

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre

0035014 Report Period Beginning: 1/01/2010 Ending: 12/31/2010

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	151	Skilled (SNF)	151	55,115	1
2		Skilled Pediatric (SNF/PED)			2
3	151	Intermediate (ICF)	151	55,115	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	302	TOTALS	302	110,230	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	3 Private Pay	4 Other	4 Total	
8	SNF	22,023	874	9,764	32,661	8
9	SNF/PED					9
10	ICF	56,556	1,315	95	57,966	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	78,579	2,189	9,859	90,627	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 82.22%

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 3/01/89

J. Was the facility purchased or leased after January 1, 1978?
YES Date 3/01/89 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 140 and days of care provided 8,423

Medicare Intermediary Wisconsin Physicians Service Insurance Corporation

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre # 0035014 Report Period Beginning: 1/01/2010 Ending: 12/31/2010

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	445,070	81,362	34,976	561,408		561,408		561,408		1
2	Food Purchase		708,435		708,435	(36,014)	672,421	(54,172)	618,249		2
3	Housekeeping	305,010	43,527		348,537		348,537		348,537		3
4	Laundry	136,249	13,911	7,870	158,030		158,030		158,030		4
5	Heat and Other Utilities			302,245	302,245		302,245	7,198	309,443		5
6	Maintenance	92,070	34,502	84,662	211,234		211,234	14,503	225,737		6
7	Other (specify):* Allocated Employee Benefits							566	566		7
8	TOTAL General Services	978,399	881,737	429,753	2,289,889	(36,014)	2,253,875	(31,905)	2,221,970		8
	B. Health Care and Programs										
9	Medical Director			90,150	90,150		90,150		90,150		9
10	Nursing and Medical Records	4,292,368	916,103	23,842	5,232,313		5,232,313	(173,007)	5,059,306		10
10a	Therapy	392,836	3,628	1,556,766	1,953,230		1,953,230	(246,840)	1,706,390		10a
11	Activities	175,094	7,070	2,400	184,564		184,564		184,564		11
12	Social Services	220,952		8,454	229,406		229,406		229,406		12
13	CNA Training										13
14	Program Transportation			2,708	2,708		2,708		2,708		14
15	Other (specify):* Allocated Employee Benefits							148,104	148,104		15
16	TOTAL Health Care and Programs	5,081,250	926,801	1,684,320	7,692,371		7,692,371	(271,743)	7,420,628		16
	C. General Administration										
17	Administrative	168,392		2,142,801	2,311,193		2,311,193	(2,109,549)	201,644		17
18	Directors Fees										18
19	Professional Services			80,078	80,078	(34,305)	45,773	23,081	68,854		19
20	Dues, Fees, Subscriptions & Promotions			117,139	117,139	2,860	119,999	7,557	127,556		20
21	Clerical & General Office Expenses	333,039	42,316	280,412	655,767	(2,860)	652,907	489,266	1,142,173		21
22	Employee Benefits & Payroll Taxes			1,015,177	1,015,177	36,014	1,051,191		1,051,191		22
23	Inservice Training & Education			2,919	2,919		2,919	6,394	9,313		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			31,346	31,346	(18,669)	12,677	3,209	15,886		25
26	Insurance-Prop.Liab.Malpractice			336,521	336,521		336,521	6,375	342,896		26
27	Other (specify):* Allocated Employee Benefits							81,563	81,563		27
28	TOTAL General Administration	501,431	42,316	4,006,393	4,550,140	(16,960)	4,533,180	(1,492,104)	3,041,076		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,561,080	1,850,854	6,120,466	14,532,400	(52,974)	14,479,426	(1,795,752)	12,683,674		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			231,530	231,530		231,530	206,354	437,884			30
31	Amortization of Pre-Op. & Org.							98	98			31
32	Interest			24,350	24,350		24,350	1,241,842	1,266,192			32
33	Real Estate Taxes					34,305	34,305	426,177	460,482			33
34	Rent-Facility & Grounds			2,615,620	2,615,620		2,615,620	(2,615,620)				34
35	Rent-Equipment & Vehicles			2,755	2,755	18,669	21,424	6,375	27,799			35
36	Other (specify):* Mortgage Insurance							101,276	101,276			36
37	TOTAL Ownership			2,874,255	2,874,255	52,974	2,927,229	(633,498)	2,293,731			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		449,450	136,046	585,496		585,496		585,496			39
40	Barber and Beauty Shops			32	32		32		32			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			165,348	165,348		165,348		165,348			42
43	Other (specify):* Non-Allowable			136,519	136,519		136,519	(136,519)				43
44	TOTAL Special Cost Centers		449,450	437,945	887,395		887,395	(136,519)	750,876			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,561,080	2,300,304	9,432,666	18,294,050		18,294,050	(2,565,769)	15,728,281			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	(9,780)	21		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	(6,949)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(985)	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	(5,000)	43		18
19	Entertainment				19
20	Contributions	(3,100)	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	(99,000)	43		24
25	Fund Raising, Advertising and Promotional	(28,224)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(1,491)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(887,055)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,041,584)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,524,185)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,524,185)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,565,769)		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	

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Bridge Nursing & Rehabilitation Centre

ID# 0035014

Report Period Beginning: 1/01/2010

Ending: 12/31/2010

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Patient clothing	\$ (210)	43	1
2	Adjust Mgt Co. med supplies - "other" to cost	(113,594)	10	2
3	Adjust Mgt Co. med supplies - med"A" to cost	(59,413)	10	3
4	Adjust Mgt Co. food to cost	(54,172)	2	4
5	Non-allowable professional fees	(50,155)	19	5
6	Non-allowable auto expense - marketing	(1,557)	25	6
7	Non-allowable bank charges	(75)	43	7
8	Non-allowable IL Council on Long Term Care Fee	(11,056)	20	8
9	Non-allowable related party interest expense	(24,350)	32	9
10	Non-allowable clerical expense	(273)	43	10
11	Non-allowable auto expense - City of Chicago tickets	(200)	25	11
12	Non-allowable guaranteed payment	(572,000)	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	(887,055)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre# 0035014

Report Period Beginning:

1/01/2010

Ending:

12/31/2010

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	(54,172)	0	0	0	0	0	0	0	0	0	0	(54,172)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	7,198	0	0	0	0	0	0	0	0	7,198	5
6	Maintenance	0	0	14,467	0	0	36	0	0	0	0	0	14,503	6
7	Other (specify):*	0	0	566	0	0	0	0	0	0	0	0	566	7
8	TOTAL General Services	(54,172)	0	22,231	0	0	36	0	0	0	0	0	(31,905)	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	(173,007)	0	0	0	0	0	0	0	0	0	0	(173,007)	10
10a	Therapy	0	0	0	0	0	(246,840)	0	0	0	0	0	(246,840)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	148,104	0	0	0	0	0	148,104	15
16	TOTAL Health Care and Programs	(173,007)	0	0	0	0	(98,736)	0	0	0	0	0	(271,743)	16
	C. General Administration													
17	Administrative	0	0	(1,047,069)	(1,062,480)	0	0	0	0	0	0	0	(2,109,549)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(50,155)	0	40,299	0	32,055	882	0	0	0	0	0	23,081	19
20	Fees, Subscriptions & Promotions	(11,056)	0	1,013	0	0	17,600	0	0	0	0	0	7,557	20
21	Clerical & General Office Expenses	(9,780)	0	476,266	0	0	22,780	0	0	0	0	0	489,266	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	650	0	0	5,744	0	0	0	0	0	6,394	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(1,757)	0	3,853	0	0	1,113	0	0	0	0	0	3,209	25
26	Insurance-Prop.Liab.Malpractice	0	0	2,920	0	0	3,455	0	0	0	0	0	6,375	26
27	Other (specify):*	0	0	80,233	0	0	1,330	0	0	0	0	0	81,563	27
28	TOTAL General Administration	(72,748)	0	(441,835)	(1,062,480)	32,055	52,904	0	0	0	0	0	(1,492,104)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(299,927)	0	(419,604)	(1,062,480)	32,055	(45,796)	0	0	0	0	0	(1,795,752)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre# 0035014

Report Period Beginning:

1/01/2010 Ending:

12/31/2010

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	12,314	0	193,533	507	0	0	0	0	0	206,354	30
31	Amortization of Pre-Op. & Org.	0	0	98	0	0	0	0	0	0	0	0	98	31
32	Interest	(31,299)	0	0	0	1,273,141	0	0	0	0	0	0	1,241,842	32
33	Real Estate Taxes	0	0	5,905	0	420,272	0	0	0	0	0	0	426,177	33
34	Rent-Facility & Grounds	0	0	0	0	(2,615,620)	0	0	0	0	0	0	(2,615,620)	34
35	Rent-Equipment & Vehicles	0	0	6,375	0	0	0	0	0	0	0	0	6,375	35
36	Other (specify):*	0	0	0	0	101,276	0	0	0	0	0	0	101,276	36
37	TOTAL Ownership	(31,299)	0	24,692	0	(627,398)	507	0	0	0	0	0	(633,498)	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):*	(710,358)	0	0	0	573,839	0	0	0	0	0	0	(136,519)	43
44	TOTAL Special Cost Centers	(710,358)	0	0	0	573,839	0	0	0	0	0	0	(136,519)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(1,041,584)	0	(394,912)	(1,062,480)	(21,504)	(45,289)	0	0	0	0	0	(2,565,769)	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 %	GlenCrest Nursing & Rehabilitation Centre, Ltd.	Chicago	SEE ATTACHED SCHEDULE A		
		Glen Elston Nursing & Rehabilitation Centre, Ltd.	Chicago			
		Glen Oaks Nursing & Rehabilitation Centre, Ltd.	Northbrook			
		GlenShire Nursing & Rehabilitation Centre, Ltd.	Richton Park			
		GlenLake Terrace Nursing & Rehabilitation Ctr, Ltd.	Waukegan			
		Brentwood North Healthcare & Rehabilitation Ctr, Inc.	Riverwoods			

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

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

1	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		\$					
2	V	Total from Page 6A	1,080,321	Glen Health and Home Management, Inc.	A	685,409	(394,912)	1
3	V							2
4	V	Total from Page 6B	1,062,480	GlenBar Management Company, Ltd.	B		(1,062,480)	3
5	V							4
6	V	Total from Page 6C	2,615,620	GlenBridge Real Estate and Development, L.L.C.	C	2,594,116	(21,504)	5
7	V							6
8	V	Total from Page 6D	1,556,766	Therapy Masters, Inc.	D	1,511,477	(45,289)	7
9	V							8
10	V							9
11	V							10
12	V							11
13	V							12
14	Total		\$ 6,315,187			\$ 4,791,002	\$ * (1,524,185)	13
								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	\$ 1,080,321	Glen Health and Home Management, Inc.	A	\$	\$(1,080,321)
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	7,198	7,198
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	11,113	11,113
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	40,299	40,299
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	1,013	1,013
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	36,596	36,596
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	80,799	80,799
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	650	650
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	3,853	3,853
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	2,920	2,920
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	12,314	12,314
26	V	31 Amortization		Glen Health and Home Management, Inc.	A	98	98
27	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	5,905	5,905
28	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	6,375	6,375
29	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	3,354	3,354
30	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	33,252	33,252
31	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	439,670	439,670
32	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(80,799)	(80,799)
33	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	566	566
34	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	5,647	5,647
35	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	74,586	74,586
36	V						
37	V						
38	V			A - OWNERSHIP: Sidney Glenner - 100 % through attribution			
39	Total		\$ 1,080,321			\$ 685,409	\$ * (394,912)

* 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 Administrative	\$ 1,062,480	GlenBar Management Company, Ltd.	B	\$	\$ (1,062,480)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V			B - OWNERSHIP:			
34	V			Sidney Glenner - 80.00 %			
35	V			Barry Ray - 20.00 %			
36	V						
37	V						
38	V						
39	Total		\$ 1,062,480			\$ 0	\$ * (1,062,480)

* 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 State Replacement Taxes	\$	GlenBridge Real Estate & Development, L.L.C.	C	\$ 1,491	\$ 1,491
16	V	30 Depreciation		GlenBridge Real Estate & Development, L.L.C.	C	193,533	193,533
17	V	32 Interest Expense		GlenBridge Real Estate & Development, L.L.C.	C	1,277,750	1,277,750
18	V	33 Real Estate Taxes		GlenBridge Real Estate & Development, L.L.C.	C	420,272	420,272
19	V	34 Rental	2,615,620	GlenBridge Real Estate & Development, L.L.C.	C		(2,615,620)
20	V	19 Professional Fees		GlenBridge Real Estate & Development, L.L.C.	C	32,055	32,055
21	V	32 Interest Income		GlenBridge Real Estate & Development, L.L.C.	C	(4,609)	(4,609)
22	V	36 Mortgage Insurance Premium		GlenBridge Real Estate & Development, L.L.C.	C	101,276	101,276
23	V	43 Bank Charges		GlenBridge Real Estate & Development, L.L.C.	C	75	75
24	V	43 Clerical		GlenBridge Real Estate & Development, L.L.C.	C	273	273
25	V	43 Guaranteed Payment		GlenBridge Real Estate & Development, L.L.C.	C	572,000	572,000
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V			C - OWNERSHIP:			
34	V			Sidney Glenner - 80.00 % (constructively)			
35	V			Barry Ray - 20.00 %			
36	V						
37	V						
38	V						
39	Total		\$ 2,615,620			\$ 2,594,116	\$ * (21,504)

