



Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre

# 0028753 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	312	Skilled (SNF)	312	113,880	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	312	TOTALS	312	113,880	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	30,750	454	11,771	42,975	8
9	SNF/PED					9
10	ICF	54,660	1,352	33	56,045	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	85,410	1,806	11,804	99,020	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.95%

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 6/01/84

J. Was the facility purchased or leased after January 1, 1978?

YES  Date 2/14/94 NO

K. Was the facility certified for Medicare during the reporting year?

YES  NO  If YES, enter number of beds certified 312 and days of care provided 10,395

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 Glencrest Healthcare & Rehabilitation Center # 0028753 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	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	464,379	110,761	53,443	628,583		628,583		628,583		1
2	Food Purchase		882,630		882,630	(40,715)	841,915	(51,359)	790,556		2
3	Housekeeping	327,274	88,735		416,009		416,009		416,009		3
4	Laundry	150,085	34,498		184,583		184,583		184,583		4
5	Heat and Other Utilities			251,792	251,792		251,792	7,865	259,657		5
6	Maintenance	82,920	42,983	113,351	239,254		239,254	15,831	255,085		6
7	Other (specify):* <b>Allocated Employee Benefits</b>							618	618		7
8	<b>TOTAL General Services</b>	<b>1,024,658</b>	<b>1,159,607</b>	<b>418,586</b>	<b>2,602,851</b>	<b>(40,715)</b>	<b>2,562,136</b>	<b>(27,045)</b>	<b>2,535,091</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			135,500	135,500		135,500		135,500		9
10	Nursing and Medical Records	3,978,216	1,548,967	215,421	5,742,604		5,742,604	(645,379)	5,097,225		10
10a	Therapy	469,508	3,183	1,049,155	1,521,846		1,521,846	(151,015)	1,370,831		10a
11	Activities	137,325	7,390	1,275	145,990		145,990		145,990		11
12	Social Services	221,662		3,697	225,359		225,359		225,359		12
13	CNA Training										13
14	Program Transportation			5,902	5,902		5,902		5,902		14
15	Other (specify):* <b>Allocated Employee Benefits</b>							101,546	101,546		15
16	<b>TOTAL Health Care and Programs</b>	<b>4,806,711</b>	<b>1,559,540</b>	<b>1,410,950</b>	<b>7,777,201</b>		<b>7,777,201</b>	<b>(694,848)</b>	<b>7,082,353</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	162,569		2,203,308	2,365,877		2,365,877	(2,166,976)	198,901		17
18	Directors Fees										18
19	Professional Services			109,394	109,394	(11,898)	97,496	(19,204)	78,292		19
20	Dues, Fees, Subscriptions & Promotions			95,297	95,297	4,490	99,787	1,555	101,342		20
21	Clerical & General Office Expenses	247,792	68,079	230,815	546,686	(4,490)	542,196	458,785	1,000,981		21
22	Employee Benefits & Payroll Taxes			1,026,870	1,026,870	40,715	1,067,585		1,067,585		22
23	Inservice Training & Education			3,567	3,567		3,567	4,584	8,151		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			52,805	52,805	(2,220)	50,585	(4,134)	46,451		25
26	Insurance-Prop.Liab.Malpractice			473,173	473,173		473,173	5,521	478,694		26
27	Other (specify):* <b>Allocated Employee Benefits</b>							88,576	88,576		27
28	<b>TOTAL General Administration</b>	<b>410,361</b>	<b>68,079</b>	<b>4,195,229</b>	<b>4,673,669</b>	<b>26,597</b>	<b>4,700,266</b>	<b>(1,631,293)</b>	<b>3,068,973</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>6,241,730</b>	<b>2,787,226</b>	<b>6,024,765</b>	<b>15,053,721</b>	<b>(14,118)</b>	<b>15,039,603</b>	<b>(2,353,186)</b>	<b>12,686,417</b>		<b>29</b>

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			212,487	212,487		212,487	134,770	347,257			30
31	Amortization of Pre-Op. & Org.							107	107			31
32	Interest			16,767	16,767		16,767	1,182,136	1,198,903			32
33	Real Estate Taxes					11,898	11,898	390,279	402,177			33
34	Rent-Facility & Grounds			2,446,909	2,446,909		2,446,909	(2,443,910)	2,999			34
35	Rent-Equipment & Vehicles			367,934	367,934	2,220	370,154	6,965	377,119			35
36	Other (specify):* <b>Mortgage Insurance</b>							112,049	112,049			36
37	<b>TOTAL Ownership</b>			3,044,097	3,044,097	14,118	3,058,215	(617,604)	2,440,611			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		531,946	170,263	702,209		702,209		702,209			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			170,820	170,820		170,820		170,820			42
43	Other (specify):* <b>Non-Allowable</b>			350,901	350,901		350,901	(350,901)				43
44	<b>TOTAL Special Cost Centers</b>		531,946	691,984	1,223,930		1,223,930	(350,901)	873,029			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,241,730	3,319,172	9,760,846	19,321,748		19,321,748	(3,321,691)	16,000,057			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	(8,488)	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	(8,531)	30		9
10	Interest and Other Investment Income	(2,914)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,628)	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	(560)	43		18
19	Entertainment				19
20	Contributions	(8,550)	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	(328,485)	43		24
25	Fund Raising, Advertising and Promotional	(8,870)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(8,998)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(1,472,419)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (1,849,443)		\$	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)	(1,472,248)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (1,472,248)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (3,321,691)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

BHF USE ONLY							
48		49		50		51	

SEE ACCOUNTANTS' COMPILATION REPORT

Glencrest Healthcare & Rehabilitation Centre

ID# 0028753

Report Period Beginning: 1/01/2010

Ending: 12/31/2010

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Adjust Mgt Co. medical supplies "A" to cost	\$ (137,639)	10	1
2	Adjust Mgt Co. medical supplies "other" to cost	(507,740)	10	2
3	Adjust Mgt Co. food to cost	(51,359)	2	3
4	Non-allowable professional fees	(75,979)	19	4
5	Patient clothing	(2,628)	43	5
6	Non-allowable auto expense - marketing	(8,795)	25	6
7	Non-allowable Illinois Council on Long Term Care Fees	(11,422)	20	7
8	Non-allowable bank charges	(75)	43	8
9	Non-allowable office expense	(250)	43	9
10	Non-allowable related party interest expense	(16,767)	32	10
11	Non-allowable miscellaneous expense	(59,544)	21	11
12	Non-allowable housing rental	(8,921)	21	12
13	Non-allowable City of Chicago ticket	(300)	25	13
14	Non-allowable guaranteed payment	(591,000)	43	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	<b>Total</b>	(1,472,419)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre# 0028753

