

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.

0022111 Report Period Beginning: 1/01/2011 Ending: 12/31/2011

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	164	Skilled (SNF)	164	59,860	1
2		Skilled Pediatric (SNF/PED)			2
3	134	Intermediate (ICF)	134	48,910	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	298	TOTALS	298	108,770	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF	15,875	0	2,279	18,154	8
9	SNF/PED					9
10	ICF	83,903	2,186	343	86,432	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	99,778	2,186	2,622	104,586	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 96.15%

D. How many bed-hold days during this year were paid by the Department? 680 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

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

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

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

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

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 150 and days of care provided 1,598

Medicare Intermediary Wisconsin Physicians Service Insurance Corporation

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 10/31/11 Fiscal Year: 12/31/11

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre # 0022111 Report Period Beginning: 1/01/2011 Ending: 12/31/2011

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	517,417	100,919	5,964	624,300		624,300		624,300		1
2	Food Purchase		604,522		604,522	(23,612)	580,910	(15,192)	565,718		2
3	Housekeeping	362,240	69,060		431,300		431,300		431,300		3
4	Laundry	133,359	20,554	13,205	167,118		167,118		167,118		4
5	Heat and Other Utilities			223,592	223,592		223,592	8,591	232,183		5
6	Maintenance	144,774	55,888	81,764	282,426		282,426	8,937	291,363		6
7	Other (specify):* Allocated Employee Benefits							554	554		7
8	TOTAL General Services	1,157,790	850,943	324,525	2,333,258	(23,612)	2,309,646	2,890	2,312,536		8
	B. Health Care and Programs										
9	Medical Director			27,600	27,600		27,600		27,600		9
10	Nursing and Medical Records	3,858,998	414,155	165,347	4,438,500		4,438,500	(111,181)	4,327,319		10
10a	Therapy	103,474	236	271,489	375,199		375,199	(46,532)	328,667		10a
11	Activities	107,698	8,085	2,400	118,183		118,183		118,183		11
12	Social Services	222,482		770	223,252		223,252		223,252		12
13	CNA Training										13
14	Program Transportation			1,258	1,258		1,258		1,258		14
15	Other (specify):* Allocated Employee Benefits							23,526	23,526		15
16	TOTAL Health Care and Programs	4,292,652	422,476	468,864	5,183,992		5,183,992	(134,187)	5,049,805		16
	C. General Administration										
17	Administrative	175,505		1,097,343	1,272,848		1,272,848	(1,058,096)	214,752		17
18	Directors Fees										18
19	Professional Services			119,339	119,339	(29,395)	89,944	23,022	112,966		19
20	Dues, Fees, Subscriptions & Promotions			45,478	45,478	1,730	47,208	(969)	46,239		20
21	Clerical & General Office Expenses	186,877	73,676	73,355	333,908	(1,730)	332,178	588,464	920,642		21
22	Employee Benefits & Payroll Taxes			968,593	968,593	23,612	992,205		992,205		22
23	Inservice Training & Education			1,003	1,003		1,003	1,964	2,967		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			37,694	37,694	(22,146)	15,548	4,942	20,490		25
26	Insurance-Prop.Liab.Malpractice			131,481	131,481		131,481	4,286	135,767		26
27	Other (specify):* Allocated Employee Benefits							87,622	87,622		27
28	TOTAL General Administration	362,382	73,676	2,474,286	2,910,344	(27,929)	2,882,415	(348,765)	2,533,650		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,812,824	1,347,095	3,267,675	10,427,594	(51,541)	10,376,053	(480,062)	9,895,991		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.

Facility Name & ID Number

Glen Oaks Nursing and Rehabilitation Centre, Ltd.

#0022111

Report Period Beginning:

1/01/2011

Ending:

12/31/2011

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			178,953	178,953		178,953	134,562	313,515			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			4	4		4	2,103,151	2,103,155			32
33	Real Estate Taxes					29,395	29,395	579,787	609,182			33
34	Rent-Facility & Grounds			3,828,802	3,828,802		3,828,802	(3,828,802)				34
35	Rent-Equipment & Vehicles			20,297	20,297	22,146	42,443	9,407	51,850			35
36	Other (specify):* Mortgage Insurance							194,540	194,540			36
37	TOTAL Ownership			4,028,056	4,028,056	51,541	4,079,597	(807,355)	3,272,242			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		114,274	8,293	122,567		122,567		122,567			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			163,152	163,152		163,152		163,152			42
43	Other (specify):* Non-Allowable			34,032	34,032		34,032	(34,032)				43
44	TOTAL Special Cost Centers		114,274	205,477	319,751		319,751	(34,032)	285,719			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,812,824	1,461,369	7,501,208	14,775,401		14,775,401	(1,321,449)	13,453,952			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	(13,081)	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	9,430	30		9
10	Interest and Other Investment Income	(6,611)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,037)	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				19
20	Contributions	(850)	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	(25,861)	43		24
25	Fund Raising, Advertising and Promotional	(100)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(5,000)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(784,086)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (828,196)		\$	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)	(493,253)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (493,253)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,321,449)		37

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

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

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

BHF USE ONLY							
48		49		50		51	

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Oaks Nursing and Rehabilitation Centre, Ltd.

ID# 0022111

Report Period Beginning: 1/01/2011

Ending: 12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Adjust Mgt Co. medical supplies"A" to cost	\$ (12,036)	10	1
2	Adjust Mgt Co. medical supplies"other" to cost	(99,145)	10	2
3	Adjust Mgt Co. food to cost	(15,201)	2	3
4	Non-allowable professional fees	(50,015)	19	4
5	Non-allowable patient clothing	(184)	43	5
6	Non-allowable Illinois Council on Long Term Care Dues	(7,321)	20	6
7	Non-allowable office expense	(271)	43	7
8	Non-allowable loss on early extinguishment of debt	(599,913)	43	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(784,086)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111

Report Period Beginning:

1/01/2011

Ending:

12/31/2011

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	(15,201)	0	0	0	9	0	0	0	0	0	0	(15,192)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	8,591	0	0	0	0	0	0	0	0	8,591	5
6	Maintenance	0	0	8,937	0	0	0	0	0	0	0	0	8,937	6
7	Other (specify):*	0	0	554	0	0	0	0	0	0	0	0	554	7
8	TOTAL General Services	(15,201)	0	18,082	0	9	0	0	0	0	0	0	2,890	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	(111,181)	0	0	0	0	0	0	0	0	0	0	(111,181)	10
10a	Therapy	0	0	0	0	(46,532)	0	0	0	0	0	0	(46,532)	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	23,526	0	0	0	0	0	0	23,526	15
16	TOTAL Health Care and Programs	(111,181)	0	0	0	(23,006)	0	0	0	0	0	0	(134,187)	16
	C. General Administration													
17	Administrative	0	0	(1,058,096)	0	0	0	0	0	0	0	0	(1,058,096)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(50,015)	0	42,251	29,460	1,326	0	0	0	0	0	0	23,022	19
20	Fees, Subscriptions & Promotions	(7,321)	0	5,570	0	782	0	0	0	0	0	0	(969)	20
21	Clerical & General Office Expenses	(13,081)	0	599,208	0	2,337	0	0	0	0	0	0	588,464	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	1,139	0	825	0	0	0	0	0	0	1,964	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	4,623	0	319	0	0	0	0	0	0	4,942	25
26	Insurance-Prop.Liab.Malpractice	0	0	4,286	0	0	0	0	0	0	0	0	4,286	26
27	Other (specify):*	0	0	87,428	0	194	0	0	0	0	0	0	87,622	27
28	TOTAL General Administration	(70,417)	0	(313,591)	29,460	5,783	0	0	0	0	0	0	(348,765)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(196,799)	0	(295,509)	29,460	(17,214)	0	0	0	0	0	0	(480,062)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111

Report Period Beginning:

1/01/2011 Ending:

12/31/2011

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	9,430	0	15,150	109,905	77	0	0	0	0	0	0	134,562 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(6,611)	0	0	2,109,762	0	0	0	0	0	0	0	2,103,151 32
33	Real Estate Taxes	0	0	14,085	565,702	0	0	0	0	0	0	0	579,787 33
34	Rent-Facility & Grounds	0	0	0	(3,828,802)	0	0	0	0	0	0	0	(3,828,802) 34
35	Rent-Equipment & Vehicles	0	0	9,407	0	0	0	0	0	0	0	0	9,407 35
36	Other (specify):*	0	0	0	194,540	0	0	0	0	0	0	0	194,540 36
37	TOTAL Ownership	2,819	0	38,642	(848,893)	77	0	0	0	0	0	0	(807,355) 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):*	(634,216)	0	0	600,184	0	0	0	0	0	0	0	(34,032) 43
44	TOTAL Special Cost Centers	(634,216)	0	0	600,184	0	0	0	0	0	0	0	(34,032) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(828,196)	0	(256,867)	(219,249)	(17,137)	0	0	0	0	0	0	(1,321,449) 45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Sidney Glenner	100.00 %	See Page 6-Supplemental		See Attached Schedule A		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V	From Page 6A	1,097,343	Glen Health and Home Management, Inc.	A	840,476	(256,867)	2
3	V							3
4	V	From Page 6B	3,828,802	Glen Oaks Real Estate and Development, L.L.C.	B	3,609,553	(219,249)	4
5	V							5
6	V	From Page 6C	271,237	Therapy Masters, Inc.	C	254,100	(17,137)	6
7	V							7
8	V							8
9	V			OWNERSHIP REFERENCE:				9
10	V			A - Sidney Glenner - 100.00 % through attribution				10
11	V			B - Sidney Glenner - 60.00 % (constructively)				11
12	V			C - Sidney Glenner - 100.00 %				12
13	V							13
14	Total		\$ 5,197,382			\$ 4,704,129	\$ * (493,253)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	17 Management Fees	\$ 1,097,343	Glen Health and Home Management, Inc.	A	\$		\$ (1,097,343)	15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A		8,591	8,591	16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A		5,111	5,111	17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A		42,251	42,251	18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A		5,570	5,570	19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A		37,340	37,340	20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A		87,982	87,982	21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A		1,139	1,139	22
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A		4,623	4,623	23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A		4,286	4,286	24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A		15,150	15,150	25
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A		14,085	14,085	26
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A		9,407	9,407	27
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A		3,826	3,826	28
29	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A		39,247	39,247	29
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A		561,868	561,868	30
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A		(87,982)	(87,982)	31
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A		554	554	32
33	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A		5,710	5,710	33
34	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A		81,718	81,718	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,097,343			\$	840,476	\$ * (256,867)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19 Professional Fees	\$	Glen Oaks Real Estate and Development, L.L.C.	B	\$ 29,460	\$ 29,460	15
16	V	43 Office Expense		Glen Oaks Real Estate and Development, L.L.C.	B	271	271	16
17	V	30 Depreciation		Glen Oaks Real Estate and Development, L.L.C.	B	109,905	109,905	17
18	V	32 Interest Expense		Glen Oaks Real Estate and Development, L.L.C.	B	2,123,730	2,123,730	18
19	V	32 Interest Income		Glen Oaks Real Estate and Development, L.L.C.	B	(20,810)	(20,810)	19
20	V	32 Amortization of Mortgage Costs		Glen Oaks Real Estate and Development, L.L.C.	B	6,842	6,842	20
21	V	33 Real Estate Taxes		Glen Oaks Real Estate and Development, L.L.C.	B	565,702	565,702	21
22	V	34 Rental Income	3,828,802	Glen Oaks Real Estate and Development, L.L.C.	B		(3,828,802)	22
23	V	36 Mortgage Insurance Premium		Glen Oaks Real Estate and Development, L.L.C.	B	194,540	194,540	23
24	V	43 Loss on Early Extinguishment of Debt		Glen Oaks Real Estate and Development, L.L.C.	B	599,913	599,913	24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 3,828,802			\$ 3,609,553	\$ * (219,249)	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	10a Therapy	\$ 271,237	Therapy Masters, Inc.	C	\$ 224,705	\$ (46,532)	15
16	V	19 Professional Fees		Therapy Masters, Inc.	C	1,326	1,326	16
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	C	37	37	17
18	V	20 Dues and Subscriptions		Therapy Masters, Inc.	C	32	32	18
19	V	21 Clerical Salaries		Therapy Masters, Inc.	C	1,831	1,831	19
20	V	21 Clerical		Therapy Masters, Inc.	C	506	506	20
21	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	23,720	23,720	21
22	V	23 Training and Education		Therapy Masters, Inc.	C	825	825	22
23	V	25 Auto Expenses		Therapy Masters, Inc.	C	319	319	23
24	V	20 Employment Fees		Therapy Masters, Inc.	C	713	713	24
25	V	22 Employee Benefits		Therapy Masters, Inc.	C	(23,720)	(23,720)	25
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	23,526	23,526	26
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	194	194	27
28	V	30 Depreciation		Therapy Masters, Inc.	C	77	77	28
29	V	2 Food Purchase		Therapy Masters, Inc.	C	9	9	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		\$ 271,237			\$ 254,100	\$ * (17,137)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			1
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2	Sidney Glenner	100.00 %	GlenBridge Nursing & Rehabilitation	Niles	See Attached Schedule A			2
3			Centre, Ltd.					3
4								4
5	Sidney Glenner	100.00 %	GlenCrest Nursing & Rehabilitation	Chicago				5
6			Centre, Ltd.					6
7								7
8	Sidney Glenner	100.00 %	Glen Elston Nursing & Rehabilitation	Chicago				8
9			Centre, Ltd.					9
10								10
11	Sidney Glenner	100.00 %	GlenShire Nursing & Rehabilitation	Richton Park				11
12			Centre, Ltd.					12
13								13
14	Sidney Glenner	80.00 %	GlenLake Terrace Nursing & Rehabilitation	Waukegan				14
15	Joshua Ray	20.00 %	Centre, Ltd.					15
16								16
17	Sidney Glenner	70.00 %	Brentwood North Healthcare & Rehabilitation	Riverwoods				17
18	Joshua Ray	30.00 %	Centre, Inc.					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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centri # 0022111 Report Period Beginning: 1/01/2011 Ending: 12/31/2011

