

Facility Name & ID Number Glenlake Terrace Nursing & Rehabilitation

0048637 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	144	Skilled (SNF)	144	52,560	1
2		Skilled Pediatric (SNF/PED)			2
3	127	Intermediate (ICF)	127	46,355	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	271	TOTALS	271	98,915	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	16,018	612	5,501	22,131	8
9	SNF/PED					9
10	ICF	58,878	1,431	64	60,373	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	74,896	2,043	5,565	82,504	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.41%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 12/07/06

J. Was the facility purchased or leased after January 1, 1978?
YES Date 12/07/06 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 138 and days of care provided 4,990

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Glenlake Terrace Nursing & Rehabilitation # 0048637 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	345,920	55,201	21,040	422,161		422,161		422,161		1
2	Food Purchase		493,797		493,797	(24,740)	469,057	(58,337)	410,720		2
3	Housekeeping	99,963	27,624	206,802	334,389		334,389		334,389		3
4	Laundry	45,134	9,304	149,327	203,765		203,765		203,765		4
5	Heat and Other Utilities			254,599	254,599		254,599	4,790	259,389		5
6	Maintenance	63,577	42,966	96,632	203,175		203,175	7,110	210,285		6
7	Other (specify):* Allocated Employee Benefits							462	462		7
8	TOTAL General Services	554,594	628,892	728,400	1,911,886	(24,740)	1,887,146	(45,975)	1,841,171		8
	B. Health Care and Programs										
9	Medical Director			27,400	27,400		27,400		27,400		9
10	Nursing and Medical Records	4,224,429	755,565	17,668	4,997,662		4,997,662	(123,940)	4,873,722		10
10a	Therapy	33,698	3,669	398,681	436,048		436,048	(45,585)	390,463		10a
11	Activities	149,174	6,159	1,113	156,446		156,446		156,446		11
12	Social Services	114,332		4,034	118,366		118,366		118,366		12
13	CNA Training										13
14	Program Transportation			40	40		40		40		14
15	Other (specify):* Allocated Employee Benefits							36,700	36,700		15
16	TOTAL Health Care and Programs	4,521,633	765,393	448,936	5,735,962		5,735,962	(132,825)	5,603,137		16
	C. General Administration										
17	Administrative	92,429		786,080	878,509		878,509	(730,426)	148,083		17
18	Directors Fees										18
19	Professional Services			184,794	184,794		184,794	(57,473)	127,321		19
20	Dues, Fees, Subscriptions & Promotions			73,975	73,975	3,870	77,845	(566)	77,279		20
21	Clerical & General Office Expenses	196,584	93,076	44,312	333,972	(3,870)	330,102	419,155	749,257		21
22	Employee Benefits & Payroll Taxes			701,576	701,576	24,740	726,316		726,316		22
23	Inservice Training & Education			2,367	2,367		2,367	953	3,320		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			19,359	19,359	(9,225)	10,134	3,191	13,325		25
26	Insurance-Prop.Liab.Malpractice			185,558	185,558		185,558	1,800	187,358		26
27	Other (specify):* Allocated Employee Benefits							66,831	66,831		27
28	TOTAL General Administration	289,013	93,076	1,998,021	2,380,110	15,515	2,395,625	(296,535)	2,099,090		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,365,240	1,487,361	3,175,357	10,027,958	(9,225)	10,018,733	(475,335)	9,543,398		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	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			26,658	26,658		26,658	302,971	329,629			30
31	Amortization of Pre-Op. & Org.							91	91			31
32	Interest			222,197	222,197		222,197	852,154	1,074,351			32
33	Real Estate Taxes							165,880	165,880			33
34	Rent-Facility & Grounds			1,736,348	1,736,348		1,736,348	(1,736,348)				34
35	Rent-Equipment & Vehicles			30,340	30,340	9,225	39,565	6,845	46,410			35
36	Other (specify):*											36
37	TOTAL Ownership			2,015,543	2,015,543	9,225	2,024,768	(408,407)	1,616,361			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		178,980	129,114	308,094		308,094		308,094			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			148,356	148,356		148,356		148,356			42
43	Other (specify):* Non-Allowable			104,929	104,929		104,929	(104,929)				43
44	TOTAL Special Cost Centers		178,980	382,399	561,379		561,379	(104,929)	456,450			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,365,240	1,666,341	5,573,299	12,604,880		12,604,880	(988,671)	11,616,209			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	(9,043)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,510)	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	(650)	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	(100,355)	43		24
25	Fund Raising, Advertising and Promotional	(1,340)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(34)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(516,411)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (629,343)		\$	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)	(359,328)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (359,328)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (988,671)		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	1,946	Ln10,Co2	44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 1,946		47

