

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre

0039321 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	142	Skilled (SNF)	142	51,830	1
2		Skilled Pediatric (SNF/PED)			2
3	152	Intermediate (ICF)	152	55,480	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	294	TOTALS	294	107,310	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	18,405	267	9,561	28,233	8	
9	SNF/PED					9	
10	ICF	49,846	924	390	51,160	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	68,251	1,191	9,951	79,393	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.98%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 3/01/94

J. Was the facility purchased or leased after January 1, 1978?
YES Date 3/01/94 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 146 and days of care provided 7,176

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

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

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre # 0039321 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	380,596	47,886	31,621	460,103		460,103		460,103		1
2	Food Purchase		465,112		465,112	(24,185)	440,927	(48,716)	392,211		2
3	Housekeeping		10,403	339,579	349,982		349,982		349,982		3
4	Laundry		432	224,769	225,201		225,201		225,201		4
5	Heat and Other Utilities			310,350	310,350		310,350	6,306	316,656		5
6	Maintenance	105,626	44,867	121,239	271,732		271,732	12,692	284,424		6
7	Other (specify):* Allocated Employee Benefits							495	495		7
8	TOTAL General Services	486,222	568,700	1,027,558	2,082,480	(24,185)	2,058,295	(29,223)	2,029,072		8
	B. Health Care and Programs										
9	Medical Director			39,200	39,200		39,200		39,200		9
10	Nursing and Medical Records	3,861,273	1,884,641	33,117	5,779,031		5,779,031	(555,359)	5,223,672		10
10a	Therapy	529,814	7,923	843,173	1,380,910		1,380,910	(141,232)	1,239,678		10a
11	Activities	147,930	6,395	3,313	157,638		157,638		157,638		11
12	Social Services	110,725		3,720	114,445		114,445		114,445		12
13	CNA Training										13
14	Program Transportation			1,355	1,355		1,355		1,355		14
15	Other (specify):* Allocated Employee Benefits							79,365	79,365		15
16	TOTAL Health Care and Programs	4,649,742	1,898,959	923,878	7,472,579		7,472,579	(617,226)	6,855,353		16
	C. General Administration										
17	Administrative	165,247		2,107,244	2,272,491		2,272,491	(2,078,114)	194,377		17
18	Directors Fees										18
19	Professional Services			152,738	152,738	(155,827)	(3,089)	103,363	100,274		19
20	Dues, Fees, Subscriptions & Promotions			63,558	63,558	5,510	69,068	(356)	68,712		20
21	Clerical & General Office Expenses	393,070	62,131	206,828	662,029	(5,510)	656,519	422,351	1,078,870		21
22	Employee Benefits & Payroll Taxes			823,975	823,975	24,185	848,160		848,160		22
23	Inservice Training & Education			2,295	2,295		2,295	3,676	5,971		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			19,746	19,746		19,746	59	19,805		25
26	Insurance-Prop.Liab.Malpractice			595,558	595,558		595,558	4,427	599,985		26
27	Other (specify):* Allocated Employee Benefits							71,001	71,001		27
28	TOTAL General Administration	558,317	62,131	3,971,942	4,592,390	(131,642)	4,460,748	(1,473,593)	2,987,155		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,694,281	2,529,790	5,923,378	14,147,449	(155,827)	13,991,622	(2,120,042)	11,871,580		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			234,295	234,295		234,295	397,472	631,767			30
31	Amortization of Pre-Op. & Org.							86	86			31
32	Interest			344,230	344,230		344,230	157,467	501,697			32
33	Real Estate Taxes					155,827	155,827	177,353	333,180			33
34	Rent-Facility & Grounds			1,889,139	1,889,139		1,889,139	(1,889,139)				34
35	Rent-Equipment & Vehicles			2,905	2,905		2,905	5,584	8,489			35
36	Other (specify):* Mortgage Insurance							47,478	47,478			36
37	TOTAL Ownership			2,470,569	2,470,569	155,827	2,626,396	(1,103,699)	1,522,697			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		503,134	244,323	747,457		747,457		747,457			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			160,968	160,968		160,968		160,968			42
43	Other (specify):* Non-Allowable			294,153	294,153		294,153	(294,153)				43
44	TOTAL Special Cost Centers		503,134	699,444	1,202,578		1,202,578	(294,153)	908,425			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,694,281	3,032,924	9,093,391	17,820,596		17,820,596	(3,517,894)	14,302,702			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	(7,200)	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	(2,388)	30		9
10	Interest and Other Investment Income	(5,439)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,115)	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	(10,000)	43		18
19	Entertainment				19
20	Contributions	(2,000)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(279,182)	43		24
25	Fund Raising, Advertising and Promotional	(755)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(2,244)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(1,050,032)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,361,355)		\$	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)	(2,156,539)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (2,156,539)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (3,517,894)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.		X	\$	38
39					39
40	Gift and Coffee Shops		X		40
41	Barber and Beauty Shops		X		41
42	Laboratory and Radiology		X		42
43	Prescription Drugs		X		43
44	Exceptional Care Program		X		44
45	Other-Attach Schedule		X		45
46	Other-Attach Schedule		X		46
47	TOTAL (C): (sum of lines 38-46)			\$	47

BHF USE ONLY							
48		49		50		51	

SEE ACCOUNTANTS' COMPILATION REPORT

Glenshire Nursing & Rehabilitation Centre

ID# 0039321

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	\$ (176,221)	10	1
2	Adjust Mgt Co. medical supplies "other" to cost	(379,138)	10	2
3	Adjust Mgt Co. food to cost	(48,716)	2	3
4	Non-allowable professional fees	(85,495)	19	4
5	Non-allowable patient clothing	(101)	43	5
6	Non-allowable IL Council on Long Term Care fee	(10,763)	20	6
7	Non-allowable auto expense - marketing	(3,818)	25	7
8	Non-allowable owner interest expense	(344,230)	32	8
9	Non-allowable office expense	(1,450)	43	9
10	Non-allowable City of Chicago ticket	(100)	25	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(1,050,032)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre# 0039321