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 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)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(51,359)	0	0	0	0	0	0	0	0	0	0	(51,359)	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	7,865	0	0	0	0	0	0	0	0	7,865	5
6	Maintenance	0	0	15,807	0	0	24	0	0	0	0	0	15,831	6
7	Other (specify):*	0	0	618	0	0	0	0	0	0	0	0	618	7
8	<b>TOTAL General Services</b>	<b>(51,359)</b>	<b>0</b>	<b>24,290</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(27,045)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(645,379)	0	0	0	0	0	0	0	0	0	0	(645,379)	10
10a	Therapy	0	0	0	0	0	(151,015)	0	0	0	0	0	(151,015)	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	101,546	0	0	0	0	0	101,546	15
16	<b>TOTAL Health Care and Programs</b>	<b>(645,379)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(49,469)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(694,848)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	(1,104,496)	(1,062,480)	0	0	0	0	0	0	0	(2,166,976)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(75,979)	0	44,032	0	12,148	595	0	0	0	0	0	(19,204)	19
20	Fees, Subscriptions & Promotions	(11,422)	0	1,106	0	0	11,871	0	0	0	0	0	1,555	20
21	Clerical & General Office Expenses	(76,953)	0	520,374	0	0	15,364	0	0	0	0	0	458,785	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	710	0	0	3,874	0	0	0	0	0	4,584	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(9,095)	0	4,210	0	0	751	0	0	0	0	0	(4,134)	25
26	Insurance-Prop.Liab.Malpractice	0	0	3,191	0	0	2,330	0	0	0	0	0	5,521	26
27	Other (specify):*	0	0	87,664	0	0	912	0	0	0	0	0	88,576	27
28	<b>TOTAL General Administration</b>	<b>(173,449)</b>	<b>0</b>	<b>(443,209)</b>	<b>(1,062,480)</b>	<b>12,148</b>	<b>35,697</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,631,293)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(870,187)</b>	<b>0</b>	<b>(418,919)</b>	<b>(1,062,480)</b>	<b>12,148</b>	<b>(13,748)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(2,353,186)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre# 0028753

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)	
	<b>D. Ownership</b>													
30	Depreciation	(8,531)	0	13,455	0	129,504	342	0	0	0	0	0	134,770	30
31	Amortization of Pre-Op. & Org.	0	0	107	0	0	0	0	0	0	0	0	107	31
32	Interest	(19,681)	0	0	0	1,201,817	0	0	0	0	0	0	1,182,136	32
33	Real Estate Taxes	0	0	6,452	0	383,827	0	0	0	0	0	0	390,279	33
34	Rent-Facility & Grounds	0	0	0	0	(2,443,910)	0	0	0	0	0	0	(2,443,910)	34
35	Rent-Equipment & Vehicles	0	0	6,965	0	0	0	0	0	0	0	0	6,965	35
36	Other (specify):*	0	0	0	0	112,049	0	0	0	0	0	0	112,049	36
37	<b>TOTAL Ownership</b>	<b>(28,212)</b>	<b>0</b>	<b>26,979</b>	<b>0</b>	<b>(616,713)</b>	<b>342</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(617,604)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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):*	(951,044)	0	0	0	600,143	0	0	0	0	0	0	(350,901)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(951,044)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>600,143</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(350,901)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(1,849,443)	0	(391,940)	(1,062,480)	(4,422)	(13,406)	0	0	0	0	0	(3,321,691)	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 %	Glen Oaks Nursing & Rehabilitation Centre, Ltd.	Northbrook	SEE ATTACHED SCHEDULE A		
		GlenBridge Nursing & Rehabilitation Centre, Ltd.	Niles			
		Glen Elston Nursing & Rehabilitation Centre, Ltd.	Chicago			
		GlenShire Nursing & Rehabilitation Centre, Ltd.	Richton Park			
		GlenLake Terrace Nursing & Rehabilitation Ctr, Ltd.	Waukegan			
		Brentwood North Healthcare & Rehabilitation Ctr, Inc.	Riverwoods			

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$					1
2	V	Total from Page 6A	1,140,828	Glen Health and Home Management, Inc.	A	748,888	(391,940)	2
3	V							3
4	V	Total from Page 6B	1,062,480	GlenBar Management Company, Ltd.	B		(1,062,480)	4
5	V							5
6	V	Total from Page 6C	2,443,910	GlenCrest Real Estate & Development, L.L.C.	C	2,439,488	(4,422)	6
7	V							7
8	V	Total from Page 6D	1,049,155	Therapy Masters, Inc.	D	1,035,749	(13,406)	8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 5,696,373			\$ 4,224,125	\$ * (1,472,248)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre# 0028753Report 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	\$ 1,140,828	Glen Health and Home Management, Inc.	A	\$	\$ (1,140,828)
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	7,865	7,865
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	12,142	12,142
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	44,032	44,032
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	1,106	1,106
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	39,986	39,986
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	88,282	88,282
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	710	710
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	4,210	4,210
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	3,191	3,191
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	13,455	13,455
26	V	31 Amortization		Glen Health and Home Management, Inc.	A	107	107
27	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	6,452	6,452
28	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	6,965	6,965
29	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	3,665	3,665
30	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	36,332	36,332
31	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	480,388	480,388
32	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(88,282)	(88,282)
33	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	618	618
34	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	6,171	6,171
35	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	81,493	81,493
36	V						
37	V			A - OWNERSHIP:			
38	V			Sidney Glenner - 100.00 % through attribution			
39	Total		\$ 1,140,828			\$ 748,888	\$ * (391,940)

\* 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 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			B - OWNERSHIP:			
31	V			Sidney Glenner - 80.00 %			
32	V			Barry Ray - 20.00 %			
33	V						
34	V						
35	V						
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	36 Mortgage Insurance Expense	\$	GlenCrest Real Estate & Development, L.L.C.	C	\$ 112,049	\$ 112,049
16	V	19 Professional Fees		GlenCrest Real Estate & Development, L.L.C.	C	12,148	12,148
17	V	30 Depreciation		GlenCrest Real Estate & Development, L.L.C.	C	129,504	129,504
18	V	32 Interest Income		GlenCrest Real Estate & Development, L.L.C.	C	(7,297)	(7,297)
19	V	32 Interest Expense		GlenCrest Real Estate & Development, L.L.C.	C	1,197,411	1,197,411
20	V	33 Real Estate Taxes		GlenCrest Real Estate & Development, L.L.C.	C	383,827	383,827
21	V	34 Rental	2,443,910	GlenCrest Real Estate & Development, L.L.C.	C		(2,443,910)
22	V	43 State Replacement Taxes		GlenCrest Real Estate & Development, L.L.C.	C	8,818	8,818
23	V	43 Office Expense		GlenCrest Real Estate & Development, L.L.C.	C	250	250
24	V	32 Amortization of Mortgage Costs		GlenCrest Real Estate & Development, L.L.C.	C	11,703	11,703
25	V	43 Bank Charges		GlenCrest Real Estate & Development, L.L.C.	C	75	75
26	V	43 Guaranteed Payment		GlenCrest Real Estate & Development, L.L.C.	C	591,000	591,000
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		\$ 2,443,910			\$ 2,439,488	\$ * (4,422)

