

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Ctr

0022111 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	<u>164</u>	Skilled (SNF)	<u>164</u>	<u>59,860</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>134</u>	Intermediate (ICF)	<u>134</u>	<u>48,910</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>298</u>	TOTALS	<u>298</u>	<u>108,770</u>	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	<u>17,760</u>	<u>25</u>	<u>2,547</u>	<u>20,332</u>	8
9	SNF/PED					9
10	ICF	<u>83,205</u>	<u>1,990</u>	<u>36</u>	<u>85,231</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>100,965</u>	<u>2,015</u>	<u>2,583</u>	<u>105,563</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 97.05%

D. How many bed-hold days during this year were paid by the Department? 752 (Do not include bed-hold days in Section B.)

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 12/01/75

J. Was the facility purchased or leased after January 1, 1978?
YES Date 1/15/85 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 150 and days of care provided 2,082

Medicare Intermediary Wisconsin Physicians Service Insurance Corporation

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Ctr # 0022111 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	503,885	96,275	5,259	605,419		605,419		605,419		1
2	Food Purchase		565,798		565,798	(22,003)	543,795	(15,397)	528,398		2
3	Housekeeping	345,235	75,425		420,660		420,660		420,660		3
4	Laundry	142,056	19,244	11,634	172,934		172,934		172,934		4
5	Heat and Other Utilities			186,541	186,541		186,541	8,385	194,926		5
6	Maintenance	117,350	43,708	91,736	252,794		252,794	16,857	269,651		6
7	Other (specify):* Allocated Employee Benefits							659	659		7
8	TOTAL General Services	1,108,526	800,450	295,170	2,204,146	(22,003)	2,182,143	10,504	2,192,647		8
	B. Health Care and Programs										
9	Medical Director			27,600	27,600		27,600		27,600		9
10	Nursing and Medical Records	3,624,765	417,258	16,521	4,058,544		4,058,544	(73,351)	3,985,193		10
10a	Therapy	78,126	507	280,368	359,001		359,001	(54,229)	304,772		10a
11	Activities	105,144	7,975	2,400	115,519		115,519		115,519		11
12	Social Services	214,706		2,076	216,782		216,782		216,782		12
13	CNA Training										13
14	Program Transportation			1,870	1,870		1,870		1,870		14
15	Other (specify):* Allocated Employee Benefits							25,569	25,569		15
16	TOTAL Health Care and Programs	4,022,741	425,740	330,835	4,779,316		4,779,316	(102,011)	4,677,305		16
	C. General Administration										
17	Administrative	202,247		1,039,830	1,242,077		1,242,077	(1,001,098)	240,979		17
18	Directors Fees										18
19	Professional Services			79,657	79,657	(9,485)	70,172	165	70,337		19
20	Dues, Fees, Subscriptions & Promotions			31,247	31,247	1,390	32,637	(6,558)	26,079		20
21	Clerical & General Office Expenses	181,434	41,592	156,475	379,501	(1,390)	378,111	550,308	928,419		21
22	Employee Benefits & Payroll Taxes			912,518	912,518	22,003	934,521		934,521		22
23	Inservice Training & Education			2,530	2,530		2,530	1,792	4,322		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			32,771	32,771	(17,371)	15,400	4,689	20,089		25
26	Insurance-Prop.Liab.Malpractice			116,981	116,981		116,981	4,025	121,006		26
27	Other (specify):* Allocated Employee Benefits							93,686	93,686		27
28	TOTAL General Administration	383,681	41,592	2,372,009	2,797,282	(4,853)	2,792,429	(352,991)	2,439,438		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,514,948	1,267,782	2,998,014	9,780,744	(26,856)	9,753,888	(444,498)	9,309,390		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			186,411	186,411		186,411	119,561	305,972			30
31	Amortization of Pre-Op. & Org.							114	114			31
32	Interest			358	358		358	2,503,594	2,503,952			32
33	Real Estate Taxes					9,485	9,485	497,523	507,008			33
34	Rent-Facility & Grounds			3,753,744	3,753,744		3,753,744	(3,753,744)				34
35	Rent-Equipment & Vehicles			2,719	2,719	17,371	20,090	7,425	27,515			35
36	Other (specify):* Mortgage Insurance							210,647	210,647			36
37	TOTAL Ownership			3,943,232	3,943,232	26,856	3,970,088	(414,880)	3,555,208			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		133,425	7,339	140,764		140,764		140,764			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			163,152	163,152		163,152		163,152			42
43	Other (specify):* Non-Allowable			119,507	119,507		119,507	(119,507)				43
44	TOTAL Special Cost Centers		133,425	289,998	423,423		423,423	(119,507)	303,916			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,514,948	1,401,207	7,231,244	14,147,399		14,147,399	(978,885)	13,168,514			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	(8,556)	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	(4,779)	30		9
10	Interest and Other Investment Income	(121,430)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(6,923)	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	(821)	43		18
19	Entertainment				19
20	Contributions	(2,000)	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	(58,323)	43		24
25	Fund Raising, Advertising and Promotional	(1,036)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(50,000)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(154,481)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (408,349)		\$	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)	(570,536)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (570,536)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (978,885)		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 Oaks Nursing & Rehabilitation Ctr

ID# 0022111

Report Period Beginning: 1/01/2010

Ending: 12/31/2010

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Adjust Mgt Co. medical supplies "A" to cost	\$ (22,096)	10	1
2	Adjust Mgt Co. medical supplies "other" to cost	(51,255)	10	2
3	Adjust Mgt Co. food to cost	(15,397)	2	3
4	Non-allowable professional fees	(54,170)	19	4
5	Non-allowable patient clothing	(404)	43	5
6	Non-allowable Illinois Council on Long Term Care Dues	(10,909)	20	6
7	Non-allowable office expense	(250)	43	7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(154,481)		49

