

Facility Name & ID Number GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	11,488	534	5,431	17,453	8
9	SNF/PED					9
10	ICF	65,989	2,136	0	68,125	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	77,477	2,670	5,431	85,578	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.52%

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

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

None

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

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

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

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

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 138 and days of care provided 5,180

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GlenLake Terrace Nursing and Rehabilitation # 0048637 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 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	369,120	51,057	21,125	441,302		441,302		441,302		1
2	Food Purchase		512,532		512,532	(21,147)	491,385	(66,659)	424,726		2
3	Housekeeping		9,383	336,830	346,213		346,213		346,213		3
4	Laundry			227,327	227,327		227,327		227,327		4
5	Heat and Other Utilities			256,495	256,495		256,495	7,030	263,525		5
6	Maintenance	90,764	65,267	81,527	237,558		237,558	7,313	244,871		6
7	Other (specify):* Allocated Employee Benefits							453	453		7
8	TOTAL General Services	459,884	638,239	923,304	2,021,427	(21,147)	2,000,280	(51,863)	1,948,417		8
	B. Health Care and Programs										
9	Medical Director			26,400	26,400		26,400		26,400		9
10	Nursing and Medical Records	4,634,427	751,807	126,178	5,512,412		5,512,412	(151,541)	5,360,871		10
10a	Therapy	57,493	3,071	489,417	549,981		549,981	(83,978)	466,003		10a
11	Activities	169,170	6,100	1,220	176,490		176,490		176,490		11
12	Social Services	132,027		1,848	133,875		133,875		133,875		12
13	CNA Training										13
14	Program Transportation			1,842	1,842		1,842		1,842		14
15	Other (specify):* Allocated Employee Benefits							42,404	42,404		15
16	TOTAL Health Care and Programs	4,993,117	760,978	646,905	6,401,000		6,401,000	(193,115)	6,207,885		16
	C. General Administration										
17	Administrative	74,297		1,002,086	1,076,383		1,076,383	(969,972)	106,411		17
18	Directors Fees										18
19	Professional Services			200,098	200,098		200,098	(59,770)	140,328		19
20	Dues, Fees, Subscriptions & Promotions			40,448	40,448	2,080	42,528	(559)	41,969		20
21	Clerical & General Office Expenses	217,464	46,311	98,281	362,056	(2,080)	359,976	446,023	805,999		21
22	Employee Benefits & Payroll Taxes			743,457	743,457	21,147	764,604		764,604		22
23	Inservice Training & Education			2,304	2,304		2,304	2,417	4,721		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			20,571	20,571		20,571	2,724	23,295		25
26	Insurance-Prop.Liab.Malpractice			107,373	107,373		107,373	3,507	110,880		26
27	Other (specify):* Allocated Employee Benefits							71,890	71,890		27
28	TOTAL General Administration	291,761	46,311	2,214,618	2,552,690	21,147	2,573,837	(503,740)	2,070,097		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,744,762	1,445,528	3,784,827	10,975,117		10,975,117	(748,718)	10,226,399		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

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd. #0048637

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			83,086	83,086		83,086	301,672	384,758			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			142,530	142,530		142,530	466,368	608,898			32
33	Real Estate Taxes							217,595	217,595			33
34	Rent-Facility & Grounds			1,785,699	1,785,699		1,785,699	(1,785,699)				34
35	Rent-Equipment & Vehicles			45,264	45,264		45,264	7,698	52,962			35
36	Other (specify):*											36
37	TOTAL Ownership			2,056,579	2,056,579		2,056,579	(792,366)	1,264,213			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		287,021	99,434	386,455		386,455		386,455			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			148,356	148,356		148,356		148,356			42
43	Other (specify):* Non-Allowable			368,660	368,660		368,660	(368,660)				43
44	TOTAL Special Cost Centers		287,021	616,450	903,471		903,471	(368,660)	534,811			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,744,762	1,732,549	6,457,856	13,935,167		13,935,167	(1,909,744)	12,025,423			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(8,488)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(7,499)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,505)	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	(2,250)	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	(364,177)	43		24
25	Fund Raising, Advertising and Promotional	(300)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(605)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(515,050)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (899,874)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,009,870)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,009,870)		36
	(sum of SUBTOTALS)			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,909,744)		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

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.

