilation Report

XIX. SUPPORT SCHEDULES

SCHEDULE C

Page 21

C. Professional Services

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Health Data Systems, Inc.	Computers	7,425
Advanced Answers on Demand Inc.	Computers	2,720
E Health Data Solutions	Computers	5,160
RSM McGladrey	Accounting	36,592
Frost, Ruttenberg & Rothblatt	Accounting	400
ReedSmith Sachnoff & Weaver	Legal	388
Ira I. Silverstein	Legal	2,400
Much Shelist	Legal	2,789
Sherry A Fox Attorney At Law	Legal	1,200
Salk & Associates LLC	Architect Consulting	1,948
Prospect Resources, Inc.	Maintenance Consulting	1,500
Personnel Planners, Inc.	Unemployment Consulting	1,153
WMA Consulting Engineers	Maintenance Consulting	9,857
Commitment Consulting	A/R Collections	11,638
		<u>85,169</u>
Allocated from Glen Oaks Real Estate & Development, LLC.:		
Reed Smith, LLP - Legal		85
Total allocated from Glen Oaks Real Estate & Development, LLC.:		<u>85</u>
Allocated from Management Co.		
Health Data Systems, Inc. - Computer Services		1,165
RSM McGladrey - Accounting Services		37,688
ReedSmith Sachnoff & Weaver - Legal Services		934
Frost, Ruttenberg & Rothblatt - Accounting Services		2,252
Much Shelist - Legal Services		172
Total allocated from Management Co.		<u>42,211</u>
Total allocated from Therapy Masters, Inc.		100
Non-allowable Professional Fees:		
ReedSmith Sachnoff & Weaver - Legal - out of period		-43
RSM McGladrey - Accounting Fees		-24,620
Commitment Consulting - A/R Collections		-11,638

Ira I. Silverstein - A/R Collections	-2,400
ReedSmith LLP - Glen Oaks Real Estate & Development, LLC - out of period	<u>-85</u>
Total Non-allowable Professional Fees	<u>-38,786</u>
Total adjustments page 21, Sch C.	<u><u>3,610</u></u>
Total Schedule V, line 19, column 8	<u><u>88,779</u></u>

See Accountants' Compilation Report

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	38,818
FUTA	531
SUTA	1,207
401K Match	2,559
Insurance - Hospital	27,761
Employee Benefits	3,558
Other Employee Benefits	2,058
Workers Compensation Insurance	9,463
Total allocated from Management Co.	<u>85,955</u>
Allocate Employee Benefits to Line #'s 7, 27	-85,955
Allocated from Therapy Masters, Inc.	
FICA taxes	15,859
FUTA	239
SUTA	299
401K Match	1,522
Insurance - Hospital	4,163
Other Employee Benefits	55
Workers Compensation Insurance	2,923
Total allocated from Therapy Masters, Inc.	<u>25,060</u>
Allocate Employee Benefits to Line #'s 15, 27	-25,060
Total	<u>0</u>

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2009

SCHEDULE E

XV. SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Accrued Management Fee	529,804
BlueCross/Blue Shield Advance	13,493
Due to Third Party	189,796
Insurance Payable	55,889
Credit Union	100
Accrued Union Dues	3,520
Accrued Wage Assignment	81,811
Due Con. Mutual	709
Accrued 401K	1,544
Accrued Profit Sharing	54,776
Total, Page 17, Line36, Column 1	<u>931,442</u>

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2009

SCHEDULE F

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

Description	Amount	Reference
Patient Clothing	-426	43
Non-allowable professional fees	-38,786	19
Non-allowable office expense	-275	43
Non-allowable professional fees	-85	43
Non-allowable auto expense - City of Chicago parking ticket	-100	25
Non-allowable Illinois Council on Long Term Care Dues	-9,556	20
Non-allowable Illinois Council on Long Term Care Dues-out of period	-3,963	20
Non-allowable training and education	-148	23
Non-allowable related party interest expense	-5,219	32
Adjust Mgt. Co. Med Supplies - Med'A' purchases to cost	-18,985	10
Adjust Mgt. Co. Med Supplies - 'Other' purchases to cost	-50,216	10
Adjust Mgt. Co. Food purchases to cost	-18,719	2
Total	<u>-146,478</u>	