VII. RELATED PARTIES (continued)

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

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Sidney Glenner	President	Administrative	100.00 %	166,073	12	19.36 %	Salary	\$ 39,247	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	43,267	8	19.36 %	Salary	10,225	Ln 21, Col 7	2
3	Daniel Glenner	Administrative	Administrative	0.00 %	23,917	8	19.36 %	Salary	5,652	Ln 21, Col 7	3
4	Elliot Glenner	Administrative	Administrative	0.00 %	20,884	8	19.36 %	Salary	4,936	Ln 21, Col 7	4
5	David Weinschneider	Administrative	Administrative	0.00 %	43,045	8	19.36 %	Salary	10,172	Ln 21, Col 7	5
6	Joshua Ray	V.P. of Operations	Administrative	0.00 %	166,073	12	19.36 %	Salary	39,247	Ln 21, Col 7	6
7											7
8											8
9											9
10			See Attached Schedule B								10
11											11
12											12
13								TOTAL	\$ 109,479		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd. # 0022111 Report Period Beginning: 1/01/2011 Ending: 2/31/2011

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Resident Days	547,138	7	\$ 44,943	\$ 104,586	\$ 8,591	1
2	6	Repairs and Maintenance	Resident Days	547,138	7	26,739	104,586	5,111	2
3	19	Professional Fees	Resident Days	547,138	7	221,035	104,586	42,251	3
4	20	Licenses, Permits and Inspection	Resident Days	547,138	7	29,141	104,586	5,570	4
5	21	Clerical	Resident Days	547,138	7	195,341	104,586	37,340	5
6	22	Employee Benefits and Payroll	Resident Days	547,138	7	460,274	104,586	87,982	6
7	23	Training and Education	Resident Days	547,138	7	5,959	104,586	1,139	7
8	25	Auto Expenses	Resident Days	547,138	7	24,184	104,586	4,623	8
9	26	Insurance	Resident Days	547,138	7	22,424	104,586	4,286	9
10	30	Depreciation	Resident Days	547,138	7	79,259	104,586	15,150	10
11	33	Real Estate Taxes	Resident Days	547,138	7	73,683	104,586	14,085	11
12	35	Equipment and Vehicle Rental	Resident Days	547,138	7	49,215	104,586	9,407	12
13	6	Janitorial Salaries	Resident Days	547,138	7	20,018	20,018	3,826	13
14	17	Officer's Salaries	Resident Days	547,138	7	205,320	205,320	39,247	14
15	21	Administrative Salaries	Resident Days	547,138	7	2,939,391	2,939,391	561,868	15
16	22	Employee Benefits	Payroll					(87,982)	16
17	7	Employee Benefits - Janitorial	Payroll					554	17
18	27	Employee Benefits - Officer's	Payroll					5,710	18
19	27	Employee Benefits - Admin	Payroll					81,718	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 4,396,926	\$ 3,164,729	\$ 840,476	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	Name of Lender	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	Oppenheimer MHHF, Inc.		X	Mortgage	\$202,434.76	2/17/2011	\$ 39,143,500	\$ 38,783,510	1/01/2044	0.0500	\$ 1,688,760	1						
2	Midland Loan Services		X	Mortgage	\$244,030.26	12/22/2008	39,270,000		2/17/2011	0.0675	434,970	2						
3	Midland Loan Services		X	Amortization of mortgage costs							2,352	3						
4	Oppenheimer MHHF, Inc.		X	Amortization of mortgage costs							4,490	4						
5	MB Financial Bank, N.A.		X	Finance telephone system	\$780.33	1/06/2006	40,040		1/06/2011	0.0625	4	5						
Working Capital																		
6												6						
7												7						
8												8						
9	TOTAL Facility Related				\$447,245.35		\$ 78,453,540	\$ 38,783,510			\$ 2,130,576	9						
B. Non-Facility Related*																		
10									Interest Income Offset:		(27,421)	10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (27,421)	14						
15	TOTALS (line 9+line14)						\$ 78,453,540	\$ 38,783,510			\$ 2,103,155	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 194,540 Line # 36

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

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

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glen Oaks Nursing and Rehabilitation Centre, Ltd. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0022111

CONTACT PERSON REGARDING THIS REPORT Charles J. Fischer

TELEPHONE (312) 634-4580 FAX #: (312) 634-5518

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2010 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2010.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>04-02-202-033-0000</u>	<u>270 Skokie Highway</u>	\$ <u>113,054.48</u>	\$ <u>113,054.48</u>
2. <u>04-02-202-038-0000</u>	<u>270 Skokie Highway</u>	\$ <u>397,008.32</u>	\$ <u>397,008.32</u>
3. <u>Allocated from Management Company:</u>		\$ <u>63,772.67</u>	\$ <u>14,085.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>573,835.47</u></u>	\$ <u><u>524,147.80</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

PLEASE NOTE: Payment information from the Internet or otherwise is **not considered acceptable tax bill documentation**. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.