STATE OF ILLINOIS

Summary A

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

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	(15,397)	0	0	0	0	0	0	0	0	0	0	(15,397)	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	8,385	0	0	0	0	0	0	0	0	8,385	5
6	Maintenance	0	0	16,851	0	6	0	0	0	0	0	0	16,857	6
7	Other (specify):*	0	0	659	0	0	0	0	0	0	0	0	659	7
8	TOTAL General Services	(15,397)	0	25,895	0	6	0	0	0	0	0	0	10,504	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	(73,351)	0	0	0	0	0	0	0	0	0	0	(73,351)	10
10a	Therapy	0	0	0	0	(54,229)	0	0	0	0	0	0	(54,229)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	25,569	0	0	0	0	0	0	25,569	15
16	TOTAL Health Care and Programs	(73,351)	0	0	0	(28,660)	0	0	0	0	0	0	(102,011)	16
	C. General Administration													
17	Administrative	0	0	(1,001,098)	0	0	0	0	0	0	0	0	(1,001,098)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(54,170)	0	46,941	7,235	159	0	0	0	0	0	0	165	19
20	Fees, Subscriptions & Promotions	(10,909)	0	1,179	0	3,172	0	0	0	0	0	0	(6,558)	20
21	Clerical & General Office Expenses	(8,556)	0	554,758	0	4,106	0	0	0	0	0	0	550,308	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	757	0	1,035	0	0	0	0	0	0	1,792	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	4,488	0	201	0	0	0	0	0	0	4,689	25
26	Insurance-Prop.Liab.Malpractice	0	0	3,402	0	623	0	0	0	0	0	0	4,025	26
27	Other (specify):*	0	0	93,456	0	230	0	0	0	0	0	0	93,686	27
28	TOTAL General Administration	(73,635)	0	(296,117)	7,235	9,526	0	0	0	0	0	0	(352,991)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(162,383)	0	(270,222)	7,235	(19,128)	0	0	0	0	0	0	(444,498)	29

STATE OF ILLINOIS

Summary B

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

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	(4,779)	0	14,344	109,905	91	0	0	0	0	0	0	119,561	30
31	Amortization of Pre-Op. & Org.	0	0	114	0	0	0	0	0	0	0	0	114	31
32	Interest	(121,430)	0	0	2,625,024	0	0	0	0	0	0	0	2,503,594	32
33	Real Estate Taxes	0	0	6,879	490,644	0	0	0	0	0	0	0	497,523	33
34	Rent-Facility & Grounds	0	0	0	(3,753,744)	0	0	0	0	0	0	0	(3,753,744)	34
35	Rent-Equipment & Vehicles	0	0	7,425	0	0	0	0	0	0	0	0	7,425	35
36	Other (specify):*	0	0	0	210,647	0	0	0	0	0	0	0	210,647	36
37	TOTAL Ownership	(126,209)	0	28,762	(317,524)	91	0	0	0	0	0	0	(414,880)	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):*	(119,757)	0	0	250	0	0	0	0	0	0	0	(119,507)	43
44	TOTAL Special Cost Centers	(119,757)	0	0	250	0	(119,507)	44						
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(408,349)	0	(241,460)	(310,039)	(19,037)	0	0	0	0	0	0	(978,885)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Sidney Glenner	100.00 %	GlenBridge Nursing & Rehabilitation Centre, Ltd.	Niles	SEE ATTACHED SCHEDULE A		
		GlenCrest Nursing & Rehabilitation Centre, Ltd.	Chicago			
		Glen Elston Nursing & Rehabilitation Centre, Ltd.	Chicago			
		GlenShire Nursing & Rehabilitation Centre, Ltd.	Richton Park			
		GlenLake Terrace Nursing & Rehabilitation Centre, Lt	Waukegan			
		Brentwood North Healthcare & Rehabilitation Ctr,Inc.	Riverwoods			

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
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	From Page 6A	1,039,830	Glen Health and Home Management, Inc.	A	798,370	(241,460)	1
3	V							2
4	V	From Page 6B	3,753,744	Glen Oaks Real Estate and Development, L.L.C.	B	3,443,705	(310,039)	3
5	V							4
6	V	From Page 6C	280,368	Therapy Masters, Inc.	C	261,331	(19,037)	5
7	V							6
8	V							7
9	V							8
10	V			OWNERSHIP REFERENCE:				9
11	V			A - Sidney Glenner - 100.00 % through attribution				10
12	V			B - Sidney Glenner - 60.00 % (constructively)				11
13	V			C - Sidney Glenner - 100.00 %				12
14	Total		\$ 5,073,942			\$ 4,503,406	\$ * (570,536)	13
								14

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

Facility Name & ID Number

Glen Oaks Nursing & Rehabilitation Ctr

0022111

Report Period Beginning:

1/01/2010

Ending:

12/31/2010

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	\$ 1,039,830	Glen Health and Home Management, Inc.	A	\$	\$ (1,039,830) 15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	8,385	8,385 16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	12,944	12,944 17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	46,941	46,941 18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	1,179	1,179 19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	42,628	42,628 20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	94,115	94,115 21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	757	757 22
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	4,488	4,488 23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	3,402	3,402 24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	14,344	14,344 25
26	V	31 Amortization		Glen Health and Home Management, Inc.	A	114	114 26
27	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	6,879	6,879 27
28	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	7,425	7,425 28
29	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	3,907	3,907 29
30	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	38,732	38,732 30
31	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	512,130	512,130 31
32	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(94,115)	(94,115) 32
33	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	659	659 33
34	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	6,578	6,578 34
35	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	86,878	86,878 35
36	V						
37	V						
38	V						
39	Total		\$ 1,039,830			\$ 798,370	\$ * (241,460) 39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	19 Professional Fees	\$	Glen Oaks Real Estate and Development, L.L.C.	B	\$ 7,235	\$	7,235	15
16	V	43 Office Expense		Glen Oaks Real Estate and Development, L.L.C.	B	250		250	16
17	V	30 Depreciation		Glen Oaks Real Estate and Development, L.L.C.	B	109,905		109,905	17
18	V	32 Interest Expense		Glen Oaks Real Estate and Development, L.L.C.	B	2,622,032		2,622,032	18
19	V	32 Interest Income		Glen Oaks Real Estate and Development, L.L.C.	B	(15,271)		(15,271)	19
20	V	32 Amortization of Mortgage Costs		Glen Oaks Real Estate and Development, L.L.C.	B	18,263		18,263	20
21	V	33 Real Estate Taxes		Glen Oaks Real Estate and Development, L.L.C.	B	490,644		490,644	21
22	V	34 Rental Income	3,753,744	Glen Oaks Real Estate and Development, L.L.C.	B			(3,753,744)	22
23	V	36 Mortgage Insurance Premium		Glen Oaks Real Estate and Development, L.L.C.	B	210,647		210,647	23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 3,753,744			\$ 3,443,705	\$ *	(310,039)	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	\$ 280,368	Therapy Masters, Inc.	C	\$ 226,139	\$ (54,229)
16	V	19 Professional Fees		Therapy Masters, Inc.	C	159	159
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	C	10	10
18	V	20 Employment Fees		Therapy Masters, Inc.	C	3,162	3,162
19	V	21 Clerical Salaries		Therapy Masters, Inc.	C	1,957	1,957
20	V	21 Clerical		Therapy Masters, Inc.	C	2,149	2,149
21	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	25,799	25,799
22	V	23 Training and Education		Therapy Masters, Inc.	C	1,035	1,035
23	V	25 Auto Expenses		Therapy Masters, Inc.	C	201	201
24	V	6 Plant Supplies		Therapy Masters, Inc.	C	6	6
25	V	22 Employee Benefits		Therapy Masters, Inc.	C	(25,799)	(25,799)
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	25,569	25,569
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	230	230
28	V	30 Depreciation		Therapy Masters, Inc.	C	91	91
29	V	26 Insurance - Liability		Therapy Masters, Inc.	C	623	623
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 280,368			\$ 261,331	\$ * (19,037)

