

Facility Name & ID Number Glenlake Terrace Nursing & Rehabilitation

0048637 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	144	Skilled (SNF)	144	52,560	1
2		Skilled Pediatric (SNF/PED)			2
3	127	Intermediate (ICF)	127	46,355	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	271	TOTALS	271	98,915	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	14,371	958	4,457	19,786	8
9	SNF/PED					9
10	ICF	66,681	1,929	10	68,620	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	81,052	2,887	4,467	88,406	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.38%

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

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

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

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

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

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

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 138 and days of care provided 4,154

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Glenlake Terrace Nursing & Rehabilitation # 0048637 Report Period Beginning: 1/01/2010 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	358,753	56,427	19,368	434,548		434,548		434,548		1
2	Food Purchase		532,100		532,100	(25,182)	506,918	(70,710)	436,208		2
3	Housekeeping		10,168	338,907	349,075		349,075		349,075		3
4	Laundry		4,056	225,673	229,729		229,729		229,729		4
5	Heat and Other Utilities			240,053	240,053		240,053	7,022	247,075		5
6	Maintenance	81,619	63,803	73,668	219,090		219,090	14,122	233,212		6
7	Other (specify):* Allocated Employee Benefits							552	552		7
8	TOTAL General Services	440,372	666,554	897,669	2,004,595	(25,182)	1,979,413	(49,014)	1,930,399		8
	B. Health Care and Programs										
9	Medical Director			27,400	27,400		27,400		27,400		9
10	Nursing and Medical Records	4,573,458	756,867	47,873	5,378,198		5,378,198	(106,383)	5,271,815		10
10a	Therapy	43,120	3,034	415,993	462,147		462,147	(49,855)	412,292		10a
11	Activities	158,165	5,849	1,000	165,014		165,014		165,014		11
12	Social Services	128,921		3,148	132,069		132,069		132,069		12
13	CNA Training										13
14	Program Transportation			50	50		50		50		14
15	Other (specify):* Allocated Employee Benefits							41,395	41,395		15
16	TOTAL Health Care and Programs	4,903,664	765,750	495,464	6,164,878		6,164,878	(114,843)	6,050,035		16
	C. General Administration										
17	Administrative	87,612		938,306	1,025,918		1,025,918	(905,869)	120,049		17
18	Directors Fees										18
19	Professional Services			75,870	75,870		75,870	(11,315)	64,555		19
20	Dues, Fees, Subscriptions & Promotions			28,881	28,881	2,540	31,421	(4,039)	27,382		20
21	Clerical & General Office Expenses	237,463	40,183	61,333	338,979	(2,540)	336,439	464,355	800,794		21
22	Employee Benefits & Payroll Taxes			716,935	716,935	25,182	742,117		742,117		22
23	Inservice Training & Education			3,490	3,490		3,490	2,167	5,657		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			24,479	24,479	(8,316)	16,163	1,422	17,585		25
26	Insurance-Prop.Liab.Malpractice			121,186	121,186		121,186	3,771	124,957		26
27	Other (specify):* Allocated Employee Benefits							78,639	78,639		27
28	TOTAL General Administration	325,075	40,183	1,970,480	2,335,738	16,866	2,352,604	(370,869)	1,981,735		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,669,111	1,472,487	3,363,613	10,505,211	(8,316)	10,496,895	(534,726)	9,962,169		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 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	
	D. Ownership											
30	Depreciation			40,020	40,020		40,020	301,285	341,305			30
31	Amortization of Pre-Op. & Org.							95	95			31
32	Interest			197,999	197,999		197,999	662,013	860,012			32
33	Real Estate Taxes							163,866	163,866			33
34	Rent-Facility & Grounds			1,738,026	1,738,026		1,738,026	(1,738,026)				34
35	Rent-Equipment & Vehicles			23,443	23,443	8,316	31,759	6,218	37,977			35
36	Other (specify):*											36
37	TOTAL Ownership			1,999,488	1,999,488	8,316	2,007,804	(604,549)	1,403,255			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		208,942	102,095	311,037		311,037		311,037			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			148,356	148,356		148,356		148,356			42
43	Other (specify):* Non-Allowable			218,045	218,045		218,045	(218,045)				43
44	TOTAL Special Cost Centers		208,942	468,496	677,438		677,438	(218,045)	459,393			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,669,111	1,681,429	5,831,597	13,182,137		13,182,137	(1,357,320)	11,824,817			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	(6,318)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(9,024)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,785)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(54)	43		19
20	Contributions	(2,460)	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	(213,000)	43		24
25	Fund Raising, Advertising and Promotional	(180)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(404)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(605,944)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (839,169)		\$	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)	(518,151)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (518,151)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,357,320)		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		311	Ln10,Co2	44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 311		47

