

Facility Name & ID Number Glen Saint Andrew Lvg Comm

0053348 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 55 beds eff 1/30/15

	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	0	Skilled (SNF)	55	18,480	1
2		Skilled Pediatric (SNF/PED)			2
3	55	Intermediate (ICF)	55	20,075	3
4		Intermediate/DD			4
5	154	Sheltered Care (SC)	99	37,730	5
6		ICF/DD 16 or Less			6
7	209	TOTALS	209	76,285	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	2,585	2,641	964	6,190	8
9	SNF/PED					9
10	ICF	7,753	7,924	0	15,677	10
11	ICF/DD					11
12	SC	0	40,626	0	40,626	12
13	DD 16 OR LESS					13
14	TOTALS	10,338	51,191	964	62,493	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.92%

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 12/08/2014

J. Was the facility purchased or leased after January 1, 1978?
YES Date 12/08/2014 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 55 and days of care provided 964

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2015 Fiscal Year: 12/31/2015

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

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		61,409	530,688	592,097		592,097	(384,916)	207,181		1
2	Food Purchase		459,382		459,382	(9,270)	450,112	(298,639)	151,473		2
3	Housekeeping	214,962	47,994		262,956		262,956	(31,201)	231,755		3
4	Laundry	36,830	4,034	5,071	45,935		45,935		45,935		4
5	Heat and Other Utilities			291,411	291,411		291,411	(185,543)	105,868		5
6	Maintenance	232,809	26,763	236,566	496,138		496,138	(316,550)	179,588		6
7	Other (specify):* Allocated Employee Benefits							400	400		7
8	TOTAL General Services	484,601	599,582	1,063,736	2,147,919	(9,270)	2,138,649	(1,216,449)	922,200		8
	B. Health Care and Programs										
9	Medical Director			18,039	18,039		18,039		18,039		9
10	Nursing and Medical Records	1,813,597	55,537	5,643	1,874,777		1,874,777	(27,573)	1,847,204		10
10a	Therapy		3,503	174,004	177,507		177,507	(18,345)	159,162		10a
11	Activities	120,142	4,594	2,448	127,184		127,184	(82,681)	44,503		11
12	Social Services	52,871		79,212	132,083		132,083	(85,866)	46,217		12
13	CNA Training										13
14	Program Transportation			3,384	3,384		3,384	(2,200)	1,184		14
15	Other (specify):* Allocated Employee Benefits							14,775	14,775		15
16	TOTAL Health Care and Programs	1,986,610	63,634	282,730	2,332,974		2,332,974	(201,890)	2,131,084		16
	C. General Administration										
17	Administrative	85,332			85,332		85,332	46,259	131,591		17
18	Directors Fees										18
19	Professional Services			127,904	127,904		127,904	(35,956)	91,948		19
20	Dues, Fees, Subscriptions & Promotions			18,154	18,154		18,154	(15,067)	3,087		20
21	Clerical & General Office Expenses	263,303	77,096	64,186	404,585		404,585	200,735	605,320		21
22	Employee Benefits & Payroll Taxes			768,975	768,975	9,270	778,245	(89,804)	688,441		22
23	Inservice Training & Education			1,176	1,176		1,176	698	1,874		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			673	673		673	7,198	7,871		25
26	Insurance-Prop.Liab.Malpractice			107,872	107,872		107,872	(1,870)	106,002		26
27	Other (specify):* Allocated Employee Benefits							76,584	76,584		27
28	TOTAL General Administration	348,635	77,096	1,088,940	1,514,671	9,270	1,523,941	188,777	1,712,718		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,819,846	740,312	2,435,406	5,995,564		5,995,564	(1,229,562)	4,766,002		29

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

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 Saint Andrew Lvg Comm

#0053348

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

12/31/2015

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			13,576	13,576	13,576	113,964	127,540				30
31	Amortization of Pre-Op. & Org.											31
32	Interest						134,432	134,432				32
33	Real Estate Taxes						166,714	166,714				33
34	Rent-Facility & Grounds			1,018,460	1,018,460	1,018,460	(1,018,460)					34
35	Rent-Equipment & Vehicles			9,706	9,706	9,706	(1,176)	8,530				35
36	Other (specify):* Amort Intang Assets						10,160	10,160				36
37	TOTAL Ownership			1,041,742	1,041,742	1,041,742	(594,366)	447,376				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		23,457		23,457	23,457	(3,206)	20,251				39
40	Barber and Beauty Shops			18,943	18,943	18,943	(12,314)	6,629				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			144,656	144,656	144,656		144,656				42
43	Other (specify):* Non-Allowable			118,153	118,153	118,153	(118,153)					43
44	TOTAL Special Cost Centers		23,457	281,752	305,209	305,209	(133,673)	171,536				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,819,846	763,769	3,758,900	7,342,515	7,342,515	(1,957,601)	5,384,914				45

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

Facility Name & ID Number Glen Saint Andrew Lvg Comm

0053348

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

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	(12,755)	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				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,642)	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	(9,000)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(103,284)	43		24
25	Fund Raising, Advertising and Promotional	(2,025)	43		25
	Income Taxes and Illinois Personal				
26	Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(2,691,318)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (2,822,024)		\$	30

BHF USE ONLY						
48		49		50		51
						52

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
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	864,423		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 864,423		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,957,601)		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		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Glen Saint Andrew Lvg Comm