BHF USE ONLY							
48		49		50		51	

SEE ACCOUNTANTS' COMPILATION REPORT

Glenlake Terrace Nursing & Rehabilitation

ID# 0048637

Report Period Beginning: 1/01/2009

Ending: 12/31/2009

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Adjust Mgt Co. medical supplies "A" to cost	\$ (36,588)	10	1
2	Adjust Mgt Co. medical supplies "other" to cost	(87,352)	10	2
3	Adjust Mgt Co. food to cost	(58,362)	2	3
4	Non-allowable patient clothing	(1,074)	43	4
5	Non-allowable professional fees	(91,210)	19	5
6	Non-allowable owner interest expense	(222,197)	32	6
7	Non-allowable auto expense - marketing	(3,082)	25	7
8	Non-allowable Illinois Council on Long Term Care Dues	(8,492)	20	8
9	Non-allowable office expense	(3,600)	21	9
10	Non-allowable trust fees	(575)	43	10
11	Non-Allowable depreciation - marketing	(3,150)	30	11
12	Non-allowable training and education	(585)	23	12
13	Non-allowable office expense	(25)	43	13
14	Non-allowable late fees on real estate tax payment	(119)	33	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	(516,411)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glenlake Terrace Nursing & Rehabilitation# 0048637

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	(58,362)	0	0	0	25	0	0	0	0	0	0	(58,337)	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	4,790	0	0	0	0	0	0	0	0	4,790	5
6	Maintenance	0	0	7,110	0	0	0	0	0	0	0	0	7,110	6
7	Other (specify):*	0	0	462	0	0	0	0	0	0	0	0	462	7
8	TOTAL General Services	(58,362)	0	12,362	0	25	0	0	0	0	0	0	(45,975)	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	(123,940)	0	0	0	0	0	0	0	0	0	0	(123,940)	10
10a	Therapy	0	0	0	0	(45,585)	0	0	0	0	0	0	(45,585)	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	36,700	0	0	0	0	0	0	36,700	15
16	TOTAL Health Care and Programs	(123,940)	0	0	0	(8,885)	0	0	0	0	0	0	(132,825)	16
	C. General Administration													
17	Administrative	0	0	(730,426)	0	0	0	0	0	0	0	0	(730,426)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(91,210)	0	32,884	717	136	0	0	0	0	0	0	(57,473)	19
20	Fees, Subscriptions & Promotions	(8,492)	0	6,157	0	1,769	0	0	0	0	0	0	(566)	20
21	Clerical & General Office Expenses	(3,600)	0	418,113	0	4,642	0	0	0	0	0	0	419,155	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	(585)	0	626	0	912	0	0	0	0	0	0	953	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(3,082)	0	5,945	0	328	0	0	0	0	0	0	3,191	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,800	0	0	0	0	0	0	0	0	1,800	26
27	Other (specify):*	0	0	66,501	0	330	0	0	0	0	0	0	66,831	27
28	TOTAL General Administration	(106,969)	0	(198,400)	717	8,117	0	0	0	0	0	0	(296,535)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(289,271)	0	(186,038)	717	(743)	0	0	0	0	0	0	(475,335)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glenlake Terrace Nursing & Rehabilitation# 0048637