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

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre # 0028753 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	10a Therapy	\$ 1,049,155	Therapy Masters, Inc.	D	\$ 898,140	\$ (151,015)
16	V	19 Professional Fees		Therapy Masters, Inc.	D	595	595
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	D	38	38
18	V	20 Employment Fees		Therapy Masters, Inc.	D	11,833	11,833
19	V	21 Clerical		Therapy Masters, Inc.	D	8,041	8,041
20	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	D	102,458	102,458
21	V	23 Training and Education		Therapy Masters, Inc.	D	3,874	3,874
22	V	25 Auto Expenses		Therapy Masters, Inc.	D	751	751
23	V	6 Plant Supplies		Therapy Masters, Inc.	D	24	24
24	V	21 Clerical Salaries		Therapy Masters, Inc.	D	7,323	7,323
25	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	D	(102,458)	(102,458)
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	D	101,546	101,546
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	D	912	912
28	V	30 Depreciation		Therapy Masters, Inc.	D	342	342
29	V	26 Insurance - Liability		Therapy Masters, Inc.	D	2,330	2,330
30	V						
31	V						
32	V						
33	V			D - OWNERSHIP:			
34	V			Sidney Glenner - 100.00 %			
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,049,155			\$ 1,035,749	\$ * (13,406)

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Cent # 0028753 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 %	163,768	11	18.16 %	Salary	\$ 36,332	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	44,070	7	18.16 %	Salary	9,777	Ln 21, Col 7	2
3	Daniel Glenner	Administrative	Administrative	0.00 %	24,251	7	18.16 %	Salary	5,380	Ln 21, Col 7	3
4	Elliot Glenner	Clerical	Clerical	0.00 %	17,028	7	18.16 %	Salary	3,777	Ln 21, Col 7	4
5	David Weinschneider	Administrative	Administrative	0.00 %	43,495	7	18.16 %	Salary	9,649	Ln 21, Col 7	5
6	Joshua Ray	V.P. of Operations	Administrative	0.00 %	163,768	11	18.16 %	Salary	36,332	Ln 21, Col 7	6
7											7
8											8
9											9
10		See Schedule B									10
11											11
12											12
13								TOTAL	\$ 101,247		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 Glencrest Healthcare & Rehabilitation Centre # 0028753 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 & 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	\$ 99,020	\$ 7,865	1	
2	6	Repairs and Maintenance	Resident Days	545,364	7	66,872	99,020	12,142	2	
3	19	Professional Fees	Resident Days	545,364	7	242,509	99,020	44,032	3	
4	20	Licenses, Permits and Inspection	Resident Days	545,364	7	6,093	99,020	1,106	4	
5	21	Clerical	Resident Days	545,364	7	220,225	99,020	39,986	5	
6	22	Employee Benefits and Payroll	Resident Days	545,364	7	486,222	99,020	88,282	6	
7	23	Training and Education	Resident Days	545,364	7	3,909	99,020	710	7	
8	25	Auto Expenses	Resident Days	545,364	7	23,185	99,020	4,210	8	
9	26	Insurance	Resident Days	545,364	7	17,573	99,020	3,191	9	
10	30	Depreciation	Resident Days	545,364	7	74,104	99,020	13,455	10	
11	31	Amortization	Resident Days	545,364	7	589	99,020	107	11	
12	33	Real Estate Taxes	Resident Days	545,364	7	35,536	99,020	6,452	12	
13	35	Equipment and Vehicle Rental	Resident Days	545,364	7	38,360	99,020	6,965	13	
14	6	Janitorial Salaries	Resident Days	545,364	7	20,184	20,184	99,020	3,665	14
15	17	Officer's Salaries	Resident Days	545,364	7	200,100	200,100	99,020	36,332	15
16	21	Administrative Salaries	Resident Days	545,364	7	2,645,790	2,645,790	99,020	480,388	16
17	22	Employee Benefits	Payroll						(88,282)	17
18	7	Employee Benefits - Janitorial	Payroll						618	18
19	27	Employee Benefits - Officer's	Payroll						6,171	19
20	27	Employee Benefits - Admin	Payroll						81,493	20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 4,124,569	\$ 2,866,074	\$ 748,888		25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre # 0028753 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											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Midland Loan Services		X	Mortgage	\$115,931.11	1/26/2009	\$ 19,413,700	\$ 19,069,240	02/01/2042	0.0625	\$ 1,197,411	1								
2	Midland Loan Services		X	Amortization of mortgage costs							11,703	2								
3												3								
4												4								
5												5								
<b>Working Capital</b>																				
6	Glenner 1995 Family Trust	X		Purchase of ventilator equipmer	\$6,154.14	7/01/2010	318,326	290,607	6/01/2015	0.0600	16,767	6								
7							Non-Allowable related party interest:				(16,767)	7								
8												8								
9	<b>TOTAL Facility Related</b>				\$122,085.25		\$ 19,732,026	\$ 19,359,847			\$ 1,209,114	9								
<b>B. Non-Facility Related*</b>																				
10									Interest Income Offset:		(10,211)	10								
11												11								
12												12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (10,211)	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 19,732,026	\$ 19,359,847			\$ 1,198,903	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 112,049 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**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2009 report.		\$	<b>321,000</b>		<b>1</b>
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.)		\$	<b>348,827</b>		<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>27,827</b>		<b>3</b>
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>356,000</b>		<b>4</b>
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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	<b>11,898</b>		<b>5</b>
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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>395,725</b>		<b>7</b>
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2005	<b>339,057</b>	<b>8</b>	<b>FOR BHF USE ONLY</b>	
	2006	<b>314,872</b>	<b>9</b>	<b>13</b>	FROM R. E. TAX STATEMENT FOR 2009 \$ <b>13</b>
	2007	<b>311,510</b>	<b>10</b>	<b>14</b>	PLUS APPEAL COST FROM LINE 5 \$ <b>14</b>
	2008	<b>314,636</b>	<b>11</b>	<b>15</b>	LESS REFUND FROM LINE 6 \$ <b>15</b>
	2009	<b>348,827</b>	<b>12</b>	<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION \$ <b>16</b>
<b>See Attached Schedule G For Calculation of 2010 Real Estate Tax Accrual.</b>					

**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**



Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre

# 0028753 Report Period Beginning:

1/01/2010 Ending:

12/31/2010

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 50,400 B. General Construction Type: Exterior Brick Frame Multi-story steel Number of Stories Four

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

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

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

2427 Touhy Avenue L.L.C. - 6 unit apartment building, 6,300 square feet, adjacent to the nursing home rented to the public.  
The apartment building is operated completely independent from the nursing home.