* 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	\$ 1,556,766	Therapy Masters, Inc.	D	\$ 1,309,926	\$ (246,840)
16	V	19 Professional Fees		Therapy Masters, Inc.	D	882	882
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	D	56	56
18	V	20 Employment Fees		Therapy Masters, Inc.	D	17,544	17,544
19	V	21 Clerical		Therapy Masters, Inc.	D	11,923	11,923
20	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	D	149,434	149,434
21	V	23 Training and Education		Therapy Masters, Inc.	D	5,744	5,744
22	V	25 Auto Expenses		Therapy Masters, Inc.	D	1,113	1,113
23	V	6 Plant Supplies		Therapy Masters, Inc.	D	36	36
24	V	21 Clerical Salaries		Therapy Masters, Inc.	D	10,857	10,857
25	V	22 Employee Benefits		Therapy Masters, Inc.	D	(149,434)	(149,434)
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	D	148,104	148,104
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	D	1,330	1,330
28	V	30 Depreciation		Therapy Masters, Inc.	D	507	507
29	V	26 Insurance - Liability		Therapy Masters, Inc.	D	3,455	3,455
30	V						
31	V						
32	V						
33	V			D - OWNERSHIP: 100.00 % Sidney Glenner			
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,556,766			\$ 1,511,477	\$ * (45,289)

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

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centr # 0035014 Report Period Beginning: 1/01/2010 Ending: 12/31/2010

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 %	166,848	10	16.62 %	Salary	\$ 33,252	Ln 17, Co 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	44,899	7	16.62 %	Salary	8,948	Ln 21, Co 7	2
3	Elliot Glenner	Clerical	Clerical	0.00 %	17,348	7	16.62 %	Salary	3,457	Ln 21, Co 7	3
4	David Weinschneider	Administrative	Administrative	0.00 %	44,313	7	16.62 %	Salary	8,831	Ln 21, Co 7	4
5	Joshua Ray	V.P. of Operations	Administrative	0.00 %	166,848	10	16.62 %	Salary	33,252	Ln 21, Co 7	5
6	Daniel Glenner	Asst. Administrator	Administrative	0.00 %	24,707	45	95.00 %	Salary	62,122	Ln17&21,Co7	6
7											7
8											8
9											9
10			See Schedule B								10
11											11
12											12
13								TOTAL	\$ 149,862		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 Bridge Nursing & Rehabilitation Centre

0035014

Report Period Beginning:

1/01/2010

Ending: 2/31/2010

VIII. ALLOCATION OF INDIRECT COSTS

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

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.

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	545,364	7	\$ 43,318	\$ 90,627	\$ 7,198	1	
2	6	Repairs and Maintenance	Resident Days	545,364	7	66,872	90,627	11,113	2	
3	19	Professional Fees	Resident Days	545,364	7	242,509	90,627	40,299	3	
4	20	Licenses, Permits and Inspection	Resident Days	545,364	7	6,093	90,627	1,013	4	
5	21	Clerical	Resident Days	545,364	7	220,225	90,627	36,596	5	
6	22	Employee Benefits and Payroll	Resident Days	545,364	7	486,222	90,627	80,799	6	
7	23	Training and Education	Resident Days	545,364	7	3,909	90,627	650	7	
8	25	Auto Expenses	Resident Days	545,364	7	23,185	90,627	3,853	8	
9	26	Insurance	Resident Days	545,364	7	17,573	90,627	2,920	9	
10	30	Depreciation	Resident Days	545,364	7	74,104	90,627	12,314	10	
11	31	Amortization	Resident Days	545,364	7	589	90,627	98	11	
12	33	Real Estate Taxes	Resident Days	545,364	7	35,536	90,627	5,905	12	
13	35	Equipment and Vehicle Rental	Resident Days	545,364	7	38,360	90,627	6,375	13	
14	6	Janitorial Salaries	Resident Days	545,364	7	20,184	20,184	90,627	3,354	14
15	17	Officer's Salaries	Resident Days	545,364	7	200,100	200,100	90,627	33,252	15
16	21	Administrative Salaries	Resident Days	545,364	7	2,645,790	2,645,790	90,627	439,670	16
17	22	Employee Benefits	Payroll						(80,799)	17
18	7	Employee Benefits - Janitorial	Payroll						566	18
19	27	Employee Benefits - Officer's	Payroll						5,647	19
20	27	Employee Benefits - Admin	Payroll						74,586	20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 4,124,569	\$ 2,866,074	\$ 685,409		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	Midland Loan Services		X	Mortgage	\$121,125.03	5/27/08	\$ 20,631,900	\$ 20,189,359	6/01/2043	0.0625	\$ 1,267,204	1							
2	Midland Loan Services		X	Amortization of mortgage costs							10,546	2							
3												3							
4												4							
5												5							
Working Capital																			
6	Sidney Glenner	X									24,350	6							
7							Non-allowable related party interest:				(24,350)	7							
8												8							
9	TOTAL Facility Related				\$121,125.03		\$ 20,631,900	\$ 20,189,359			\$ 1,277,750	9							
B. Non-Facility Related*																			
10									Interest Income Offset:		(11,558)	10							
11												11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (11,558)	14							
15	TOTALS (line 9+line14)						\$ 20,631,900	\$ 20,189,359			\$ 1,266,192	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 101,276 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.)

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2009 report.		\$	711,000		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	558,272		2
3. Under or (over) accrual (line 2 minus line 1).		\$	(152,728)		3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	573,000		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	34,305		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	454,577		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2005	532,057	8		
	2006	535,626	9		
	2007	680,600	10		
	2008	692,818	11		
	2009	558,272	12		
See Attached Schedule G For Calculation of 2010 Real Estate Tax Accrual.					
				FOR BHF USE ONLY	
				13	13
				14	14
				15	15
				16	16

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 46,058 B. General Construction Type: Exterior Brick Frame Concrete & Steel Number of Stories Three