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	(3,150)	0	10,613	295,437	71	0	0	0	0	0	0	302,971	30
31	Amortization of Pre-Op. & Org.	0	0	91	0	0	0	0	0	0	0	0	91	31
32	Interest	(231,240)	0	0	1,083,394	0	0	0	0	0	0	0	852,154	32
33	Real Estate Taxes	(119)	0	9,538	156,461	0	0	0	0	0	0	0	165,880	33
34	Rent-Facility & Grounds	0	0	0	(1,736,348)	0	0	0	0	0	0	0	(1,736,348)	34
35	Rent-Equipment & Vehicles	0	0	6,845	0	0	0	0	0	0	0	0	6,845	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(234,509)	0	27,087	(201,056)	71	0	0	0	0	0	0	(408,407)	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):*	(105,563)	0	0	634	0	0	0	0	0	0	0	(104,929)	43
44	TOTAL Special Cost Centers	(105,563)	0	0	634	0	(104,929)	44						
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(629,343)	0	(158,951)	(199,705)	(672)	0	0	0	0	0	0	(988,671)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Sidney Glenner	80.00 %	GlenBridge Nursing & Rehabilitation Centre,Ltd.	Niles	SEE ATTACHED SCHEDULE A		
Joshua Ray	20.00 %	GlenCrest Nursing & Rehabilitation Centre,Ltd.	Chicago			
		Glen Elston Nursing & Rehabilitation Centre,Ltd.	Chicago			
		Glen Oaks Nursing & Rehabilitation Centre,Ltd.	Northbrook			
		GlenShire Nursing & Rehabilitation Centre,Ltd.	Richton Park			
		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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	Total from Page 6A	\$ 786,080	Glen Health and Home Management, Inc.	A	\$ 627,129	\$ (158,951)	1
2	V							2
3	V	Total from Page 6B	1,736,348	GlenLake Terrace Realty LLC	B	1,536,643	(199,705)	3
4	V							4
5	V	Total from Page 6C	398,624	Therapy Masters, Inc.	C	397,952	(672)	5
6	V							6
7	V							7
8	V			OWNERSHIP REFERENCE:				8
9	V			A: Owned 100.00 % by Sidney Glenner through attribution				9
10	V			B: Owned 80.00 % by Sidney Glenner & 20.00 % by Joshua Ray				10
11	V			C: Owned 80.00 % by Sidney Glenner & 20.00 % by Barry Ray				11
12	V							12
13	V							13
14	Total		\$ 2,921,052			\$ 2,561,724	\$ * (359,328)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 Management Fees	\$ 786,080	Glen Health and Home Management, Inc.	A	\$	\$ (786,080) 15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	4,790	4,790 16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	4,051	4,051 17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	32,884	32,884 18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	6,157	6,157 19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	35,844	35,844 20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	66,963	66,963 21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	626	626 22
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	5,945	5,945 23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	1,800	1,800 24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	10,613	10,613 25
26	V	31 Amortization		Glen Health and Home Management, Inc.	A	91	91 26
27	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	9,538	9,538 27
28	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	6,845	6,845 28
29	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	3,059	3,059 29
30	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	55,654	55,654 30
31	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	382,269	382,269 31
32	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(66,963)	(66,963) 32
33	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	462	462 33
34	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	8,451	8,451 34
35	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	58,050	58,050 35
36	V						
37	V						
38	V						
39	Total		\$ 786,080			\$ 627,129	\$ * (158,951) 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	43 Clerical	\$	GlenLake Terrace Realty LLC	B	\$ 25	\$ 25	15
16	V	30 Depreciation		GlenLake Terrace Realty LLC	B	295,437	295,437	16
17	V	32 Interest Income		GlenLake Terrace Realty LLC	B	(140)	(140)	17
18	V	32 Interest Expense		GlenLake Terrace Realty LLC	B	1,078,742	1,078,742	18
19	V	33 Real Estate Taxes		GlenLake Terrace Realty LLC	B	156,461	156,461	19
20	V	34 Rental Income	1,736,348	GlenLake Terrace Realty LLC	B		(1,736,348)	20
21	V	32 Amortization of Mortgage Costs		GlenLake Terrace Realty LLC	B	4,792	4,792	21
22	V	19 Professional Fees		GlenLake Terrace Realty LLC	B	717	717	22
23	V	43 Trust Fees		GlenLake Terrace Realty LLC	B	575	575	23
24	V	43 State Replacement Taxes		GlenLake Terrace Realty LLC	B	34	34	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		\$ 1,736,348			\$ 1,536,643	\$ * (199,705)	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	\$ 398,624	Therapy Masters, Inc.	C	\$ 353,039	\$ (45,585)
16	V	19 Professional Fees		Therapy Masters, Inc.	C	136	136
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	C	54	54
18	V	20 Employment Fees		Therapy Masters, Inc.	C	1,715	1,715
19	V	21 Clerical Salaries		Therapy Masters, Inc.	C	3,050	3,050
20	V	21 Clerical		Therapy Masters, Inc.	C	1,592	1,592
21	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	37,030	37,030
22	V	23 Training and Education		Therapy Masters, Inc.	C	912	912
23	V	25 Auto Expenses		Therapy Masters, Inc.	C	328	328
24	V	2 Food Purchase		Therapy Masters, Inc.	C	25	25
25	V	22 Employee Benefits		Therapy Masters, Inc.	C	(37,030)	(37,030)
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	36,700	36,700
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	330	330
28	V	30 Depreciation		Therapy Masters, Inc.	C	71	71
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 398,624			\$ 397,952	\$ * (672)