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

Glenlake Terrace Nursing & Rehabilitation

ID# 0048637

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	\$ (37,445)	10	1
2	Adjust Mgt Co. medical supplies "other" to cost	(68,938)	10	2
3	Adjust Mgt Co. food to cost	(70,710)	2	3
4	Non-allowable patient clothing	(566)	43	4
5	Non-allowable professional fees	(51,113)	19	5
6	Non-allowable owner interest expense	(228,445)	32	6
7	Non-allowable auto expense - marketing	(2,633)	25	7
8	Non-allowable Illinois Council on Long Term Care Dues	(9,723)	20	8
9	Non-allowable office expense	(1,527)	43	9
10	Non-allowable trust fees	(575)	43	10
11	Non-allowable depreciation - marketing	(6,300)	30	11
12	Non-allowable loss on early extinguishment of debt	(127,969)	43	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(605,944)		49

STATE OF ILLINOIS

Summary A

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

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	(70,710)	0	0	0	0	0	0	0	0	0	0	(70,710)	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	7,022	0	0	0	0	0	0	0	0	7,022	5
6	Maintenance	0	0	14,112	0	10	0	0	0	0	0	0	14,122	6
7	Other (specify):*	0	0	552	0	0	0	0	0	0	0	0	552	7
8	TOTAL General Services	(70,710)	0	21,686	0	10	0	0	0	0	0	0	(49,014)	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	(106,383)	0	0	0	0	0	0	0	0	0	0	(106,383)	10
10a	Therapy	0	0	0	0	(49,855)	0	0	0	0	0	0	(49,855)	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	41,395	0	0	0	0	0	0	41,395	15
16	TOTAL Health Care and Programs	(106,383)	0	0	0	(8,460)	0	0	0	0	0	0	(114,843)	16
	C. General Administration													
17	Administrative	0	0	(905,869)	0	0	0	0	0	0	0	0	(905,869)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(51,113)	0	39,312	250	236	0	0	0	0	0	0	(11,315)	19
20	Fees, Subscriptions & Promotions	(9,723)	0	988	0	4,696	0	0	0	0	0	0	(4,039)	20
21	Clerical & General Office Expenses	(6,318)	0	464,594	0	6,079	0	0	0	0	0	0	464,355	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	634	0	1,533	0	0	0	0	0	0	2,167	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(2,633)	0	3,758	0	297	0	0	0	0	0	0	1,422	25
26	Insurance-Prop.Liab.Malpractice	0	0	2,849	0	922	0	0	0	0	0	0	3,771	26
27	Other (specify):*	0	0	78,267	0	372	0	0	0	0	0	0	78,639	27
28	TOTAL General Administration	(69,787)	0	(315,467)	250	14,135	0	0	0	0	0	0	(370,869)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(246,880)	0	(293,781)	250	5,685	0	0	0	0	0	0	(534,726)	29

STATE OF ILLINOIS

Summary B

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

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	(6,300)	0	12,013	295,437	135	0	0	0	0	0	0	301,285	30
31	Amortization of Pre-Op. & Org.	0	0	95	0	0	0	0	0	0	0	0	95	31
32	Interest	(237,469)	0	0	899,482	0	0	0	0	0	0	0	662,013	32
33	Real Estate Taxes	0	0	5,761	158,105	0	0	0	0	0	0	0	163,866	33
34	Rent-Facility & Grounds	0	0	0	(1,738,026)	0	0	0	0	0	0	0	(1,738,026)	34
35	Rent-Equipment & Vehicles	0	0	6,218	0	0	0	0	0	0	0	0	6,218	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(243,769)	0	24,087	(385,002)	135	0	0	0	0	0	0	(604,549)	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):*	(348,520)	0	0	130,475	0	0	0	0	0	0	0	(218,045)	43
44	TOTAL Special Cost Centers	(348,520)	0	0	130,475	0	(218,045)	44						
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(839,169)	0	(269,694)	(254,277)	5,820	0	0	0	0	0	0	(1,357,320)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Sidney Glenner	80.00 %	GlenBridge Nursing & Rehabilitation Centre,Ltd.	Niles	SEE ATTACHED SCHEDULE A		
Joshua Ray	20.00 %	GlenCrest Nursing & Rehabilitation Centre,Ltd.	Chicago			
		Glen Elston Nursing & Rehabilitation Centre,Ltd.	Chicago			
		Glen Oaks Nursing & Rehabilitation Centre,Ltd.	Northbrook			
		GlenShire Nursing & Rehabilitation Centre,Ltd.	Richton Park			
		Brentwood North Healthcare & Rehabilitation Ctr,Inc.	Riverwoods			