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>53,193</u>	<u>1994</u>	<u>\$ 524,482</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>15,426</u>	<u>2</u>
3	<b>TOTALS</b>	<b>53,193</b>		<b>\$ 539,908</b>	<b>3</b>

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	312		1994	1973	\$ 4,175,048	\$	30	\$ 104,376	\$ 104,376	\$ 1,770,570	4
5											5
6	Mgt Comp				329,318			8,875	8,875		6
7	Allocation										7
8	Schedule J										8
	Improvement Type**										
9	Various Improvements		1984		14,558		10			14,558	9
10	Various Improvements		1985		49,988		10			49,988	10
11	Various Improvements		1986		53,010		10			53,010	11
12	Various Improvements		1987		18,999		10			18,999	12
13	Various Improvements		1988		10,172		10			10,172	13
14	Various Improvements		1989		43,502		10			43,502	14
15	Various Improvements		1990		28,496		10			28,496	15
16	Various Improvements		1991		26,763		10			26,763	16
17	Various Improvements		1992		51,415		10			51,415	17
18	Various Improvements		1993		32,359		10			32,359	18
19	Various Improvements		1994		36,809		10			36,809	19
20	Various Improvements		1995		49,197		10			49,197	20
21	Security cameras throughout facility with housings/wiring		1995		8,985		10			8,985	21
22	Call lights in dialysis room		1996		1,191		10			1,191	22
23	Second floor custom nurses station, hand rails		1996		24,426		10			24,426	23
24	Basement mason work, 2 rooms constructed rehab, room		1996		11,685		10			11,685	24
25	Hand rails and wall bumper guards		1996		19,408		10			19,408	25
26	Custom wall mounted bookcases		1996		5,510		10			5,510	26
27	First floor custom nurses station, reconfigure soffit		1996		20,882		10			20,882	27
28	Install electrical lines into activity room		1996		1,000		10			1,000	28
29	Install counter tops, sink and wood file cabinets		1996		3,700		10			3,700	29
30	Install four 70 watt high pressure lights over exit signs		1996		1,900		10			1,900	30
31	Swag valence in dining rooms		1996		2,342		10			2,342	31
32	Door locks and fire doors		1996		5,241		10			5,241	32
33	Electrical outlets and circuits		1997		4,950		10			4,950	33
34	Elevator frames, doors & other parts		1997		10,626		10			10,626	34
35	Cabinets and sinks		1997		26,743		10			26,743	35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre# 0028753