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

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

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

NONE

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>58,949</u>	<u>1989</u>	<u>\$ 263,180</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>14,118</u>	<u>2</u>
3	TOTALS	58,949		\$ 277,298	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	302		1989	1970	\$ 6,703,340	\$	35	\$ 191,524	\$ 191,524	\$ 4,149,687	4
5											5
6	Mgt Comp				301,405			8,123	8,123		6
7	Allocation										7
8	Schedule J										8
	Improvement Type**										
9	Building Improvements		1989		66,436		35	1,898	1,898	41,125	9
10	Building Improvements		1990		7,195		35	206	206	4,460	10
11	Building Improvements		1990		3,885		35	111	111	2,295	11
12	Building Improvements		1990		35,167		10			35,167	12
13	Building Improvements		1991		8,342		10			8,342	13
14	Building Improvements		1991		12,621		10			12,621	14
15	Building Improvements		1992		78,993		10			78,993	15
16	Building Improvements		1993		5,350		10			5,350	16
17	Building Improvements		1993		109,105		10			109,105	17
18	Land Improvements		1993		45,615		15			45,615	18
19	Building Improvements		1993		53,394		10			53,394	19
20	Land Improvements		1993		10,717		15			10,717	20
21	Building Improvements		1995		29,767		10			29,767	21
22	Electrical wiring work to 2nd floor from basement		1996		23,000		10			23,000	22
23	Dialysis room construction		1996		7,439		10			7,439	23
24	Fireplace construction		1996		1,065		10			1,065	24
25	Mounted door alarm system and wiring		1996		2,505		10			2,505	25
26	PVC hand rail and wall bumper		1997		4,968		10			4,968	26
27	Window treatments		1997		2,226		10			2,226	27
28	Walls, cabinets and tub		1997		5,520		10			5,520	28
29	Cabinets, sink and lighting		1997		4,571		10			4,571	29
30	Walls, platform and ramp		1997		9,286		10			9,286	30
31	Window treatments		1997		2,394		10			2,394	31
32	Cabinets and cubicles		1997		9,631		10			9,631	32
33	Cabinets		1997		2,500		10			2,500	33
34	Base covers		1997		630		10			630	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	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	Doors	1997	\$ 1,950	\$	10	\$	\$	\$ 1,950	37
38	Sink	1997	2,236		10			2,236	38
39	Fire alarm equipment	1997	1,975		10			1,975	39
40	Walls and doors	1997	2,480		10			2,480	40
41	80 ton compressor	1998	20,800		10			20,800	41
42	Telephone system improvements	1998	2,503		10			2,503	42
43	Carpeting, window treatments, mini-blinds	1998	20,703		10			20,703	43
44	Handrail/bumper corner guard installation	1998	4,200		10			4,200	44
45	Cove base installation	1998	2,508		10			2,508	45
46	Handrail/bumper corner guard installation, accent rails	1999	11,401		10			11,401	46
47	Mini-blinds	1999	3,963		10			3,963	47
48	Carpeting, cove base installation	1999	14,797		10			14,797	48
49	Amtico, cove base installation	1999	5,616		10			5,616	49
50	Carpeting, cove base installation	1999	1,634		10			1,634	50
51	Wallpaper	1999	10,900		10			10,900	51
52	Handrail/bumper corner guard installation, accent rails	1999	11,401		10			11,401	52
53	Insurance claim: boiler	1999	(19,000)		10			(19,000)	53
54	Panel interior, interior mat installation	1999	2,468		10			2,468	54
55	Install alarms for ventilators	1999	1,560		10			1,560	55
56	Install handrails and bumper chair rails	1999	4,600		10			4,600	56
57	Carpeting	1999	4,497		10			4,497	57
58	Lighting improvements on the 5th floor	1998	4,635		10			4,635	58
59	Install new braille signs/slots	1999	2,135		10			2,135	59
60	Installation of mini-blinds	1999	3,476		10			3,476	60
61	Installation of handrails, bumpers, corner guards, chair rails	1999	5,500		10			5,500	61
62	Tube bundles for heat exchanger	1999	3,382		10			3,382	62
63	Install new tubes & door gaskets on boiler	1999	7,400		10			7,400	63
64	Install new motor, drain valve, drain hoses on washer	1999	1,903		10			1,903	64
65	Cove base installation, floor patches, vinyl tiles & powerbond	1999	11,459		10			11,459	65
66	Cove base installation	2000	3,267	161	10	161		3,267	66
67	Cove base installation	2000	1,939	96	10	96		1,939	67
68	Installation of fire dampers & exhaust fan	2000	2,773	141	10	141		2,773	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,708,128	\$ 398		\$ 202,260	\$ 201,862	\$ 4,823,434	70

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 12A, Carried Forward		\$ 7,708,128	\$ 398		\$ 202,260	\$ 201,862	\$ 4,823,434	1
2	New interior for kitchen panel	2000	2,630	132	10	132		2,630	2
3	Electrical work for 6 dialysis chairs	2000	3,975	195	10	195		3,975	3
4	Install exhaust fan, ductwork, exhaust grille & fire-rated door	2000	2,560	128	10	128		2,560	4
5	Ductwork fabrication and installation	2000	4,120	206	10	206		4,120	5
6	Plumbing project	2000	14,517	723	10	723		14,517	6
7	Carpeting, floor patches	1999	2,969		10			2,969	7
8	4 custom nurses stations	2000	10,025	505	10	505		10,025	8
9	4 custom nurses stations	2000	33,284	1,667	10	1,667		33,284	9
10	5 sinks in nurses station	2000	1,642	84	10	84		1,642	10
11	Fire alarm system	2000	3,324	169	10	169		3,324	11
12	Cove base & vinyl installation, floor patches	2000	2,705	139	10	139		2,705	12
13	Install door restrictors, emergency lights & elevator telephone	2000	11,500	575	10	575		11,500	13
14	Dura glide 3000 single slide door packages	2000	12,218	609	10	609		12,218	14
15	Furnish and install two oil tank coolers in elevator pit	2001	6,750	675	10	675		6,413	15
16	Replace gasket, valves and coils on compressor	2001	3,200	320	10	320		3,040	16
17	Remove lobby wall, build new wall and install new ceiling	2001	26,841	2,684	10	2,684		25,498	17
18	Pre-wiring, televisions, brackets and electrical outlets	2001	68,526	6,852	10	6,852		65,094	18
19	Window caulking and masonry	2000	4,320	216	10	216		4,320	19
20	Ceramic tile, carpet, floor patches and cove base installation	2001	8,147	814	10	814		7,733	20
21	Ceiling/lighting project and remove/build wall in copy room	2001	24,145	2,414	10	2,414		22,933	21
22	Wallcovering installation and painting	2001	6,115	612	10	612		5,814	22
23	Ceiling fixture, 2 chandeliers, 4 wall sconces	2001	3,006	300	10	300		2,850	23
24	Installation of television system	2002	3,569	357	10	357		3,034	24
25	Furnish and install blinds	2002	3,616	362	10	362		3,077	25
26	Dialysis room renovation	2002	12,000	1,200	10	1,200		10,200	26
27	Cove base & vinyl installation, floor patches	2002	5,467	547	10	547		4,649	27
28	Replace tubes in boiler	2002	8,006	801	10	801		6,808	28
29	Television system installation	2003	10,846	1,085	10	1,085		8,137	29
30	Elevator pump installation	2003	2,450	245	10	245		1,837	30
31	Power amplifier and speaker installation	2003	3,962	396	10	396		2,970	31
32	Install receptacles to attach emergency panels for respirators	2004	2,960	296	10	296		1,924	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,017,523	\$ 25,706		\$ 227,568	\$ 201,862	\$ 5,115,234	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre# 0035014