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)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(48,716)	0	0	0	0	0	0	0	0	0	0	(48,716)	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	6,306	0	0	0	0	0	0	0	0	6,306	5
6	Maintenance	0	0	12,673	0	0	19	0	0	0	0	0	12,692	6
7	Other (specify):*	0	0	495	0	0	0	0	0	0	0	0	495	7
8	TOTAL General Services	(48,716)	0	19,474	0	0	19	0	0	0	0	0	(29,223)	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	(555,359)	0	0	0	0	0	0	0	0	0	0	(555,359)	10
10a	Therapy	0	0	0	0	0	(141,232)	0	0	0	0	0	(141,232)	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	79,365	0	0	0	0	0	79,365	15
16	TOTAL Health Care and Programs	(555,359)	0	0	0	0	(61,867)	0	0	0	0	0	(617,226)	16
	C. General Administration													
17	Administrative	0	0	(1,015,634)	(1,062,480)	0	0	0	0	0	0	0	(2,078,114)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(85,495)	0	35,304	0	153,077	477	0	0	0	0	0	103,363	19
20	Fees, Subscriptions & Promotions	(10,763)	0	887	0	0	9,520	0	0	0	0	0	(356)	20
21	Clerical & General Office Expenses	(7,200)	0	417,229	0	0	12,322	0	0	0	0	0	422,351	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	569	0	0	3,107	0	0	0	0	0	3,676	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(3,918)	0	3,375	0	0	602	0	0	0	0	0	59	25
26	Insurance-Prop.Liab.Malpractice	0	0	2,558	0	0	1,869	0	0	0	0	0	4,427	26
27	Other (specify):*	0	0	70,288	0	0	713	0	0	0	0	0	71,001	27
28	TOTAL General Administration	(107,376)	0	(485,424)	(1,062,480)	153,077	28,610	0	0	0	0	0	(1,473,593)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(711,451)	0	(465,950)	(1,062,480)	153,077	(33,238)	0	0	0	0	0	(2,120,042)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre# 0039321

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	(2,388)	0	10,788	0	388,798	274	0	0	0	0	0	397,472	30
31	Amortization of Pre-Op. & Org.	0	0	86	0	0	0	0	0	0	0	0	86	31
32	Interest	(349,669)	0	0	0	507,136	0	0	0	0	0	0	157,467	32
33	Real Estate Taxes	0	0	5,173	0	172,180	0	0	0	0	0	0	177,353	33
34	Rent-Facility & Grounds	0	0	0	0	(1,889,139)	0	0	0	0	0	0	(1,889,139)	34
35	Rent-Equipment & Vehicles	0	0	5,584	0	0	0	0	0	0	0	0	5,584	35
36	Other (specify):*	0	0	0	0	47,478	0	0	0	0	0	0	47,478	36
37	TOTAL Ownership	(352,057)	0	21,631	0	(773,547)	274	0	0	0	0	0	(1,103,699)	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):*	(297,847)	0	0	0	3,694	0	0	0	0	0	0	(294,153)	43
44	TOTAL Special Cost Centers	(297,847)	0	0	0	3,694	0	0	0	0	0	0	(294,153)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(1,361,355)	0	(444,319)	(1,062,480)	(616,776)	(32,964)	0	0	0	0	0	(3,517,894)	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		
Barry Ray	20.00 %	GlenCrest Nursing & Rehabilitation Centre,Ltd.	Chicago			
		Glen Elston Nursing & Rehabilitation Centre,Ltd.	Chicago			
		Glen Oaks Nursing & Rehabilitation Centre,Ltd.	Northbrook			
		GlenLake Terrace Nursing & Rehabilitation Ctr,Ltd.	Waukegan			
		Brentwood North Healthcare & Rehabilitation Ctr,Inc.	Riverwoods			

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	Total from Page 6A	\$ 1,044,764	Glen Health and Home Management, Inc.	A	\$ 600,445	\$ (444,319)	1
2	V							2
3	V	Total from Page 6B	1,062,480	GlenBar Management Company, Ltd.	B		(1,062,480)	3
4	V							4
5	V	Total from Page 6C	1,889,139	GlenShire Real Estate and Development Limited Partnership	C	1,272,363	(616,776)	5
6	V							6
7	V	Total from Page 6D	843,173	Therapy Masters, Inc.	D	810,209	(32,964)	7
8	V							8
9	V			OWNERSHIP REFERENCE:				9
10	V			A: Owned 100.00 % by Sidney Glenner through attribution				10
11	V			B: Owned 80.00 % by Sidney Glenner & 20.00 % by Barry Ray				11
12	V			C: Owned 100.00 % (constructively) by Sidney Glenner				12
13	V			D: Owned 100.00 % by Sidney Glenner				13
14	Total		\$ 4,839,556			\$ 2,683,017	\$ * (2,156,539)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre# 0039321Report 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	\$ 1,044,764	Glen Health and Home Management, Inc.	A	\$	\$ (1,044,764)
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	6,306	6,306
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	9,735	9,735
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	35,304	35,304
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	887	887
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	32,060	32,060
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	70,783	70,783
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	569	569
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	3,375	3,375
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	2,558	2,558
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	10,788	10,788
26	V	31 Amortization		Glen Health and Home Management, Inc.	A	86	86
27	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	5,173	5,173
28	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	5,584	5,584
29	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	2,938	2,938
30	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	29,130	29,130
31	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	385,169	385,169
32	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(70,783)	(70,783)
33	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	495	495
34	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	4,948	4,948
35	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	65,340	65,340
36	V						
37	V						
38	V						
39	Total		\$ 1,044,764			\$ 600,445	\$ * (444,319)

* 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						
31	V						
32	V						
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.