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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Ctr # 0022111 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 %	161,368	12	19.36 %	Salary	\$ 38,732	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	43,424	8	19.36 %	Salary	10,423	Ln 21, Col 7	2
3	Daniel Glenner	Administrative	Administrative	0.00 %	23,895	8	19.36 %	Salary	5,736	Ln 21, Col 7	3
4	Elliot Glenner	Clerical	Clerical	0.00 %	16,778	8	19.36 %	Salary	4,027	Ln 21, Col 7	4
5	David Weinschneider	Administrative	Administrative	0.00 %	42,857	8	19.36 %	Salary	10,287	Ln 21, Col 7	5
6	Joshua Ray	V.P. of Operations	Administrative	0.00 %	161,368	12	19.36 %	Salary	38,732	Ln 21, Col 7	6
7											7
8											8
9											9
10			See Attached Schedule B								10
11											11
12											12
13								TOTAL	\$ 107,937		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Ctr

0022111

Report Period Beginning:

1/01/2010

Ending: 2/31/2010

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Resident Days	545,364	7	\$ 43,318	\$ 105,563	\$ 8,385	1
2	6	Repairs and Maintenance	Resident Days	545,364	7	66,872	105,563	12,944	2
3	19	Professional Fees	Resident Days	545,364	7	242,509	105,563	46,941	3
4	20	Licenses, Permits and Inspection	Resident Days	545,364	7	6,093	105,563	1,179	4
5	21	Clerical	Resident Days	545,364	7	220,225	105,563	42,628	5
6	22	Employee Benefits and Payroll	Resident Days	545,364	7	486,222	105,563	94,115	6
7	23	Training and Education	Resident Days	545,364	7	3,909	105,563	757	7
8	25	Auto Expenses	Resident Days	545,364	7	23,185	105,563	4,488	8
9	26	Insurance	Resident Days	545,364	7	17,573	105,563	3,402	9
10	30	Depreciation	Resident Days	545,364	7	74,104	105,563	14,344	10
11	31	Amortization	Resident Days	545,364	7	589	105,563	114	11
12	33	Real Estate Taxes	Resident Days	545,364	7	35,536	105,563	6,879	12
13	35	Equipment and Vehicle Rental	Resident Days	545,364	7	38,360	105,563	7,425	13
14	6	Janitorial Salaries	Resident Days	545,364	7	20,184	105,563	3,907	14
15	17	Officer's Salaries	Resident Days	545,364	7	200,100	200,100	38,732	15
16	21	Administrative Salaries	Resident Days	545,364	7	2,645,790	2,645,790	512,130	16
17	22	Employee Benefits	Payroll					(94,115)	17
18	7	Employee Benefits - Janitorial	Payroll					659	18
19	27	Employee Benefits - Officer's	Payroll					6,578	19
20	27	Employee Benefits - Admin	Payroll					86,878	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 4,124,569	\$ 2,866,074	\$ 798,370	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Glen Oaks Nursing & Rehabilitation Ctr

0022111

Report Period Beginning:

1/01/2010

Ending:

12/31/2010

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	Midland Loan Services		X	Mortgage	\$244,030.26	12/22/08	\$ 39,270,000	\$ 38,703,600	1/01/2044	0.0675	\$ 2,622,032	1							
2	Midland Loan Services		X	Amortization of mortgage costs							18,263	2							
3	MB Financial Bank, N.A.		X	Finance telephone system	\$780.33	1/06/06	40,040	723	1/06/2011	0.0625	358	3							
4												4							
5												5							
Working Capital																			
6												6							
7												7							
8												8							
9	TOTAL Facility Related				\$244,810.59		\$ 39,310,040	\$ 38,704,323			\$ 2,640,653	9							
B. Non-Facility Related*																			
10										Interest Income Offset:	(136,701)	10							
11												11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (136,701)	14							
15	TOTALS (line 9+line14)						\$ 39,310,040	\$ 38,704,323			\$ 2,503,952	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 210,647 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.		\$	394,000		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.)		\$	445,204		2
3. Under or (over) accrual (line 2 minus line 1).		\$	51,204		3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	457,000		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.)		\$	9,485		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 \$ 17,560 For 2007 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	(17,560)		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	500,129		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2005	<u>327,660</u>	8	FOR BHF USE ONLY	
	2006	<u>337,697</u>	9	13	FROM R. E. TAX STATEMENT FOR 2009 \$ 13
	2007	<u>379,624</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2008	<u>383,926</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2009	<u>445,204</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
See Attached Schedule G For Calculation Of 2010 Real Estate Tax Accrual.					

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: 72,000 B. General Construction Type: Exterior Brick Frame Steel Number of Stories Three

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

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

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

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>98,518</u>	<u>1985</u>	<u>\$ 345,000</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>16,445</u>	<u>2</u>
3	TOTALS	98,518		\$ 361,445	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Ctr