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	
37	Elevator repairs	1997	\$ 7,700	\$	10	\$	\$	\$ 7,700	37
38	Furnace repairs	1997	2,321		10			2,321	38
39	Chain link fencing	1998	3,000		10			3,000	39
40	HVAC system modifications	1998	2,131		10			2,131	40
41	Fire alarm system improvements	1998	4,148		10			4,148	41
42	Exhaust system	1998	4,980		10			4,980	42
43	HVAC system modifications	1998	2,008		10			2,008	43
44	18 access doors	1998	2,824		10			2,824	44
45	HVAC system modifications	1998	6,866		10			6,866	45
46	Fire alarm smoke detectors	1998	12,024		10			12,024	46
47	4 smoke/fire dampers	1998	1,235		10			1,235	47
48	Roof repairs	1998	5,000		10			5,000	48
49	Wallpaper	1999	6,529		10			6,529	49
50	Install handrails and bumpers	1999	11,501		10			11,501	50
51	4th floor nurses station-with angled radius corners	1999	7,500		10			7,500	51
52	4th floor nurses station-with angled radius corners	1999	7,505		10			7,505	52
53	Carpeting	1999	45,885		10			45,885	53
54	Cove base installation	1999	15,738		10			15,738	54
55	Install back porch siding and 2 doors	1999	4,000		10			4,000	55
56	Install back porch siding and 2 doors	1999	9,270		10			9,270	56
57	Heavy duty electrohydraulic ADA operator	1999	2,547		10			2,547	57
58	Diesel generator	1999	54,879		10			54,879	58
59	Emergency generator	1999	111,000		10			111,000	59
60	Install door alarm system on 4 floors	1999	7,817		10			7,817	60
61	Wallpaper	1999	5,859		10			5,859	61
62	Furnished and installed 2 door restrictors	1998	2,600		10			2,600	62
63	Install handrails and bumpers	1999	4,600		10			4,600	63
64	Laundry room exhaust	1999	1,922		10			1,922	64
65	Furnish and install fire alarm equipment	1999	1,920		10			1,920	65
66	Radiator valve repairs	1999	2,359		10			2,359	66
67	Install plumbing for whirlpool tub	1999	2,400		10			2,400	67
68	Cove base/amtico installation	1999	3,146		10			3,146	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,431,437	\$		\$ 113,251	\$ 113,251	\$ 2,697,641	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	<b>Totals from Page 12A, Carried Forward</b>		\$ 5,431,437	\$		\$ 113,251	\$ 113,251	\$ 2,697,641	1
2	Resident room signs & common area signs	1999	2,731		10			2,731	2
3	Install resident windows on 4th floor	1999	13,284		10			13,284	3
4	Handrails, bumpers, accent rails & cove base installation	2000	4,592	231	10	231		4,592	4
5	Furnish & install mixing valve, vent & water piping	2000	5,731	287	10	287		5,731	5
6	Complete electrical work for 10 dialysis chairs	2000	4,575	225	10	225		4,575	6
7	Furnish and install hand sink	2000	2,501	126	10	126		2,501	7
8	Install locks on 4th floor	2000	4,116	203	10	203		4,116	8
9	Universal shower panel - wall-mounted shower system	1999	1,963		10			1,963	9
10	Install & program 3 telephones	2000	1,537	74	10	74		1,537	10
11	Furnish 2 stainless steel sinks	2000	4,268	212	10	212		4,268	11
12	Install 2 stainless steel sinks	2000	2,550	128	10	128		2,550	12
13	Automatic door operating equipment	2000	16,743	840	10	840		16,743	13
14	Undervoltage sensors for electrical transfer switch	2000	2,798	138	10	138		2,798	14
15	Elevator door motor and electrical schematics for controllers	2001	11,390	1,139	10	1,139		10,821	15
16	Replace ejector pump	2001	8,144	814	10	814		7,734	16
17	Electrical schematics for elevator controllers, elevator car	2001	11,390	1,139	10	1,139		10,820	17
18	Insurance claim refund	2002	(4,800)	(480)	10	(480)		(4,080)	18
19	Insurance claim refund	2002	(7,455)	(746)	10	(746)		(6,341)	19
20	Burst free coil	2002	4,075	408	10	408		3,468	20
21	Cove base installation	2002	3,500	350	10	350		2,975	21
22	Installation of spiral duct for laundry	2002	3,600	360	10	360		3,060	22
23	Booster pump, break tank, valves	2002	4,857	486	10	486		4,131	23
24	Dialysis plumbing	2002	12,825	1,283	10	1,283		10,905	24
25	Fire alarm detectors	2002	5,754	575	10	575		4,888	25
26	Cove base installation, remove and install ceilings and walls	2003	111,159	11,116	10	11,116		83,370	26
27	Installation of exterior disconnect switch on trash compactor	2003	2,800	280	10	280		2,100	27
28	Installation and wiring of new camera	2003	2,968	297	10	297		2,227	28
29	External door alarm setup	2002	1,400	140	10	140		1,190	29
30	Installation of door safety edge	2003	1,850	185	10	185		1,387	30
31	Maple door and brass hardware sealing and installation	2003	1,404	140	10	140		1,050	31
32	Installation of receptacles to circuit breaker panels	2003	9,863	986	10	986		7,395	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,683,550	\$ 20,936		\$ 134,187	\$ 113,251	\$ 2,912,130	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	<b>Totals from Page 12B, Carried Forward</b>		\$ 5,683,550	\$ 20,936		\$ 134,187	\$ 113,251	\$ 2,912,130	1
2	Installation of circuit breaker panel and ran electrical feed	2003	10,500	1,050	10	1,050		7,875	2
3	5 ton furnace	2004	3,600	360	10	360		2,340	3
4	Removal and installation of cove base and carpeting	2004	48,384	4,838	10	4,838		31,447	4
5	Replace condenser gaskets/power strip and installed pump	2004	7,087	709	10	709		4,608	5
6	Replace power head on vaccuum pump, assembled condenser	2004	4,592	459	10	459		2,984	6
7	Concrete project for rear entrance exit stairs	2004	2,740	274	10	274		1,781	7
8	Cut out and replace leaking hot water pipes	2004	2,045	205	10	205		1,332	8
9									9
10									10
11	Exterior renovation	2004	753,820	25,127	30	25,127		163,326	11
12	Install smoke detectors and tie in to existing system	2005	3,750	375	10	375		2,063	12
13	Install isolation valves and rotate pump shafts on chiller	2005	3,887	389	10	389		2,139	13
14	Chiller tower piping project	2005	2,204	220	10	220		1,210	14
15	Compressor system leak	2005	1,538	154	10	154		847	15
16	Furnish and install microprocessor controller on elevator	2005	21,100	2,110	10	2,110		11,605	16
17	Installation of smoke detectors on all floors	2005	2,080	208	10	208		1,144	17
18	Fire protection automatic sprinkler repairs	2005	8,833	883	10	883		4,857	18
19	Furnish and install disconnects, circuit breakers for elevator	2005	4,150	415	10	415		2,283	19
20	Provided smoke detectors to existing fire alarm system	2005	9,358	936	10	936		5,148	20
21	Provided fire alarm equipment and testing	2005	6,108	611	10	611		3,360	21
22	Repair of air conditioning equipment	2005	2,590	259	10	259		1,425	22
23	Installed piping, boxes and wiring for smoke detectors	2005	7,924	792	10	792		4,356	23
24									24
25	Remove and install new carpet and vinyl cove base	2005	1,606	161	10	161		885	25
26	Furnish and install wiring for elevator recall system	2005	1,405	141	10	141		775	26
27	Cable receivers, modulators for cable rewiring project	2006	15,900	2,650	10	1,590	(1,060)	9,805	27
28	Installation of new electrical receptacles	2006	4,007	401	10	401		1,804	28
29	Air-conditioning package with wall mounted fan coil	2006	7,200	720	10	720		3,240	29
30	Installation of lexon clear safety windows on fourth floor	2006	3,506	351	10	351		1,579	30
31	Furnish and install seventy sash screens	2006	5,372	537	10	537		2,417	31
32	Install feed and hook-up for air-conditioner and compressor	2006	4,514	451	10	451		2,030	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,633,350	\$ 66,722		\$ 178,913	\$ 112,191	\$ 3,190,795	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	<b>Totals from Page 12C, Carried Forward</b>		\$ 6,633,350	\$ 66,722		\$ 178,913	\$ 112,191	\$ 3,190,795	1
2	Transfer of cable system	2006	6,350	635	10	635		2,858	2
3	Sprinkler system valve replacement	2006	2,558	256	10	256		1,152	3
4	Installation of electrical receptacles for new televisions	2006	12,225	1,223	10	1,223		5,503	4
5	Replace main sewer for roof drains from building to sidewalk	2006	6,500	650	10	650		2,925	5
6	Replace cylindrical locks on stairwell doors	2006	4,673	467	10	467		2,102	6
7	New telephone system	2006	29,750	6,475	10	2,975	(3,500)	22,138	7
8	Installation of air-conditioner unit	2006	2,860	286	10	286		1,287	8
9	Furnish and install illuminated letters for outdoor signs	2007	8,531	853	10	853		2,986	9
10	Power rod project	2007	5,800	580	10	580		2,030	10
11	Install ceiling receptacles for televisions	2007	7,040	704	10	704		2,464	11
12	Furnish sprinkler heads	2007	2,599	260	10	260		910	12
13	Furnish and install heat exchanger	2007	3,850	385	10	385		1,348	13
14	Install 2 elevator cab systems, new ceiling tile, handrails	2007	13,396	1,340	10	1,340		4,689	14
15	Remove and replace walk-in cooler evaporator	2008	5,833	583	10	583		1,458	15
16	Install new circulating pump	2008	3,205	320	10	320		800	16
17	Cut out and replace leaking hot water piping in ceiling	2008	3,395	340	10	340		850	17
18	Cultured marble shower base	2008	3,347	335	10	335		837	18
19	Hot water heater replacement	2008	19,785	1,979	10	1,979		4,947	19
20	Wallcovering	2008	8,377	838	10	838		2,095	20
21	Lever handle passage door locks	2009	4,316	432	10	432		648	21
22	Furnish stainless steel grab bars	2009	5,539	554	10	554		831	22
23	Landscaping	2009	5,750	575	10	575		863	23
24	Remodel-Wallcoverings, tile, custom built in nurses stations,	2009	265,910	29,878	10	26,592	(3,286)	39,888	24
25	built in wardrobes, remodel bathrooms - new floor and								25
26	wall tiles, new sinks, grab bars, towel bars								26
27	Install new drop ceilings, soffits, new light fixtures	2009	27,368	2,737	10	2,737		4,105	27
28	New sprinkler heads, remove, raise and re-route piping	2009	15,600	1,560	10	1,560		2,340	28
29	Branch lines for HVAC ventilation system	2009	3,200	320	10	320		480	29
30	Branch lines for HVAC ventilation system	2009	(200)	(20)	10	(20)		(30)	30
31	Remove and replace concrete patio	2009	14,750	1,475	10	1,475		2,213	31
32	New sprinkler heads, remove, raise and re-route piping	2009	4,109	411	10	411		616	32
33	Remove external pipe and reroute electrical wires	2009	7,792	779	10	779		1,169	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,137,558	\$ 123,932		\$ 229,337	\$ 105,405	\$ 3,307,297	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	<b>Totals from Page 12D, Carried Forward</b>		\$ 7,137,558	\$ 123,932		\$ 229,337	\$ 105,405	\$ 3,307,297	1
2	Roofing project	2009	2,850	285	10	285		428	2
3	Furnish and install wiring for elevator	2009	3,800	380	10	380		570	3
4	Hardware on doors, drywall, wallcovering, cove base, ceiling, tile	2009	139,783	13,978	10	13,978		20,967	4
5	Wallcovering credit	2009	(10,200)	(1,020)	10	(1,020)		(1,530)	5
6	Installation of replacement motor on boiler burner	2010	2,957	148	10	148		148	6
7	Credit for Econocare invoice # 37059	2010	(14,000)	(700)	10	(700)		(700)	7
8	Furnish and install new hydraulic cylinder and elevator casing	2010	35,711	1,786	10	1,786		1,786	8
9	Installation of new chemical automatic fire suppression system	2010	3,120	156	10	156		156	9
10	Redrill hydraulic cylinder hole for elevator project	2010	16,000	800	10	800		800	10
11	Furnish category 6 cable (550mhz)	2010	4,564	228	10	228		228	11
12	Furnish and install new shaft and bearings in air-conditioning unit	2010	4,140	207	10	207		207	12
13	Remove and install cove base, vinyl tile and ceramic floor tile	2010	271,697	13,585	10	13,585		13,585	13
14	Remove and install cove base, vinyl tile and ceramic floor tile	2010	50,221	2,511	10	2,511		2,511	14
15									15
16									16
17									17
18									18
19									19
20	Leasehold Improvements Allocated from Management Co:		26,860			319	319	23,711	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,675,061	\$ 156,276		\$ 262,000	\$ 105,724	\$ 3,370,164	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	\$ 483,283	\$ 48,328	\$ 48,328	\$	10 years	\$ 243,026	71
72	Current Year Purchases	360,278	26,963	26,963		5,10 years	19,235	72
73	Fully Depreciated Assets	1,845,106	5,705	5,705		8,9,10years	1,845,106	73
74	Allocated from Management Co:	131,593		1,277	1,277		127,912	74
75	TOTALS	\$ 2,820,260	\$ 80,996	\$ 82,273	\$ 1,277		\$ 2,235,279	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	Maintenance	1976 Pick Up Truck	1993	\$ 3,303	\$	\$	\$	5 years	\$ 3,303	76
77										77
78	Allocated from Management Co:			24,621		2,984	2,984		10,500	78
79										79
80	TOTALS			\$ 27,924	\$	\$ 2,984	\$ 2,984		\$ 13,803	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)	\$ 11,063,153	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 237,272	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 347,257	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 109,985	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,619,246	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	Parking Lot				2,999	month to month		6
7	TOTAL				\$ 2,999			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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