0022111

Report Period Beginning:

1/01/2011 Ending:

12/31/2011

X. BUILDING AND GENERAL INFORMATION:

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

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

NONE

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>98,518</u>	<u>1985</u>	<u>\$ 345,000</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>16,241</u>	<u>2</u>
3	TOTALS	98,518		\$ 361,241	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111

Report Period Beginning:

1/01/2011

Ending:

12/31/2011**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	298		1985	1961	\$ 3,587,393	\$ 102,497	30	\$ 119,580	\$ 17,083	\$ 3,228,658	4
5											5
6	Alloc from			1996	355,107			9,132	9,132		6
7	Mgt Comp										7
8	Schedule J										8
	Improvement Type**										
9	Leasehold Improvements			1980	7,274		65 months			7,274	9
10	Leasehold Improvements			1981	4,127		35 months			4,127	10
11	Sprinkler			1981	15,769		25			15,769	11
12	Ceiling - dining room			1982	3,621		10			3,621	12
13	Masonry - building			1982	15,200		10			15,200	13
14	Generator fixture			1982	7,967		10			7,967	14
15	Roofing			1983	28,000		10			28,000	15
16	Parking lot			1983	4,632		15			4,632	16
17	Painting			1983	14,000		5			14,000	17
18	Air-conditioner			1983	3,033		10			3,033	18
19	Leasehold Improvements			1984	40,296		10			40,296	19
20	Building Improvements			1985	28,578	817	10		(817)	28,578	20
21	Building Improvements			1986	14,578	429	10		(429)	14,578	21
22	Building Improvements			1987	7,225		10			7,225	22
23	Painting and decorating			1985	11,028		3			11,028	23
24	Sprinkler			1987	117,905	3,685	26	4,535	850	109,595	24
25	Building Improvements			1988	37,503	985	10		(985)	37,503	25
26	Building Improvements			1989	52,259	1,493	10		(1,493)	52,259	26
27	Building Improvements			1990	17,633		10			17,633	27
28	Building Improvements			1990	2,100		10			2,100	28
29	Building Improvements			1991	8,500		10			8,500	29
30	Building Improvements			1991	2,322		10			2,322	30
31	Building Improvements			1992	371,526		10			371,526	31
32	Building Improvements			1993	21,620		10			21,620	32
33	Building Improvements			1993	9,267		10			9,267	33
34	Building Improvements			1993	151,464		10			151,464	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111

Report Period Beginning:

1/01/2011 Ending:12/31/2011**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	1994	\$ 118,383	\$	10	\$	\$	\$ 118,383	37
38	1995	20,792		10			20,792	38
39	1995	2,600		10			2,600	39
40	1996	4,900		10			4,900	40
41	1996	1,650		10			1,650	41
42	1996	95,112		10			95,112	42
43	1997	3,537		10			3,537	43
44	1997	8,367		10			8,367	44
45	1997	975		10			975	45
46	1997	1,885		10			1,885	46
47	1997	8,143		10			8,143	47
48	1997	7,707		10			7,707	48
49	1997	1,832		10			1,832	49
50	1997	16,271		10			16,271	50
51	1997	821		10			821	51
52	1997	3,000		10			3,000	52
53	1997	1,610		10			1,610	53
54	1997	1,445		10			1,445	54
55	1997	6,116		10			6,116	55
56	1997	895		10			895	56
57	1997	268,920		10			268,920	57
58	1997	585		10			585	58
59	1997	11,954		10			11,954	59
60	1997	3,450		10			3,450	60
61	1997	3,985		10			3,985	61
62	1997	2,982		10			2,982	62
63	1997	1,713		10			1,713	63
64	1997	1,700		10			1,700	64
65	1997	3,100		10			3,100	65
66	1997	2,000		10			2,000	66
67	1997	24,290		10			24,290	67
68								68
69								69
70		\$ 5,570,647	\$ 109,906		\$ 133,247	\$ 23,341	\$ 4,848,495	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111

Report Period Beginning:

1/01/2011 Ending:12/31/2011**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	
1		\$ 5,570,647	\$ 109,906		\$ 133,247	\$ 23,341	\$ 4,848,495	1
2	1997	1,932		10			1,932	2
3	1998	3,250		10			3,250	3
4	1998	2,625		10			2,625	4
5	1998	3,598		10			3,598	5
6	1999	16,737		10			16,737	6
7	1999	10,500		10			10,500	7
8	1999	5,132		10			5,132	8
9	1999	2,689		10			2,689	9
10	1999	2,532		10			2,532	10
11	1999	4,193		10			4,193	11
12	1999	5,083		10			5,083	12
13	1999	1,641		10			1,641	13
14	1999	4,173		10			4,173	14
15	1999	2,397		10			2,397	15
16	1999	3,109		10			3,109	16
17	2000	2,640		10			2,640	17
18	2000	4,300		10			4,300	18
19	2000	1,925		10			1,925	19
20	2000	14,570		10			14,570	20
21	2000	5,904		10			5,904	21
22	2000	1,616		10			1,616	22
23	2000	1,875		10			1,875	23
24	2000	30,000		10			30,000	24
25	2000	3,280		10			3,280	25
26	2000	3,610		10			3,610	26
27	2000	3,200		10			3,200	27
28	2000	3,485		10			3,485	28
29	2001	32,903	1,648	10	1,648		32,903	29
30	2001	11,408	578	10	578		11,408	30
31	2001	9,180	459	10	459		9,180	31
32	2001	13,650	683	10	683		13,650	32
33								33
34		\$ 5,783,784	\$ 113,274		\$ 136,615	\$ 23,341	\$ 5,061,632	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111

Report Period Beginning:

1/01/2011 Ending:

12/31/2011

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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	
1		\$ 5,783,784	\$ 113,274		\$ 136,615	\$ 23,341	\$ 5,061,632	1
2	2001	11,980	599	10	599		11,980	2
3	2001	12,508	624	10	624		12,508	3
4	2001	14,758	736	10	736		14,758	4
5	2001	18,749	937	10	937		18,749	5
6	2001	3,589	179	10	179		3,589	6
7	2001	5,181	260	10	260		5,181	7
8	2001	3,600	180	10	180		3,600	8
9	2001	2,500	125	10	125		2,500	9
10	2001	5,756	284	10	284		5,756	10
11	2001	10,695	530	10	530		10,695	11
12	2002	2,380	238	10	238		2,261	12
13	2002	6,950	695	10	695		6,603	13
14	2002	4,034	403	10	403		3,829	14
15	2002	46,000	4,600	10	4,600		43,700	15
16	2002	6,200	620	10	620		5,890	16
17	2002	14,000	1,400	10	1,400		13,300	17
18	2002	(7,118)	(712)	10	(712)		(6,764)	18
19	2002	4,750	475	10	475		4,513	19
20	2003	2,140	214	10	214		1,819	20
21	2003	7,617	762	10	762		6,477	21
22	2003	(6,367)	(637)	10	(637)		(5,414)	22
23	2003	8,400	840	10	840		7,140	23
24	2003	76,765	7,677	10	7,677		65,254	24
25	2003	4,200	420	10	420		3,570	25
26	2003	16,559	1,656	10	1,656		14,076	26
27	2002	2,100	210	10	210		1,995	27
28	2003	25,830	2,583	10	2,583		21,955	28
29	2002	35,098	3,510	10	3,510		33,345	29
30	2004	16,066	1,607	10	1,607		12,052	30
31	2004	8,490	849	10	849		6,368	31
32	2004	1,980	198	10	198		1,485	32
33								33
34		\$ 6,149,174	\$ 145,336		\$ 168,677	\$ 23,341	\$ 5,394,402	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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	
1		\$ 6,149,174	\$ 145,336		\$ 168,677	\$ 23,341	\$ 5,394,402	1
2	2004	1,762	176	10	176		1,320	2
3	2004	2,115	212	10	212		1,590	3
4	2004	1,574	157	10	157		1,178	4
5	2004	1,598	160	10	160		1,200	5
6	2004	4,650	465	10	465		3,488	6
7	2005	2,123	212	10	212		1,378	7
8	2005	11,900	1,190	10	1,190		7,735	8
9	2005	5,400	540	10	540		3,510	9
10	2005	6,220	622	10	622		4,043	10
11	2005	8,130	813	10	813		5,285	11
12	2005	18,500	1,850	10	1,850		12,025	12
13	2005	1,679	168	10	168		1,092	13
14	2005	55,002	5,500	10	5,500		35,750	14
15	2005	(11,144)	(1,114)	10	(1,114)		(7,241)	15
16								16
17								17
18	2005	1,450	145	10	145		943	18
19	2006	82,802	8,780	10	8,280	(500)	46,790	19
20	2006	14,850	1,485	10	1,485		8,168	20
21	2006	(11,900)	(1,190)	10	(1,190)		(6,545)	21
22	2006	13,711	1,371	10	1,371		7,541	22
23	2006	3,833	383	10	383		2,107	23
24	2006	42,711	4,271	10	4,271		23,491	24
25	2006	7,289	729	10	729		4,009	25
26	2006	6,020	602	10	602		3,311	26
27	2006	8,000	800	10	800		4,400	27
28	2006	3,230	323	10	323		1,777	28
29	2006	5,369	537	10	537		2,953	29
30	2006	6,750	675	10	675		3,713	30
31	2006	17,040	4,004	10	1,704	(2,300)	15,122	31
32	2007	5,300	530	10	530		2,385	32
33								33
34		\$ 6,465,138	\$ 179,732		\$ 200,273	\$ 20,541	\$ 5,586,920	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111

Report Period Beginning:

1/01/2011

Ending:

12/31/2011**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	
1		\$ 6,465,138	\$ 179,732		\$ 200,273	\$ 20,541	\$ 5,586,920	1
2	2007	5,800	580	10	580		2,610	2
3	2007	2,861	286	10	286		1,287	3
4	2007	4,238	424	10	424		1,908	4
5	2007	6,180	618	10	618		2,781	5
6	2007	2,570	257	10	257		1,157	6
7	2007	2,897	290	10	290		1,305	7
8	2007	3,930	393	10	393		1,769	8
9	2008	8,000	800	10	800		2,800	9
10	2008	7,650	765	10	765		2,678	10
11	2008	6,515	652	10	652		2,282	11
12	2008	4,700	470	10	470		1,645	12
13	2008	9,500	2,200	10	950	(1,250)	3,950	13
14								14
15	2008	4,575	458	10	458		1,603	15
16	2008	11,500	1,150	10	1,150		4,025	16
17	2008	2,649	265	10	265		927	17
18	2009	13,113	1,311	10	1,311		3,278	18
19	2009	3,997	400	10	400		1,000	19
20	2009	4,966	497	10	497		1,242	20
21	2009	49,850	4,985	10	4,985		12,463	21
22	2009	326,303	32,630	10	32,630		81,575	22
23								23
24								24
25								25
26	2009	21,200	2,120	10	2,120		5,300	26
27	2009	12,316	1,232	10	1,232		3,080	27
28	2009	(1,108)	(111)	10	(111)		(277)	28
29	2009	6,800	680	10	680		1,700	29
30	2009	3,900	390	10	390		975	30
31	2009	5,000	500	10	500		1,250	31
32	2009	2,581	258	10	258		645	32
33								33
34		\$ 6,997,621	\$ 234,232		\$ 253,523	\$ 19,291	\$ 5,731,878	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111

Report Period Beginning:

1/01/2011 Ending:

12/31/2011

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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	
1		\$ 6,997,621	\$ 234,232		\$ 253,523	\$ 19,291	\$ 5,731,878	1
2	2010	75,855	7,586	10	7,586		11,379	2
3	2010	4,301	430	10	430		645	3
4	2009	21,697	2,170	10	2,170		5,425	4
5	2010	5,391	539	10	539		809	5
6	2011	18,400	920	10	920		920	6
7	2011	2,675	134	10	134		134	7
8	2011	13,900	695	10	695		695	8
9	2011	22,985	1,149	10	1,149		1,149	9
10	2011	9,000	450	10	450		450	10
11	2011	14,220	711	10	711		711	11
12	2011	2,676	134	10	134		134	12
13	2011	69,000	3,450	10	3,450		3,450	13
14								14
15								15
16								16
17								17
18								18
19								19
20	1998	19,557						20
21	1999	8,168						21
22	2000	978						22
23	2008	2,942			287	287	28,430	23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 7,289,365	\$ 252,600		\$ 272,178	\$ 19,578	\$ 5,786,209	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-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	\$ 311,430	\$ 31,707	\$ 31,707	\$	5,10 years	\$ 180,766	71
72	Current Year Purchases	21,660	1,734	1,734		5,10 years	1,734	72
73	Fully Depreciated Assets	1,271,044	2,087	2,087		5,7,10,11yrs	1,271,044	73
74	Allocated from Therapy Masters, Mgt Co:	157,270		1,541	1,541		152,202	74
75	TOTALS	\$ 1,761,404	\$ 35,528	\$ 37,069	\$ 1,541		\$ 1,605,746	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Care	1991 Dodge Caravan	1995	\$ 27,331	\$	\$	\$	5 years	\$ 27,331	76
77	Patient Care	1996 Toyota Camry	1996	18,773				5 years	18,773	77
78	Patient Care	2003 Buick Rendezvous	2004	15,800				5 years	15,800	78
79	Allocated from Management Company:			29,008		4,268	4,268		16,743	79
80	TOTALS			\$ 90,912	\$	\$ 4,268	\$ 4,268		\$ 78,647	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)		\$ 9,502,922	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 288,128	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 313,515	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ 25,387	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 7,470,602	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.

SEE ACCOUNTANTS' COMPILATION REPORT

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 by the length of the lease N/A.

N/A
N/A

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 24,647 Description: Ice-maker \$1,860, Copy Machine \$17,490, Postage meter \$947, Allocated from Mgt Company: \$4,350

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Patient Care	2008 Infiniti G35	\$ 558.74	\$ 7,429	17
18	Patient Care	2008 Infiniti FX35	575.23	5,177	18
19	Patient Care	2011 Acura MDX	795.00	9,540	19
20	Allocated from Management Company:			5,057	20
21	TOTAL		\$ #####	\$ 27,203	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. _____/2012 \$ _____

13. _____/2013 \$ _____

14. _____/2014 \$ _____

* 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.