ID# 0048637

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	\$ (48,058)	10	1
2	Adjust Mgt Co. medical supplies"other" to cost	(103,483)	10	2
3	Adjust Mgt Co. food to cost	(66,676)	2	3
4	Non-allowable patient clothing	(428)	43	4
5	Non-allowable professional fees	(96,977)	19	5
6	Non-allowable owner interest expense	(142,530)	32	6
7	Non-allowable auto expense - marketing	(1,633)	25	7
8	Non-allowable Illinois Council on Long Term Care Dues	(6,525)	20	8
9	Non-allowable office expense	(365)	43	9
10	Non-allowable trust fees	(2,075)	43	10
11	Non-allowable depreciation - marketing	(6,300)	30	11
12	Non-allowable miscellaneous expense	(40,000)	21	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	(515,050)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.# 0048637

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	(66,676)	0	0	0	17	0	0	0	0	0	0	(66,659)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	7,030	0	0	0	0	0	0	0	0	7,030	5
6	Maintenance	0	0	7,313	0	0	0	0	0	0	0	0	7,313	6
7	Other (specify):*	0	0	453	0	0	0	0	0	0	0	0	453	7
8	TOTAL General Services	(66,676)	0	14,796	0	17	0	0	0	0	0	0	(51,863)	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	(151,541)	0	0	0	0	0	0	0	0	0	0	(151,541)	10
10a	Therapy	0	0	0	0	(83,978)	0	0	0	0	0	0	(83,978)	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	42,404	0	0	0	0	0	0	42,404	15
16	TOTAL Health Care and Programs	(151,541)	0	0	0	(41,574)	0	0	0	0	0	0	(193,115)	16
	C. General Administration													
17	Administrative	0	0	(969,972)	0	0	0	0	0	0	0	0	(969,972)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(96,977)	0	34,572	250	2,385	0	0	0	0	0	0	(59,770)	19
20	Fees, Subscriptions & Promotions	(6,525)	0	4,558	0	1,408	0	0	0	0	0	0	(559)	20
21	Clerical & General Office Expenses	(48,488)	0	490,304	0	4,207	0	0	0	0	0	0	446,023	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	932	0	1,485	0	0	0	0	0	0	2,417	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(1,633)	0	3,783	0	574	0	0	0	0	0	0	2,724	25
26	Insurance-Prop.Liab.Malpractice	0	0	3,507	0	0	0	0	0	0	0	0	3,507	26
27	Other (specify):*	0	0	71,539	0	351	0	0	0	0	0	0	71,890	27
28	TOTAL General Administration	(153,623)	0	(360,777)	250	10,410	0	0	0	0	0	0	(503,740)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(371,840)	0	(345,981)	250	(31,147)	0	0	0	0	0	0	(748,718)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.# 0048637

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	(6,300)	0	12,397	295,437	138	0	0	0	0	0	0	301,672 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(150,029)	0	0	616,397	0	0	0	0	0	0	0	466,368 32
33	Real Estate Taxes	0	0	11,525	206,070	0	0	0	0	0	0	0	217,595 33
34	Rent-Facility & Grounds	0	0	0	(1,785,699)	0	0	0	0	0	0	0	(1,785,699) 34
35	Rent-Equipment & Vehicles	0	0	7,698	0	0	0	0	0	0	0	0	7,698 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	(156,329)	0	31,620	(667,795)	138	0	0	0	0	0	0	(792,366) 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):*	(371,705)	0	0	3,045	0	0	0	0	0	0	0	(368,660) 43
44	TOTAL Special Cost Centers	(371,705)	0	0	3,045	0	0	0	0	0	0	0	(368,660) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(899,874)	0	(314,361)	(664,500)	(31,009)	0	0	0	0	0	0	(1,909,744) 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	80.00 %	See Attached Page 6-Supplemental		See Attached Schedule A		
Joshua Ray	20.00 %					