**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: \$ 371,508 Description: Copier \$23,152, Ice-maker \$2,009, Postage meter \$931, Med Equipment \$341,842, Alloc Mgt Co: \$3,574

(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	2007 Lexus GX470 Truck	\$ 740.00	\$ 2,220	17
18					18
19	Allocated from Management Company:			3,391	19
20					20
21	TOTAL		\$ 740.00	\$ 5,611	21

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_  
 Ending \_\_\_\_\_

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2011</u>	\$ _____
13.	<u>/2012</u>	\$ _____
14.	<u>/2013</u>	\$ _____

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to hire only certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
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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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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**

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

- (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	\$	6,022	\$ 334,327	\$ 2,002	6,022	\$ 336,329	1
2	Licensed Speech and Language Development Therapist	Ln10a,Col 2&3	hrs		1,774	102,894	829	1,774	103,723	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		10,881	611,934	352	10,881	612,286	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				531,946		531,946	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 Ln10a, Col 1	19,035 hours	469,508		170,263		19,035	170,263 469,508	13
14	<b>TOTAL</b>			\$ 469,508	18,677	\$ 1,219,418	\$ 535,129	37,712	\$ 2,224,055	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 **Glencrest Healthcare & Rehabilitation Centre**# **0028753**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 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 1,714,400	\$ 2,032,488	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>295,003</u> )	2,625,585	2,625,585	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	166,818	182,757	6
7	Other Prepaid Expenses	861,958	861,958	7
8	Accounts Receivable (owners or related parties)	(3,235,256)		8
9	Other(specify): <b>Other Receivables</b>	32,964	32,964	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,166,469	\$ 5,735,752	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		539,908	13
14	Buildings, at Historical Cost		4,504,366	14
15	Leasehold Improvements, at Historical Cost	2,363,380	3,170,695	15
16	Equipment, at Historical Cost	1,583,212	2,848,184	16
17	Accumulated Depreciation (book methods)	(2,318,216)	(5,619,246)	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 <b>Deposits, Escrows</b> )	175,137	734,642	22
23	Other(specify): <b>Mortgage Costs (Net):</b>		520,006	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,803,513	\$ 6,698,555	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,969,982	\$ 12,434,307	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 810,759	\$ 810,759	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	129,115	129,115	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	261,993	261,993	30
31	Accrued Taxes Payable (excluding real estate taxes)	2,576	2,576	31
32	Accrued Real Estate Taxes(Sch.IX-B)		356,000	32
33	Accrued Interest Payable		99,319	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<b>See Attached Schedule E:</b>	1,698,948	1,698,948	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,903,391	\$ 3,358,710	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	290,607	290,607	39
40	Mortgage Payable		19,069,240	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 290,607	\$ 19,359,847	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 3,193,998	\$ 22,718,557	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 775,984	\$ (10,284,250)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,969,982	\$ 12,434,307	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>637,816</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>637,816</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>138,168</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>138,168</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>775,984</b>	<b>24</b>

\* Operating Entity Only

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre# 0028753Report 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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 17,382,996	1
2	Discounts and Allowances for all Levels	(3,601,815)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 13,781,181</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,633,363	6
7	Oxygen	662,941	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 3,296,304</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
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	4,508	15
16	Rental of Facility Space		16
17	Sale of Drugs	731,385	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	43,031	19
20	Radiology and X-Ray	14,983	20
21	Other Medical Services	1,585,610	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 2,379,517</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	2,914	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 2,914</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28			28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 19,459,916</b>	<b>30</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,602,851	31
32	Health Care	7,777,201	32
33	General Administration	4,673,669	33
<b>B. Capital Expense</b>			
34	Ownership	3,044,097	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,053,110	35
36	Provider Participation Fee	170,820	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 19,321,748</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>138,168</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 138,168</b>	<b>43</b>

\* 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 **Glencrest Healthcare & Rehabilitation Centre**

# **0028753**

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	1,826	2,086	\$ 101,083	\$ 48.46	1
2	Assistant Director of Nursing	2,505	2,703	112,311	41.55	2
3	Registered Nurses	59,960	62,834	1,775,624	28.26	3
4	Licensed Practical Nurses	13,892	15,191	348,690	22.95	4
5	CNAs & Orderlies	125,668	135,638	1,390,718	10.25	5
6	CNA Trainees					6
7	Licensed Therapist	17,449	19,034	469,508	24.67	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,533	1,640	22,917	13.97	9
10	Activity Assistants	8,593	9,707	114,408	11.79	10
11	Social Service Workers	13,465	14,379	221,662	15.42	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	5,793	6,534	89,658	13.72	14
15	Cook Helpers/Assistants	29,124	32,317	374,721	11.60	15
16	Dishwashers					16
17	Maintenance Workers	5,853	6,275	82,920	13.21	17
18	Housekeepers	30,093	32,906	327,274	9.95	18
19	Laundry	12,915	14,396	150,085	10.43	19
20	Administrator	2,066	2,195	89,688	40.86	20
21	Assistant Administrator	2,143	2,433	72,881	29.96	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,856	15,054	247,792	16.46	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>	12,421	13,330	249,790	18.74	33
34	TOTAL (lines 1 - 33)	359,155	388,652	\$ 6,241,730 *	\$ 16.06	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	\$ 53,443	Ln 1, Col 3	35
36	Medical Director	Monthly	135,500	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	14,249	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	26	1,275	Ln11, Col 3	44
45	Social Service Consultant	67	3,697	Ln12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	93	\$ 208,164		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	6,861	\$ 185,247	Ln10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	6,861	\$ 185,247		53