See Accountants' Compilation Report

Glen Oaks Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2009

SCHEDULE G

	Accrued 1/01/09	Payments	Expense	Accrued 12/31/09
Balance @ 1/01/2009:	-390,000.00		-390,000.00	
2008 real estate taxes paid		383,926.13	383,926.13	
Estimated 2009 real estate taxes:				
2008 taxes	383,926.13			
Estimated increase	2.50%			
Estimated 2009 taxes	<u>393,524.28</u>			
USE	<u>394,000.00</u>		394,000.00	-394,000.00
Totals	<u>-390,000.00</u>	<u>383,926.13</u>	<u>387,926.13</u>	<u>-394,000.00</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%
2008	383,926.13	4,302.35	1.13%

See Accountants' Compilation Report

Provider Name: Glen Oaks Nursing & Rehabilitation

Provider I.D. #: 0022111

Year Ended: December 31, 2009

SCHEDULE H

Training & Education

<u>Person(s) Attending</u>	<u>Date Attended</u>	<u>Location</u>	<u>Title Sponsor</u>	<u>Total Cost</u>
S. Dachs, D. Ong, L. Bugarin	2/26/2009	Skokie, Il	ILLINOIS COUNCIL ON L.T.C. New OBRA Pain Requirements	285
S. Dachs	3/25/2009	Skokie, Il	ILLINOIS COUNCIL ON L.T.C. New Labor Law Trends & Requirements	95
Theresa Chen	4/23-24/09	Arlington Hts., Il	COUNSELING CENTER OF ILLINOIS Food Service Sanitation Manager Certification Seminar	85
John Corso	2/27/2009	Northbrook, Il	NIU Outreach Manager Training Course	215
Cynthia Stachura	3/24/2009	Schaumburg, Il	CORPORATE TRAINING CENTER Management 101	165
S. Dachs	5/26/2009	Skokie, Il	ILLINOIS COUNCIL ON L.T.C. Money Down the Drain-Top Ten Ways That Providers Lose Money	95
All Certified Nursing Assistants	7/22/2009	In facility	DENNIS ONG Restorative Basics for Certiied Nursing Assistants	259
Department Heads, Administration Social Workers	8/19/2009	In facility	STANLEY MCCRACKEN Adherence Issues: Motivation & Change	600
S. Dachs, D. Ong, L. Bugarin	9/30/2009	Skokie, Il	ILLINOIS COUNCIL ON L.T.C. New Survival tools for the MDS Medicaid Audits	285
S. Dachs	10/28/2009	Skokie, Il	ILLINOIS COUNCIL ON L.T.C. The New IDPH Fingerprint Regulation	95
Theresa Chen	10/23/2009	Chicago, Il	CYNTHIA CHOW & ASSOCIATES Dietary Service Manager Annual Review	110
Nursing and Respiratory Staff	11/13/2009	In facility	PULMONARY EXCHANGE LTD.	390

S. Dachs	12/30/2009	Skokie, IL	Trach Care	
			ILLINOIS COUNCIL ON L.T.C. Preparing Successful Innovation Grant Applications	95
			Allocated From Management Company	803
			Allocated From Therapy Masters	664
			Total	<u>4,241</u>

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Oaks Nursing and Rehabilitation Centre, LTD.
 Provider #0022111
 12/31/2009

SCHEDULE I

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

	Gasoline	Licenses/ Stickers	Repairs	Mileage Reimburse	City of Chicago Ticket	Total
Direct Expense	7,026	315	2,919	2,047	100	12,408
Non-allowable auto expense - City of Chicago ticket						-100
Allocated from Therapy Masters, Inc.						239
Allocated from Management Company						7,631
TOTAL	<u>7,026</u>	<u>315</u>	<u>2,919</u>	<u>2,047</u>	<u>100</u>	<u>20,178</u>