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	Total from Page 6A	\$ 1,002,086	Glen Health and Home Management, Inc.	A	\$ 687,725	\$ (314,361)	1
2	V							2
3	V	Total from Page 6B	1,785,699	GlenLake Terrace Realty LLC	B	1,121,199	(664,500)	3
4	V							4
5	V	Total from Page 6C	489,002	Therapy Masters, Inc.	C	457,993	(31,009)	5
6	V							6
7	V							7
8	V			OWNERSHIP REFERENCE:				8
9	V			A: Owned 100.00 % by Sidney Glenner through attribution				9
10	V			B: Owned 80.00 % by Sidney Glenner & 20.00 % by Joshua Ray				10
11	V			C: Owned 100.00 % by Sidney Glenner				11
12	V							12
13	V							13
14	Total		\$ 3,276,787			\$ 2,266,917	\$ * (1,009,870)	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	\$ 1,002,086	Glen Health and Home Management, Inc.	A	\$		\$ (1,002,086)	15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A		7,030	7,030	16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A		4,182	4,182	17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A		34,572	34,572	18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A		4,558	4,558	19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A		30,553	30,553	20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A		71,992	71,992	21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A		932	932	22
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A		3,783	3,783	23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A		3,507	3,507	24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A		12,397	12,397	25
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A		11,525	11,525	26
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A		7,698	7,698	27
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A		3,131	3,131	28
29	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A		32,114	32,114	29
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A		459,751	459,751	30
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A		(71,992)	(71,992)	31
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A		453	453	32
33	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A		4,672	4,672	33
34	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A		66,867	66,867	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,002,086			\$	687,725	\$ * (314,361)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	43	Clerical	\$	GlenLake Terrace Realty LLC	B	\$ 365	\$	365	15
16	V	30	Depreciation		GlenLake Terrace Realty LLC	B	295,437		295,437	16
17	V	32	Interest Income		GlenLake Terrace Realty LLC	B	(1,288)		(1,288)	17
18	V	32	Interest Expense		GlenLake Terrace Realty LLC	B	617,685		617,685	18
19	V	33	Real Estate Taxes		GlenLake Terrace Realty LLC	B	206,070		206,070	19
20	V	34	Rental Income	1,785,699	GlenLake Terrace Realty LLC	B			(1,785,699)	20
21	V	43	State Replacement Taxes		GlenLake Terrace Realty LLC	B	605		605	21
22	V	19	Professional Fees		GlenLake Terrace Realty LLC	B	250		250	22
23	V	43	Trust Fees		GlenLake Terrace Realty LLC	B	2,075		2,075	23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total			\$ 1,785,699			\$ 1,121,199	\$ *	(664,500)	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	\$ 489,002	Therapy Masters, Inc.	C	\$ 405,024	\$ (83,978)	15
16	V	19 Professional Fees		Therapy Masters, Inc.	C	2,385	2,385	16
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	C	67	67	17
18	V	20 Dues and Subscriptions		Therapy Masters, Inc.	C	57	57	18
19	V	21 Clerical Salaries		Therapy Masters, Inc.	C	3,295	3,295	19
20	V	21 Clerical		Therapy Masters, Inc.	C	912	912	20
21	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	42,755	42,755	21
22	V	23 Training and Education		Therapy Masters, Inc.	C	1,485	1,485	22
23	V	25 Auto Expenses		Therapy Masters, Inc.	C	574	574	23
24	V	20 Employment Fees		Therapy Masters, Inc.	C	1,284	1,284	24
25	V	22 Employee Benefits		Therapy Masters, Inc.	C	(42,755)	(42,755)	25
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	42,404	42,404	26
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	351	351	27
28	V	30 Depreciation		Therapy Masters, Inc.	C	138	138	28
29	V	2 Food Purchase		Therapy Masters, Inc.	C	17	17	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		\$ 489,002			\$ 457,993	\$ * (31,009)	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 %	GlenOaks Nursing & Rehabilitation	Northbrook				11
12			Centre, Ltd.					12
13								13
14	Sidney Glenner	100.00 %	GlenShire Nursing & Rehabilitation	Richton Park				14
15			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 GlenLake Terrace Nursing and Rehabilitatic # 0048637 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	80.00 %	173,206	10	16.21 %	Salary	\$ 32,114	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	45,125	6	16.21 %	Salary	8,367	Ln 21, Col 7	2
3	Elliot Glenner	Administrative	Administrative	0.00 %	24,944	6	16.21 %	Salary	4,039	Ln 21, Col 7	3
4	Daniel Glenner	Administrative	Administrative	0.00 %	21,781	6	16.21 %	Salary	4,625	Ln 21, Col 7	4
5	David Weinschneider	Administrative	Administrative	0.00 %	44,893	6	16.21 %	Salary	8,324	Ln 21, Col 7	5
6	Joshua Ray	V.P. of Operations	Administrative	20.00 %	173,206	10	16.21 %	Salary	32,114	Ln 21, Col 7	6
7											7
8											8
9											9
10		See Attached Schedule B									10
11											11
12											12
13								TOTAL	\$ 89,583		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GlenLake Terrace Nursing and Rehabilitation Centre, Ltd # 0048637 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 & 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	\$ 85,578	\$ 7,030	1
2	6	Repairs and Maintenance	Resident Days	547,138	7	26,739	85,578	4,182	2
3	19	Professional Fees	Resident Days	547,138	7	221,035	85,578	34,572	3
4	20	Licenses, Permits and Inspection	Resident Days	547,138	7	29,141	85,578	4,558	4
5	21	Clerical	Resident Days	547,138	7	195,341	85,578	30,553	5
6	22	Employee Benefits and Payroll	Resident Days	547,138	7	460,274	85,578	71,992	6
7	23	Training and Education	Resident Days	547,138	7	5,959	85,578	932	7
8	25	Auto Expenses	Resident Days	547,138	7	24,184	85,578	3,783	8
9	26	Insurance	Resident Days	547,138	7	22,424	85,578	3,507	9
10	30	Depreciation	Resident Days	547,138	7	79,259	85,578	12,397	10
11	33	Real Estate Taxes	Resident Days	547,138	7	73,683	85,578	11,525	11
12	35	Equipment and Vehicle Rental	Resident Days	547,138	7	49,215	85,578	7,698	12
13	6	Janitorial Salaries	Resident Days	547,138	7	20,018	20,018	3,131	13
14	17	Officer's Salaries	Resident Days	547,138	7	205,320	205,320	32,114	14
15	21	Administrative Salaries	Resident Days	547,138	7	2,939,391	2,939,391	459,751	15
16	22	Employee Benefits	Payroll					(71,992)	16
17	7	Employee Benefits - Janitorial	Payroll					453	17
18	27	Employee Benefits - Officer's	Payroll					4,672	18
19	27	Employee Benefits - Admin	Payroll					66,867	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 4,396,926	\$ 3,164,729	\$ 687,725	25