SEE ACCOUNTANTS' COMPILATION REPORT

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Philip Thompson	Administrator	0.00 %	\$ 89,688	Workers' Compensation Insurance	\$ 103,465	IDPH License Fee	\$ 1,990	
Evelyn Amador	Asst Administrator	0.00 %	72,881	Unemployment Compensation Insurance	34,663	Advertising: Employee Recruitment	25	
				FICA Taxes	466,398	Health Care Worker Background Check		
				Employee Health Insurance	172,210	(Indicate # of checks performed <u>359</u> )	3,590	
				Employee Meals	40,715	Patient Background Checks	90	
				Illinois Municipal Retirement Fund (IMRF)*				
				Chicago Head Tax	10,212	See Attached Schedule K:	81,860	
				Other Employee Benefits	5,893			
				Union Health and Welfare	179,650	Allocated from Therapy Masters:	11,871	
				Union Pension	49,289	Allocated from Management Company:	1,106	
				401K Match	5,090	Less: Public Relations Expense	( )	
				See Attached Schedule D:	0	Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 162,569				\$ 1,067,585			\$ 101,342	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees (eliminated in Column 7)			\$ 2,203,308				Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense	
\$ 2,203,308								
C. Professional Services							Entertainment Expense	
Vendor/Payee	Type		Amount				( )	
See Attached Schedule C:			78,292				TOTAL (agree to Sch. V, line 24, col. 8)	
							\$	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)								
\$ 78,292								

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

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

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13								
													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	<b>TOTALS</b>																			

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glencrest Healthcare & Rehabilitation Centre# 0028753Report 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 \$15,722
- (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. \$ 29,633 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. \$ 170,820  
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. \$ 40,715 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**

**GlenCrest Nursing and Rehabilitation Centre, Ltd.**

**12/31/2010**

**Provider I.D. # 0028753**

SCHEDULE VII. RELATED PARTIES

Part A. Col.3

**SCHEDULE A**

<b>3</b>		
<b>OTHER RELATED BUSINESS ENTITIES</b>		
<b>Name</b>	<b>City</b>	<b>Type of Business</b>
Glen Health & Home Management, Inc.	Skokie	Management Company
GlenBar Management Company, Ltd.	Skokie	Management Company
GlenCrest 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**

GlenCrest Nursing and Rehabilitation Centre, LTD.  
 Provider # 0028753  
 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.	Brentwood North Healthcare & Rehabilitation	GlenBridge Nursing & Rehab. Centre, Ltd.	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	GlenLake Terrace Nursing & Rehab. Centre, Ltd.	
Sidney Glenner	38,732	15,953	33,252	14,264	29,130	32,437	163,768
Jonathan Glenner	10,423	4,293	8,948	3,838	7,839	8,729	44,070
Daniel Glenner	5,736	2,362	4,924	2,112	4,314	4,803	24,251
Elliot Glenner	4,027	1,659	3,457	1,483	3,029	3,373	17,028
David Weinschneider	10,287	4,237	8,831	3,788	7,737	8,615	43,495
Joshua Ray	38,732	15,953	33,252	14,264	29,130	32,437	163,768
Total compensation received from other Nursing Homes	107,937	44,457	92,664	39,749	81,179	90,394	456,380

**See Accountants' Compilation Report**

GlenCrest Nursing and Rehabilitation Centre, Ltd.  
 Provider # 0035014  
 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	6,658
Point ClickCare	Computers	2,969
Frank Della	Computer System Consulting	2,126
RSM McGladrey	Accounting	33,368
Frost, Ruttenberg & Rothblatt	Accounting	375
Much Shelist	Legal	6,241
Ira I. Silverstein	Legal	2,400
Myers, Miller & Krauskopf LLC	Legal	14,077
Marilyn P Dunn Attorney At Law	Legal	1,217
Divinity Marketing	Consulting	400
Personnel Planners, Inc.	Unemployment Consulting	2,328
Commitment Consulting	A/R Collections	36,035
Cindy Stachura	Consultant	1,200
		<u>109,394</u>
Allocated from Management Co:		
Health Data Systems, Inc. - Computer Services		4,607
Clinical Reimbursement Solutions - Accounting		1,454
RSM MCGladrey - Accounting Services		34,147
Harold Geiser - Accounting		1,271
Frost, Ruttenberg & Rothblatt - Accounting Services		336
Much Shelist - Legal Services		2,217
Total allocated from Management Co.		<u>44,032</u>
Total allocated from Therapy Masters:		595
GlenCrest Real Estate LLC:		
First Real Estate Services Ltd.	Real Estate Appraisal	2,750
Skidelsky & Associates	Real Estate Tax Reduction	9,148

Much Shelist	Legal	250
Total allocated from GlenCrest Real Estate LLC:		<u>12,148</u>
Reclass Skidelsky & Associates invoice to Line 33:		-9,148
Reclass First Real Estate Services Ltd. invoice to Line 33:		-2,750
Non-Allowable Expenses:		
Ira I. Silverstein - A/R Collections		-2,400
Marilyn P Dunn Attorney At Law - Legal		-1,217
RSM MCGladrey - Accounting Services		-32,493
Divinity Marketing - Consulting		-400
Commitment Consulting - A/R Collections		-36,035
Myers, Miller & Krauskopf LLC - Legal		-684
First Real Estate Services Ltd. - GlenCrest Real Estate LLC - out of period		-2,750
		<u>-75,979</u>
<b>Total adjustments page 21, Sch C.</b>		<u><u>-31,102</u></u>
<b>Total Schedule V, line 19, column 8</b>		<u><u>78,292</u></u>

**See Accountants' Compilation Report**

GlenCrest Nursing and Rehabilitation Centre, Ltd.  
Provider # 0035014  
12/31/2010

**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	35,599
FUTA	484
SUTA	1,166
Insurance - Hospital	32,578
Employee Benefits	3,682
Other Employee Benefits	2,073
Workers Compensation Insurance	10,275
401K Match	2,425
Total allocated from Management Co.	<u>88,282</u>
Allocate to Line #'s 7,27	-88,282
Allocated from Therapy Masters, Inc.:	
FICA taxes	61,856
FUTA	817
SUTA	1,141
Insurance - Hospital	19,956
Other Employee Benefits	749
Workers Compensation Insurance	12,108
401K Match	5,322
Uniform Allowance	509
Total allocated from Therapy Masters, Inc.:	<u>102,458</u>
Allocate to Line #'s 15,27	-102,458
Total allocated to Page 21	<u>0</u>

**See Accountants' Compilation Report**

GlenCrest Nursing and Rehabilitation Centre, Ltd.  
Provider # 0035014  
12/31/2010

SCHEDULE E

**XV. SUPPORT SCHEDULES**

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Accrued Wage Assignment	(1,139)
Workshop	(8)
Due to Third Party	1,091,839
Accrued Profit Sharing	349
Accrued Management Fees	600,849
Accrued Union Dues	3,975
Accrued 401K	3,083
Total, Page 17, Line36	<u><u>1,698,948</u></u>