SEE ACCOUNTANTS' COMPILATION REPORT

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		Contract	Total
		1 Drop-outs	2 Completed		
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	<input style="width:100px;" type="text"/>
2. From other facilities (f)	<input style="width:100px;" type="text"/>
DROP-OUTS	
1. From this facility	<input style="width:100px;" type="text"/>
2. From other facilities (f)	<input style="width:100px;" type="text"/>
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	Ln10a, Col 2&3	hrs	\$	1,947	\$ 113,355	\$ 236	1,947	\$ 113,591	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 2&3	hrs		371	25,031		371	25,031	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a, Col 2&3	hrs		1,876	132,851		1,876	132,851	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescripts				114,274		114,274	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Respiratory Therapy Other (specify): <u>Radiology & Lab</u>	Ln10a,Col 1&3 Ln 39, Col 3	4,043 hours	103,474		8,293	252	4,043	103,726 8,293	13
14	TOTAL			\$ 103,474	4,194	\$ 279,530	\$ 114,762	8,237	\$ 497,766	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Glen Oaks Nursing and Rehabilitation Centre, Ltd.**# **0022111**Report Period Beginning: **1/01/2011**Ending: **12/31/2011****XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2011**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 250,197	\$ 530,390	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>35,176</u>)	6,199,032	6,199,032	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	156,803	205,408	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(2,839,787)		8
9	Other(specify): <u>Other Receivables</u>	172,057	172,057	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,938,302	\$ 7,106,887	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		361,241	13
14	Buildings, at Historical Cost		3,942,500	14
15	Leasehold Improvements, at Historical Cost	2,862,908	3,346,865	15
16	Equipment, at Historical Cost	1,219,386	1,852,316	16
17	Accumulated Depreciation (book methods)	(3,127,571)	(7,470,602)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe <u>Deposits, Escrows</u>)	78,509	662,674	22
23	Other(specify): <u>Mortgage Costs (Net):</u>		164,004	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,033,232	\$ 2,858,998	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,971,534	\$ 9,965,885	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 291,603	\$ 291,603	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	194,697	194,697	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	265,150	265,150	30
31	Accrued Taxes Payable (excluding real estate taxes)	(24,911)	(24,911)	31
32	Accrued Real Estate Taxes(Sch.IX-B)		531,000	32
33	Accrued Interest Payable		161,598	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule E:</u>	1,108,839	1,108,839	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,835,378	\$ 2,527,976	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		38,783,510	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 38,783,510	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,835,378	\$ 41,311,486	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,136,156	\$ (31,345,601)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,971,534	\$ 9,965,885	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,948,747	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,948,747	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	187,409	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)	\$ 187,409	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 3,136,156	24

Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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	\$ 14,391,652	1
2	Discounts and Allowances for all Levels	(734,929)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,656,723	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	461,771	6
7	Oxygen	188,678	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 650,449	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	139,363	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	9,829	19
20	Radiology and X-Ray	3,290	20
21	Other Medical Services	345,795	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 498,277	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	6,611	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 6,611	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Public Aid Bedhold</u>	68,786	28
28a	<u>Miscellaneous Income</u>	81,964	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 150,750	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,962,810	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,333,258	31
32	Health Care	5,183,992	32
33	General Administration	2,910,344	33
B. Capital Expense			
34	Ownership	4,028,056	34
C. Ancillary Expense			
35	Special Cost Centers	156,599	35
36	Provider Participation Fee	163,152	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,775,401	40
41	Income before Income Taxes (line 30 minus line 40)**	187,409	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 187,409	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.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	3,940	4,182	\$ 136,893	\$ 32.73	1
2	Assistant Director of Nursing	1,921	2,166	107,687	49.72	2
3	Registered Nurses	49,599	53,174	1,559,271	29.32	3
4	Licensed Practical Nurses					4
5	CNAs & Orderlies	131,174	146,418	1,805,890	12.33	5
6	CNA Trainees					6
7	Licensed Therapist	3,742	4,043	103,474	25.59	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,743	2,017	29,174	14.46	9
10	Activity Assistants	7,362	7,981	78,524	9.84	10
11	Social Service Workers	12,361	13,680	222,482	16.26	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	8,017	9,088	149,898	16.49	14
15	Cook Helpers/Assistants	29,917	32,559	367,519	11.29	15
16	Dishwashers					16
17	Maintenance Workers	8,320	8,753	144,774	16.54	17
18	Housekeepers	30,676	33,749	362,240	10.73	18
19	Laundry	12,137	13,537	133,359	9.85	19
20	Administrator	2,041	2,246	118,150	52.60	20
21	Assistant Administrator	1,957	2,206	57,355	26.00	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,515	10,399	186,877	17.97	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>	15,138	16,446	249,257	15.16	33
34	TOTAL (lines 1 - 33)	329,560	362,644	\$ 5,812,824 *	\$ 16.03	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 5,964	Ln 1, Col 3	35
36	Medical Director	Monthly	27,600	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	19,047	Ln10, Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,400	Ln11, Col 3	44
45	Social Service Consultant	14	770	Ln12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	62	\$ 55,781		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	5,320	\$ 146,300	Ln10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	5,320	\$ 146,300		53

SEE ACCOUNTANTS' COMPILATION REPORT

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Simcha Dachs	Administrator	0.00 %	\$ 118,150	Workers' Compensation Insurance	\$ 80,539	IDPH License Fee	\$ 3,980	
John Corso	Asst Administrator	0.00 %	57,355	Unemployment Compensation Insurance	27,142	Advertising: Employee Recruitment	49	
				FICA Taxes	429,340	Health Care Worker Background Check		
				Employee Health Insurance	188,843	(Indicate # of checks performed 25)	250	
				Employee Meals	23,612	Patient Background Checks	148	
				Illinois Municipal Retirement Fund (IMRF)*				
				Other Employee Benefits	6,135	See Attached Schedule K:	34,128	
				Union Health and Welfare	168,605			
				Union Pension	51,077	Allocated from Therapy Masters, Inc.:	782	
				401K Match	16,912	Allocated from Management Company:	5,570	
				See Attached Schedule D:	0	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						TOTAL (agree to Sch. V, line 20, col. 8)		
					\$ 992,205			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description				Description			Description	
Amount				Line #			Amount	
Management Fees (eliminated in Column 7)							Out-of-State Travel	
\$ 1,097,343							\$	
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense	
\$ 1,097,343				\$				
							Entertainment Expense	
							()	
							(agree to Sch. V, line 24, col. 8)	
C. Professional Services							TOTAL	
Vendor/Payee							\$	
Type								
Amount								
See Attached Schedule C:								
112,966								
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)								
\$ 112,966								

* Attach copy of IMRF notifications
 SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.