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	\$	GlenShire Real Estate & Development Limited Partnership	C	\$ 1,450	\$ 1,450
16	V	30 Depreciation		GlenShire Real Estate & Development Limited Partnership	C	388,798	388,798
17	V	32 Interest Income		GlenShire Real Estate & Development Limited Partnership	C	(6,534)	(6,534)
18	V	32 Interest Expense		GlenShire Real Estate & Development Limited Partnership	C	509,310	509,310
19	V	33 Real Estate Taxes		GlenShire Real Estate & Development Limited Partnership	C	172,180	172,180
20	V	34 Rental Income	1,889,139	GlenShire Real Estate & Development Limited Partnership	C		(1,889,139)
21	V	32 Amortization of Mortgage Costs		GlenShire Real Estate & Development Limited Partnership	C	4,360	4,360
22	V	36 Mortgage Insurance Premium		GlenShire Real Estate & Development Limited Partnership	C	47,478	47,478
23	V	19 Professional Fees		GlenShire Real Estate & Development Limited Partnership	C	153,077	153,077
24	V	43 State Replacement Taxes		GlenShire Real Estate & Development Limited Partnership	C	2,377	2,377
25	V	43 State Income Tax Refund		GlenShire Real Estate & Development Limited Partnership	C	(133)	(133)
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		\$ 1,889,139			\$ 1,272,363	\$ * (616,776)

* 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	\$ 843,173	Therapy Masters, Inc.	D	\$ 701,941	\$ (141,232)
16	V	19 Professional Fees		Therapy Masters, Inc.	D	477	477
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	D	30	30
18	V	20 Employment Fees		Therapy Masters, Inc.	D	9,490	9,490
19	V	21 Clerical Salaries		Therapy Masters, Inc.	D	5,873	5,873
20	V	21 Clerical		Therapy Masters, Inc.	D	6,449	6,449
21	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	D	80,078	80,078
22	V	23 Training and Education		Therapy Masters, Inc.	D	3,107	3,107
23	V	25 Auto Expenses		Therapy Masters, Inc.	D	602	602
24	V	6 Plant Supplies		Therapy Masters, Inc.	D	19	19
25	V	22 Employee Benefits		Therapy Masters, Inc.	D	(80,078)	(80,078)
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	D	79,365	79,365
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	D	713	713
28	V	30 Depreciation		Therapy Masters, Inc.	D	274	274
29	V	26 Insurance - Liability		Therapy Masters, Inc.	D	1,869	1,869
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 843,173			\$ 810,209	\$ * (32,964)

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

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre # 0039321 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 %	170,970	9	14.56 %	Salary	\$ 29,130	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	46,008	6	14.56 %	Salary	7,839	Ln 21, Col 7	2
3	Daniel Glenner	Administrative	Administrative	0.00 %	25,317	6	14.56 %	Salary	4,314	Ln 21, Col 7	3
4	Elliot Glenner	Clerical	Clerical	0.00 %	17,776	6	14.56 %	Salary	3,029	Ln 21, Col 7	4
5	David Weinschneider	Administrative	Administrative	0.00 %	45,407	6	14.56 %	Salary	7,737	Ln 21, Col 7	5
6	Joshua Ray	V.P. of Operations	Administrative	0.00 %	170,970	9	14.56 %	Salary	29,130	Ln 21, Col 7	6
7											7
8											8
9											9
10											10
11			See Schedule B								11
12											12
13								TOTAL	\$ 81,179		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 Glenshire Nursing & Rehabilitation Centre # 0039321 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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Resident Days	545,364	7	\$ 43,318	\$ 79,393	\$ 6,306	1	
2	6	Repairs and Maintenance	Resident Days	545,364	7	66,872	79,393	9,735	2	
3	19	Professional Fees	Resident Days	545,364	7	242,509	79,393	35,304	3	
4	20	Licenses, Permits and Inspection	Resident Days	545,364	7	6,093	79,393	887	4	
5	21	Clerical	Resident Days	545,364	7	220,225	79,393	32,060	5	
6	22	Employee Benefits and Payroll	Resident Days	545,364	7	486,222	79,393	70,783	6	
7	23	Training and Education	Resident Days	545,364	7	3,909	79,393	569	7	
8	25	Auto Expenses	Resident Days	545,364	7	23,185	79,393	3,375	8	
9	26	Insurance	Resident Days	545,364	7	17,573	79,393	2,558	9	
10	30	Depreciation	Resident Days	545,364	7	74,104	79,393	10,788	10	
11	31	Amortization	Resident Days	545,364	7	589	79,393	86	11	
12	33	Real Estate Taxes	Resident Days	545,364	7	35,536	79,393	5,173	12	
13	35	Equipment and Vehicle Rental	Resident Days	545,364	7	38,360	79,393	5,584	13	
14	6	Janitorial Salaries	Resident Days	545,364	7	20,184	20,184	79,393	2,938	14
15	17	Officer's Salaries	Resident Days	545,364	7	200,100	200,100	79,393	29,130	15
16	21	Administrative Salaries	Resident Days	545,364	7	2,645,790	2,645,790	79,393	385,169	16
17	22	Employee Benefits	Payroll						(70,783)	17
18	7	Employee Benefits - Janitorial	Payroll						495	18
19	27	Employee Benefits - Officer's	Payroll						4,948	19
20	27	Employee Benefits - Admin	Payroll						65,340	20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 4,124,569	\$ 2,866,074	\$ 600,445		25

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	Berkadia Commercial Mortgage	X	X	Mortgage	\$142,999.26	4/28/04	\$ 10,935,500	\$ 9,394,736	4/01/2030	0.0535	\$ 509,310	1							
2	Berkadia Commercial Mortgage	X		Amortization of mortgage costs							4,360	2							
3												3							
4												4							
5												5							
Working Capital																			
6	Sidney Glenner	X									309,230	6							
7	AMJED GST Trust	X									35,000	7							
8											Non-allowable owner interest expense:	(344,230)	8						
9	TOTAL Facility Related				\$142,999.26		\$ 10,935,500	\$ 9,394,736			\$ 513,670	9							
B. Non-Facility Related*																			
10											Interest Income Offset:	(11,973)	10						
11												11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (11,973)	14							
15	TOTALS (line 9+line14)						\$ 10,935,500	\$ 9,394,736			\$ 501,697	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 47,478 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.)