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	Total from Page 6A	\$ 938,306	Glen Health and Home Management, Inc.	A	\$ 668,612	\$ (269,694)	1
2	V							2
3	V	Total from Page 6B	1,738,026	GlenLake Terrace Realty LLC	B	1,483,749	(254,277)	3
4	V							4
5	V	Total from Page 6C	415,993	Therapy Masters, Inc.	C	421,813	5,820	5
6	V							6
7	V							7
8	V			OWNERSHIP REFERENCE:				8
9	V			A: Owned 100.00 % by Sidney Glenner through attribution				9
10	V			B: Owned 80.00 % by Sidney Glenner & 20.00 % by Joshua Ray				10
11	V			C: Owned 100.00 % by Sidney Glenner				11
12	V							12
13	V							13
14	Total		\$ 3,092,325			\$ 2,574,174	\$ * (518,151)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenlake Terrace Nursing & Rehabilitation# 0048637Report 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	\$ 938,306	Glen Health and Home Management, Inc.	A	\$	\$ (938,306) 15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	7,022	7,022 16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	10,840	10,840 17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	39,312	39,312 18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	988	988 19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	35,699	35,699 20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	78,819	78,819 21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	634	634 22
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	3,758	3,758 23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	2,849	2,849 24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	12,013	12,013 25
26	V	31 Amortization		Glen Health and Home Management, Inc.	A	95	95 26
27	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	5,761	5,761 27
28	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	6,218	6,218 28
29	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	3,272	3,272 29
30	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	32,437	32,437 30
31	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	428,895	428,895 31
32	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(78,819)	(78,819) 32
33	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	552	552 33
34	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	5,509	5,509 34
35	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	72,758	72,758 35
36	V						
37	V						
38	V						
39	Total		\$ 938,306			\$ 668,612	\$ * (269,694) 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	43 Clerical	\$	GlenLake Terrace Realty LLC	B	\$ 1,527	\$ 1,527
16	V	30 Depreciation		GlenLake Terrace Realty LLC	B	295,437	295,437
17	V	32 Interest Income		GlenLake Terrace Realty LLC	B	(310)	(310)
18	V	32 Interest Expense		GlenLake Terrace Realty LLC	B	895,644	895,644
19	V	33 Real Estate Taxes		GlenLake Terrace Realty LLC	B	158,105	158,105
20	V	34 Rental Income	1,738,026	GlenLake Terrace Realty LLC	B		(1,738,026)
21	V	32 Amortization of Mortgage Costs		GlenLake Terrace Realty LLC	B	4,148	4,148
22	V	19 Professional Fees		GlenLake Terrace Realty LLC	B	250	250
23	V	43 Trust Fees		GlenLake Terrace Realty LLC	B	575	575
24	V	43 State Replacement Taxes		GlenLake Terrace Realty LLC	B	404	404
25	V	43 Loss on Early Extinguishment of Debt		GlenLake Terrace Realty LLC	B	127,969	127,969
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,738,026			\$ 1,483,749	\$ * (254,277)

* 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	\$ 415,993	Therapy Masters, Inc.	C	\$ 366,138	\$	(49,855)	15
16	V	19 Professional Fees		Therapy Masters, Inc.	C	236		236	16
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	C	15		15	17
18	V	20 Employment Fees		Therapy Masters, Inc.	C	4,681		4,681	18
19	V	21 Clerical Salaries		Therapy Masters, Inc.	C	2,897		2,897	19
20	V	21 Clerical		Therapy Masters, Inc.	C	3,182		3,182	20
21	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	41,767		41,767	21
22	V	23 Training and Education		Therapy Masters, Inc.	C	1,533		1,533	22
23	V	25 Auto Expenses		Therapy Masters, Inc.	C	297		297	23
24	V	6 Plant Supplies		Therapy Masters, Inc.	C	10		10	24
25	V	22 Employee Benefits		Therapy Masters, Inc.	C	(41,767)		(41,767)	25
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	41,395		41,395	26
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	372		372	27
28	V	30 Depreciation		Therapy Masters, Inc.	C	135		135	28
29	V	26 Insurance - Liability		Therapy Masters, Inc.	C	922		922	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		\$ 415,993			\$ 421,813	\$ *	5,820	39

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

Facility Name & ID Number Glenlake Terrace Nursing & Rehabilitation # 0048637 Report Period Beginning: 1/01/2010 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	80.00 %	167,663	10	16.21 %	Salary	\$ 32,437	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	45,118	6	16.21 %	Salary	8,729	Ln 21, Col 7	2
3	Daniel Glenner	Administrative	Administrative	0.00 %	24,828	6	16.21 %	Salary	4,803	Ln 21, Col 7	3
4	Elliot Glenner	Clerical	Clerical	0.00 %	17,432	6	16.21 %	Salary	3,373	Ln 21, Col 7	4
5	David Weinschneider	Administrative	Administrative	0.00 %	44,529	6	16.21 %	Salary	8,615	Ln 21, Col 7	5
6	Joshua Ray	V.P. of Operations	Administrative	20.00 %	167,663	10	16.21 %	Salary	32,437	Ln 21, Col 7	6
7											7
8											8
9											9
10			See Schedule B								10
11											11
12											12
13								TOTAL	\$ 90,394		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenlake Terrace Nursing & Rehabilitation

0048637

Report Period Beginning:

1/01/2010

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	\$ 88,406	\$ 7,022	1	
2	6	Repairs and Maintenance	Resident Days	545,364	7	66,872	88,406	10,840	2	
3	19	Professional Fees	Resident Days	545,364	7	242,509	88,406	39,312	3	
4	20	Licenses, Permits and Inspection	Resident Days	545,364	7	6,093	88,406	988	4	
5	21	Clerical	Resident Days	545,364	7	220,225	88,406	35,699	5	
6	22	Employee Benefits and Payroll	Resident Days	545,364	7	486,222	88,406	78,819	6	
7	23	Training and Education	Resident Days	545,364	7	3,909	88,406	634	7	
8	25	Auto Expenses	Resident Days	545,364	7	23,185	88,406	3,758	8	
9	26	Insurance	Resident Days	545,364	7	17,573	88,406	2,849	9	
10	30	Depreciation	Resident Days	545,364	7	74,104	88,406	12,013	10	
11	31	Amortization	Resident Days	545,364	7	589	88,406	95	11	
12	33	Real Estate Taxes	Resident Days	545,364	7	35,536	88,406	5,761	12	
13	35	Equipment and Vehicle Rental	Resident Days	545,364	7	38,360	88,406	6,218	13	
14	6	Janitorial Salaries	Resident Days	545,364	7	20,184	88,406	3,272	14	
15	17	Officer's Salaries	Resident Days	545,364	7	200,100	88,406	32,437	15	
16	21	Administrative Salaries	Resident Days	545,364	7	2,645,790	88,406	2,645,790	428,895	16
17	22	Employee Benefits	Payroll					(78,819)	17	
18	7	Employee Benefits - Janitorial	Payroll					552	18	
19	27	Employee Benefits - Officer's	Payroll					5,509	19	
20	27	Employee Benefits - Admin	Payroll					72,758	20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 4,124,569	\$ 2,686,074	\$ 668,612	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Glenlake Terrace Nursing & Rehabilitation

0048637

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
	A. Directly Facility Related																			
	Long-Term																			
1	The PrivateBank		X	Mortgage		12/27/07	\$ 16,000,000	\$	12/27/2010	0.0609	\$ 779,590	1								
2	The PrivateBank		X	Amortization of mortgage costs							4,148	2								
3	UBS Wealth Management		X	Mortgage	\$30,955.56	10/26/10	15,600,000	15,600,000	9/15/2020	0.0398	85,608	3								
4	SLG Limited Partnership	X		Mortgage	\$18,435.66	11/15/10	3,500,000	3,500,000	12/01/2035	0.0398	30,445	4								
5												5								
	Working Capital																			
6	Sidney Glenner	X		Working Capital		12/14/06	3,990,456	4,259,456	12/14/2008	0.0712	172,230	6								
7	AMJED Trust	X		Working Capital			967,110	967,110			25,770	7								
8												8								
											Non-allowable owner interest expense:	(228,445)	8							
9	TOTAL Facility Related				\$49,391.22		\$ 40,057,566	\$ 24,326,566			\$ 869,346	9								
	B. Non-Facility Related*																			
10											Interest Income Offset:	(9,334)	10							
11													11							
12													12							
13													13							
14	TOTAL Non-Facility Related						\$	\$			\$ (9,334)	14								
15	TOTALS (line 9+line14)						\$ 40,057,566	\$ 24,326,566			\$ 860,012	15								

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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.		\$	150,000		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.)		\$	150,382		2																			
3. Under or (over) accrual (line 2 minus line 1).		\$	382		3																			
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	155,000		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.)		\$			5																			
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6																			
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	155,382		7																			
Real Estate Tax History:																								
Real Estate Tax Bill for Calendar Year:	2005	99,870	8	<table border="1" style="width: 100%;"> <tr> <td colspan="3" style="text-align: center;">FOR BHF USE ONLY</td> </tr> <tr> <td style="text-align: center;">13</td> <td>FROM R. E. TAX STATEMENT FOR 2009</td> <td style="text-align: right;">\$</td> <td style="text-align: center;">13</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5</td> <td style="text-align: right;">\$</td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6</td> <td style="text-align: right;">\$</td> <td style="text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION</td> <td style="text-align: right;">\$</td> <td style="text-align: center;">16</td> </tr> </table>		FOR BHF USE ONLY			13	FROM R. E. TAX STATEMENT FOR 2009	\$	13	14	PLUS APPEAL COST FROM LINE 5	\$	14	15	LESS REFUND FROM LINE 6	\$	15	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
FOR BHF USE ONLY																								
13	FROM R. E. TAX STATEMENT FOR 2009	\$	13																					
14	PLUS APPEAL COST FROM LINE 5	\$	14																					
15	LESS REFUND FROM LINE 6	\$	15																					
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																					
	2006	101,899	9																					
	2007	137,997	10																					
	2008	145,704	11																					
	2009	150,382	12																					
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: 48,925 B. General Construction Type: Exterior Brick Frame Concrete and steel Number of Stories Four