0022111

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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	298		1985	1961	\$ 3,587,393	\$	30	\$ 119,580	\$ 119,580	\$ 3,109,078	4
5											5
6	Alloc from				351,079			9,461	9,461		6
7	Mgt Comp										7
8	Schedule J										8
	Improvement Type**										
9	Leasehold Improvements		1980		7,274		65 months			7,274	9
10	Leasehold Improvements		1981		4,127		35 months			4,127	10
11	Sprinkler		1981		15,769		25			15,769	11
12	Ceiling - dining room		1982		3,621		10			3,621	12
13	Masonry - building		1982		15,200		10			15,200	13
14	Generator fixture		1982		7,967		10			7,967	14
15	Roofing		1983		28,000		10			28,000	15
16	Parking lot		1983		4,632		15			4,632	16
17	Painting		1983		14,000		5			14,000	17
18	Air-conditioner		1983		3,033		10			3,033	18
19	Leasehold Improvements		1984		40,296		10			40,296	19
20	Building Improvements		1985		28,578		10			28,578	20
21	Building Improvements		1986		14,578		10			14,578	21
22	Building Improvements		1987		7,225		10			7,225	22
23	Painting and decorating		1985		11,028		3			11,028	23
24	Sprinkler		1987		117,905		26	4,535	4,535	105,060	24
25	Building Improvements		1988		37,503		10			37,503	25
26	Building Improvements		1989		52,259		10			52,259	26
27	Building Improvements		1990		17,633		10			17,633	27
28	Building Improvements		1990		2,100		10			2,100	28
29	Building Improvements		1991		8,500		10			8,500	29
30	Building Improvements		1991		2,322		10			2,322	30
31	Building Improvements		1992		371,526		10			371,526	31
32	Building Improvements		1993		21,620		10			21,620	32
33	Building Improvements		1993		9,267		10			9,267	33
34	Building Improvements		1993		151,464		10			151,464	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Leasehold Improvements	1994	\$ 118,383	\$	10	\$	\$	\$ 118,383	37
38	Building Improvements	1995	20,792		10			20,792	38
39	New closets in rooms 150 and 180	1995	2,600		10			2,600	39
40	New 200 amp and 50 amp lines to activity room	1996	4,900		10			4,900	40
41	Construct office room in basement	1996	1,650		10			1,650	41
42	Roofing work	1996	95,112		10			95,112	42
43	Overbed tables	1997	3,537		10			3,537	43
44	Sprinklers	1997	8,367		10			8,367	44
45	Exiss observation system	1997	975		10			975	45
46	Fence post and rail	1997	1,885		10			1,885	46
47	Exhaust fan and stove	1997	8,143		10			8,143	47
48	Brick floor	1997	7,707		10			7,707	48
49	Wiring for telephones	1997	1,832		10			1,832	49
50	Fire alarm	1997	16,271		10			16,271	50
51	Piping	1997	821		10			821	51
52	Emergency lighting fixtures	1997	3,000		10			3,000	52
53	Wiring for exhaust fan	1997	1,610		10			1,610	53
54	Replacement door	1997	1,445		10			1,445	54
55	Therapy room	1997	6,116		10			6,116	55
56	Concrete	1997	895		10			895	56
57	Remodeling of physical and occupational therapy rooms	1997	268,920		10			268,920	57
58	Flooring	1997	585		10			585	58
59	Handrails: corner and bumper guards	1997	11,954		10			11,954	59
60	Fire alarm system improvements	1997	3,450		10			3,450	60
61	Ceiling tile	1997	3,985		10			3,985	61
62	New walls - therapy room	1997	2,982		10			2,982	62
63	Signs	1997	1,713		10			1,713	63
64	Electric service	1997	1,700		10			1,700	64
65	Chain link fence	1997	3,100		10			3,100	65
66	Dining room ceiling	1997	2,000		10			2,000	66
67	Balance air conditioner system	1997	24,290		10			24,290	67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,566,619	\$		\$ 133,576	\$ 133,576	\$ 4,724,380	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		\$ 5,566,619	\$		\$ 133,576	\$ 133,576	\$ 4,724,380	1
2	Video monitoring system	1997	1,932		10			1,932	2
3	Electric service	1998	3,250		10			3,250	3
4	Fire alarm system improvements	1998	2,625		10			2,625	4
5	Floor tiles	1998	3,598		10			3,598	5
6	Electrical work: install outlets, amp feeders	1999	16,737		10			16,737	6
7	Aquarium	1999	10,500		10			10,500	7
8	Hot water tanks	1999	5,132		10			5,132	8
9	Ceiling tiles	1999	2,689		10			2,689	9
10	Fabrication of 211 sleeves for fire dampers	1999	2,532		10			2,532	10
11	Two gold chandeliers	1999	4,193		10			4,193	11
12	Fire dampers installation	1999	5,083		10			5,083	12
13	Fire dampers installation	1999	1,641		10			1,641	13
14	Install new gas valves & gaskets on boiler	1999	4,173		10			4,173	14
15	Install new motor in water heater	1999	2,397		10			2,397	15
16	Install security cameras	1999	3,109		10			3,109	16
17	Furnish, wire & install lights in the main dining room	2000	2,640	132	10	132		2,640	17
18	Install 2 fan coils, water piping, drain & insulation	2000	4,300	215	10	215		4,300	18
19	Install new chiller	2000	1,925	101	10	101		1,925	19
20	Install handrails, wall bumpers & rubber cove base	2000	14,570	728	10	728		14,570	20
21	Install handrails, wall bumpers & rubber cove base	2000	5,904	299	10	299		5,904	21
22	Install corner guards	2000	1,616	77	10	77		1,616	22
23	Vinyl tiles & rubber cove base	2000	1,875	98	10	98		1,875	23
24	Electrical work	2000	30,000	1,500	10	1,500		30,000	24
25	Install metal partition walls with drywall	2000	3,280	164	10	164		3,280	25
26	Generator installation	2000	3,610	181	10	181		3,610	26
27	Relaminate bedside units and closet doors	2000	3,200	160	10	160		3,200	27
28	Install 6 circuits for new dialysis room	2000	3,485	178	10	178		3,485	28
29	Electrical project	2001	32,903	3,290	10	3,290		31,255	29
30	2 dura glide 3000 single door packages	2001	11,408	1,140	10	1,140		10,830	30
31	Nurses station with solid surface counter tops	2001	9,180	918	10	918		8,721	31
32	78 custom built-in wardrobes with sliding doors	2001	13,650	1,365	10	1,365		12,967	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,779,756	\$ 10,546		\$ 144,122	\$ 133,576	\$ 4,934,149	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 5,779,756	\$ 10,546		\$ 144,122	\$ 133,576	\$ 4,934,149	1
2	Elevator shaft exterior brick	2001	11,980	1,198	10	1,198		11,381	2
3	Remove lobby wall and install ceiling	2001	12,508	1,251	10	1,251		11,884	3
4	New ceiling and lighting project	2001	14,758	1,476	10	1,476		14,022	4
5	82 custom built-in wardrobes with sliding doors	2001	18,749	1,875	10	1,875		17,812	5
6	Carpeting	2001	3,589	359	10	359		3,410	6
7	Wallcovering installation and painting project	2001	5,181	518	10	518		4,921	7
8	Concrete repairs on handicap and delivery ramp	2001	3,600	360	10	360		3,420	8
9	Tuckpointing	2001	2,500	250	10	250		2,375	9
10	Paneling	2001	5,756	576	10	576		5,472	10
11	Nurses station with doors, counters and hanging chart units	2001	10,695	1,070	10	1,070		10,165	11
12	Installation of wallcovering	2002	2,380	238	10	238		2,023	12
13	Cooling tower	2002	6,950	695	10	695		5,908	13
14	Wallcovering border	2002	4,034	403	10	403		3,426	14
15	Installation of cooling tower	2002	46,000	4,600	10	4,600		39,100	15
16	Installation of hydraulic pump unit	2002	6,200	620	10	620		5,270	16
17	Econocare project	2002	14,000	1,400	10	1,400		11,900	17
18	Insurance claim refund	2002	(7,118)	(712)	10	(712)		(6,052)	18
19	Painting project	2002	4,750	475	10	475		4,038	19
20	Installation of wood blinds	2003	2,140	214	10	214		1,605	20
21	Air conditioning compressor	2003	7,617	762	10	762		5,715	21
22	Insurance claim refund - compressor	2003	(6,367)	(637)	10	(637)		(4,777)	22
23	Furnish and install one new hydraulic tank unit	2003	8,400	840	10	840		6,300	23
24	Parking lot paving project	2003	76,765	7,677	10	7,677		57,577	24
25	Center roof section reroofing project	2003	4,200	420	10	420		3,150	25
26	Remove and install new ceilings, install ceramic tile	2003	16,559	1,656	10	1,656		12,420	26
27	Center roof section reroofing project	2002	2,100	210	10	210		1,785	27