0022111

Report Period Beginning: 1/01/2011

Ending: 12/31/2011

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	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Oaks Nursing and Rehabilitation Centre, Ltd.# 0022111Report Period Beginning: 1/01/2011Ending: 12/31/2011**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 \$22,181
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 36,030 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 163,152
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 23,612 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Oaks Nursing and Rehabilitation Centre, Ltd.

12/31/2011

Provider I.D. # 0022111

SCHEDULE A

SCHEDULE VII. RELATED PARTIES

Part A. Col.3

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

See Accountants' Compilation Report

SCHEDULE VII RELATED PARTIES

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

Name	Compensation Received From Other Nursing Homes						Total
	Brentwood North Healthcare & Rehabilitation	GlenCrest Nursing & Rehab. Centre, Ltd.	GlenBridge Nursing & Rehab. Centre, Ltd.	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	GlenLake Terrace Nursing & Rehab. Centre, Ltd.	
Sidney Glenner	16,233	37,312	35,210	15,036	30,168	32,114	166,073
Jonathan Glenner	4,229	9,721	9,173	3,917	7,860	8,367	43,267
Daniel Glenner	2,338	5,373	5,071	2,165	4,345	4,625	23,917
Elliot Glenner	2,040	4,692	4,428	1,891	3,794	4,039	20,884
David Weinschneider	4,208	9,671	9,126	3,897	7,819	8,324	43,045
Joshua Ray	16,233	37,312	35,210	15,036	30,168	32,114	166,073
Total compensation received from other Nursing Homes	45,281	104,081	98,218	41,942	84,154	89,583	463,259

See Accountants' Compilation Report

XIX. SUPPORT SCHEDULES

SCHEDULE C

Page 21

C. Professional Services

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Health Data Systems, Inc.	Computers	6,733
Point ClickCare	Computers	49,963
EHealth Data Solutions	Computer Services	5,160
RSM McGladrey	Accounting	49,815
Frost, Ruttenberg & Rothblatt	Accounting	375
Berton I. Goldstein	Legal	700
Ira I. Silverstein	Legal	200
Much Shelist	Legal	4,054
Prospect Resources, Inc.	Maintenance Consulting	750
Personnel Planners, Inc.	Unemployment Consulting	1,404
Skidelsky & Associates	Real Estate Tax Reduction	185
		<u>119,339</u>

Allocated from Glen Oaks Real Estate & Development, LLC.:

Skidelsky & Associates - Real Estate Tax Reduction	23,026
Skidelsky & Associates - Real Estate Tax Reduction	6,184
Much Shelist - Legal	250
	<u>29,460</u>

Total allocated from Glen Oaks Real Estate & Development, LLC.:

Reclass Skidelsky & Associates - Real Estate Tax Reduction to Line 33	-23,026
Reclass Skidelsky & Associates - Real Estate Tax Reduction to Line 33	-6,184
Reclass Skidelsky & Associates - Real Estate Tax Reduction to Line 33	-185

Allocated from Management Co.

Health Data Systems, Inc. - Computer Services	940
Point ClickCare - Computer Services	6,478
Clinical Reimbursement Solutions - Accounting	1,240
RSM McGladrey - Accounting Services	29,513
Harold Geiser - Accounting	1,828
Frost, Ruttenberg & Rothblatt - Accounting Services	2,063
Much Shelist - Legal Services	189
	<u>42,251</u>

Total allocated from Management Co.

Total allocated from Therapy Masters, Inc. 1,326

Non-allowable Professional Fees:

RSM McGladrey - Accounting Fees	-49,815
Ira I. Silverstein - A/R Collections	-200
	<u>-50,015</u>

Total Non-allowable Professional Fees

Total adjustments page 21, Sch C. -6,373

Total Schedule V, line 19, column 8 112,966

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	39,630
FUTA	482
SUTA	1,309
401K Match	2,892
Insurance - Hospital	37,686
Employee Benefits	4,193
Other Employee Benefits	709
Workers Compensation Insurance	1,081
Total allocated from Management Co.	<u>87,982</u>
Allocate Employee Benefits to Line #'s 7, 27	-87,982
Allocated from Therapy Masters, Inc.	
FICA taxes	15,330
FUTA	210
SUTA	305
401K Match	1,525
Insurance - Hospital	5,801
Other Employee Benefits	63
Workers Compensation Insurance	486
Uniform Allowance	0
Total allocated from Therapy Masters, Inc.	<u>23,720</u>
Allocate Employee Benefits to Line #'s 15, 27	-23,720
Total	<u>0</u>

See Accountants' Compilation Report

SCHEDULE E

XV. SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Accrued Management Fee	803,530
Due to Third Party	270,192
Estimated Medicare Settlement	9,368
Credit Union	100
BlueCross BlueShield Advance	14,426
Accrued Union Dues	4,605
Accrued 401K	4,218
Accrued 401K Loan	4,604
Accrued Profit Sharing	(2,204)
Total, Page 17, Line36, Column 1	<u><u>1,108,839</u></u>

See Accountants' Compilation Report

SCHEDULE F

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

Description	Amount	Reference
Patient Clothing	-184	43
Non-allowable office expense	-271	43
Non-allowable loss on early extinguishment of debt	-599,913	43
Non-allowable professional fees	-50,015	19
Non-allowable Illinois Council on Long Term Care Dues	-7,321	20
Adjust Mgt. Co. Med Supplies - Med'A' purchases to cost	-12,036	10
Adjust Mgt. Co. Med Supplies - 'Other' purchases to cost	-99,145	10
Adjust Mgt. Co. Food purchases to cost	-15,201	2
Total	<u><u>-784,086</u></u>	

See Accountants' Compilation Report

**Glen Oaks Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2011**

SCHEDULE G

	Accrued 1/01/11	Payments	Expense	Accrued 12/31/11
Balance @ 1/01/2011:	-457,000.00		-457,000.00	
2010 real estate taxes paid		510,062.80	510,062.80	
Cash received 10/12/11 for the reduction of 2008 real estate taxes		-18,360.93	-18,360.93	
Estimated 2011 real estate taxes:				
2010 taxes	510,062.80			
Estimated increase	4.00%			
Estimated 2011 taxes	<u>530,465.31</u>			
USE	<u>531,000.00</u>		531,000.00	-531,000.00
Totals	<u>-457,000.00</u>	<u>491,701.87</u>	<u>565,701.87</u>	<u>-531,000.00</u>

Real estate tax history:

Year	Amount	Increase \$	%
1992	268,135.26		
1993	276,387.40	8,252.14	3.08%
1994	293,076.34	16,688.94	6.04%
1995	299,722.22	6,645.88	2.27%
1996	301,089.35	1,367.13	0.46%
1997	303,074.24	1,984.89	0.66%
1998	305,668.32	2,594.08	0.86%
1999	312,803.95	7,135.63	2.33%
2000	303,160.15	-9,643.80	-3.08%
2001	326,141.52	22,981.37	7.58%
2002	314,693.25	-11,448.27	-3.51%
2003	322,112.64	7,419.39	2.36%
2004	320,753.21	-1,359.43	-0.42%
2005	327,659.74	6,906.53	2.15%
2006	337,697.40	10,037.66	3.06%
2007	379,623.78	41,926.38	12.42%
2008	383,926.13	4,302.35	1.13%
2009	445,204.37	61,278.24	15.96%
2010	510,062.80	64,858.43	14.57%

See Accountants' Compilation Report

Provider Name: Glen Oaks Nursing & Rehabilitation Ctr
Provider I.D. #: 0022111
Year Ended: December 31, 2011

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Simcha Dachs	6/15/2011	Skokie, Il	Illinois Council on Long Term Care Writing Winning IDRs and Other Hot Topic Frontline Legal Issues	105
Simcha Dachs	7/6/2011	Skokie, Il	Illinois Council on Long Term Care The Medicaid Integrated Care Program	105
Simcha Dachs, Jose Barrera	7/28/2011	Skokie, Il	Illinois Council on Long Term Care The Most Frequent Life Safety Code Violations	210
Theresa Chen	9/16/2011	Chicago, Il	Cynthia Chow & Associates Redefining the Future	110
Simcha Dachs	10/21/2011	Bloomingtondale, Il	Healthcare Information Network SNF PPS Update 2011	203
Simcha Dachs	10/3/2011	Skokie, Il	Illinois Council on Long Term Care Consistent Staff-The Key to Quality	60
Simcha Dachs Dennis Ong	10/12/2011	Skokie, Il	Illinois Council on Long Term Care Recent Changes in Advance Directives	210
			Allocated From Management Company	1,139
			Allocated From Therapy Masters	825
			Total	2,967

SEE ACCOUNTANTS' COMPILATION REPORT

Glen Oaks Nursing and Rehabilitation Centre, LTD.
Provider #0022111
12/31/2011

SCHEDULE I

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

	Gasoline	Registration/ Stickers	Repairs	Employee Reimbursement: Mileage, Tolls, Parking	Total
Direct Expense	3,966	590	6,727	4,265	15,548
Allocated from Therapy Masters, Inc.					319
Allocated from Management Company					4,623
TOTAL	<u>3,966</u>	<u>590</u>	<u>6,727</u>	<u>4,265</u>	<u>20,490</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	29,502
Village of Northbrook Elevator Inspections	1,585
American Express Annual Membership Dues	2,500
Employment Fees	6,500
Cook County Department of Environmental Control Equipment Inspection	532
State Fire Marshall Boiler Inspection	580
Secretary of State Annual Report	150
Department of Professional Regulation License Fee	100
Non-Allowable Illinois Council on Long Term Care Dues	-7,321
Total	<u>34,128</u>

See Accountants' Compilation Report

HEALTH AND HOME MANAGEMENT, INC
ALLOCATION OF MANAGEMENT COMPANY LEASEHOLD IMPROVEMENTS

SCHEDULE L

ASSET DESCRIPTION	COST	CAPITAL FROM FARGO @ 84.9438 %	ADJUSTED LEASEHOLD IMPROVEMENTS	COST	GLENBRIDGE 103,052/460,292	GLENCREST 111,372/460,292	GLEN OAKS 101,895/460,292	GLEN ELSTON 41,220/460,292	GLENSHIRE 102,753/460,292			
		6,647	6,647	6,647	0.223883969	0.241959452	0.221370348	0.08955185	0.223234382			
1998 PARKING LOT REPAVING	5,900		5,900	5,900								
LEASEHOLD IMPROVEMENTS -	87,339		87,339	87,339								
ADDITIONAL CONSTRUCTION COSTS				99,886	22,363	24,168	22,112	8,945	22,298			
FARGO BUILDING												
1999 LEASEHOLD IMPROVEMENTS -	41,710		41,710	41,710								
ADDITIONAL CONSTRUCTION COSTS				141,596	31,701	34,260	31,345	12,680	31,609			
FARGO BUILDING												
2000 AQUATIC WORKS - BUILT IN FISH TA	5,000		5,000	5,000								
				146,596	32,820	35,470	32,452	13,128	32,725			
2001 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725			
2002 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725			
2003 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725			
2004 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725			
2005 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725			
2006 NO ADDITIONS				146,596	32,820	35,470	32,452	13,128	32,725			
RECALCULATION BASED ON 2007 CENSUS - New facility added in 2007 (GlenLake Terrace Nursing Ctr												
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	TOTAL	
					93,767	95,262	106,511	40,267	78,093	74,334	488,234	
					0.192053401	0.195115457	0.218155638	0.082474797	0.159949942	0.152250765	100.00%	
2007 NO ADDITIONS				146,596	28,154	28,603	31,981	12,090	23,448	22,319	146,596	
RECALCULATION BASED ON 2008 CENSUS - New facility added in 2008 (Brentwood partial year 9/1/08-12/31/08												
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL
					93,929	92,291	105,965	37,609	81,480	76,498	15,564	503,336
					18.66%	18.34%	21.05%	7.47%	16.19%	15.20%	3.09%	100.00%
2008 INSTALLATION OF IRRIGATION SYSTEM	15,036			15,036								
				161,632	30,163	29,637	34,028	12,077	26,165	24,565	4,998	161,632
RECALCULATION BASED ON 2009 CENSUS - New facility added in 2008 (Brentwood) is now allocated over full year in 200												
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL
					92,668	90,627	105,904	37,909	82,060	82,504	49,247	540,919
					17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%
2009 NO ADDITIONS				161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632
RECALCULATION BASED ON 2009 CENSUS												
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL
					92,668	90,627	105,904	37,909	82,060	82,504	49,247	540,919
					17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%
2010 NO ADDITIONS				161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632
					27,464	26,860	31,387	11,235	24,320	24,452	14,596	160,314
					-226	-220	-258	-93	-200	-201	-119	-1,318
					(Total allocated over 99.18 % not 100.00 %)							
RECALCULATION BASED ON 2009 CENSUS												
					GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL
					92,668	90,627	105,904	37,909	82,060	82,504	49,247	540,919
					17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%
2011 NO ADDITIONS				161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632

SEE ACCOUNTANTS' COMPILATION REPORT