**See Accountants' Compilation Report**

GlenCrest Nursing and Rehabilitation Centre, Ltd.  
Provider # 0028753  
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	(2,628)	43
Non-allowable Illinois Council on Long Term Care fees	(11,422)	20
Non-allowable auto expense - marketing	(8,795)	25
Non-allowable City of Chicago ticket	(300)	25
Non-allowable professional fees	(75,979)	19
Non-allowable guaranteed payment	(591,000)	43
Adjust Mgt. Co. Med Supplies - 'Other' to cost	(507,740)	10
Adjust Mgt. Co. Med Supplies - Med 'A' to cost	(137,639)	10
Adjust Mgt. Co. Food to cost	(51,359)	2
Non-allowable related party interest expense	(16,767)	32
Non-allowable office expense	(250)	43
Non-allowable miscellaneous expense	(59,544)	21
Non-allowable housing rental	(8,921)	21
Non-allowable bank charges	(75)	43
Total	<u>(1,472,419)</u>	

See Accountants' Compilation Report

**GlenCrest Real Estate & Development, LLC**  
**Accrued Real Estate Taxes**  
**12/31/2010**

**SCHEDULE G**

	Accrued 1/01/10	Payments/ (Receipts)	Expense	Accrued 12/31/10
Balance @ 1/01/2010:	-321,000.00		-321,000.00	
2009 real estate taxes paid		348,827.08	348,827.08	
Estimated 2010 real estate taxes:				
2009 taxes	348,827.08			
Estimated increase	2.00%			
Estimated 2009 taxes	355,803.62			
<b>USE</b>	<b>356,000.00</b>		356,000.00	-356,000.00
Totals	-321,000.00	348,827.08	383,827.08	-356,000.00

Real estate tax history:

Year	Amount	\$	Increase %
1993	323,273.20		
1994	345,685.97	22,412.77	6.93%
1995	350,490.39	4,804.42	1.39%
1996	359,114.08	8,623.69	2.46%
1997	353,830.54	-5,283.54	-1.47%
1998	360,112.00	6,281.46	1.78%
1999	357,695.02	-2,416.98	-0.67%
2000	349,019.69	-8,675.33	-2.43%
2001	358,096.91	9,077.22	2.60%
2002	362,111.89	4,014.98	1.12%
2003	328,345.47	-33,766.42	-9.32%
2004	335,639.12	7,293.65	2.22%
2005	339,056.61	3,417.49	1.02%
2006	314,871.94	-24,184.67	-7.13%
2007	311,510.44	-3,361.50	-1.07%
2008	314,635.97	3,125.53	1.00%
2009	348,827.08	34,191.11	10.87%

**See Accountants' Compilation Report**

**Provider Name: Glen Crest Nursing & Rehab Ctr.**  
**Provider I.D. #: 0028753**  
**Year Ended: December 31, 2010**

**SCHEDULE H**

**Training & Education**

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Nursing & Social Service Staff	1/26/2010	Chicago, IL	Stanley McCracken Mental Health Problems in the Medical Setting	258
Phil Thompson	2/18/2010	Chicago, IL	Social Work PRN Awakening Traumatic Brain Injury	275
Neil Razalan	6/8/2010	Skokie, IL	Illinois Council on Long Term Care Infection Control Training	224
Nursing & Social Service Staff	7/22/2010	Chicago, IL	Dr. Ghada Ahmed Overview of Rehabilitation Medicine & Brain Injury	100
Chiquita Hawkins	9/21-10/7/10	Skokie, IL	Oakton Community College Activity Director Certification Course	450
Richard Dabrowski	9/9/2010	Chicago, IL	Food Service Education Seminars Food Service Sanitation Course	140
Certified Nursing Assistant Trainees	9/15/2010	Chicago, IL	Sandra Bowling C.N. A. skills competency evaluation	200
Certified Nursing Assistant Trainees	9/20/2010	Chicago, IL	Southern Illinois University C.N.A competence exam	190
Nicole Bogus, Dennis Grawet	9/20/2010	Chicago, IL	Titan Risk Mgmt LLC OSHA Certification Course	290
Richard Dabrowski	10/8/2010	Chicago, IL	Cynthia Chow & Associates Old Age in the New Age	220
Phil Thompson	11/13-11/20/10	Naperville, IL	Illinois Health Care Assoc	

		Review course for Illinois Nursing Home Adminstrator Licensing	345
Ben Martinez, Loida Tariga, Gertrude Forche, Mercedes Sy & Geraldine Noriega	11/17/2010 Skokie, IL	Illinois Council on Long Term Care In-Depth Training for Wound Care Nurses-MDS 3.0 Update	<b>875</b>
		Allocated From Management Company	710
		Allocated From Therapy Masters	3,874
		Total	<u>8,151</u>

**SEE ACCOUNTANTS' COMPILATION REPORT**

GlenCrest Nursing and Rehabilitation Centre, LTD.

Provider #0028753

12/31/2010

**SCHEDULE I**

Page 3, Schedule V, Line 25, Col 8

Other Admin. Staff Transportation

	Gasoline	Licenses/ Stickers	Repairs	Mileage Reimb.	Parking	City of Chicago Ticket	Total
Direct Expense	41,448	99	480	6,150	2,108	300	50,585
Non-allowable auto expense - marketing							-8,795
Non-allowable city of Chicago ticket							-300
Allocated from Management Company							4,210
Allocated from Therapy Masters							751
<b>TOTAL</b>	<b>41,448</b>	<b>99</b>	<b>480</b>	<b>6,150</b>	<b>2,108</b>	<b>300</b>	<b>46,451</b>

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	<b>RECALCULATION BASED ON 2008 CENSUS</b>		GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL
		PERCENTAGE	<u>GLENBRIDGE</u>	<u>GLENCREST</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 1
2008 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>338,471</u>	<u>332,568</u>	<u>381,842</u>	<u>135,523</u>	<u>293,611</u>	<u>275,659</u>	<u>56,084</u>	<u>1,813,758</u>
		NURSING HOME	<b>RECALCULATION BASED ON 2009 CENSUS</b>		GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL
		PERCENTAGE	<u>GLENBRIDGE</u>	<u>GLENCREST</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	<b>RECALCULATION BASED ON 2010 CENSUS</b>		GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL
		PERCENTAGE	<u>GLENBRIDGE</u>	<u>GLENCREST</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>

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	27,144
Illinois Association of Health Care Facilities Dues	3,024
Employment Fees	59,586
Joint Commission Annual Fee	1,070
Society for Human Resources Dues	160
CLIA Laboratory Program Certificate of Waiver User Fee	150
Costco Annual Membership	300
Secretary of State Annual Report Fee	100
City of Chicago Elevator, Boiler Inspections, Permits & Licenses	1,748
Non-allowable Illinois Council on Long Term Care Dues	-11,422
Total Allocated to Page 21, Section F:	<u>81,860</u>

**See Accountants' Compilation Report**