SEE ACCOUNTANTS' COMPILATION REPORT

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME GlenLake Terrace Nursing and Rehabilitation Centre, Ltd. COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0048637

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>08-32-109-021</u>	<u>2222 14th Street, Waukegan, IL</u>	\$ <u>175,054.89</u>	\$ <u>175,054.89</u>
2. <u>08-32-109-020</u>	<u>2300 14th Street, Waukegan, IL</u>	\$ <u>3,015.13</u>	\$ <u>3,015.13</u>
3. <u>Allocated from Management Company:</u>		\$ <u>63,772.67</u>	\$ <u>11,525.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>241,842.69</u></u>	\$ <u><u>189,595.02</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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 48,925 B. General Construction Type: Exterior Brick Frame Concrete and Steel Number of Stories Four

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

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

2300 WEST 14TH STREET, WAUKEGAN, IL - LAND LOCATED ADJACENT TO THE FACILITY.

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>79,750</u>	<u>2006</u>	<u>\$ 502,844</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>13,285</u>	<u>2</u>
3	TOTALS	<u>79,750</u>		<u>\$ 516,129</u>	<u>3</u>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.# 0048637

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	271		2006	1974	\$ 7,636,686	\$ 254,556	30	\$ 254,556		\$ 1,284,351	4
5											5
6	Alloc from			1996	276,645			7,472	7,472		6
7	Mgt Comp										7
8	Schedule J										8
	Improvement Type**										
9	HDSI programs and installation		2006		34,305	3,431	10	3,431		18,870	9
10	Furnish and install outdoor signs		2007		10,055	1,006	10	1,006		4,527	10
11	Remove and install vinyl cove base		2007		9,986	999	10	999		4,495	11
12	Furnish and install light fixture and run new piping		2007		2,672	267	10	267		1,202	12
13	Replace leaking hydraulic supply lines for elevators		2007		5,000	500	10	500		2,250	13
14	Furnish and install motor bearings and gasket on washing machine		2008		2,535	254	10	254		889	14
15	Coil rebuilding and water heater retubing		2008		3,276	328	10	328		1,148	15
16	Replace tube sheet and water return pump, replace piping		2008		2,717	272	10	272		952	16
17	Satelite cable Phase I channel Headend installation		2008		6,250	625	10	625		2,188	17
18	Satelite cable Phase II channel Headend installation		2008		6,250	625	10	625		2,188	18
19	Indoor cameras with power supply		2008		6,889	689	10	689		2,411	19
20	Indoor cameras and power supply		2008		3,211	321	10	321		1,124	20
21	Replace 2 inch galvanized hot water piping in laundry room		2009		2,500	250	10	250		625	21
22	Wiring for television system, create television outlets		2009		2,750	275	10	275		688	22
23	Furnish and install sentry guard water coil		2009		5,169	517	10	517		1,292	23
24	Install new receptacles on existing circuits for televisions		2009		8,800	880	10	880		2,200	24
25	Furnish and install wet-pipe sprinkler protection		2009		56,112	5,611	10	5,611		14,028	25
26	Remove existing cove base and carpet, floor prep, new carpet and wallpap		2009		3,364	336	10	336		840	26
27	Category 6 cable (550mhz)		2010		3,964	396	10	396		594	27
28	Installation of front door electrolock security system with intercom		2010		3,985	399	10	399		598	28
29	Install fire alarm wiring and power supervision relays		2010		4,544	454	10	454		681	29
30	Install new mixing valve on plumbing project		2011		3,160	158	10	158		158	30
31	Install fire protection sprinkler heads		2011		3,088	154	10	154		154	31
32	Remove and install ceiling, nurses station, vinyl tile project and wallpaper		2011		365,930	18,297	10	18,297		18,297	32
33	Install new light poles		2011		13,753	688	10	688		688	33
34	New parking lot and curbs		2011		127,628	6,381	10	6,381		6,381	34
35	Parking lot striping and install compacted mix		2011		18,495	925	10	925		925	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 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	Concrete project, install curbs, walkway and patio	2011	\$ 37,699	\$ 1,885	10	\$ 1,885	\$	\$ 1,885	37
38	Installation of new annunciators for nursing stations	2011	2,838	142	10	142		142	38
39	Exterior fire main project	2011	10,220	511	10	511		511	39
40	Remove and install ceramic tile and carpet	2011	26,880	1,344	10	1,344		1,344	40
41	Purchase of food waste disposer	2011	3,132	157	10	157		157	41
42	Install annunciator panel, conduit and elbows	2011	4,835	242	10	242		242	42
43									43
44									44
45									45
46									46
47									47
48	See Attached Schedule L:								48
49	Leasehold Improvements Allocated from Management Company:	1998	15,236						49
50	Leasehold Improvements Allocated from Management Company:	1999	6,363						50
51	Leasehold Improvements Allocated from Management Company:	2000	762						51
52	Leasehold Improvements Allocated from Management Company:	2008	2,292			235	235	22,148	52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 8,739,975	\$ 303,875		\$ 311,582	\$ 7,707	\$ 1,401,173	70