Report Period Beginning:

1/01/2010 Ending: 12/31/2010

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		\$ 8,017,523	\$ 25,706		\$ 227,568	\$ 201,862	\$ 5,115,234	1
2	Furnish and install new elevator door detector unit	2004	2,004	200	10	200		1,300	2
3	Installation of remote DVD system	2004	2,339	234	10	234		1,521	3
4	Repipe and patch alarm system	2003	2,200	220	10	220		1,650	4
5	Furnish and install head gaskets on boilers	2005	5,565	557	10	557		3,063	5
6	Philadelphia insurance refund	2005	(15,497)	(1,550)	10	(1,550)		(8,525)	6
7	Replacement of the fire alarm panel	2005	7,803	780	10	780		4,290	7
8	Cable installation	2005	13,115	1,312	10	1,312		7,216	8
9	Installed new detector edge and power pack on elevator	2005	1,983	198	10	198		1,089	9
10	Replace cooling tower fan motor	2005	1,726	173	10	173		951	10
11	Change relief valve on compressor	2005	1,594	159	10	159		875	11
12	Install handrails, vinyl tile, ceiling and lighting in 2 elevators	2005	11,091	1,109	10	1,109		6,100	12
13	Cable installation project	2005	21,100	2,110	10	2,110		11,605	13
14	Install cove base, ceramic tile, wallpaper and painting	2005	105,973	10,597	10	10,597		58,284	14
15	Install cove base, carpeting and vinyl tile	2005	17,729	1,773	10	1,773		9,751	15
16	Install vinyl/ceramic tile, furnish & install new sink, faucet	2005	2,235	224	10	224		1,232	16
17	Installation of wiring for vent machine	2005	1,393	139	10	139		765	17
18	Installation of FTA satellite system	2005	1,310	131	10	131		721	18
19	Valve installation on sprinkler heads	2006	3,175	318	10	318		1,431	19
20	Rework heads on sprinkler system	2006	2,033	203	10	203		914	20
21	Raise piping above soffit, relocate sprinkler heads	2006	5,258	526	10	526		2,367	21
22	Custom built-in wall units with drawers	2006	17,672	1,767	10	1,767		7,952	22
23	Furnish and install fire-rated doors, ceiling, ceramic tiles	2006	99,654	9,965	10	9,965		44,843	23
24	Furnish and install 44 gallon shower	2006	11,512	1,151	10	1,151		5,180	24
25	Installation of access door	2006	3,450	345	10	345		1,553	25
26	Purchase of cooling tower	2006	20,505	2,050	10	2,050		9,225	26
27	Installation of new electrical receptacles	2006	14,960	1,496	10	1,496		6,732	27
28	Installation of evaporator control unit in electrical room	2006	2,593	259	10	259		1,166	28
29	Installation of patch panel and computer jacks	2006	3,742	374	10	374		1,683	29
30	Removal of asbestos from cooling tower	2006	4,250	425	10	425		1,913	30
31	Installation of new coils, repair patch and connect piping	2006	2,946	295	10	295		1,327	31
32	Furnish and install fire alarm equipment	2006	6,390	639	10	639		2,876	32
33	Disconnect, remove and rewire cooling tower	2006	16,266	1,627	10	1,627		7,321	33
34	TOTAL (lines 1 thru 33)		\$ 8,415,592	\$ 65,512		\$ 267,374	\$ 201,862	\$ 5,313,605	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		\$ 8,415,592	\$ 65,512		\$ 267,374	\$ 201,862	\$ 5,313,605	1
2	Installation of elevator door frame protectors	2006	3,160	316	10	316		1,422	2
3	Telephone system upgrade	2006	2,995	300	10	300		1,349	3
4	Furnish and install outdoor signs	2007	10,532	1,053	10	1,053		3,686	4
5	Sealcoat and restripe parking lot project	2008	3,000	300	10	300		750	5
6	Parking lot drainage system	2008	11,200	1,120	10	1,120		2,800	6
7	Cable wiring of all televisions	2008	4,308	430	10	430		1,075	7
8	Plastering and painting project	2008	20,825	2,082	10	2,082		5,205	8
9	Carpeting project	2008	3,901	390	10	390		975	9
10	Installation of 77 electrical wallboxes for light fixture installation	2008	3,850	385	10	385		963	10
11	Wall tile, floor tile and carpet installation	2008	4,494	449	10	449		1,123	11
12	New nurses station, wallcovering, furnish & install cove base	2008	261,121	26,112	10	26,112		65,280	12
13	Automatic sprinkler system	2008	5,600	560	10	560		1,400	13
14	Wallcovering, corner guards, ceramic wall tile	2008	21,579	2,158	10	2,158		5,395	14
15	Interior drywall project	2008	6,550	655	10	655		1,638	15
16	Furnish solid vinyl tile	2008	7,687	769	10	769		1,922	16
17	Reposition exhaust ducts, install new sheet metal, ducts for fan coil, extend ductwork to outside wall	2009	3,333	333	10	333		500	17
18									18
19	Demolition of walls, drywall & plaster, tile floors & walls, wallpaper, paint ceiling	2009	10,165	1,017	10	1,017		1,525	19
20									20
21	Install 2 shower stalls, new supply lines, drain installed	2009	5,700	570	10	570		855	21
22	Furnish and install drywall in bathrooms and paint	2009	2,633	263	10	263		395	22
23	Trench drain installation, new vent line, install hot & cold supply lines	2009	6,800	680	10	680		1,020	23
24									24
25	Remove front entrance concrete and install new concrete	2009	13,500	1,350	10	1,350		2,025	25
26	Remove driveway and patio concrete and install new concrete	2009	77,071	7,707	10	7,707		11,561	26
27	Remove and install fencing at exit areas and around patio	2009	34,890	3,489	10	3,489		5,234	27
28	Addition of telephone base stations, audit wireless system	2009	3,526	353	10	353		529	28
29	Remove driveway and patio concrete and install new concrete	2009	2,923	292	10	292		438	29
30	Remove and install fencing at exit areas and around patio	2009	(1,319)	(132)	10	(132)		(198)	30
31	Irrigation system for new patio addition	2009	9,339	934	10	934		1,401	31
32	Replace condenser water lines and valves	2009	2,690	269	10	269		404	32
33	Landscape installation	2009	7,500	750	10	750		1,125	33
34	TOTAL (lines 1 thru 33)		\$ 8,965,145	\$ 120,466		\$ 322,328	\$ 201,862	\$ 5,435,402	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		\$ 8,965,145	\$ 120,466		\$ 322,328	\$ 201,862	\$ 5,435,402	1
2	Floor tile (2 x 2 mosaic)	2009	(2,502)	(250)	10	(250)		(375)	2
3	Corner guards, cove base, furnish and install toilet partitions	2009	5,686	569	10	569		853	3
4	Elevator frame wraps, door casings, grab bars, cove base, tile	2009	29,734	2,973	10	2,973		4,460	4
5	Category 6 cable (550 mhz)	2010	4,418	221	10	221		221	5
6	Seepage project along sewer line	2010	2,900	145	10	145		145	6
7	Furnish and install wood casing	2010	3,761	188	10	188		188	7
8	Remove cove base, install vinyl floor tile and cove base	2010	265,344	13,267	10	13,267		13,267	8
9									9
10									10
11									11
12									12
13									13
14	Leasehold Improvements Allocated from Management Company:		27,464			292	292	24,245	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,301,950	\$ 137,579		\$ 339,733	\$ 202,154	\$ 5,478,406	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	\$ 836,307	\$ 86,336	\$ 86,336	\$	10 years	\$ 430,121	71
72	Current Year Purchases	52,250	3,833	3,833		10 years	3,833	72
73	Fully Depreciated Assets	567,230	4,082	4,082		5,10 years	567,230	73
74	Allocated from Management Company:	134,556		1,169	1,169		130,793	74
75	TOTALS	\$ 1,590,343	\$ 94,251	\$ 95,420	\$ 1,169		\$ 1,131,977	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	Allocated from Management Company:			\$ 25,175	\$	\$ 2,731	\$ 2,731		\$ 10,737	76
77										77
78										78
79										79
80	TOTALS			\$ 25,175	\$	\$ 2,731	\$ 2,731		\$ 10,737	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,194,766	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 231,830	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 437,884	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 206,054	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,621,120	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: See Schedule VII, Page 6