28	Installation of custom built wardrobes	2003	25,830	2,583	10	2,583		19,372	28
29	Installation of cove base, vinyl tiles and wallcovering	2002	35,098	3,510	10	3,510		29,835	29
30	Relocate water meter and install RPZ for plumbing project	2004	16,066	1,607	10	1,607		10,445	30
31	Furnish and install smoke detectors by doors	2004	8,490	849	10	849		5,519	31
32	Furnish and install glass for windows	2004	1,980	198	10	198		1,287	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,145,146	\$ 47,087		\$ 180,663	\$ 133,576	\$ 5,234,857	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 6,145,146	\$ 47,087		\$ 180,663	\$ 133,576	\$ 5,234,857	1
2	Provide and install delay lock & keypads, relocate kill switch	2004	1,762	176	10	176		1,144	2
3	Furnish and install new door detector on elevator door	2004	2,115	212	10	212		1,378	3
4	Wiring for cameras and quad installation	2004	1,574	157	10	157		1,021	4
5	Heat exchanger	2004	1,598	160	10	160		1,040	5
6	Landscaping project: tree planting	2004	4,650	465	10	465		3,023	6
7	Installed new parts and replace discharge gauge on chillers	2005	2,123	212	10	212		1,166	7
8	Installation of new compressor	2005	11,900	1,190	10	1,190		6,545	8
9	Furnish and install iron fencing	2005	5,400	540	10	540		2,970	9
10	Fireproofing project	2005	6,220	622	10	622		3,421	10
11	Replace car sills in elevators	2005	8,130	813	10	813		4,472	11
12	Furnish and install new controller and selector on elevator	2005	18,500	1,850	10	1,850		10,175	12
13	Remove and replace smoke detector	2005	1,679	168	10	168		924	13
14	Build and install custom built-in wardrobes and cabinets	2005	55,002	5,500	10	5,500		30,250	14
15	Insurance reimbursement of compressor loss	2005	(11,144)	(1,114)	10	(1,114)		(6,127)	15
16									16
17									17
18	Install new window frame at receptionist counter	2005	1,450	145	10	145		798	18
19	Install new ceramic wall tile, toilets, sinks, plumbing	2006	82,802	8,780	10	8,280	(500)	38,510	19
20	Carrier chiller compressor	2006	14,850	1,485	10	1,485		6,683	20
21	Insurance claim refund for damaged compressor	2006	(11,900)	(1,190)	10	(1,190)		(5,355)	21
22	Furnish and install elevator car, station	2006	13,711	1,371	10	1,371		6,170	22
23	Remove plumbing, drywall and shower stalls	2006	3,833	383	10	383		1,724	23
24	New elevator lobby car, controller, selector and fixtures	2006	42,711	4,271	10	4,271		19,220	24
25	Metal doors with framing	2006	7,289	729	10	729		3,280	25
26	Furnish and install 8 vertical rod devices on doors	2006	6,020	602	10	602		2,709	26
27	Furnish and install new elevator pump unit and valve assembly	2006	8,000	800	10	800		3,600	27
28	Sidewalk concrete project	2006	3,230	323	10	323		1,454	28
29	Remove and install elevator flooring, ceiling and lighting	2006	5,369	537	10	537		2,416	29
30	Furnish and install new elevator door opener and locks	2006	6,750	675	10	675		3,038	30
31	Telephone system	2006	17,040	4,004	10	1,704	(2,300)	13,418	31
32	Install drain tile system in rehab room	2007	5,300	530	10	530		1,855	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,461,110	\$ 81,483		\$ 212,259	\$ 130,776	\$ 5,395,779	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 6,461,110	\$ 81,483		\$ 212,259	\$ 130,776	\$ 5,395,779	1
2	Power rodding project	2007	5,800	580	10	580		2,030	2
3	Delime heater system	2007	2,861	286	10	286		1,001	3
4	Carrier chiller leak	2007	4,238	424	10	424		1,484	4
5	Installation of water heater	2007	6,180	618	10	618		2,163	5
6	Rewire smoke detector system	2007	2,570	257	10	257		900	6
7	Installation of chemical feed system	2007	2,897	290	10	290		1,015	7
8	Boiler refractory project	2007	3,930	393	10	393		1,376	8
9	Roofing project	2008	8,000	800	10	800		2,000	9
10	Roofing project	2008	7,650	765	10	765		1,913	10
11	Furnish and install smoke detectors in dining area	2008	6,515	652	10	652		1,630	11
12	Installation of split air cooling system for elevator mechanical room	2008	4,700	470	10	470		1,175	12
13	Satellite cable headend installation	2008	9,500	2,200	10	950	(1,250)	3,000	13
14									14
15	Furnish and install new panic bars, remove hardware on doors	2008	4,575	458	10	458		1,145	15
16	Install electrical receptacles for new televisions	2008	11,500	1,150	10	1,150		2,875	16
17	Add smoke detectors in dining area for first and second floors	2008	2,649	265	10	265		662	17
18	Wallcovering	2009	13,113	1,311	10	1,311		1,967	18
19	Lever Handle Passage locks brushed chrome	2009	3,997	400	10	400		600	19
20	Install entire condensing unit	2009	4,966	497	10	497		745	20
21	Resurface roof	2009	49,850	4,985	10	4,985		7,478	21
22	Remodel-Sign installation, remove existing border, wallcovering	2009	326,303	32,630	10	32,630		48,945	22
23	New drywall, painting doorframes, install handrails,								23
24	bumper guards,custom nurses stations, floor tile, co-base								24
25	& new doors								25
26	Furnish & install new domestic hot water heaters	2009	21,200	2,120	10	2,120		3,180	26
27	Furnish and install new toilets	2009	12,316	1,232	10	1,232		1,848	27
28	Furnish and install new toilets	2009	(1,108)	(111)	10	(111)		(166)	28
29	Install drywall on ceilings in closets	2009	6,800	680	10	680		1,020	29
30	Install fire sprinklers in closets	2009	3,900	390	10	390		585	30
31	Replace copper lines and relief valve on storage tank	2009	5,000	500	10	500		750	31
32	Power supply installation for telephone system	2009	2,581	258	10	258		387	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,993,593	\$ 135,983		\$ 265,509	\$ 129,526	\$ 5,487,487	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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 6,993,593	\$ 135,983		\$ 265,509	\$ 129,526	\$ 5,487,487	1
2	New fire alarm system	2010	75,855	3,793	10	3,793		3,793	2
3	Category 6 cable (550mhz)	2010	4,301	215	10	215		215	3
4	Remove and install new soffit, install lights, repairs walls	2009	21,697	2,170	10	2,170		3,255	4
5	New gas-fired commercial copper boiler	2010	5,391	270	10	270		270	5
6									6
7									7
8									8
9									9
10									10
11									11
12	Leasehold Improvements Allocated from Management Co:		31,387			340	340	27,708	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	TOTAL (lines 1 thru 33)		\$ 7,132,224	\$ 142,431		\$ 272,297	\$ 129,866	\$ 5,522,728	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	\$ 500,815	\$ 19,829	\$ 19,829	\$	10 years	\$ 283,333	71
72	Current Year Purchases	22,689	2,119	2,119		5,10 years	2,119	72
73	Fully Depreciated Assets	1,229,305	7,184	7,184		5,7,10,11yrs	1,229,305	73
74	Allocated from Management Company:	153,776		1,361	1,361		149,474	74
75	TOTALS	\$ 1,906,585	\$ 29,132	\$ 30,493	\$ 1,361		\$ 1,664,231	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Care	1991 Dodge Caravan	1995	\$ 27,331	\$	\$	\$	5 years	\$ 27,331	76
77	Patient Care	1996 Toyota Camry	1996	18,773				5 years	18,773	77
78	Patient Care	2003 Buick Rendezvous	2004	15,800				5 years	15,800	78
79	Allocated from Management Company:			28,771		3,182	3,182		12,270	79
80	TOTALS			\$ 90,675	\$	\$ 3,182	\$ 3,182		\$ 74,174	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 9,490,929	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 171,563	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 305,972	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 134,409	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,261,133	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: \$ 6,529 Description: Ice-maker \$1,860, Postage meter \$859, Allocated from Mgt Company: \$3,810