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	\$ 534,102	\$ 56,110	\$ 56,110	\$	5, 10 years	\$ 256,952	71
72	Current Year Purchases	169,094	10,238	10,238		5, 10 years	10,238	72
73	Fully Depreciated Assets							73
74	Allocated from Therapy Masters, Mgt Co:	122,520		1,335	1,335		118,572	74
75	TOTALS	\$ 825,716	\$ 66,348	\$ 67,683	\$ 1,335		\$ 385,762	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	2001 Ford Bus	2000	\$ 20,000	\$ 2,000	\$ 2,000	\$	5 years	\$ 20,000	76
77	Marketing	2009 Lincoln MKX	2009	31,500	6,300	6,300		5 years	15,750	77
78	Non-Allowable Marketing Depreciation Expense:				(6,300)	(6,300)				78
79	Allocated from Management Company:			22,598		3,493	3,493		13,044	79
80	TOTALS			\$ 74,098	\$ 2,000	\$ 5,493	\$ 3,493		\$ 48,794	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)	\$ 10,155,918	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 372,223	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 384,758	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 12,535	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,835,729	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: \$ 48,824 Description: Copiers\$36,234, Ice-maker\$2,073, Dishmachine\$4,139, Postage Meter \$796, Saw/Sprayer\$2,022, Mgt Co:\$3,560

(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					18
19	<u>Allocated from Management Company:</u>			<u>4,138</u>	19
20					20
21	TOTAL		\$	\$ <u>4,138</u>	21

10. Effective dates of current rental agreement:
Beginning _____
Ending _____

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2012</u>	\$ _____
13.	<u>/2013</u>	\$ _____
14.	<u>/2014</u>	\$ _____

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

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

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	
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	\$	4,095	\$ 231,701	\$ 1,008	4,095	\$ 232,709	1
2	Licensed Speech and Language Development Therapist	Ln10a,Col 2&3	hrs		1,517	86,289	603	1,517	86,892	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		2,362	171,012	1,460	2,362	172,472	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				287,021		287,021	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&3	3,258 hours	57,493		99,434 415		3,258	99,434 57,908	13
14	TOTAL			\$ 57,493	7,974	\$ 588,851	\$ 290,092	11,232	\$ 936,436	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number GlenLake Terrace Nursing and Rehabilitation Centre, Ltd. # 0048637 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	\$ (488,615)	\$ 621,255	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>340,201</u>)	6,250,691	6,250,691	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	134,089	134,089	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(649,330)		8
9	Other(specify): <u>Other Receivables</u>	9,913	48,484	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,256,748	\$ 7,054,519	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		516,129	13
14	Buildings, at Historical Cost		7,913,331	14
15	Leasehold Improvements, at Historical Cost	801,993	826,644	15
16	Equipment, at Historical Cost	345,884	899,814	16
17	Accumulated Depreciation (book methods)	(179,573)	(1,835,729)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 968,304	\$ 8,320,189	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,225,052	\$ 15,374,708	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,033,905	\$ 1,033,905	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	311,156	311,156	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	432,694	432,694	30
31	Accrued Taxes Payable (excluding real estate taxes)	367	367	31
32	Accrued Real Estate Taxes(Sch.IX-B)		183,000	32
33	Accrued Interest Payable		21,812	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule E:</u>	846,204	846,204	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,624,326	\$ 2,829,138	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		19,100,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Stockholders:</u>	6,227,566	6,227,566	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 6,227,566	\$ 25,327,566	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,851,892	\$ 28,156,704	46
47	TOTAL EQUITY(page 18, line 24)	\$ (2,626,840)	\$ (12,781,996)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,225,052	\$ 15,374,708	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,440,491)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,440,491)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(186,349)	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)	\$ (186,349)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (2,626,840)	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	\$ 12,668,266	1
2	Discounts and Allowances for all Levels	(1,671,143)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,997,123	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	965,541	6
7	Oxygen	432,000	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,397,541	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	378,286	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	15,197	19
20	Radiology and X-Ray	10,443	20
21	Other Medical Services	942,689	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,346,615	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	7,499	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 7,499	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Miscellaneous Income</u>	40	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 40	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,748,818	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,021,427	31
32	Health Care	6,401,000	32
33	General Administration	2,552,690	33
B. Capital Expense			
34	Ownership	2,056,579	34
C. Ancillary Expense			
35	Special Cost Centers	755,115	35
36	Provider Participation Fee	148,356	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,935,167	40
41	Income before Income Taxes (line 30 minus line 40)**	(186,349)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (186,349)	43