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

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

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

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>79,750</u>	<u>2006</u>	<u>\$ 502,844</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>13,769</u>	<u>2</u>
3	TOTALS	79,750		\$ 516,613	3

SEE ACCOUNTANTS' COMPILATION REPORT

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	271		2006	1974	\$ 7,636,686	\$ 254,556	30	\$ 254,556	\$	\$ 1,029,795	4
5											5
6	Alloc from				294,019			7,924	7,924		6
7	Mgt Comp										7
8	Schedule J										8
	Improvement Type**										
9	HDSI programs and installation		2006		34,305	3,431	10	3,431		15,439	9
10	Furnish and install outdoor signs		2007		10,055	1,006	10	1,006		3,521	10
11	Remove and install vinyl cove base		2007		9,986	999	10	999		3,496	11
12	Furnish and install light fixture and run new piping		2007		2,672	267	10	267		935	12
13	Replace leaking hydraulic supply lines for elevators		2007		5,000	500	10	500		1,750	13
14	Furnish and install motor bearings and gasket on washing machine		2008		2,535	254	10	254		635	14
15	Coil rebuilding and water heater retubing		2008		3,276	328	10	328		820	15
16	Replace tube sheet and water return pump, replace piping		2008		2,717	272	10	272		680	16
17	Satellite cable Phase I channel Headend installation		2008		6,250	625	10	625		1,563	17
18	Satellite cable Phase II channel Headend installation		2008		6,250	625	10	625		1,563	18
19	Indoor cameras with power supply		2008		6,889	689	10	689		1,722	19
20	Indoor cameras and power supply		2008		3,211	321	10	321		803	20
21	Replace 2 inch galvanized hot water piping in laundry room		2009		2,500	250	10	250		375	21
22	Wiring for television system, create television outlets		2009		2,750	275	10	275		413	22
23	Furnish and install sentry guard water coil		2009		5,169	517	10	517		775	23
24	Install new receptacles on existing circuits for televisions		2009		8,800	880	10	880		1,320	24
25	Furnish and install wet-pipe sprinkler protection		2009		56,112	5,611	10	5,611		8,417	25
26	Remove existing cove base and carpet, floor prep, new carpet and wallpap		2009		3,364	336	10	336		504	26
27	Category 6 cable (550mhz)		2010		3,964	198	10	198		198	27
28	Installation of front door electrolock security system with intercom		2010		3,985	199	10	199		199	28
29	Install fire alarm wiring and power supervision relays		2010		4,544	227	10	227		227	29
30											30
31											31
32											32
33											33
34	Leasehold Improvements Allocated from Management Company				24,452			284	284	21,586	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)	\$	\$		\$	\$	\$	70
		8,139,491	272,366		280,574	8,208	1,096,736	

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	\$ 494,720	\$ 49,607	\$ 49,607	\$	10 years	\$ 197,519	71
72	Current Year Purchases	39,382	3,319	3,319		5, 10 years	3,321	72
73	Fully Depreciated Assets							73
74	Allocated from Management Company:	119,797		1,140	1,140		116,447	74
75	TOTALS	\$ 653,899	\$ 52,926	\$ 54,066	\$ 1,140		\$ 317,287	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Care	2001 Ford Bus	2000	\$ 20,000	\$ 4,000	\$ 4,000	\$	5 years	\$ 18,000	76
77	Marketing	2009 Lincoln MKX	2009	31,500	6,300	6,300		5 years	9,450	77
78	Non-Allowable Marketing Depreciation Expense:				(6,300)	(6,300)				78
79	Allocated from Management Company:			22,414		2,665	2,665		9,559	79
80	TOTALS			\$ 73,914	\$ 4,000	\$ 6,665	\$ 2,665		\$ 37,009	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)	\$ 9,383,917	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 329,292	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 341,305	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 12,013	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,451,032	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: \$ 26,633 Description: Copier \$17,710, Ice-maker \$1,276, Dishmachine \$4,138, Postage Meter \$318, Mgt Co: \$3,191

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Patient Care</u>	<u>2005 Chevy Tahoe</u>	\$ <u>769.00</u>	\$ <u>8,316</u>	17
18					18
19	<u>Allocated from Management Company:</u>			<u>3,028</u>	19
20					20
21	TOTAL		\$ <u>769.00</u>	\$ <u>11,344</u>	21

10. Effective dates of current rental agreement:

Beginning _____
Ending _____

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

	Fiscal Year Ending	Annual Rent
12.	<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?</p> <p><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. CLASSROOM PORTION:</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. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	Ln10a,Col 2&3	hrs	\$	3,977	\$ 204,682	\$ 1,866	3,977	\$ 206,548	1
2	Licensed Speech and Language Development Therapist	Ln10a,Col 2&3	hrs		1,547	79,399	301	1,547	79,700	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		2,004	131,912	867	2,004	132,779	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				208,942		208,942	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>	Ln 10, Col 2					311		311	12
13	Radiology, Laboratory & Dialysis Other (specify): <u>Respiratory Therapy</u>	Ln 39, Col 3 Ln10a, Col 1	2,519 hours	43,120		102,095		2,519	102,095 43,120	13
14	TOTAL			\$ 43,120	7,528	\$ 518,088	\$ 212,287	10,047	\$ 773,495	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenlake Terrace Nursing & Rehabilitation# 0048637Report Period Beginning: 1/01/2010Ending: 12/31/2010