See Accountants' Compilation Report

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

SCHEDULE J

ASSET DESCRIPTION	COST 6/30/1999	ADJUSTMENTS TO CAPITAL PROJECTION	ADJUSTED CAPITAL PROJECTION 6/30/1999	ADDITIONS		NURSING HOME PERCENTAGE 84.9438%	GLENBRIDGE 103,052/460,292 0.223883969	GLENCREST 111,372/460,292 0.241959452	GLEN OAKS 101,895/460,292 0.221370348	GLEN ELSTON 41,220/460,292 0.08955185	GLENSHIRE 102,753/460,292 0.223234382		
				7/1/99- 12/31/2004	COST 12/31/2000								
1996 BUILDING PURCHASE	230,000		230,000		<u>230,000</u>	195,371	43,740	47,272	-	43,249	-	17,496	43,614
1998 BUILDING RENOVATION													
GENERAL CONTRACTOR	957,570		957,570		957,570								
ELECTRICAL CONTRACTOR	275,576		275,576		275,576								
HVAC CONTRACTOR	182,130		182,130		182,130								
PLUMBING CONTRACTOR	68,599		68,599		68,599								
ARCHITECT FEES	115,968		115,968		115,968								
OTHER FEES AND PERMITS	33,024		33,024		33,024								
SECURITY SYSTEM	17,953		17,953		17,953								
TELEPHONE SYSTEM	12,500		12,500		12,500								
MISC. BUILDING COMPONENTS	24,226		24,226		24,226								
CAPITALIZED INTEREST	121,387	-15,261	106,126		106,126								
LANDSCAPING	30,000		30,000		30,000								
SPRINKLER SYSTEM	10,720		10,720		10,720								
HVAC SYSTEMS	24,749	-24,749	0		0								
WALL CONSTRUCTION	10,235	-10,235	0		0								
ELECTRICAL	10,634	-10,634	0		0								
MISC. IMPROVEMENTS	26,075	-26,075	0		0								
ASPHALT DRIVEWAY	5,900	-5,900	0		0								
					<u>2,064,392</u>	1,753,573	392,597	424,294	-	388,189	-	157,036	391,458
1999 ACCORD ELECTRIC				17,929	17,929								
HMS + ASSOCIATES-INTERIOR				31,505	31,505								
SAM MORMINO-LANDSCAPING				1,050	1,050								
ARCHITECTURAL DYNAMICS-ARCHITECT FEES				1,468	1,468								
MISC.				11,076	11,076								
					<u>2,127,420</u>	1,807,111	404,583	437,248	-	400,041	-	161,830	403,409
2000 AQUATIC WORKS - BUILT IN FISH TANK				5,000	5,000								
					<u>2,132,420</u>	1,811,359	405,534	438,275	-	400,981	-	162,211	404,358
2001 NO ADDITIONS													
2002 NO ADDITIONS					<u>2,132,420</u>	1,811,359	405,534	438,275	-	400,981	-	162,211	404,358
2003 SEAL COAT CORPORATION - SEAL PARKING LOT				2825	2825								
					<u>2,135,245</u>	1,813,758	406,071	438,856	-	401,512	-	162,425	404,893
2004 NO ADDITIONS					<u>2,135,245</u>	1,813,758	406,071	438,856	-	401,512	-	162,425	404,893
2005 NO ADDITIONS					<u>2,135,245</u>	1,813,758	406,071	438,856	-	401,512	-	162,425	404,893
2006 NO ADDITIONS					<u>2,135,245</u>	1,813,758	406,071	438,856	-	401,512	-	162,425	404,893

NURSING HOME	RECALCULATION BASED ON 2007 CENSUS							TOTAL
	GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE		
PERCENTAGE	93767	95,262	106,511	40,267	78,093	74,334	488,234	
84.9438%	0.192053401	0.195115457	0.218155638	0.082474797	0.159949942	0.152250765	1	

2007 NO ADDITIONS 2,135,245 1,813,758 348,338 353,892 395,682 149,589 290,111 276,146 1,813,758

NURSING HOME	RECALCULATION BASED ON 2008 CENSUS							TOTAL
	GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	
PERCENTAGE	93929	92,291	105,965	37,609	81,480	76,498	15,564	503,336
84.9438%	18.66%	18.34%	21.05%	7.47%	16.19%	15.20%	3.09%	1

2008 NO ADDITIONS 2,135,245 1,813,758 338,471 332,568 381,842 135,523 293,611 275,659 56,084 1,813,758

NURSING HOME	RECALCULATION BASED ON 2009 CENSUS							TOTAL
	GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	
PERCENTAGE	92,668	90,627	105,904	37,909	82,060	82,504	49,247	540,919
84.9438%	17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%

2009 NO ADDITIONS 2,135,245 1,813,758 310,726 303,882 355,107 127,113 275,156 276,645 165,130 1,813,758

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	27,689
Illinois Association of Health Care Facilities Dues	3,420
Village of Northbrook License, Inspection	1,325
State Fire Marshall Inspection	580
Cook County Boiler Inspection	532
Secretary of State Annual Report	175
Anderson Elevator Permit Fee	750
American Express Membership Renewal Fee	2,675
Department of Registration and Education Fee	100
Illinois Professional License Fee	103
Illinois Department of Public Health Fee	35
Employment Fees	30,857
Non-Allowable Illinois Council on Long Term Care Dues	-9,556
Non-Allowable Illinois Council on Long Term Care Dues-out of period	-3,963
Total	<u>54,722</u>

See Accountants' Compilation Report