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

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

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

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

Facility Name & ID Number **GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.**

0048637

Report Period Beginning:

1/01/2011

Ending:

12/31/2011

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	1,945	2,169	\$ 93,964	\$ 43.32	1
2	Assistant Director of Nursing					2
3	Registered Nurses	55,593	58,151	1,689,842	29.06	3
4	Licensed Practical Nurses	35,134	37,051	1,058,694	28.57	4
5	CNAs & Orderlies	150,539	160,347	1,650,850	10.30	5
6	CNA Trainees					6
7	Licensed Therapist	2,977	3,258	57,493	17.65	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,977	2,250	37,916	16.85	9
10	Activity Assistants	12,453	13,655	131,254	9.61	10
11	Social Service Workers	8,455	9,328	132,027	14.15	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	9,409	10,227	99,039	9.68	14
15	Cook Helpers/Assistants	24,664	26,496	270,081	10.19	15
16	Dishwashers					16
17	Maintenance Workers	5,373	5,865	90,764	15.48	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,001	2,134	74,297	34.82	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,431	10,709	217,464	20.31	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	12,370	13,341	141,077	10.57	33
34	TOTAL (lines 1 - 33)	332,321	354,981	\$ 5,744,762 *	\$ 16.18	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	\$ 21,125	Ln 1, Col 3	35
36	Medical Director	Monthly	26,400	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	16,471	Ln 10, Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	24	1,220	Ln 11, Col 3	44
45	Social Service Consultant	33	1,848	Ln 12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	57	\$ 67,064		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	3,083	\$ 84,773	Ln 10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	3,083	\$ 84,773		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	
Mary Clausen	Administrator	0.00 %	\$ 74,297	Workers' Compensation Insurance	\$ 76,774	IDPH License Fee	\$	
				Unemployment Compensation Insurance	53,809	Advertising: Employee Recruitment		
				FICA Taxes	418,227	Health Care Worker Background Check		
				Employee Health Insurance	117,705	(Indicate # of checks performed <u>95</u>)	950	
				Employee Meals	21,147	Patient Background Checks <u>113</u>	1,130	
				Illinois Municipal Retirement Fund (IMRF)*				
				Other Employee Benefits	6,265			
				Union Health and Welfare	2,525	See Attached Schedule K:	33,923	
				Union Pension	64,990	Allocated from Therapy Masters:	1,408	
				401K Match	3,162	Allocated from Management Company:	4,558	
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)					\$ 74,297	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 41,969
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)				See Attached Schedule D:			Out-of-State Travel	
\$ 1,002,086				0			\$	
				TOTAL (agree to Schedule V, line 22, col.8)			In-State Travel	
				\$ 764,604				
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)							Seminar Expense	
\$ 1,002,086								
C. Professional Services				TOTAL			Entertainment Expense	
Vendor/Payee				Amount			()	
Type							(agree to Sch. V, line 24, col. 8)	
Amount							\$	
See Attached Schedule C:				140,328			TOTAL	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				\$ 140,328				

* Attach copy of IMRF notifications
 SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

Facility Name & ID Number GlenLake Terrace Nursing and Rehabilitation Centre, Lt # 0048637

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 GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.# 0048637Report 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 \$19,816
- (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. \$ 2,823 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. \$ 148,356
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 21,147 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees