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

Facility Name & ID Number Glenlake Terrace Nursing & Rehabilitation # 0048637 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	80.00 %	165,157	12	19.80 %	Salary	\$ 29,724	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	45,475	8	19.80 %	Salary	8,185	Ln 21, Col 7	2
3	Daniel Glenner	Administrative	Administrative	0.00 %	25,042	8	19.80 %	Salary	4,507	Ln 21, Col 7	3
4	Elliot Glenner	Clerical	Clerical	0.00 %	8,864	8	19.80 %	Salary	1,595	Ln 21, Col 7	4
5	David Weinschneider	Administrative	Administrative	0.00 %	44,489	8	19.80 %	Salary	8,007	Ln 21, Col 7	5
6	Joshua Ray	V.P. of Operations	Administrative	20.00 %	165,157	8	19.80 %	Salary	29,724	Ln 21, Col 7	6
7	Barry Ray	Vice-President	Administrative	0.00 %	144,071	8	19.80 %	Salary	25,929	Ln 17, Col 7	7
8											8
9											9
10			See Schedule B								10
11											11
12											12
13								TOTAL	\$ 107,671		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 Glenlake Terrace Nursing & Rehabilitation # 0048637 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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Resident Days	540,919	7	\$ 31,402	\$ 82,504	\$ 4,790	1
2	6	Repairs and Maintenance	Resident Days	540,919	7	26,561	82,504	4,051	2
3	19	Professional Fees	Resident Days	540,919	7	215,599	82,504	32,884	3
4	20	Licenses, Permits and Inspection	Resident Days	540,919	7	40,365	82,504	6,157	4
5	21	Clerical	Resident Days	540,919	7	235,006	82,504	35,844	5
6	22	Employee Benefits and Payroll	Resident Days	540,919	7	439,026	82,504	66,963	6
7	23	Training and Education	Resident Days	540,919	7	4,102	82,504	626	7
8	25	Auto Expenses	Resident Days	540,919	7	38,975	82,504	5,945	8
9	26	Insurance	Resident Days	540,919	7	11,803	82,504	1,800	9
10	30	Depreciation	Resident Days	540,919	7	69,580	82,504	10,613	10
11	31	Amortization	Resident Days	540,919	7	598	82,504	91	11
12	33	Real Estate Taxes	Resident Days	540,919	7	62,534	82,504	9,538	12
13	35	Equipment and Vehicle Rental	Resident Days	540,919	7	44,880	82,504	6,845	13
14	6	Janitorial Salaries	Resident Days	540,919	7	20,053	20,053	3,059	14
15	17	Officer's Salaries	Resident Days	540,919	7	364,880	364,880	55,654	15
16	21	Administrative Salaries	Resident Days	540,919	7	2,506,264	2,506,264	382,269	16
17	22	Employee Benefits	Payroll					(66,963)	17
18	7	Employee Benefits - Janitorial	Payroll					462	18
19	27	Employee Benefits - Officer's	Payroll					8,451	19
20	27	Employee Benefits - Admin	Payroll					58,050	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 4,111,628	\$ 2,891,197	\$ 627,129	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										
										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		12/27/07	\$ 16,000,000	\$ 15,485,185	12/27/2010	0.0609	\$ 1,078,742	1							
2	The PrivateBank		X	Amortization of mortgage costs							4,792	2							
3												3							
4												4							
5												5							
Working Capital																			
6	Sidney Glenner	X		Working Capital		12/14/06	3,990,456		12/14/08	0.0712	67,886	6							
7	AMJED Trust	X									154,311	7							
8							Non-allowable owner interest expense:				(222,197)	8							
9	TOTAL Facility Related						\$ 19,990,456	\$ 15,485,185			\$ 1,083,534	9							
B. Non-Facility Related*																			
10											Interest Income Offset:	(9,183)	10						
11													11						
12													12						
13													13						
14	TOTAL Non-Facility Related						\$	\$			\$ (9,183)	14							
15	TOTALS (line 9+line14)						\$ 19,990,456	\$ 15,485,185			\$ 1,074,351	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2008 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 2008 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2008.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2008 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 2009 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, please call the Bureau of Health Finance at (217) 782-1630.

2008 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glenlake Terrace Nursing & Rehabilitation COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0048637

CONTACT PERSON REGARDING THIS REPORT Charles J. Fischer

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2008 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2008.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>08-32-109-021</u>	<u>2222 14th Street, Waukegan, IL</u>	\$ <u>145,704.35</u>	\$ <u>145,704.35</u>
2.	<u>08-32-109-020</u>	<u>2300 14th Street, Waukegan, IL</u>	\$ <u>2,638.49</u>	\$ <u>2,638.49</u>
3.	<u>Allocated from Management Company:</u>	<u></u>	\$ <u>62,534.00</u>	\$ <u>9,538.00</u>
4.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
		TOTALS	\$ <u>210,876.84</u>	\$ <u>157,880.84</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation and 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 2008 tax bills which were listed in Section A to this statement. Be sure to use the 2008 tax bill which is normally paid during 2009.

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: 48,925 B. General Construction Type: Exterior Brick Frame Concrete and steel Number of Stories Four

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
 List entity name, type of business, square footage, and number of beds/units available (where applicable).
2300 WEST 14TH STREET, WAUKEGAN, IL - LAND LOCATED ADJACENT TO THE FACILITY.