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Patient Care	2008 Infiniti G35	\$ 558.74	\$ 6,705	17
18	Patient Care	2008 Infiniti FX35	575.23	6,903	18
19	Patient Care	2011 Acura MDX	795.00	3,763	19
20	Allocated from Management Company:			3,615	20
21	TOTAL		\$ #####	\$ 20,986	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>
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B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	Ln10a,Col 2&3	hrs	\$	1,931	\$ 113,215	\$ 326	1,931	\$ 113,541	1
2	Licensed Speech and Language Development Therapist	Ln10a,Col 2&3	hrs		363	24,977	75	363	25,052	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a, Col 2&3	hrs		2,025	142,176	106	2,025	142,282	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				133,425		133,425	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Respiratory Therapy Other (specify): <u>Radiology & Lab</u>	Ln10a,Col 1 Ln 39, Col 3	3,100 hours	78,126		7,339		3,100	78,126 7,339	13
14	TOTAL			\$ 78,126	4,319	\$ 287,707	\$ 133,932	7,419	\$ 499,765	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Ctr

0022111

Report Period Beginning: 1/01/2010

Ending: 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	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 2,567,331	\$ 4,697,856	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>93,000</u>)	555,398	555,398	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	73,013	89,188	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(45,440)		8
9	Other(specify): <u>Other Receivables</u>	196,171	196,171	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,346,473	\$ 5,538,613	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		361,445	13
14	Buildings, at Historical Cost		3,938,472	14
15	Leasehold Improvements, at Historical Cost	2,710,052	3,193,752	15
16	Equipment, at Historical Cost	1,197,726	1,997,260	16
17	Accumulated Depreciation (book methods)	(2,948,617)	(7,261,133)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe <u>Deposits, Escrows</u>)	176,088	855,975	22
23	Other(specify): <u>Mortgage Costs (Net):</u>		917,773	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,135,249	\$ 4,003,544	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,481,722	\$ 9,542,157	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 254,044	\$ 254,044	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	189,839	189,839	28
29	Short-Term Notes Payable	723	723	29
30	Accrued Salaries Payable	245,191	245,191	30
31	Accrued Taxes Payable (excluding real estate taxes)	244	244	31
32	Accrued Real Estate Taxes(Sch.IX-B)		457,000	32
33	Accrued Interest Payable		217,708	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule E:</u>	842,934	842,934	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,532,975	\$ 2,207,683	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		38,703,600	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 38,703,600	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,532,975	\$ 40,911,283	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,948,747	\$ (31,369,126)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,481,722	\$ 9,542,157	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 7,195,074	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 7,195,074	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,163,673	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	(5,410,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (4,246,327)	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)	\$ 2,948,747	24

* Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Ctr# 0022111Report 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	\$ 14,693,334	1
2	Discounts and Allowances for all Levels	(932,579)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,760,755	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	476,530	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 476,530	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	188,495	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	16,500	19
20	Radiology and X-Ray	2,755	20
21	Other Medical Services	680,165	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 887,915	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	121,430	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 121,430	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Public Aid Bedhold</u>	64,442	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 64,442	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,311,072	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,204,146	31
32	Health Care	4,779,316	32
33	General Administration	2,797,282	33
B. Capital Expense			
34	Ownership	3,943,232	34
C. Ancillary Expense			
35	Special Cost Centers	260,271	35
36	Provider Participation Fee	163,152	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,147,399	40
41	Income before Income Taxes (line 30 minus line 40)**	1,163,673	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,163,673	43