SEE ACCOUNTANTS' COMPILATION REPORT

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0048637
12/31/2011

SCHEDULE A

SCHEDULE VII. RELATED PARTIES

Part A. Col.3

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

See Accountants' Compilation Report

SCHEDULE VII RELATED PARTIES

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

Name	Compensation Received From Other Nursing Homes						Total
	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenCrest Nursing & Rehab. Centre, Ltd.	Glen Bridge Nursing & Rehab. Centre, Ltd.	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	Brentwood North Healthcare & Rehabilitation	
Sidney Glenner	39,247	37,312	35,210	15,036	30,168	16,233	173,206
Jonathan Glenner	10,225	9,721	9,173	3,917	7,860	4,229	45,125
Elliot Glenner	5,652	5,373	5,071	2,165	4,345	2,338	24,944
Daniel Glenner	4,936	4,692	4,428	1,891	3,794	2,040	21,781
David Weinschneider	10,172	9,671	9,126	3,897	7,819	4,208	44,893
Joshua Ray	39,247	37,312	35,210	15,036	30,168	16,233	173,206
Total compensation received from other Nursing Homes	109,479	104,081	98,218	41,942	84,154	45,281	483,155

See Accountants' Compilation Report

SCHEDULE C

XIX. SUPPORT SCHEDULES

C. Professional Services
 Page 21

<u>Vendor/Payee</u>	<u>Type</u>	<u>AMOUNT</u>
Health Data Systems, Inc.	Computers	6,250
Point ClickCare	Computers	48,535
IIT Sourcetek	Computers	1,424
EHealth Data Solutions	Computer Services	3,592
RSM McGladrey	Accounting	63,959
Frost, Ruttenberg & Rothblatt	Accounting	375
Law Offices of Ross J. Peters	Legal	40,000
Much Shelist	Legal	12,090
MB Financial Bank	Legal - renew Letter of Credit	975
Scheflow Engineers	Engineer Consultants	7,555
Prospect Resources	Maintenance Consulting	1,500
Personnel Planners, Inc.	Unemployment Consulting	2,327
Commitment Consulting	A/R Collections	11,516
Total Schedule V, Line 19, Col. 3		<u>200,098</u>
Allocated from Management Co:		
Point ClickCare - Computer Services		5,301
Health Data Systems, Inc. - Computer Services		769
Clinical Reimbursement Solutions - Accounting		1,014
RSM McGladrey - Accounting Services		24,149
Harold Geiser - Accounting		1,496
Frost, Ruttenberg & Rothblatt - Accounting Services		1,688
Much Shelist - Legal Services		155
Total allocated from Management Co.		<u>34,572</u>
Allocated from GlenLake Terrace Realty LLC:		
Much Shelist - Legal		250
Total allocated from GlenLake Terrace Realty LLC:		<u>250</u>
Total allocated from Therapy Masters:		2,385
Non-Allowable Expenses:		
Commitment Consulting - A/R Collections		-11,516
MB Financial Bank - Legal Fees - Renew Letter of Credit		-975
Law Offices of Ross J. Peters - Legal - Insurance Settlement		-40,000
RSM McGladrey - Accounting Fees		-44,486
Total Non-Allowable Expenses:		<u>-96,977</u>
Total adjustments page 21, Sch C.		<u><u>-59,770</u></u>
Total Schedule V, line 19, column 8		<u><u>140,328</u></u>

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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	32,427
FUTA	395
SUTA	1,071
401K Match	2,367
Insurance - Hospital	30,837
Employee Benefits	3,431
Other Employee Benefits	580
Workers Compensation Insurance	884
Total allocated from Management Co.	<u>71,992</u>
Employee Benefits reclassified to Lines 7, 27	-71,992
Allocated from Therapy Masters, Inc.:	
FICA taxes	27,632
FUTA	379
SUTA	550
401K Match	2,749
Insurance - Hospital	10,455
Workers Compensation Insurance	876
Other Employee Benefits	114
Uniform Allowance	0
Total allocated from Therapy Masters, Inc. Co.	<u>42,755</u>
Employee Benefits reclassified to Lines 15,27	-42,755
Total allocated to Page 21	<u>0</u>

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GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0048637
12/31/2011

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
B/C B/S Advance	3,312
Accrued Union Dues	2,531
Accrued Wage Assignment	(2,721)
Accrued Profit Sharing	119
Due Con. Mutual	363,344
Accrued Management Fees	472,161
Accrued 401K	563
Refunds Exchange	6,895
Total, Page 17, Line36	<u>846,204</u>

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GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0048637
12/31/2011