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>79,750</u>	<u>2006</u>	<u>\$ 502,844</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>12,954</u>	<u>2</u>
3	TOTALS	79,750		\$ 515,798	3

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		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	271	2006	1974	\$ 7,636,686	\$ 254,556	30	\$ 254,556	\$	\$ 775,239	4
5										5
6	Alloc from			276,645			7,578	7,578		6
7	Mgt Comp									7
8	Schedule J									8
Improvement Type**										
9	HDSI programs and installation		2006	34,305	3,431	10	3,431		12,008	9
10	Furnish and install outdoor signs		2007	10,055	1,006	10	1,006		2,515	10
11	Remove and install vinyl cove base		2007	9,986	999	10	999		2,497	11
12	Furnish and install light fixture and run new piping		2007	2,672	267	10	267		668	12
13	Replace leaking hydraulic supply lines for elevators		2007	5,000	500	10	500		1,250	13
14	Furnish and install motor bearings and gasket on washing machine		2008	2,535	254	10	254		381	14
15	Coil rebuilding and water heater retubing		2008	3,276	328	10	328		492	15
16	Replace tube sheet and water return pump, replace piping		2008	2,717	272	10	272		408	16
17	Satelite cable Phase I channel Headend installation		2008	6,250	625	10	625		938	17
18	Satelite cable Phase II channel Headend installation		2008	6,250	625	10	625		938	18
19	Indoor cameras with power supply		2008	6,889	689	10	689		1,033	19
20	Indoor cameras and power supply		2008	3,211	321	10	321		482	20
21	Replace 2 inch galvanized hot water piping in laundry room		2009	2,500	125	10	125		125	21
22	Wiring for television system, create television outlets		2009	2,750	138	10	138		138	22
23	Furnish and install sentry guard water coil		2009	5,169	258	10	258		258	23
24	Install new receptacles on existing circuits for televisions		2009	8,800	440	10	440		440	24
25	Furnish and install wet-pipe sprinkler protection		2009	56,112	2,806	10	2,806		2,806	25
26	Remove existing cove base and carpet, floor prep, new carpet and wallpap		2009	3,364	168	10	168		168	26
27										27
28										28
29										29
30	Leasehold Improvements Allocated from Management Company			24,653			624	624	21,413	30
31										31
32										32
33										33
34										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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)	\$	\$		\$	\$	\$	70
			8,109,825		267,808		276,010	
						8,202	824,197	

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glenlake Terrace Nursing & Rehabilitation

0048637

Report Period Beginning:

1/01/2009

Ending:

12/31/2009

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	\$ 448,072	\$ 41,654	\$ 41,654	\$	10 years	\$ 135,495	71
72	Current Year Purchases	46,648	2,332	2,332		10 years	2,332	72
73	Fully Depreciated Assets							73
74	Allocated from Management Company:	119,097		1,300	1,300		116,332	74
75	TOTALS	\$ 613,817	\$ 43,986	\$ 45,286	\$ 1,300		\$ 254,159	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Care	2001 Ford Bus	2000	\$ 20,000	\$ 4,000	\$ 4,000	\$	5 years	\$ 14,000	76
77	Marketing	2009 Lincoln MKX	2009	31,500	3,150	3,150		5 years	3,150	77
78	Non-Allowable Marketing Depreciation Expense:								(3,150)	78
79	Allocated from Management Company:			13,610		1,183	1,183		7,130	79
80	TOTALS			\$ 65,110	\$ 7,150	\$ 8,333	\$ 1,183		\$ 21,130	80

E. Summary of Care-Related Assets

	1	2		
	Reference	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)	\$ 9,304,550	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 318,944	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 329,629	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 10,685	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,099,486	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: \$ 33,269 Description: Copier \$24,762, Ice-maker \$1,176, Dishmachine \$4,138, Postage Meter \$263, Alloc from Mgt Co: \$2,930

(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 Chevy Tahoe</u>	\$ <u>769.00</u>	\$ <u>9,225</u>	17
18					18
19	<u>Allocated from Management Company:</u>			<u>3,916</u>	19
20					20
21	TOTAL		\$ <u>769.00</u>	\$ <u>13,141</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. /2010 \$ _____