** 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.		\$	955,000		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.)		\$	681,823		2
3. Under or (over) accrual (line 2 minus line 1).		\$	(273,177)		3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	706,000		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.)		\$	155,827		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 \$ 260,643 For 05-07 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	(260,643)		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	328,007		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2005	812,536			8
	2006	815,031			9
	2007	853,829			10
	2008	922,622			11
	2009	681,823			12
See Attached Schedule G For Calculation Of 2010 Real Estate Tax Accrual.					
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

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: 91,624 B. General Construction Type: Exterior Brick Frame 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).
NONE

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>146,800</u>	<u>1994</u>	<u>\$ 300,792</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>12,368</u>	<u>2</u>
3	TOTALS	146,800		\$ 313,160	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	294		1994	1981	\$ 11,663,928	\$	30	\$ 388,798	\$ 388,798	\$ 6,544,763	4
5											5
6	Alloc from				264,043			7,116	7,116		6
7	Mgt Comp										7
8	Schedule J										8
	Improvement Type**										
9	Building Improvements		1994		78,204		10			78,204	9
10	Building Improvements		1995		107,573		10			107,573	10
11	Custom built 3rd floor nurses station		1995		6,595		10			6,595	11
12	Time delay egress locks and keypad		1995		3,550		10			3,550	12
13	Chimney		1995		1,016		10			1,016	13
14	Wall bumpers		1995		7,713		10			7,713	14
15	Room conversion - remodeling cost		1996		7,024		10			7,024	15
16	Electrical outlets and circuits		1997		18,500		10			18,500	16
17	Electrical outlets and circuits - dialysis room		1997		2,950		10			2,950	17
18	Air cleaner		1997		1,375		10			1,375	18
19	Fluorescent and incandescent lights		1997		9,775		10			9,775	19
20	Waste removal pump		1997		993		10			993	20
21	Boiler		1997		3,169		10			3,169	21
22	Food freezer floor		1997		2,700		10			2,700	22
23	New elevator clutch assembly		1997		1,644		10			1,644	23
24	Heat exchange for boiler		1997		2,392		10			2,392	24
25	Gazebo		1998		10,528		10			10,528	25
26	Fire sprinkler system repairs		1998		1,604		10			1,604	26
27	Security system		1998		1,917		10			1,917	27
28	Storage tank		1998		4,875		10			4,875	28
29	Elevator repairs		1998		2,706		10			2,706	29
30	HVAC replacements		1998		3,855		10			3,855	30
31	Hydraulic repack on all elevators		1998		2,500		10			2,500	31
32	Replace water heater		1998		2,697		10			2,697	32
33	Chain link fencing		1998		2,010		10			2,010	33
34	Elevator repairs		1998		2,747		10			2,747	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Therapy room remodeling: drywall, electrical closet, piping	1998	\$ 8,525	\$	10	\$	\$	\$ 8,525	37
38	Dialysis room: kitchen area	1998	2,757		10			2,757	38
39	10-B label fire rated doors	1998	4,376		10			4,376	39
40	Install cooling units in elevator and MDS office	1998	11,649		10			11,649	40
41	Mini-blinds	1998	1,565		10			1,565	41
42	November 30, 1998 credit	1998	(1,755)		10			(1,755)	42
43	Add suction and liquid filters to compressor	2000	3,982	201	10	201		3,982	43
44	Replace wood fence	2000	2,300	115	10	115		2,300	44
45	Asphalt and striping project	2000	8,365	423	10	423		8,365	45
46	Metal doors, install lighting by staircase	2000	6,010	300	10	300		6,010	46
47	Install alarm with keypad at front door	2000	1,177	56	10	56		1,177	47
48	Furnish and install 9,000 BTU mini air-conditioning system	2000	2,200	110	10	110		2,200	48
49	Install ceramic tiles	2000	1,373	62	10	62		1,373	49
50	Power rinse tank for dish washing machine	2001	2,594	259	10	259		2,461	50
51	Rebuild condenser water pump	2001	5,198	520	10	520		4,940	51
52	Install two grey boxes and mixing valves	2001	4,111	411	10	411		3,905	52
53	Install portable chiller	2001	2,891	289	10	289		2,746	53
54	Provide panel and circuiting to feed 20 dialysis receptacles	2001	10,914	1,091	10	1,091		10,365	54
55	Circulating pump	2001	3,385	339	10	339		3,220	55
56	Exterior lock doors	2001	3,423	342	10	342		3,249	56
57	Painting project	2002	11,500	1,150	10	1,150		9,775	57
58	Vinyl blinds	2002	8,765	877	10	877		7,454	58
59	Installation of fire dampers and thermal blankets	2002	5,318	532	10	532		4,522	59
60	Dialysis room renovation	2002	14,500	1,450	10	1,450		12,325	60
61	Replace controller on air-conditioner	2002	3,570	357	10	357		3,034	61
62	Painting project	2002	9,540	954	10	954		8,109	62
63	Installation of chemical treatment system	2002	2,300	230	10	230		1,955	63
64	Roof project	2002	3,350	335	10	335		2,848	64
65	Remove and replace concrete patio	2002	1,800	180	10	180		1,530	65
66	Pro Tech Systems project	2002	1,793	179	10	179		1,522	66
67	Installation of oak fire doors	2003	2,156	216	10	216		1,620	67
68	Installation of new chandeliers and wall sconces	2003	4,635	464	10	464		3,480	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,372,850	\$ 11,442		\$ 407,356	\$ 395,914	\$ 6,976,959	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 12,372,850	\$ 11,442		\$ 407,356	\$ 395,914	\$ 6,976,959	1
2	Chandeliers and wall sconces	2002	3,739	374	10	374		3,179	2
3	Installation of break tank system	2003	1,892	189	10	189		1,418	3
4	Fire pump project	2003	4,270	427	10	427		3,203	4
5	Installed gauge and adjust compressor core	2004	1,557	156	10	156		1,014	5
6	Replace and test 120VAC timer relay on elevator car	2004	2,058	206	10	206		1,339	6
7	Replace relay and diode in elevator	2004	3,398	340	10	340		2,210	7
8	Installed and rewired new detector edge	2004	1,600	160	10	160		1,040	8
9	Installed door locks	2004	3,192	319	10	319		2,074	9
10	Installation of new detector unit on elevator	2005	2,290	229	10	229		1,260	10
11	Furnish and install glass frame on receptionist counter	2005	1,495	150	10	150		825	11
12	Bearing job on washing machine	2005	1,718	172	10	172		946	12
13	Installed new coils in walk-in cooler	2005	1,955	196	10	196		1,078	13
14	Installed and wired new detector edge on elevator	2005	2,720	272	10	272		1,496	14
15	Installation of drier exhaust with booster fan	2005	1,500	150	10	150		825	15