SCHEDULE F

SCHEDULE VI. ADJUSTMENT DETAIL

Schedule A. Nonallowable Expenses

Page 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>REFERENCE</u>
Patient clothing	-428	43
Non-allowable owner interest expense	-142,530	32
Non-allowable office expense	-365	43
Non-allowable miscellaneous expense	-40,000	21
Non-allowable professional fees	-96,977	19
Non-allowable depreciation - marketing	-6,300	30
Non-allowable auto expense - marketing	-1,633	25
Non-allowable Illinois Council on Long Term Care Dues	-6,525	20
Non-allowable trust fees	-2,075	43
Adjust mgt co. med supplies - med'A' to cost	-48,058	10
Adjust mgt co. med supplies - 'other' to cost	-103,483	10
Adjust mgt co. food to cost	-66,676	2
Total	<u>-515,050</u>	

See Accountants' Compilation Report

**GlenLake Terrace Realty LLC
Accrued Real Estate Taxes
12/31/2011**

SCHEDULE G

	Accrued 1/01/11	Payments	Expense	Accrued 12/31/11
Balance @ 1/01/2011:	(155,000.00)		(155,000.00)	
2010 real estate taxes paid		175,054.89	175,054.89	
Estimated 2011 real estate taxes:				
2010 taxes	175,054.89			
Estimated increase	4.00 %			
Estimated 2011 taxes	182,057.09			
USE	183,000.00		183,000.00	183,000.00
Totals	(155,000.00)	175,054.89	203,054.89	183,000.00

Real estate tax history:

	Year	Amount	Increase	
			\$	%
	2005	99,869.61		
	2006	101,899.43	2,029.82	2.03%
	2007	137,996.93	36,097.50	35.42%
	2008	145,704.35	7,707.42	5.59%
	2009	150,382.23	4,677.88	3.21%
	2010	175,054.89	24,672.66	16.41%

SEE ACCOUNTANTS' COMPILATION REPORT

Provider Name: GlenLake Terrace Nursing & Rehabilitation Centre, Ltd.

Provider I.D. #: 0048637

Year Ended: December 31, 2011

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Joshua Ray, Mary Claussen	3/30/2011	Northbrook, IL	INR PPS 2011	168
Mary Claussen, Jason Deichl	7/28/2011	Skokie, IL	Illinois Council on Long Term Care The Most Frequent Life Safety Code Violations	210
Mary Claussen, Porshia Glass	7/6/2011	Skokie, IL	Illinois Council on Long Term Care The New Medicaid Integrated Care Program	210
Sidney Glenner Mary Claussen	9/12/2011	Waukegan, IL	Summit Professional Education Memory & Cognitive Rehab	358
Sidney Glenner Mary Claussen	10/5/2011	Skokie, IL	INR Life Safety Code Violations	168
Mary Claussen, George Creal	10/3/2011	Skokie, IL	Illinois Council on Long Term Care Consistent Staff-The Key to Quality	120
Sharon Moravec	2/11/2011	Barrington, IL	Advocate Good Shepherd Hospital A Matter of Balance Facilitator Training	45
Social Workers	3/2/2011	Waukegan, IL	Social Work PRN CEU course for social workers	100
Social Service and Nursing Staff	6/15/2011	Waukegan, IL	Social Work PRN Assessing for Suicide and Homicidal Risks	275
Social Service, Nursing Staff & Admin	7/27/2011	Waukegan, IL	Social Work PRN The Neurology of Good Manners	100
Social Service & Administrative Staff	8/19/2011	Waukegan, IL	Social Work PRN Illinois Public Aid Guidelines for Long Term Care	275
Nursing Staff	8/10/2011	Waukegan, IL	Omnicare EDU-Nurse IV Training	275
			Allocated From Management Company	932
			Allocated From Therapy Masters	1,485
			Total	4,721

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GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0048637
12/31/2011

SCHEDULE I

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

	Gasoline	Licenses/ Stickers	Employee Reimbursement: Mileage, Parking, I-Pass	Repairs & Maintenance	Total
Direct Expense	9,492	261	4,797	6,022	20,571
Non-allowable auto expense - marketing					-1,633
Allocated from Management Company					3,783
Allocated from Therapy Masters					574
TOTAL	<u>9,492</u>	<u>261</u>	<u>4,797</u>	<u>6,022</u>	<u>23,295</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	26,341
Employment Fees	13,000
City of Waukegan Business License, Annual Sign Ordinance Fee	361
Lake County Health Department Food Service Permit Fee	346
State Fire Marshall Boiler Inspection	300
Secretary of State Annual Report	100
Non-allowable Illinois Council on Long Term Care Dues	-6,525
Total allocated to Page 21	<u>33,923</u>

See Accountants' Compilation Report

HEALTH AND HOME MANAGEMENT, INC
ALLOCATION OF MANAGEMENT COMPANY LEASEHOLD IMPROVEMENT:

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 TAN	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	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 2009												
					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