13. /2011 \$ _____

14. /2012 \$ _____

* 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	\$	3,816	\$ 191,828	\$ 1,898	3,816	\$ 193,726	1
2	Licensed Speech and Language Development Therapist	Ln 10a, Col 3	hrs		1,369	68,292		1,369	68,292	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		2,197	138,504	1,828	2,197	140,332	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescrpts				178,980		178,980	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>	Ln 10, Col 2					1,946		1,946	12
13	Radiology, Laboratory & Dialysis Other (specify): <u>Respiratory Therapy</u>	Ln 39, Col 3 Ln10a, Col 1	2,269 hours	33,698		129,114		2,269	129,114 33,698	13
14	TOTAL			\$ 33,698	7,382	\$ 527,738	\$ 184,652	9,651	\$ 746,088	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 Glenlake Terrace Nursing & Rehabilitation# 0048637Report 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	\$ 288,833	\$ 964,184	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>127,000</u>)	3,799,397	3,799,397	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	178,991	178,991	6
7	Other Prepaid Expenses	145,919	147,168	7
8	Accounts Receivable (owners or related parties)	(652,345)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,760,795	\$ 5,089,740	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		515,798	13
14	Buildings, at Historical Cost		7,913,331	14
15	Leasehold Improvements, at Historical Cost	171,841	196,494	15
16	Equipment, at Historical Cost	137,408	678,927	16
17	Accumulated Depreciation (book methods)	(56,466)	(1,099,486)	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 (specify):			22
23	Other(specify): <u>Mortgage Costs (Net):</u>		132,116	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 252,783	\$ 8,337,180	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,013,578	\$ 13,426,920	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 357,633	\$ 357,633	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	70,588	70,588	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	401,937	401,937	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		150,000	32
33	Accrued Interest Payable		14,392	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule E:</u>	479,050	479,050	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,309,208	\$ 1,473,600	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		15,485,185	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Stockholders:</u>	4,259,456	4,259,456	43
44	<u>Due to Affiliates:</u>	967,110	967,110	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 5,226,566	\$ 20,711,751	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,535,774	\$ 22,185,351	46
47	TOTAL EQUITY(page 18, line 24)	\$ (2,522,196)	\$ (8,758,431)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,013,578	\$ 13,426,920	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,467,537)	1
2	Restatements (describe):		2
3	Year-End AJE not posted	(2,475)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,470,012)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(52,184)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (52,184)	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)	\$ (2,522,196)	24

* Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenlake Terrace Nursing & Rehabilitation# 0048637Report 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	\$ 11,992,724	1
2	Discounts and Allowances for all Levels	(1,577,047)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,415,677	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	882,041	6
7	Oxygen	295,559	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,177,600	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	239,346	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	11,083	19
20	Radiology and X-Ray	5,609	20
21	Other Medical Services	676,657	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 932,695	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	9,043	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 9,043	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Private Bedhold Income</u>	980	28
28a	<u>Miscellaneous Income</u>	16,701	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 17,681	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,552,696	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,911,886	31
32	Health Care	5,735,962	32
33	General Administration	2,380,110	33
B. Capital Expense			
34	Ownership	2,015,543	34
C. Ancillary Expense			
35	Special Cost Centers	413,023	35
36	Provider Participation Fee	148,356	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,604,880	40
41	Income before Income Taxes (line 30 minus line 40)**	(52,184)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (52,184)	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 **Glenlake Terrace Nursing & Rehabilitation**

0048637

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	1,509	1,566	\$ 72,833	\$ 46.51	1
2	Assistant Director of Nursing	251	402	16,993	42.27	2
3	Registered Nurses	48,891	51,627	1,514,530	29.34	3
4	Licensed Practical Nurses	34,389	35,502	1,007,825	28.39	4
5	CNAs & Orderlies	128,317	136,435	1,389,556	10.18	5
6	CNA Trainees	11,688	12,294	97,244	7.91	6
7	Licensed Therapist	2,269	2,487	33,698	13.55	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,965	2,220	39,419	17.76	9
10	Activity Assistants	11,849	12,759	109,755	8.60	10
11	Social Service Workers	8,810	9,544	114,332	11.98	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	9,982	10,843	98,597	9.09	14
15	Cook Helpers/Assistants	23,808	25,440	247,323	9.72	15
16	Dishwashers					16
17	Maintenance Workers	3,431	3,819	63,577	16.65	17
18	Housekeepers	10,184	10,987	99,963	9.10	18
19	Laundry	5,527	6,118	45,134	7.38	19
20	Administrator	2,035	2,244	92,429	41.19	20
21	Assistant Administrator					21
22	Other Administrative	10,802	12,245	196,584	16.05	22
23	Office Manager					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>	10,664	11,485	125,448	10.92	33
34	TOTAL (lines 1 - 33)	326,371	348,017	\$ 5,365,240 *	\$ 15.42	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	\$ 21,040	Ln 1, Col 3	35
36	Medical Director	Monthly	27,400	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	8,355	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	22	1,113	Ln11,Col 3	44
45	Social Service Consultant	75	4,034	Ln12,Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	97	\$ 61,942		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	2	3	4	5	6	7	8	9	10	11	12	13								
													Amount of Expense Amortized Per Year							
													Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2006	FY2007	FY2008	FY2009
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 Glenlake Terrace Nursing & Rehabilitation# 0048637Report Period Beginning: 1/01/2009Ending: 12/31/2009**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 \$13,622
- (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. \$ 3,429 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES No NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 148,356
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. \$ 24,740 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (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

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0048637
12/31/2009

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
GlenLake Terrace Realty LLC	Skokie	Building Lessor
Fargo Real Estate & Development, LLC	Skokie	Building Lessor - Management Co.
Therapy Masters	Skokie	Therapy company