16	Keypad alarm installation	2005	1,222	122	10	122		671	16
17	Two doors with custom hinges and locks	2005	1,042	104	10	104		572	17
18	Powertron loadbank electrical test project	2006	5,652	565	10	565		2,543	18
19	Water heating boiler system and valve repair	2006	12,648	1,265	10	1,265		5,692	19
20	Trane chiller troubleshooting	2006	2,647	265	10	265		1,192	20
21	Replace contactors and fuses for trane chiller	2006	4,651	465	10	465		2,093	21
22	Replace controller and isolation relay on chiller	2006	5,816	582	10	582		2,619	22
23	Repair 5' cast iron plumbing drain line	2006	5,200	520	10	520		2,340	23
24	Installation of new electrical receptacles	2006	4,229	423	10	423		1,903	24
25	Valve and sprinkler head replacement	2006	5,023	502	10	502		2,259	25
26	Furnish and install elevator car station	2006	1,794	179	10	179		806	26
27	Rewire entire building for telephones	2006	16,500	2,710	10	1,650	(1,060)	10,075	27
28	Furnish and install elevator mount and car stations	2006	5,660	566	10	566		2,547	28
29	Remove and install border, wallcovering, cove base, and paint	2006	96,260	9,626	10	9,626		43,317	29
30	Install electrical receptacles	2006	26,565	2,657	10	2,657		11,956	30
31	Remove and repipe sanitary plumbing line	2006	9,740	974	10	974		4,383	31
32	Bumper guards, wallcovering, laminate nurses station	2006	94,212	9,421	10	9,421		42,395	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,705,095	\$ 45,728		\$ 440,582	\$ 394,854	\$ 7,136,229	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 12,705,095	\$ 45,728		\$ 440,582	\$ 394,854	\$ 7,136,229	1
2	Remove and install cove base, vinyl and ceramic tile	2006	70,249	7,025	10	7,025		31,612	2
3	Install kitchen fire suppression system and range guard	2006	2,900	290	10	290		1,305	3
4	Installation of water heater pump	2006	3,342	334	10	334		1,503	4
5	Purchase of ceiling tile	2006	3,868	387	10	387		1,741	5
6	Replacement of 100 ton compressor	2006	32,280	3,228	10	3,228		14,526	6
7	Insurance refund of damaged compressor	2006	(26,597)	(2,660)	10	(2,660)		(11,970)	7
8	Furnish and install heat exchanger	2006	6,040	604	10	604		2,718	8
9	Furnish garbage disposal and mounting gasket	2006	1,319	132	10	132		594	9
10	Installation of new current sensing relay for compressor	2006	1,312	131	10	131		590	10
11	Remove and rebuild concrete block firewall	2006	1,850	185	10	185		833	11
12	Furnish and install insulated window units	2006	1,025	103	10	103		463	12
13	Remove and install border, wallcovering and paint	2006	43,740	4,374	10	4,374		19,683	13
14	Remove and install cove base	2007	8,566	857	10	857		2,999	14
15	Furnish bed wall bumper guards	2007	8,318	832	10	832		2,912	15
16	Installation of cove base, vinyl tile and corner guards	2007	57,702	5,770	10	5,770		20,195	16
17	Ceiling project and cove base installation	2007	21,610	2,161	10	2,161		7,563	17
18	Installation of wall sconces	2007	16,350	1,635	10	1,635		5,723	18
19	Installation of cove base, wallpaper, walls and ceilings	2007	26,362	2,636	10	2,636		9,226	19
20	Custom laminate work station with cabinets	2007	5,277	528	10	528		1,848	20
21	Remove and install carpet and cove base	2007	3,322	332	10	332		1,162	21
22	Remove and install ceramic tile	2007	30,921	3,524	10	3,092	(432)	11,470	22
23	Remove and relocate lighting tracks	2007	4,732	473	10	473		1,656	23
24	Remove and install ceiling	2007	13,500	1,350	10	1,350		4,725	24
25	Installation of bumper guards, carpet and ceramic/vinyl tile	2007	88,803	8,880	10	8,880		31,080	25
26	Remove cove base and install ceramic tile	2007	22,464	2,246	10	2,246		7,861	26
27	Painting	2007	2,367	237	10	237		829	27
28	Remove and install cove base and corner guards	2007	17,586	1,759	10	1,759		6,156	28
29	Furnish signs, crown molding and window treatments	2007	8,791	879	10	879		3,077	29
30	Furnish and install quarry tile	2007	4,575	458	10	458		1,603	30
31	Install fireguard FST for generator	2007	18,993	1,899	10	1,899		6,647	31
32	Drywall project	2007	3,040	304	10	304		1,064	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,209,702	\$ 96,621		\$ 491,043	\$ 394,422	\$ 7,327,623	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 13,209,702	\$ 96,621		\$ 491,043	\$ 394,422	\$ 7,327,623	1
2	Relocate controller and rewire chiller	2007	2,661	266	10	266		931	2
3	Furnish and install new elevator mount stations	2007	7,177	718	10	718		2,513	3
4	Furnish and install elevator car station	2007	17,640	1,764	10	1,764		6,174	4
5	Flush mount hall elevator station	2007	2,000	200	10	200		700	5
6	Furnish and install new tramco sewage pump	2007	5,315	532	10	532		1,862	6
7	Furnish & install elevator key switch, provide piping & wiring	2007	4,750	475	10	475		1,663	7
8	Relocate sprinkler heads	2007	2,785	279	10	279		976	8
9	Plumbing project	2007	3,040	304	10	304		1,064	9
10	Installation of respirator monitor system	2007	3,244	324	10	324		1,134	10
11	Replace 2 valves on water heater	2008	2,920	292	10	292		730	11
12	Sheet vinyl for dialysis area	2008	2,966	297	10	297		742	12
13	Install pipe run across ceiling, electrical wiring	2009	2,530	253	10	253		380	13
14									14
15	Furnish and install drywall, paint walls	2009	4,125	413	10	413		619	15
16	Install new microprocessor controllers on both elevators,	2009	75,000	7,500	10	7,500		11,250	16
17	new selectors, new wiring, new power door operators								17
18	Level, petomat, resurface and strip pavement in parking lot	2009	79,790	7,979	10	7,979		11,969	18
19	Bathroom - Remodel (32 rooms)	2009	89,600	9,856	10	8,960	(896)	13,440	19
20	- Remove ceramic tile in bathrooms, new ceramic wall								20
21	tile, new wallcoverings, sheet vinyl, light fixtures,								21
22	mirrors, grab bars, new sinks & towel bars								22
23	Install conduit with new circuits and new receptacles in elevators	2009	2,575	258	10	258		387	23
24	Installation to power rod out station	2009	4,850	485	10	485		728	24
25	Category 6 cable (550mhz)	2010	4,301	215	10	215		215	25
26	Repack both sides of fire pump, replace flow switches	2010	3,278	164	10	164		164	26
27									27
28									28
29									29
30									30
31	Leasehold Improvements Allocated from Management Company:		24,320			255	255	21,470	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,554,569	\$ 129,195		\$ 522,976	\$ 393,781	\$ 7,406,734	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre

0039321

Report Period Beginning:

1/01/2010

Ending:

12/31/2010

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	\$ 1,022,311	\$ 102,502	\$ 102,502	\$	10 years	\$ 581,157	71
72	Current Year Purchases	27,236	2,428	2,428		5, 10 years	2,428	72
73	Fully Depreciated Assets	1,329,881	444	444		5, 10 years	1,329,881	73
74	Allocated from Management Company:	119,153		1,024	1,024		115,821	74
75	TOTALS	\$ 2,498,581	\$ 105,374	\$ 106,398	\$ 1,024		\$ 2,029,287	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 Toyota Camry	2004	\$ 10,770	\$	\$	\$	5 years	\$ 10,770	76
77										77
78										78
79	Allocated from Management Company:			22,294		2,393	2,393		9,508	79
80	TOTALS			\$ 33,064	\$	\$ 2,393	\$ 2,393		\$ 20,278	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)	\$ 16,399,374	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 234,569	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 631,767	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 397,198	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,456,299	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: \$ 5,770 Description: Ice-maker \$2,183, Postage meter \$722, Allocated from Mgt Company: \$2,865

(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			\$	\$	17
18	<u>Allocated from Management Company:</u>			<u>2,719</u>	18
19					19
20					20
21	TOTAL		\$	\$ <u>2,719</u>	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. /2011 \$ _____

13. /2012 \$ _____

14. /2013 \$ _____

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	Ln10a,Col 2&3	hrs	\$	5,479	\$ 310,613	\$ 4,328	5,479	\$ 314,941	1
2	Licensed Speech and Language Development Therapist	Ln10a,Col 2&3	hrs		1,859	106,958	937	1,859	107,895	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		6,806	425,602	2,658	6,806	428,260	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				506,415		506,415	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	22,902 hours	529,814		244,323		22,902	244,323 529,814	13
14	TOTAL			\$ 529,814	14,144	\$ 1,087,496	\$ 514,338	37,046	\$ 2,131,648	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 Glenshire Nursing & Rehabilitation Centre# 0039321Report 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	\$ 1,319,848	\$ 2,352,784	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>247,000</u>)	3,090,930	3,090,930	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	156,247	171,923	6
7	Other Prepaid Expenses	54,896	54,896	7
8	Accounts Receivable (owners or related parties)		53,114	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,621,921	\$ 5,723,647	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		313,160	13
14	Buildings, at Historical Cost		11,927,971	14
15	Leasehold Improvements, at Historical Cost	1,622,862	1,626,598	15
16	Equipment, at Historical Cost	1,474,810	2,531,645	16
17	Accumulated Depreciation (book methods)	(1,850,362)	(9,456,299)	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 Escrows		792,433	22
23	Other(specify): <u>Mortgage Costs (Net)</u>		84,295	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,247,310	\$ 7,819,803	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,869,231	\$ 13,543,450	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 196,918	\$ 196,918	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	120,742	120,742	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	243,952	243,952	30
31	Accrued Taxes Payable (excluding real estate taxes)	1,984	1,984	31
32	Accrued Real Estate Taxes(Sch.IX-B)		706,000	32
33	Accrued Interest Payable		41,885	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule E:</u>	7,362,975	7,362,975	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 7,926,571	\$ 8,674,456	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,394,736	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to GlenShire Real Estate, LP</u>	203,511		43
44	<u>Stockholders Loans</u>	15,507,000	15,507,000	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 15,710,511	\$ 24,901,736	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 23,637,082	\$ 33,576,192	46
47	TOTAL EQUITY(page 18, line 24)	\$ (17,767,851)	\$ (20,032,742)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,869,231	\$ 13,543,450	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (16,188,995)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (16,188,995)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,578,856)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,578,856)	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)	\$ (17,767,851)	24

* Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenshire Nursing & Rehabilitation Centre# 0039321Report Period Beginning: 1/01/2010Ending: 12/31/2010**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.****Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 14,964,441	1
2	Discounts and Allowances for all Levels	(3,892,483)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,071,958	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,556,340	6
7	Oxygen	815,792	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,372,132	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	701,468	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	81,426	19
20	Radiology and X-Ray	11,197	20
21	Other Medical Services	1,944,687	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,738,778	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	58,872	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 58,872	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)	\$ 16,241,740	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,082,480	31
32	Health Care	7,472,579	32
33	General Administration	4,592,390	33
B. Capital Expense			
34	Ownership	2,470,569	34
C. Ancillary Expense			
35	Special Cost Centers	1,041,610	35
36	Provider Participation Fee	160,968	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,820,596	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,578,856)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,578,856)	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 **Glenshire Nursing & Rehabilitation Centre**