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

If NO, see instructions. YES NO

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

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

This amount was calculated by dividing the total amount to be amortized by the length of the lease

N/A

N/A

N/A

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 6,026 Description: Postage meter \$715, Ice maker \$2,040, Allocated from Management Company: \$3,271

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Patient Care</u>	<u>2009 Toyota Sienna</u>	\$ <u>575.00</u>	\$ <u>18,669</u>	17
18					18
19	<u>Allocated from Management Company:</u>			<u>3,104</u>	19
20					20
21	TOTAL		\$ <u>575.00</u>	\$ <u>21,773</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. /2011 \$ _____

13. /2012 \$ _____

14. /2013 \$ _____

* 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 1,2&3	1,674 hrs	\$ 37,722	12,413	\$ 670,121	\$ 2,018	14,087	\$ 709,861	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 2&3	hrs		3,019	173,478	377	3,019	173,855	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a, Col 2&3	hrs		11,631	713,167	1,233	11,631	714,400	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescripts				449,450		449,450	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Radiology, Laboratory & Dialysis Other (specify): <u>Respiratory Therapy</u>	Ln 39, Col 3 Ln 10a, Col 1	14,723 hours	355,114		136,046		14,723	355,114	13
14	TOTAL			\$ 392,836	27,063	\$ 1,692,812	\$ 453,078	43,460	\$ 2,538,726	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 Bridge Nursing & Rehabilitation Centre# 0035014Report Period Beginning: 1/01/2010Ending: 12/31/2010

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(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	\$ 482,425	\$ 746,722	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>105,033</u>)	5,736,648	5,736,648	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	274,365	314,727	6
7	Other Prepaid Expenses	918,729	918,729	7
8	Accounts Receivable (owners or related parties)	(746,894)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,665,273	\$ 7,716,826	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		277,298	13
14	Buildings, at Historical Cost		7,004,745	14
15	Leasehold Improvements, at Historical Cost	2,174,253	2,297,205	15
16	Equipment, at Historical Cost	1,455,787	1,615,518	16
17	Accumulated Depreciation (book methods)	(2,239,813)	(6,621,120)	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>Escrow Accounts:</u>		912,960	22
23	Other(specify): <u>Mortgage Costs (Net):</u>		509,039	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,390,227	\$ 5,995,645	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,055,500	\$ 13,712,471	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 69,267	\$ 69,267	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,728	3,728	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	334,036	334,036	30
31	Accrued Taxes Payable (excluding real estate taxes)	1,469	1,469	31
32	Accrued Real Estate Taxes(Sch.IX-B)		573,000	32
33	Accrued Interest Payable		105,153	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule E:</u>	1,279,166	1,279,166	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,687,666	\$ 2,365,819	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		20,189,359	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Loans Payable Stockholders:</u>	10,335,025	10,335,025	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 10,335,025	\$ 30,524,384	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 12,022,691	\$ 32,890,203	46
47	TOTAL EQUITY(page 18, line 24)	\$ (3,967,191)	\$ (19,177,732)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,055,500	\$ 13,712,471	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,834,867)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,834,867)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,132,324)	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)	\$ (1,132,324)	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)	\$ (3,967,191)	24

* Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre# 0035014Report Period Beginning: 1/01/2010Ending: 12/31/2010**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	\$ 14,988,639	1
2	Discounts and Allowances for all Levels	(3,247,177)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,741,462	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,457,362	6
7	Oxygen	354,866	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,812,228	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	627,231	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	43,793	19
20	Radiology and X-Ray	17,113	20
21	Other Medical Services	912,950	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,601,087	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	6,949	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 6,949	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,161,726	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,289,889	31
32	Health Care	7,692,371	32
33	General Administration	4,550,140	33
B. Capital Expense			
34	Ownership	2,874,255	34
C. Ancillary Expense			
35	Special Cost Centers	722,047	35
36	Provider Participation Fee	165,348	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,294,050	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,132,324)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,132,324)	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 Bridge Nursing & Rehabilitation Centre

0035014

Report Period Beginning: 1/01/2010

Ending:

12/31/2010

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	1,141	1,213	\$ 47,297	\$ 38.99	1
2	Assistant Director of Nursing	1,279	1,314	50,341	38.31	2
3	Registered Nurses	51,961	55,693	1,566,411	28.13	3
4	Licensed Practical Nurses	27,000	28,431	674,756	23.73	4
5	CNAs & Orderlies	124,512	135,002	1,599,022	11.84	5
6	CNA Trainees	4,952	5,735	61,108	10.66	6
7	Licensed Therapist	15,771	16,435	392,836	23.90	7
8	Rehab/Therapy Aides					8
9	Activity Director	2,042	2,206	50,711	22.99	9
10	Activity Assistants	11,331	12,361	124,383	10.06	10
11	Social Service Workers	9,521	10,239	220,952	21.58	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	13,213	14,535	173,311	11.92	14
15	Cook Helpers/Assistants	23,352	25,592	271,759	10.62	15
16	Dishwashers					16
17	Maintenance Workers	6,098	6,791	92,070	13.56	17
18	Housekeepers	26,476	29,348	305,010	10.39	18
19	Laundry	11,245	12,576	136,249	10.83	19
20	Administrator	2,146	2,190	111,194	50.77	20
21	Assistant Administrator	1,998	2,086	57,198	27.42	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	14,016	15,682	333,039	21.24	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	1,994	2,166	58,805	27.15	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	13,973	15,028	234,628	15.61	33
34	TOTAL (lines 1 - 33)	364,021	394,623	\$ 6,561,080 *	\$ 16.63	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	\$ 34,976	Ln 1, Col 3	35
36	Medical Director	Monthly	90,150	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	13,047	Ln 10, Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,400	Ln 11, Col 3	44
45	Social Service Consultant	103	5,654	Ln 12, Col 3	45
46	Other(specify)				46
47	<u>Religious Consultant</u>	Monthly	2,800	Ln 12, Col 3	47
48					48
49	TOTAL (lines 35 - 48)	151	\$ 149,027		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
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre# 0035014Report Period Beginning: 1/01/2010Ending: 12/31/2010**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 \$15,218
- (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. \$ 33,621 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. \$ 165,348
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. \$ 36,014 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

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2010

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

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, LTD.
 Provider # 0035014
 12/31/2010

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.	Brentwood North Healthcare & Rehabilitation	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	GlenLake Terrace Nursing & Rehab. Centre, Ltd.	
Sidney Glenner	38,732	36,332	15,953	14,264	29,130	32,437	166,848
Jonathan Glenner	10,423	9,777	4,293	3,838	7,839	8,729	44,899
Daniel Glenner	5,736	5,380	2,362	2,112	4,314	4,803	24,707
Elliot Glenner	4,027	3,777	1,659	1,483	3,029	3,373	17,348
David Weinschneider	10,287	9,649	4,237	3,788	7,737	8,615	44,313
Joshua Ray	38,732	36,332	15,953	14,264	29,130	32,437	166,848
Total compensation received from other Nursing Homes	107,937	101,247	44,457	39,749	81,179	90,394	464,963

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
 Provider I.D. # 0035014
 12/31/2010

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	7,045
Point ClickCare	Computers	2,874
Frank Della	Computer System Consulting	2,057
RSM McGladrey	Accounting	31,766
Frost, Ruttenberg & Rothblatt	Accounting	375
Myers, Miller & Krauskopf LLC	Legal	10,464
Ira I. Silverstein	Legal	2,400
Much Shelist	Legal	4,037
Marilyn P Dunn Attorney At Law	Legal	1,217
Management Network Services	Management Consulting	-250
Divinity Marketing	Consulting Fees	10,900
First Real Estate Services Ltd	Real Estate Appraisal	2,750
Personnel Planners, Inc.	Unemployment Consulting	1,507
Commitment Consulting	A/R Collections	1,736
Cindy Stachura	Consultant	1,200
Total Schedule V, Line 19, Col. 3		<u>80,078</u>
Allocated from Management Co:		
Health Data Systems, Inc. - Computer Services		4,217
RSM McGladrey - Accounting Services		31,251
Clinical Reimbursement Solutions - Accounting Services		1,331
Frost, Ruttenberg & Rothblatt - Accounting Services		307
Harold Geiser - Accounting		1,163
Much Shelist - Legal		2,029
Total allocated from Management Co.		<u>40,299</u>
Total allocated from Therapy Masters:		882

GlenBridge Real Estate LLC:		
Much Shelist	Legal	500
Skidelsky & Associates	Real Estate Reduction	<u>31,555</u>
Total from GlenBridge Real Estate LLC:		<u><u>32,055</u></u>
Reclass Skidelsky & Associates invoice to Line 33		-31,555
Reclass First Real Estate Services Ltd invoice to Line 33		-2,750
Non-Allowable Expenses:		
Commitment Consulting - A/R Collections		-1,736
Divinity Marketing - Consulting Fees		-10,900
Management Network Services - Management Consulting - out of period		1,000
RSM McGladrey - Accounting Services		-30,919
Ira I. Silverstein - A/R collections		-2,400
Marilyn P Dunn Attorney At Law - Legal		-1,217
Myers, Miller & Krauskopf LLC - Legal		-3,733
Much Shelist - GlenBridge Real Estate LLC - Legal - out of period		<u>-250</u>
Total Non-Allowable Expenses:		<u><u>-50,155</u></u>
Total adjustments page 21, Sch C.		<u><u>-11,224</u></u>
Total Schedule V, line 19, column 8		<u><u>68,854</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	32,582
FUTA	443
SUTA	1,067
401K Match	2,219
Insurance - Hospital	29,817
Employee Benefits	3,370
Other Employee Benefits	1,898
Workers Compensation Insurance	9,403
Total allocated from Management Co.	<u>80,799</u>
Employee Benefits reclassified to Lines 7, 27	-80,799
Allocated from Therapy Masters, Inc.:	
FICA taxes	90,216
FUTA	1,191
SUTA	1,664
401K Match	7,763
Insurance - Hospital	29,106
Workers Compensation Insurance	17,659
Other Employee Benefits	1,093
Uniform Allowance	742
Total allocated from Therapy Masters, Inc. Co.	<u>149,434</u>
Employee Benefits reclassified to Lines 15,27	-149,434
Total allocated to Page 21	<u>0</u>

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2010

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Due to Third Party	678,876
Accrued Management Fees	544,924
Accrued 401K	323
Accrued Union Dues	7,636
Credit Union	(3,901)
Accrued Profit Sharing	805
Accrued Wage Assignment	31,672
Workshop	2,332
Sundry Payable	16,499
Total, Page 17, Line36	<u>1,279,166</u>