See Accountants' Compilation Report

GlenLake Terrace Nursing and Rehabilitation Centre, LTD.
 Provider I.D. # 0048637
 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
	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenCrest Nursing & Rehab. Centre, Ltd.	Glen Bridge Nursing & Rehab. Centre, Ltd.	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	Brentwood North Healthcare & Rehabilitation	
Sidney Glenner	38,155	32,651	33,386	13,658	29,564	17,743	165,157
Jonathan Glenner	10,506	8,990	9,193	3,761	8,140	4,885	45,475
Daniel Glenner	5,785	4,951	5,062	2,071	4,483	2,690	25,042
Elliot Glenner	2,048	1,752	1,792	733	1,587	952	8,864
David Weinschneider	10,278	8,795	8,994	3,679	7,964	4,779	44,489
Joshua Ray	38,155	32,651	33,386	13,658	29,564	17,743	165,157
Barry Ray	33,284	28,482	29,124	11,914	25,790	15,477	144,071
Total compensation received from other Nursing Homes	138,211	118,272	120,937	49,474	107,092	64,269	598,255

See Accountants' Compilation Report

SCHEDULE C

XIX. SUPPORT SCHEDULES

C. Professional Services

Page 21

<u>Vendor/Payee</u>	<u>Type</u>	<u>AMOUNT</u>
Health Data Systems, Inc.	Computers	7,256
E Health Data Solutions	Computers	3,592
IIT Sourcetek	Computers	1,140
RSM McGladrey	Accounting	29,312
Frost, Ruttenberg & Rothblatt	Accounting	400
ReedSmith LLC	Legal	2,095
Much Shelist	Legal	5,011
Ashman & Stein	Legal	106,964
Mary Koopman	Legal	240
Personnel Planners, Inc.	Unemployment Consulting	2,825
Commitment Consulting	A/R Collections	25,960
Total Schedule V, Line 19, Col. 3		<u>184,794</u>
Allocated from Management Co:		
Health Data Systems, Inc. - Computer Services		907
RSM McGladrey - Accounting Services		29,361
ReedSmith Sachnoff & Weaver - Legal Services		728
Frost, Ruttenberg & Rothblatt - Accounting Services		1,754
Much Shelist - Legal Services		134
Total allocated from Management Co.		<u>32,884</u>
Allocated from GlenLake Terrace Realty LLC:		
Michael J. Wilson & Associates - Legal Services		500
MB Financial Bank- Loan Modification Agreement		217
Total allocated from GlenLake Terrace Realty LLC:		<u>717</u>
Total allocated from Therapy Masters:		136

Non-Allowable Expenses:	
Commitment Consulting - A/R Collections	-25,960
RSM McGladrey - Accounting Fees	-21,480
Ashman & Stein - Legal - out of period	-43,053
Michael J. Wilson & Associates - Legal Services - out of period	-500
MB Financial Bank- Loan Modification Agreement - out of period	-217
Total Non-Allowable Expenses:	<u>-91,210</u>

Total adjustments page 21, Sch C. -57,473

Total Schedule V, line 19, column 8 127,321

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	30,241
FUTA	414
SUTA	940
401K Match	1,995
Insurance - Hospital	21,627
Employee Benefits	2,771
Other Employee Benefits	1,603
Workers Compensation Insurance	7,372
Total allocated from Management Co.	<u>66,963</u>
Employee Benefits reclassified to Lines 7, 27	-66,963
Allocated from Therapy Masters, Inc.:	
FICA taxes	23,434
FUTA	354
SUTA	441
401K Match	2,249
Insurance - Hospital	6,151
Workers Compensation Insurance	4,319
Other Employee Benefits	82
Total allocated from Therapy Masters, Inc. Co.	<u>37,030</u>
Employee Benefits reclassified to Lines 15,27	-37,030
Total allocated to Page 21	<u>0</u>

See Accountants' Compilation Report

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0048637
12/31/2009

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Due to Third Party	390,811
B/C B/S Advance	3,312
Accrued Union Dues	2,623
Accrued Wage Assignment	(2,450)
Accrued Profit Sharing	(385)
Due Con. Mutual	(902)
Accrued Management Fees	80,702
Refunds Exchange	5,339
Total, Page 17, Line36	<u><u>479,050</u></u>

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GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0048637
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SCHEDULE F

SCHEDULE VI. ADJUSTMENT DETAIL

Schedule A. Nonallowable Expenses

Page 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>REFERENCE</u>
Patient clothing	-1,074	43
Non-allowable owner interest expense	-222,197	32
Non-allowable office expense	-3,600	21
Non-allowable professional fees	-91,210	19
Non-allowable training and education	-585	23
Non-allowable depreciation - marketing	-3,150	30
Non-allowable auto expense - marketing	-3,082	25
Non-allowable Illinois Council on Long Term Care Dues	-8,492	20
Non-allowable office expense	-25	43
Non-allowable trust fees	-575	43
Non-allowable late fees on payment of real estate taxes	-119	33
Adjust mgt co. med supplies - med'A' to cost	-36,588	10
Adjust mgt co. med supplies - 'other' to cost	-87,352	10
Adjust mgt co. food to cost	-58,362	2
Total	<u>-516,411</u>	