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 547,169	\$ 1,660,082	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>216,114</u>)	3,449,393	3,449,393	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	139,651	139,651	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(652,345)		8
9	Other(specify): <u>Other Receivables</u>	4,823	60,221	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,488,691	\$ 5,309,347	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		516,613	13
14	Buildings, at Historical Cost		7,930,705	14
15	Leasehold Improvements, at Historical Cost	184,335	208,786	15
16	Equipment, at Historical Cost	176,790	727,813	16
17	Accumulated Depreciation (book methods)	(96,486)	(1,451,032)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 264,639	\$ 7,932,885	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,753,330	\$ 13,242,232	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 55,746	\$ 55,746	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	318,470	318,470	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	203,972	203,972	30
31	Accrued Taxes Payable (excluding real estate taxes)	830	830	31
32	Accrued Real Estate Taxes(Sch.IX-B)		155,000	32
33	Accrued Interest Payable		32,635	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule E:</u>	388,237	388,237	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 967,255	\$ 1,154,890	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		19,100,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Stockholders:</u>	4,259,456	4,259,456	43
44	<u>Due to Affiliates:</u>	967,110	967,110	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 5,226,566	\$ 24,326,566	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,193,821	\$ 6,193,821	46
47	TOTAL EQUITY(page 18, line 24)	\$ (2,440,491)	\$ 7,048,411	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,753,330	\$ 13,242,232	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,522,196)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,522,196)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	81,705	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 81,705	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)	\$ (2,440,491)	24

* Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenlake Terrace Nursing & Rehabilitation# 0048637Report Period Beginning: 1/01/2010Ending: 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	\$ 12,542,655	1
2	Discounts and Allowances for all Levels	(1,829,842)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,712,813	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	829,238	6
7	Oxygen	331,096	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,160,334	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	327,686	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	10,770	19
20	Radiology and X-Ray	5,979	20
21	Other Medical Services	1,037,236	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,381,671	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	9,024	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 9,024	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,263,842	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,004,595	31
32	Health Care	6,164,878	32
33	General Administration	2,335,738	33
B. Capital Expense			
34	Ownership	1,999,488	34
C. Ancillary Expense			
35	Special Cost Centers	529,082	35
36	Provider Participation Fee	148,356	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,182,137	40
41	Income before Income Taxes (line 30 minus line 40)**	81,705	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 81,705	43

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

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

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

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

Facility Name & ID Number **Glenlake Terrace Nursing & Rehabilitation**

0048637

Report Period Beginning: **1/01/2010**

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	1,997	2,166	\$ 93,539	\$ 43.19	1
2	Assistant Director of Nursing					2
3	Registered Nurses	52,376	55,154	1,594,033	28.90	3
4	Licensed Practical Nurses	37,514	38,919	1,107,298	28.45	4
5	CNAs & Orderlies	149,233	159,795	1,630,079	10.20	5
6	CNA Trainees					6
7	Licensed Therapist	2,353	2,551	43,120	16.90	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,989	2,255	38,544	17.09	9
10	Activity Assistants	11,574	12,939	119,621	9.24	10
11	Social Service Workers	9,110	9,859	128,921	13.08	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	9,209	10,046	94,185	9.38	14
15	Cook Helpers/Assistants	24,711	26,514	264,568	9.98	15
16	Dishwashers					16
17	Maintenance Workers	5,136	5,568	81,619	14.66	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,037	2,320	87,612	37.76	20
21	Assistant Administrator					21
22	Other Administrative	9,363	10,614	237,463	22.37	22
23	Office Manager					23
24	Clerical					24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	12,768	14,043	148,509	10.58	33
34	TOTAL (lines 1 - 33)	329,370	352,743	\$ 5,669,111 *	\$ 16.07	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	\$ 19,368	Ln 1, Col 3	35
36	Medical Director	Monthly	27,400	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	17,265	Ln 10, Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	20	1,000	Ln 11, Col 3	44
45	Social Service Consultant	57	3,148	Ln 12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	77	\$ 68,181		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	821	\$ 22,174	Ln10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	821	\$ 22,174		53

SEE ACCOUNTANTS' COMPILATION REPORT

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

1	2	3	4	5	6	7	8	9	10	11	12	13												
													Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year							
																	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$											
2																								
3																								
4																								
5																								
6																								
7																								
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15																								
16																								
17																								
18																								
19																								
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$											