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2010

SCHEDULE F

SCHEDULE VI. ADJUSTMENT DETAIL

Schedule A. Nonallowable Expenses

Page 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>REFERENCE</u>
Patient clothing	-210	43
Non-allowable IL Council on Long Term Care fee	-11,056	20
Non-allowable professional fees	-50,155	19
Non-allowable bank charges	-75	43
Non-allowable clerical expense	-273	43
Non-allowable guaranteed payment	-572,000	43
Adjust mgt co. med supplies - med'A' to cost	-59,413	10
Adjust mgt co. med supplies - 'other' to cost	-113,594	10
Adjust mgt co. food to cost	-54,172	2
Non-allowable related party interest expense	-24,350	32
Non-allowable auto expense - City of Chicago tickets	-200	25
Non-allowable auto expense - marketing	-1,557	25
Total	<u>-887,055</u>	

See Accountants' Compilation Report

**GlenBridge Real Estate and Development, LLC.
Accrued Real Estate Taxes
12/31/2010**

SCHEDULE G

	Accrued 1/01/10	Payments	Expense	Accrued 12/31/10
Balance @ 1/01/10	-711,000.00		-711,000.00	
2009 real estate taxes paid		558,272.04	558,272.04	
Estimated 2010 real estate taxes:				
2009 taxes	558,272.04			
Estimated increase	2.50%			
Estimated 2010 taxes	<u>572,228.84</u>			
USE	<u>573,000.00</u>		573,000.00	-573,000.00
Totals	<u>-711,000.00</u>	<u>558,272.04</u>	<u>420,272.04</u>	<u>-573,000.00</u>

Real estate tax history:

Year	Amount	Increase \$	%
1991	344,588.08		
1992	355,177.77	10,589.69	3.07%
1993	393,112.43	37,934.66	10.68%
1994	402,034.81	8,922.38	2.27%
1995	397,141.59	-4,893.22	-1.22%
1996	393,772.20	-3,369.39	-0.85%
1997	404,786.31	11,014.11	2.80%
1998	439,085.19	34,298.88	8.47%
1999	444,302.54	5,217.35	1.19%
2000	449,207.00	4,904.46	1.10%
2001	444,964.23	-4,242.77	-0.94%
2002	451,039.70	6,075.47	1.37%
2003	450,122.47	-917.23	-0.20%
2004	517,833.15	67,710.68	15.04%
2005	532,056.62	14,223.47	2.75%
2006	535,626.03	3,569.41	0.67%
2007	680,599.97	144,973.94	27.07%
2008	692,818.24	12,218.27	1.80%
2009	558,272.04	-134,546.20	-19.42%

See Accountants' Compilation Report

Provider Name: GlenBridge Nursing & Rehab Ctr.
 Provider I.D. #: 0035014
 Year Ended: December 31, 2010

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Sue Bohne, Daniel Glenner, Jose Arellano	1/21/2010	Skokie, IL	Illinois Council on Long Term Care The Most Frequent Life Safety Code Violations	285
Annie Adams, Daniel Glenner, David Hendershott	3/11/2010	Skokie, IL	Illinois Council on Long Term Care Skills Training for Psychiatric Rehabilitation	285
Social Service & Nursing Staff	5/13/2010	Niles, IL	George Savarese PHD LCSW Understanding & Working with Patients with Personality Disorders	600
Sue Bohne, Daniel Glenner, David Hendershott	2/24/2010	Skokie, IL	Illinois Council on Long Term Care Accident & Fall Prevention Strategies	420
John Sianghio, Heather Swader, Annie Adams Olivia Carey	4/20/2010	Skokie, IL	Illinois Council on Long Term Care The New Enforcement Spotlight on Sub Part S	440
Nursing, Social Service & Admin Staff All Department Heads	7/1/2010	Niles, IL	Dr. Yakov Weil The Neurology of Good Manners	150
John Sianghio	7/16/2010	Naperville, IL	Healthcare Information Network MDS 3.0 Is Your Team Ready?	179
Administrative & Social Service Staff	8/16/2010	Niles, IL	Cynthia Stachura Understanding Medicaid Guidelines in Illinois	100
Annabelle Burns	10/18/2010	Chicago, IL	Cynthia Chow & Associates Old Age in the New Age	110
Traquita Hudson, Marie Manuel	11/17/2010	Skokie, IL	Illinois Council on Long Term Care In-Depth Training for Wound Care Nurses-MDS 3.0 Update	350
			Allocated From Management Company	650
			Allocated From Therapy Masters	5,744
			Total	9,313

SEE ACCOUNTANTS' COMPILATION REPORT

GlenBridge Nursing and Rehabilitation Centre, LTD.
 Provider I.D. #0035014
 12/31/2010

SCHEDULE I

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

	Gasoline	Licenses/ Stickers	Mileage Reimburse Parking, Tolls	Repairs	Auto Insurance	City of Chicago Tickets	Total
Direct Expense	3,100	297	6,398	2,513	168	200	12,676
Non-allowable auto expense - marketing							-1,557
Non-allowable auto expense - City of Chicago tickets							-200
Allocated from Management Company							3,853
Allocated from Therapy Masters							1,113
TOTAL	3,100	297	6,398	2,513	168	200	15,886

SEE ACCOUNTANTS' COMPILATION REPORT

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	RECALCULATION BASED ON 2008 CENSUS							
		PERCENTAGE	<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
		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%	503,336 100.00%
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	RECALCULATION BASED ON 2009 CENSUS							
		PERCENTAGE	<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
		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>
		NURSING HOME	RECALCULATION BASED ON 2010 CENSUS							
		PERCENTAGE	<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
		84.9438%	90,627 16.62%	99,020 18.16%	105,563 19.36%	38,877 7.13%	79,393 14.56%	88,406 16.21%	43,478 7.97%	545,364 100.00%
2010 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>301,405</u>	<u>329,318</u>	<u>351,079</u>	<u>129,296</u>	<u>264,043</u>	<u>294,019</u>	<u>144,598</u>	<u>1,813,758</u>

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SCHEDULE K

XIX. SUPPORT SCHEDULES

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F. Dues, Fees, Subscriptions and Promotions

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Illinois Council on Long Term Care Dues	26,274
Illinois Association of Health Care Facilities Dues	2,868
Employment Fees	74,745
Village of Niles Annual Business License	4,889
Joint Commission Annual Fees	2,355
Metropolitan Water Reclamation User Fee	330
CLIA Laboratory Program Certificate of Waiver User Fee	150
Secretary of State Annual Report Fee	225
State Fire Marshall Boiler Inspection	190
Anderson Elevator Inspection Fee	935
Thompson Elevator Inspection Fee	40
Cook County Department of Environmental Control Equipment Inspection	348
Non-allowable Illinois Council on Long Term Care Fee	-11,056
Total allocated to Page 21	<u>102,293</u>

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