0039321

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	1,592	1,750	\$ 81,696	\$ 46.68	1
2	Assistant Director of Nursing	2,109	2,342	92,730	39.59	2
3	Registered Nurses	46,366	49,822	1,339,299	26.88	3
4	Licensed Practical Nurses	41,438	44,833	1,077,264	24.03	4
5	CNAs & Orderlies	118,549	126,393	1,167,668	9.24	5
6	CNA Trainees					6
7	Licensed Therapist	21,412	22,902	529,814	23.13	7
8	Rehab/Therapy Aides	6,838	7,505	75,321	10.04	8
9	Activity Director	2,048	2,309	37,101	16.07	9
10	Activity Assistants	10,883	11,875	110,829	9.33	10
11	Social Service Workers	6,372	6,888	110,725	16.08	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	3,766	4,160	42,302	10.17	14
15	Cook Helpers/Assistants	28,002	30,387	338,294	11.13	15
16	Dishwashers					16
17	Maintenance Workers	6,164	6,946	105,626	15.21	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,024	2,154	117,111	54.37	20
21	Assistant Administrator	1,972	2,160	48,136	22.29	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	24,454	26,960	393,070	14.58	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) Ward Clerks	2,568	2,666	27,295	10.24	33
34	TOTAL (lines 1 - 33)	326,557	352,052	\$ 5,694,281 *	\$ 16.17	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	\$ 31,621	Ln 1, Col 3	35
36	Medical Director	Monthly	39,200	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	13,675	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	66	3,313	Ln11, Col 3	44
45	Social Service Consultant	64	3,720	Ln12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	130	\$ 91,529		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	720	\$ 19,442	Ln10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	720	\$ 19,442		53

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13								
													Amount of Expense Amortized Per Year							
													Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010
1	N/A																			
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20	TOTALS																			

SEE ACCOUNTANTS' COMPILATION REPORT

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 \$14,815
- (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. \$ 39,877 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. \$ 160,968
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 24,185 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

GlenShire Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0039321
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
GlenShire Real Estate & Development Limited Partnership	Skokie	Building Lessor
Fargo Real Estate & Development, LLC	Skokie	Building Lessor - Management Company
Therapy Masters	Skokie	Therapy company

See Accountants' Compilation Report

GlenShire Nursing and Rehabilitation Centre, LTD.
 Provider # 0039321
 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.	Brentwood North Healthcare & Rehabilitation	GlenLake Terrace Nursing & Rehab. Centre, Ltd.	
Sidney Glenner	38,732	36,332	33,252	14,264	15,953	32,437	170,970
Jonathan Glenner	10,423	9,777	8,948	3,838	4,293	8,729	46,008
Daniel Glenner	5,736	5,380	4,924	2,112	2,362	4,803	25,317
Elliot Glenner	4,027	3,777	3,457	1,483	1,659	3,373	17,776
David Weinschneider	10,287	9,649	8,831	3,788	4,237	8,615	45,407
Joshua Ray	38,732	36,332	33,252	14,264	15,953	32,437	170,970
Total compensation received from other Nursing Homes	107,937	101,247	92,664	39,749	44,457	90,394	476,448

See Accountants' Compilation Report

GlenShire Nursing and Rehabilitation Centre, LTD.
 Provider # 0039321
 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	7,260
Point ClickCare	Computers	2,798
IIT Sourcedtech	Computers	1,100
Frank Della	Computer Services Consulting	2,003
RSM McGladrey	Accounting	32,326
Frost, Ruttenberg & Rothblatt	Accounting	375
Marilyn P. Dunn Attorney At Law	Legal	1,217
Ira I. Silverstein	Legal	2,400
Myers, Miller & Krauskopf	Legal	36,419
Much Shelist	Legal	17,321
Commitment Consulting	A/R Collections	11,481
Divinity Marketing	Management Consulting	100
First Real Estate Services Ltd	Real Estate Appraisal	3,950
Personnel Planners, Inc.	Unemployment Consulting	3,629
Salk & Associates	Architectural Consulting	13,305
Zina Ward	Marketing Consultant	15,855
Cindy Stachura	Consultant	1,200
		<u>152,738</u>

Allocated from Management Co:

Health Data Systems, Inc. - Computer Services	3,694
Clinical Reimbursement Solutions - Accounting	1,166
RSM McGladrey - Accounting Services	27,377
Harold Geiser - Accounting	1,019
Frost, Ruttenberg & Rothblatt - Accounting Services	269
Much Shelist - Legal Services	1,778

Total allocated from Management Co.	<u>35,304</u>
Total allocated from Therapy Masters:	477
GlenShire Real Estate & Development LLC:	
Skidelsky & Associates, P.C. - Real Estate Tax Reduction	<u>153,077</u>
Total allocated from GlenShire Real Estate & Development, LLC.	153,077
Reclass Skidelsky & Associates, P.C. - Real Estate Tax Reduction to Line 33	-153,077
Reclass First Real Estate Services, Ltd. to Line 33	-2,750
Non-Allowable Expenses:	
RSM McGladrey - Accounting	-30,100
Commitment Consulting - A/R Collections	-11,481
Divinity Marketing - Management Consulting	-100
Zina Ward - Marketing Consultant	-15,855
First Real Estate Services, Ltd. - Real Estate Tax Appraisal - 4513 Imperial Drive	-1,200
Salk & Associates - Architectural Consulting	-13,305
Myers & Miller, LLC - Legal	-8,797
Much Shelist - Legal	-1,040
Marilyn P. Dunn Attorney At Law - Legal	-1,217
Ira I. Silverstein - A/R Collections	<u>-2,400</u>
	<u>-85,495</u>
Total adjustments page 21, Sch C.	<u><u>-52,465</u></u>
Total Schedule V, line 19, column 8	<u><u>100,274</u></u>

See Accountants' Compilation Report

SCHEDULE D

XIX. SUPPORT SCHEDULES

D. Employee Benefits and Payroll Taxes
 Page 21

DESCRIPTION	AMOUNT
Allocated from Management Co.	
FICA taxes	28,543
FUTA	388
SUTA	935
401K Match	1,944
Insurance - Hospital	26,120
Employee Benefits	2,952
Other Employee Benefits	1,663
Workers Compensation Insurance	8,238
Total allocated from Management Co.	<u>70,783</u>
Allocated Employee Benefits to Line #'s 7 & 27	(70,783)
Allocated from Therapy Masters, Inc.	
FICA taxes	48,344
FUTA	638
SUTA	892
401K Match	4,160
Insurance - Hospital	15,597
Other Employee Benefits	586
Workers Compensation Insurance	9,463
Uniform Allowance	398
Total allocated from Therapy Masters, Inc.	<u>80,078</u>
Allocated Employee Benefits to Line #'s 15 & 27	(80,078)
Total	<u>0</u>