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

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

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

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

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Ctr

0022111

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	3,773	4,056	\$ 133,737	\$ 32.97	1
2	Assistant Director of Nursing	1,879	2,059	99,658	48.40	2
3	Registered Nurses	46,189	50,110	1,440,072	28.74	3
4	Licensed Practical Nurses					4
5	CNAs & Orderlies	127,291	140,901	1,709,850	12.14	5
6	CNA Trainees					6
7	Licensed Therapist	2,852	3,139	78,126	24.89	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,722	1,943	27,176	13.99	9
10	Activity Assistants	7,617	8,112	77,968	9.61	10
11	Social Service Workers	11,660	12,680	214,706	16.93	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	8,630	9,581	153,624	16.03	14
15	Cook Helpers/Assistants	29,069	31,789	350,261	11.02	15
16	Dishwashers					16
17	Maintenance Workers	6,979	7,363	117,350	15.94	17
18	Housekeepers	30,959	34,007	345,235	10.15	18
19	Laundry	13,501	14,794	142,056	9.60	19
20	Administrator	2,037	2,246	118,150	52.60	20
21	Assistant Administrator	1,917	2,166	84,097	38.83	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,365	10,184	181,434	17.82	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>	14,913	16,571	241,448	14.57	33
34	TOTAL (lines 1 - 33)	320,353	351,701	\$ 5,514,948 *	\$ 15.68	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	\$ 5,259	Ln 1, Col 3	35
36	Medical Director	Monthly	27,600	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	16,246	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	48	2,400	Ln11, Col 3	44
45	Social Service Consultant	34	1,876	Ln12, Col 3	45
46	Other(specify)				46
47	<u>Religious Consultant</u>	Monthly	200	Ln12, Col 3	47
48					48
49	TOTAL (lines 35 - 48)	82	\$ 53,581		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	FY2007	FY2008	FY2009	FY2010
1	N/A			\$	\$	\$	\$	\$	\$	\$	\$	\$								
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20	TOTALS			\$	\$	\$	\$	\$	\$	\$	\$	\$								

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing & Rehabilitation Ctr# 0022111Report 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 \$15,017
- (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. \$ 35,786 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 163,152
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 22,003 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Oaks Nursing and Rehabilitation Centre, Ltd.

12/31/2010

Provider I.D. # 0022111

SCHEDULE A

SCHEDULE VII. RELATED PARTIES

Part A. Col.3

3		
OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
Glen Health & Home Management, Inc.	Skokie	Management Company
GlenBar Management Company, Ltd.	Skokie	Management Company
Glen Oaks Real Estate & Development LLC	Skokie	Building Lessor
Fargo Real Estate & Development, LLC	Skokie	Building Lessor - Management Company
Therapy Masters	Skokie	Therapy company

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, LTD.
 Provider # 0022111
 12/31/2010

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
	Brentwood North Healthcare & Rehabilitation	GlenCrest Nursing & Rehab. Centre, Ltd.	GlenBridge Nursing & Rehab. Centre, Ltd.	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	GlenLake Terrace Nursing & Rehab. Centre, Ltd.	
Sidney Glenner	15,953	36,332	33,252	14,264	29,130	32,437	161,368
Jonathan Glenner	4,293	9,777	8,948	3,838	7,839	8,729	43,424
Daniel Glenner	2,362	5,380	4,924	2,112	4,314	4,803	23,895
Elliot Glenner	1,659	3,777	3,457	1,483	3,029	3,373	16,778
David Weinschneider	4,237	9,649	8,831	3,788	7,737	8,615	42,857
Joshua Ray	15,953	36,332	33,252	14,264	29,130	32,437	161,368
Total compensation received from other Nursing Homes	44,457	101,247	92,664	39,749	81,179	90,394	449,690

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
 Provider # 0022111
 12/31/2010

XIX. SUPPORT SCHEDULES

SCHEDULE C

Page 21

C. Professional Services

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Health Data Systems, Inc.	Computers	6,966
Point ClickCare	Computers	2,836
Frank Della	Computer Systems Consultant	2,031
RSM McGladrey	Accounting	31,897
Frost, Ruttenberg & Rothblatt	Accounting	375
Damon W. Doucette Attorney At Law	Legal	1,000
Ira I. Silverstein	Legal	2,400
Much Shelist	Legal	2,897
Berton I. Goldstein	Legal	700
Littler Mendelson	Legal	18,452
Salk & Associates LLC	Architectural Consulting	3,019
Prospect Resources, Inc.	Maintenance Consulting	750
Personnel Planners, Inc.	Unemployment Consulting	1,654
WMA Consulting Engineers	Maintenance Consulting	1,930
First Real Estate Services, Ltd.	Real Estate Appraisal	2,750
		<u>79,657</u>
Allocated from Glen Oaks Real Estate & Development, LLC.:		
Schiller, Klein PC - Real Estate Tax Reduction		6,735
Much Shelist - Legal		500
Total allocated from Glen Oaks Real Estate & Development, LLC.:		<u>7,235</u>
Reclass Schiller, Klein PC - Real Estate Tax Reduction to Line 33		-6,735
Reclass First Real Estate Services, Ltd. invoice to Line 33		-2,750

Allocated from Management Co.	
Health Data Systems, Inc. - Computer Services	4,912
Clinical Reimbursement Solutions - Accounting	1,549
RSM McGladrey - Accounting Services	36,403
Harold Geiser - Accounting	1,355
Frost, Ruttenberg & Rothblatt - Accounting Services	358
Much Shelist - Legal Services	2,364
Total allocated from Management Co.	<u>46,941</u>
Total allocated from Therapy Masters, Inc.	159
Non-allowable Professional Fees:	
RSM McGladrey - Accounting Fees	-31,059
Ira I. Silverstein - A/R Collections	-2,400
Littler Mendelson - Legal - out of period	-18,452
Salk & Associates LLC - Architectural Consulting - out of period	-2,009
Much Shelist - Glen Oaks Real Estate & Development, LLC - out of period	-250
Total Non-allowable Professional Fees	<u>-54,170</u>
Total adjustments page 21, Sch C.	<u><u>-9,320</u></u>
Total Schedule V, line 19, column 8	<u><u>70,337</u></u>