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenlake Terrace Nursing & Rehabilitation# 0048637Report 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 \$13,366
- (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? 5,10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 875 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES No NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 148,356
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 25,182 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0048637
12/31/2010

SCHEDULE A

SCHEDULE VII. RELATED PARTIES

Part A. Col.3

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

See Accountants' Compilation Report

GlenLake Terrace Nursing and Rehabilitation Centre, LTD.
 Provider I.D. # 0048637
 12/31/2010

SCHEDULE B

SCHEDULE VII RELATED PARTIES

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

Name	Compensation Received From Other Nursing Homes						Total
	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenCrest Nursing & Rehab. Centre, Ltd.	Glen Bridge Nursing & Rehab. Centre, Ltd.	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	Brentwood North Healthcare & Rehabilitation	
Sidney Glenner	38,732	36,332	33,252	14,264	29,130	15,953	167,663
Jonathan Glenner	10,423	9,777	8,948	3,838	7,839	4,293	45,118
Daniel Glenner	5,736	5,380	4,924	2,112	4,314	2,362	24,828
Elliot Glenner	4,027	3,777	3,457	1,483	3,029	1,659	17,432
David Weinschneider	10,287	9,649	8,831	3,788	7,737	4,237	44,529
Joshua Ray	38,732	36,332	33,252	14,264	29,130	15,953	167,663
Total compensation received from other Nursing Homes	107,937	101,247	92,664	39,749	81,179	44,457	467,233

See Accountants' Compilation Report

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
 Provider I.D. # 0048637
 12/31/2010

SCHEDULE C

XIX. SUPPORT SCHEDULES

C. Professional Services
 Page 21

<u>Vendor/Payee</u>	<u>Type</u>	<u>AMOUNT</u>
Health Data Systems, Inc.	Computers	6,357
Point ClickCare	Computers	2,579
IIT Sourcetek	Computers	1,100
Frank Della	Computer Services Consultant	1,847
RSM McGladrey	Accounting	28,508
Frost, Ruttenberg & Rothblatt	Accounting	375
Gremley & Biedermann	Land Surveyors	1,785
Much Shelist	Legal	5,004
Schefflow Engineers	Engineer Consultants	3,250
Zina Ward	Marketing Consultant	12,100
Personnel Planners, Inc.	Unemployment Consulting	2,226
Commitment Consulting	A/R Collections	10,740
Total Schedule V, Line 19, Col. 3		<u>75,871</u>
Allocated from Management Co:		
Health Data Systems, Inc. - Computer Services		4,113
Clinical Reimbursement Solutions - Accounting		1,305
RSM McGladrey - Accounting Services		30,480
Harold Geiser - Accounting		1,135
Frost, Ruttenberg & Rothblatt - Accounting Services		300
Much Shelist - Legal Services		1,979
Total allocated from Management Co.		<u>39,312</u>

Allocated from GlenLake Terrace Realty LLC:	
Much Shelist - Legal	250
Total allocated from GlenLake Terrace Realty LLC:	<u>250</u>
Total allocated from Therapy Masters:	236
Non-Allowable Expenses:	
Commitment Consulting - A/R Collections	-10,740
RSM McGladrey - Accounting Fees	-27,745
Much Shelist - Legal	-528
Zina Ward - Marketing Consultant	-12,100
Total Non-Allowable Expenses:	<u>-51,113</u>
Total adjustments page 21, Sch C.	<u><u>-11,315</u></u>
Total Schedule V, line 19, column 8	<u><u>64,555</u></u>

See Accountants' Compilation Report

SCHEDULE D

XIX. SUPPORT SCHEDULES

D. Employee Benefits and Payroll Taxes
 Page 21

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Allocated from Management Co:	
FICA taxes	31,783
FUTA	432
SUTA	1,041
401K Match	2,166
Insurance - Hospital	29,086
Employee Benefits	3,287
Other Employee Benefits	1,851
Workers Compensation Insurance	9,173
	<u>78,819</u>
Total allocated from Management Co.	<u>78,819</u>
Employee Benefits reclassified to Lines 7, 27	-78,819
Allocated from Therapy Masters, Inc.:	
FICA taxes	25,216
FUTA	333
SUTA	465
401K Match	8,135
Insurance - Hospital	2,170
Workers Compensation Insurance	4,936
Other Employee Benefits	305
Uniform Allowance	207
	<u>41,767</u>
Total allocated from Therapy Masters, Inc. Co.	<u>41,767</u>
Employee Benefits reclassified to Lines 15,27	-41,767
Total allocated to Page 21	<u>0</u>

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GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0048637
12/31/2010

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Due to Third Party	197,406
B/C B/S Advance	3,312
Accrued Union Dues	7,445
Accrued Wage Assignment	4,598
Accrued Profit Sharing	503
Due Con. Mutual	1,279
Accrued Management Fees	174,247
Accrued 401K	1,037
Refunds Exchange	(1,590)
Total, Page 17, Line36	<u><u>388,237</u></u>

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GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0048637
12/31/2010