See Accountants' Compilation Report

GlenShire Nursing and Rehabilitation Centre, Ltd.
Provider # 0039321
12/31/2010

SCHEDULE E

XV. SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Due Affiliates	6,000
Interco GlenBar	3,498
Accrued 401K	4,044
Accrued Wage Assignment	1,908
Credit Union	-81
Accrued Union Dues	2,371
Accrued Management Fees	6,084,005
Due to Third Party	1,261,230
Total, Page 17, Line36	<u><u>7,362,975</u></u>

See Accountants' Compilation Report

GlenShire Nursing and Rehabilitation Centre, Ltd.
Provider # 0039321
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	(101)	43
Non-allowable owner interest expense	(344,230)	32
Non-allowable IL Council on Long Term Care fee	(10,763)	20
Non-allowable professional fees	(85,495)	19
Non-allowable office expense	(1,450)	43
Adjust Mgt. Co. Med Supplies - Med'A' to cost	(176,221)	10
Adjust Mgt. Co. Med Supplies - 'Other' to cost	(379,138)	10
Adjust Mgt. Co. Food to cost	(48,716)	2
Non-allowable City of Chicago ticket	(100)	25
Non-allowable auto expense - marketing	(3,818)	25
Total	<u>(1,050,032)</u>	

See Accountants' Compilation Report

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

SCHEDULE G

	Accrued 1/1/2010	Payments	Expense	Accrued 12/31/2010
Balance @ 1/01/10:	(955,000.00)		(955,000.00)	
2009 real estate taxes paid		681,822.88	681,822.88	
Cash received 9/29/10 for the reduction in 2005, 2006 and 2007 real estate taxes		(260,642.57)	(260,642.57)	
Estimated 2010 real estate taxes:				
2009 taxes	681,822.88			
Estimated increase	3.50%			
Estimated 2010 taxes	705,686.68			
USE	706,000.00		706,000.00	(706,000.00)
Totals	(955,000.00)	421,180.31	172,180.31	(706,000.00)

Real estate tax history:

	Year	Amount	Increase	
		\$	\$	%
1991		443,164.00		
1992		465,682.00	22,518.00	5.08%
1993		529,742.00	64,060.00	13.76%
1994		545,165.38	15,423.38	2.91%
1995		582,936.44	37,771.06	6.93%
1996		601,796.63	18,860.19	3.24%
1997		624,000.41	22,203.78	3.69%
1998		642,857.87	18,857.46	3.02%
1999		648,110.27	5,252.40	0.82%
2000		658,314.50	10,204.23	1.57%
2001		703,338.03	45,023.53	6.84%
2002		667,742.79	(35,595.24)	-5.06%
2003		686,735.80	18,993.01	2.84%
2004		728,336.76	41,600.96	6.06%
2005		812,535.50	84,198.74	11.56%
2006		815,030.99	2,495.49	0.31%
2007		853,829.05	38,798.06	4.76%
2008		922,622.22	68,793.17	8.06%
2009		681,822.88	(240,799.34)	-26.10%

See Accountants' Compilation Report

Provider Name: Glen Shire Nursing & Rehab Ctr.

Provider I.D. #: 0039321

Year Ended: December 31, 2010

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Nursing , Social Service & Admin Staff	3/25/2010	Richton Park, Il	Dr. George Savarese PHD LCSW Ethical Decision Making in Healthcare Settings	550
Sue Bohne, David Henershott, Eleanor Molthan	10/5/2010	Oak Lawn, Il	Illinois Council on Long Term Care New OBRA Infection Protection Regulations & 2010 Flu Update	315
Certified Nursing Assistant Trainees	11/20/2010	Richton Park, Il	Southern Illinois University C.N.A competency exam	420
Certified Nursing Assistant Trainees	11/11/2010	Richton Park, Il	Sandra Bowling C.N.A. competency evaluation	450
Dave Hendershott, Wanda Russell	11/18/2010	Naperville, Il	Illinois Council on Long Term Care In-Depth Training for Wound Care Nurses- MDS 3.0 Update	350
Matt Carlson, Sue Bohne	12/17/2010	Oak Lawn, Il	Illinois Council on Long Term Care The Latest Approaches to Facility Emergency Preparedness	210
			Allocated From Management Company	569
			Allocated From Therapy Masters	3,107
			Total	<u>5,971</u>

SEE ACCOUNTANTS' COMPILATION REPORT

GlenShire Nursing and Rehabilitation Centre, LTD.
 Provider #0039321
 12/31/2010

SCHEDULE I

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

	Gasoline	Repairs	Mileage Reimburse Tolls, Parking	Stickers	City of Chicago Ticket	Car Rental	Total
Direct Expense	13,700	1,012	4,783	35	100	116	19,746
Non-allowable auto expense - marketing							-3,818
Non-allowable City of Chicago ticket							-100
Allocated from Therapy Masters, Inc.							602
Allocated from Management Company							3,375
TOTAL	13,700	1,012	4,783	35	100	116	19,805

See Accountants' Compilation Report

2009 NO ADDITIONS

	84.9438%	17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%	
	<u>2,135,245</u>	1,813,758	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>	<u>127,113</u>	<u>275,156</u>	<u>276,645</u>	<u>165,130</u>	<u>1,813,758</u>
			RECALCULATION BASED ON 2010 CENSUS							
	NURSING HOME		<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
	PERCENTAGE		90,627	99,020	105,563	38,877	79,393	88,406	43,478	545,364
	84.9438%		16.62%	18.16%	19.36%	7.13%	14.56%	16.21%	7.97%	100.00%
2010 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>301,405</u>	<u>329,318</u>	<u>351,079</u>	<u>129,296</u>	<u>264,043</u>	<u>294,019</u>	<u>144,598</u>	<u>1,813,758</u>

SEE ACCOUNTANTS' COMPILATION REPORT

SCHEDULE K

XIX. SUPPORT SCHEDULES

Page 21

F. Dues, Fees, Subscriptions and Promotions

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Illinois Council on Long Term Care Dues	25,578
Employment Fees	34,619
Joint Commission Annual Fee	1,070
State Fire Marshall Boiler Inspection	140
Cook County Department of Environmental Control Inspection Fee	448
Secretary of State Annual Report Fee	175
Sam's Club Annual Membership Fee	140
Village of Richton Park Elevator Inspection, Health Inspection Fee	333
Non-allowable Illinois Council on Long Term Care Fees	(10,763)
Total	<u>51,740</u>

See Accountants' Compilation Report