See Accountants' Compilation Report

SCHEDULE D

XIX. SUPPORT SCHEDULES

D. Employee Benefits and Payroll Taxes
 Page 21

DESCRIPTION	AMOUNT
Allocated from Management Co.	
FICA taxes	37,951
FUTA	516
SUTA	1,243
401K Match	2,585
Insurance - Hospital	34,731
Employee Benefits	3,925
Other Employee Benefits	2,211
Workers Compensation Insurance	10,953
	<hr/>
Total allocated from Management Co.	<u>94,115</u>
Allocate Employee Benefits to Line #'s 7, 27	-94,115
Allocated from Therapy Masters, Inc.	
FICA taxes	15,575
FUTA	206
SUTA	287
401K Match	1,340
Insurance - Hospital	5,025
Other Employee Benefits	189
Workers Compensation Insurance	3,049
Uniform Allowance	128
	<hr/>
Total allocated from Therapy Masters, Inc.	<u>25,799</u>
Allocate Employee Benefits to Line #'s 15, 27	-25,799
	<hr/>
Total	<u>0</u>

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2010

SCHEDULE E

XV. SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Accrued Management Fee	480,511
BlueCross/Blue Shield Advance	14,392
Due to Third Party	247,830
Credit Union	100
Accrued Union Dues	4,143
Accrued Wage Assignment	81,947
Accrued 401K	9,325
Accrued 401K Loan	3,074
Accrued Profit Sharing	1,612
Total, Page 17, Line36, Column 1	<u>842,934</u>

See Accountants' Compilation Report

Glen Oaks Nursing and Rehabilitation Centre, Ltd.
Provider # 0022111
12/31/2010

SCHEDULE F

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

<u>Description</u>	<u>Amount</u>	<u>Reference</u>
Patient Clothing	-404	43
Non-allowable office expense	-250	43
Non-allowable professional fees	-54,170	19
Non-allowable Illinois Council on Long Term Care Dues	-10,909	20
Adjust Mgt. Co. Med Supplies - Med'A' purchases to cost	-22,096	10
Adjust Mgt. Co. Med Supplies - 'Other' purchases to cost	-51,255	10
Adjust Mgt. Co. Food purchases to cost	-15,397	2
Total	<u><u>-154,481</u></u>	

See Accountants' Compilation Report

Glen Oaks Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2010

SCHEDULE G

	Accrued 1/01/10	Payments	Expense	Accrued 12/31/10
Balance @ 1/01/2010:	-394,000.00		-394,000.00	
2009 real estate taxes paid		445,204.37	445,204.37	
Cash received 6/24/10 for the reduction of 2007 real estate taxes		-17,560.04	-17,560.04	
Estimated 2010 real estate taxes:				
2009 taxes	445,204.37			
Estimated increase	2.50%			
Estimated 2009 taxes	456,334.48			
USE	457,000.00		457,000.00	-457,000.00
Totals	-394,000.00	427,644.33	490,644.33	-457,000.00

Real estate tax history:

Year	Amount	Increase	
	\$	\$	%
1992	268,135.26		
1993	276,387.40	8,252.14	3.08%
1994	293,076.34	16,688.94	6.04%
1995	299,722.22	6,645.88	2.27%
1996	301,089.35	1,367.13	0.46%
1997	303,074.24	1,984.89	0.66%
1998	305,668.32	2,594.08	0.86%
1999	312,803.95	7,135.63	2.33%
2000	303,160.15	-9,643.80	-3.08%
2001	326,141.52	22,981.37	7.58%
2002	314,693.25	-11,448.27	-3.51%
2003	322,112.64	7,419.39	2.36%
2004	320,753.21	-1,359.43	-0.42%
2005	327,659.74	6,906.53	2.15%
2006	337,697.40	10,037.66	3.06%
2007	379,623.78	41,926.38	12.42%
2008	383,926.13	4,302.35	1.13%
2009	445,204.37	61,278.24	15.96%

See Accountants' Compilation Report

Provider Name: Glen Oaks Nursing & Rehabilitation
Provider I.D. #: 0022111
Year Ended: December 31, 2010

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Nursing Staff, Social Service Administration	1/21/10	Northbrook, IL	Stanley McCracken Anxiety, Depression & Psychosis in Older Adults	150
Nursing Staff, Social Service Administration	3/17/2010	Northbrook, IL	CCMC Understanding Depression & Working With Depressed Patients	300
Sim Dachs	2/24/10	Skokie, IL	Illinois Council on Long Term Care Accident & Fall Prevention Strategies	95
Sim Dachs, Dennis Ong, John Corso Joben Arceno	4/20/10	Skokie, IL	Illinois Council on Long Term Care The New Enforcement Spotlight on Subpart S	440
Dennis Ong, Sim Dachs, Cathy Cortez Cecile DePeralta	5/13/10	Skokie, IL	Illinois Council on Long Term Care MDS 3.0-Getting Started	700
Sim Dachs, Dennis Ong	10/5/10	Skokie, IL	Illinois Council on Long Term Care New OBRA Infection Regulations & 2010 Flu Update	210
Theresa Chen	10/8/10	Chicago, IL	Cynthia Chow & Associates Old Age in the New Age	110
Sim Dachs, Prospero Torres, Dennis Ong	11/17/10	Skokie, IL	Illinois Council on Long Term Care In Depth Training for Wound Care Nurses-MDS 3.0 Update	525
			Allocated From Management Company	757
			Allocated From Therapy Masters	1,035
			Total	4,322

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Oaks Nursing and Rehabilitation Centre, LTD.
Provider #0022111
12/31/2010

SCHEDULE I

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

	Gasoline	Licenses/ Stickers	Repairs	Mileage Reimburse Tolls, Parking	Total
Direct Expense	7,466	396	2,402	5,136	15,400
Allocated from Therapy Masters, Inc.					201
Allocated from Management Company					4,488
TOTAL	7,466	396	2,402	5,136	20,089

See Accountants' Compilation Report

2009 NO ADDITIONS

	84.9438%	17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%	
	<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>
			RECALCULATION BASED ON 2010 CENSUS							
	NURSING HOME		<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>
	PERCENTAGE		90.627	99.020	105.563	38.877	79.393	88.406	43.478	545.364
	84.9438%		16.62%	18.16%	19.36%	7.13%	14.56%	16.21%	7.97%	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>

SEE ACCOUNTANTS' COMPILATION REPORT

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	25,926
Illinois Association of Health Care Facilities Dues	3,420
Village of Northbrook Elevator Inspections	650
CLIA Laboratory Program Certificate of Waiver User Fee	150
Cook County Department of Environmental Control Boiler Inspection	532
Secretary of State Annual Report	150
Non-Allowable Illinois Council on Long Term Care Dues	-10,909
Total	<u>19,919</u>

See Accountants' Compilation Report