See Accountants' Compilation Report

**GlenLake Terrace Realty LLC
Accrued Real Estate Taxes
12/31/2009**

SCHEDULE G

	Accrued 1/01/09	Payments	Expense	Accrued 12/31/09
Balance @ 1/01/2009:	(142,000.00)		(142,000.00)	
2008 real estate taxes paid		145,704.35	145,704.35	
Estimated 2009 real estate taxes:				
2008 taxes	145,704.35			
Estimated increase	2.50 %			
Estimated 2009 taxes	149,346.96			
USE	150,000.00		150,000.00	150,000.00
Totals	(142,000.00)	145,704.35	153,704.35	150,000.00

Real estate tax history:

	Year	Amount	Increase	
		\$	\$	%
	2005	99,869.61		
	2006	101,899.43	2,029.82	2.03%
	2007	137,996.93	36,097.50	35.42%
	2008	145,704.35	7,707.42	5.59%

SEE ACCOUNTANTS' COMPILATION REPORT

Provider Name: Glen Lake Terrace Nursing & Rehabilitation Center
Provider I.D. #: 0048637
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>
M. Claussen, L Creal	7/08/09	Skokie, IL	ILLINOIS COUNCIL LTC Hear it Directly from the Surveyors: What's Needed; What's Missing	190
Social Service and Nursing Dept	7/22/09	Facility	Joseph Monahan Legal & Ethical Issues for Social Service Providers and Nursing Professionals	750
I Panihilan	9/17-9/18/09	Chicago, IL	Synergicare WOUND CARE 101	99
M. Claussen, G Creal	9/30/2009	Skokie, IL	ILLINOIS COUNCIL LTC New Survival tools for the MDS Medicaid Audits	190
Nursing & Respiratory Staff	10/13/09	Facility	PEL/VIP MEDICAL STAFFING Trach Care	553
			Allocated From Management Company	626
			Allocated From Therapy Masters	912
			Total	<u>3,320</u>

SEE ACCOUNTANTS' COMPILATION REPORT

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
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SCHEDULE I

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

	Gasoline	Licenses/ Stickers	Mileage Reimburse	Auto Repairs	Total
Direct Expense	4,452	158	2,990	2,401	10,000
Non-allowable auto expense - marketing					-3,082
Allocated from GlenLake Terrace Realty LLC					134
Allocated from Management Company					5,945
Allocated from Therapy Masters					328
TOTAL	4,452	158	2,990		13,325

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 PERCENTAGE	RECALCULATION BASED ON 2007 CENSUS					TOTAL				
		GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE		GLENLAKE			
	84.9438%	93767 0.192053401	95,262 0.195115457	106,511 0.218155638	40,267 0.082474797	78,093 0.159949942	74,334 0.152250765	488,234 1			
2007 NO ADDITIONS		<u>2,135,245</u>	1,813,758	<u>348,338</u>	<u>353,892</u>	<u>395,682</u>	<u>149,589</u>	<u>290,111</u>	<u>276,146</u>	<u>1,813,758</u>	
	NURSING HOME PERCENTAGE	RECALCULATION BASED ON 2008 CENSUS					TOTAL				
		GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE		GLENLAKE	BRENTWOOD		
	84.9438%	93929 18.66%	92,291 18.34%	105,965 21.05%	37,609 7.47%	81,480 16.19%	76,498 15.20%	15,564 3.09%	503,336 1		
2008 NO ADDITIONS		<u>2,135,245</u>	1,813,758	<u>338,471</u>	<u>332,568</u>	<u>381,842</u>	<u>135,523</u>	<u>293,611</u>	<u>275,659</u>	<u>56,084</u>	<u>1,813,758</u>
	NURSING HOME PERCENTAGE	RECALCULATION BASED ON 2009 CENSUS					TOTAL				
		GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE		GLENLAKE	BRENTWOOD		
	84.9438%	92,668 17.13%	90,627 16.75%	105,904 19.58%	37,909 7.01%	82,060 15.17%	82,504 15.25%	49,247 9.10%	540,919 100.00%		
2009 NO ADDITIONS		<u>2,135,245</u>	1,813,758	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>	<u>127,113</u>	<u>275,156</u>	<u>276,645</u>	<u>165,130</u>	<u>1,813,758</u>

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
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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	22,114
Employment Fees	48,834
City of Waukegan Business License Fee	900
City of Waukegan Annual Sign Fee	136
State Fire Marshall Boiler Inspection	395
Lake County Health Department Food Service Permit Fee	415
CLIA Laboratory Program Certificate of Waiver User Fee	150
Secretary of State Annual Report, Fees	375
Non-allowable Illinois Council on Long Term Care Dues	<u>-8,492</u>
Total allocated to Page 21	<u><u>64,827</u></u>

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