SCHEDULE F

SCHEDULE VI. ADJUSTMENT DETAIL

Schedule A. Nonallowable Expenses

Page 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>REFERENCE</u>
Patient clothing	-566	43
Non-allowable owner interest expense	-228,445	32
Non-allowable office expense	-1,527	43
Non-allowable professional fees	-51,113	19
Non-allowable depreciation - marketing	-6,300	30
Non-allowable auto expense - marketing	-2,633	25
Non-allowable Illinois Council on Long Term Care Dues	-9,723	20
Non-allowable loss on early extinguishment of debt	-127,969	43
Non-allowable trust fees	-575	43
Adjust mgt co. med supplies - med'A' to cost	-37,445	10
Adjust mgt co. med supplies - 'other' to cost	-68,938	10
Adjust mgt co. food to cost	-70,710	2
Total	<u>-605,944</u>	

See Accountants' Compilation Report

**GlenLake Terrace Realty LLC
Accrued Real Estate Taxes
12/31/2010**

SCHEDULE G

	Accrued 1/01/10	Payments	Expense	Accrued 12/31/10
Balance @ 1/01/2010:	(150,000.00)		(150,000.00)	
2009 real estate taxes paid		150,382.23	150,382.23	
Estimated 2010 real estate taxes:				
2009 taxes	150,382.23			
Estimated increase	2.50 %			
Estimated 2010 taxes	154,141.79			
USE	155,000.00		155,000.00	155,000.00
Totals	(150,000.00)	150,382.23	155,382.23	155,000.00

Real estate tax history:

	Year	Amount	Increase	
			\$	%
	2005	99,869.61		
	2006	101,899.43	2,029.82	2.03%
	2007	137,996.93	36,097.50	35.42%
	2008	145,704.35	7,707.42	5.59%
	2009	150,382.23	4,677.88	3.21%

SEE ACCOUNTANTS' COMPILATION REPORT

Provider Name: Glen Lake Terrace Nursing & Rehabilitation Center

Provider I.D. #: 0048637

Year Ended: December 31, 2010

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Mary Claussen, Raul Rosas, Jason Deichl	1/21/2010	Skokie, IL	Illinois Council on Long Term Care The Most Frequent Life Safety Code Violations	335
Social Service & Nursing Staff	2/24/2010	Waukegan, IL	Dr. George Savarese PHD LCSW Assessing for Suicidal & Homicidal Risk	325
Nursing Staff, Administrative Staff and Social Service Staff	3/16/2010	Waukegan, IL	Linda Rockwell, MPA Advance Directives	200
Mary Claussen, Jestine Zimmerman	4/20/2010	Skokie, IL	Illinois Council on Long Term Care The New Enforcement Spotlight on Subpart S	220
Mary Claussen, Wilva Bonifacio	5/13/2010	Skokie, IL	Illinois Council on Long Term Care MDS 3.0- Getting Started	350
Nursing & Social Service Staff	5/13/2010	Waukegan, IL	Dr. George Savarese PHD LCSW Understanding & Working with Patients with Personality Disorders	350
Social Service Staff	8/24/2010	Waukegan, IL	CCMC Legal & Ethical Issues for Social Service Providers & Case Managers	175
Social Service & Nursing Staff	8/26/2010	Waukegan, IL	Stanley McCracken	

			Comorbid Conditions: Mental Illness & Substance Abuse	600
Deborah Vaillancourt	9/21-10/7/10	Skokie, IL	Oakton Community College Activity Director Certification Course	475
Chef Barnes	10/8/2010	Chicago, IL	Cynthia Chow & Associates Old Age in the New Age	110
Mary Claussen, Irish Pahilan	11/17/2010	Skokie, IL	Illinois Council on Long Term Care In-Depth Training for Wound Care Nurses-MDS 3.0 Update	350
			Allocated From Management Company	634
			Allocated From Therapy Masters	1,533
			Total	<u>5,657</u>

SEE ACCOUNTANTS' COMPILATION REPORT

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0048637
12/31/2010

SCHEDULE I

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

	Gasoline	Licenses/ Stickers	Mileage Reimburse Tolls, Parking	I-Pass	Auto Repairs	Total
Direct Expense	6,230	158	6,760	120	3,015	16,163
Non-allowable auto expense - marketing						-2,633
Allocated from Management Company						3,758
Allocated from Therapy Masters						297
TOTAL	6,230	158	6,760	120	3,015	17,585

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	23,089
Sam's Club Annual Membership Fee	35
City of Waukegan Business License Fee	225
City of Waukegan Annual Sign Ordinance Fee	136
City of Waukegan Elevator Inspections	675
Lake County Health Department Food Service Permit Fee	341
CLIA Laboratory Program Certificate Of Waiver User Fee	150
Secretary of State Annual Report, Fees	250
Non-allowable Illinois Council on Long Term Care Dues	-9,723
Total allocated to Page 21	<u>15,178</u>

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