ID# 0053348

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-allowable patient clothing	\$ (202)	43	1
2	Non-allowable professional fees	(63,876)	19	2
3	Non-allowable Illinois Council on Long Term Care Dues	(11,052)	20	3
4	Adjust pharmacy expense to cost	(3,206)	39	4
5	Non-allowable marketing salaries	(24,436)	21	5
6	Non-allowable marketing employee benefits	(6,690)	22	6
7	Non-allowable auto expense - marketing	(112)	25	7
8	Non-allowable office expense	(250)	43	8
9	Non-allowable bank fees	(30)	43	9
10	Non-allow ILF/ALF: salaries Dir Supportive Services	(115,094)	21	10
11	Non-allow ILF/ALF: salaries LPN Sr Services	(3,675)	10	11
12	Non-allow ILF/ALF: salaries Resident Assistant	(23,898)	10	12
13	Non-allowable dietary supplies - ILF/ALF	(39,922)	1	13
14	Non-allowable dietary consultant - ILF/ALF	(344,994)	1	14
15	Non-allowable food - ILF/ALF	(298,639)	2	15
16	Non-allowable housekeeping supplies - ILF/ALF	(31,201)	3	16
17	Non-allowable utilities - ILF/ALF	(189,443)	5	17
18	Non-allowable plant salaries - ILF/ALF	(151,346)	6	18
19	Non-allowable plant supplies - ILF/ALF	(17,398)	6	19
20	Non-allowable maintenance - ILF/ALF	(153,790)	6	20
21	Non-allowable activities supplies - ILF/ALF	(2,987)	11	21
22	Non-allowable activities consultant - ILF/ALF	(1,591)	11	22
23	Non-allowable social service consultant - ILF/ALF	(1,854)	12	23
24	Non-allowable transportation - ILF/ALF	(2,200)	14	24
25	Non-allowable professional fees - ILF/ALF	(28,627)	19	25
26	Non-allowable dues and subscriptions - ILF/ALF	(4,617)	20	26
27	Non-allowable beauty and barber shop - ILF/ALF	(12,314)	40	27
28	Non-allowable office supplies - ILF/ALF	(50,119)	21	28
29	Non-allowable office supplies - ILF/ALF	(33,435)	21	29
30	Non-allowable employee benefits - ILF/ALF	(83,114)	22	30
31	Non-allowable training and education - ILF/ALF	-765	23	31
32	Non-allowable auto expense - ILF/ALF	-365	25	32

33	Non-allowable insurance - ILF/ALF	-6653	26	33
34	Non-allowable equipment rental - ILF/ALF	-6310	35	34
35	Non-allowable activities salaries - ILF/ALF	-78103	11	35
36	Non-allowable social worker salaries - ILF/ALF	-34371	12	36
37	Non-allowable religious consultant - ILF/ALF	-49641	12	37
38	Non-allowable depreciation expense-ILF/ALF	-236859	30	38
39	Non-allowable interest expense-ILF/ALF	-268528	32	39
40	Non-allowable real estate tax expense-ILF/ALF	-309611	33	40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(2,691,318)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glen Saint Andrew Lvg Comm# 0053348

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	(384,916)	0	0	0	0	0	0	0	0	0	0	(384,916)	1
2	Food Purchase	(298,639)	0	0	0	0	0	0	0	0	0	0	(298,639)	2
3	Housekeeping	(31,201)	0	0	0	0	0	0	0	0	0	0	(31,201)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(189,443)	0	3,900	0	0	0	0	0	0	0	0	(185,543)	5
6	Maintenance	(322,534)	0	5,981	0	3	0	0	0	0	0	0	(316,550)	6
7	Other (specify):*	0	0	400	0	0	0	0	0	0	0	0	400	7
8	TOTAL General Services	(1,226,733)	0	10,281	0	3	0	0	0	0	0	0	(1,216,449)	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	(27,573)	0	0	0	0	0	0	0	0	0	0	(27,573)	10
10a	Therapy	0	0	0	0	(18,345)	0	0	0	0	0	0	(18,345)	10a
11	Activities	(82,681)	0	0	0	0	0	0	0	0	0	0	(82,681)	11
12	Social Services	(85,866)	0	0	0	0	0	0	0	0	0	0	(85,866)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(2,200)	0	0	0	0	0	0	0	0	0	0	(2,200)	14
15	Other (specify):*	0	0	0	0	14,775	0	0	0	0	0	0	14,775	15
16	TOTAL Health Care and Programs	(198,320)	0	0	0	(3,570)	0	0	0	0	0	0	(201,890)	16
	C. General Administration													
17	Administrative	0	0	46,259	0	0	0	0	0	0	0	0	46,259	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(92,503)	0	30,939	19,400	6,208	0	0	0	0	0	0	(35,956)	19
20	Fees, Subscriptions & Promotions	(15,669)	0	122	0	480	0	0	0	0	0	0	(15,067)	20
21	Clerical & General Office Expenses	(235,839)	0	435,020	0	1,554	0	0	0	0	0	0	200,735	21
22	Employee Benefits & Payroll Taxes	(89,804)	0	0	0	0	0	0	0	0	0	0	(89,804)	22
23	Inservice Training & Education	(765)	0	1,152	0	311	0	0	0	0	0	0	698	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(477)	0	7,414	0	261	0	0	0	0	0	0	7,198	25
26	Insurance-Prop.Liab.Malpractice	(6,653)	0	4,591	0	192	0	0	0	0	0	0	(1,870)	26
27	Other (specify):*	0	0	76,435	0	149	0	0	0	0	0	0	76,584	27
28	TOTAL General Administration	(441,710)	0	601,932	19,400	9,155	0	0	0	0	0	0	188,777	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,866,763)	0	612,213	19,400	5,588	0	0	0	0	0	0	(1,229,562)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glen Saint Andrew Lvg Comm# 0053348

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(236,859)	0	8,490	342,333	0	0	0	0	0	0	0	113,964	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(268,528)	0	0	402,960	0	0	0	0	0	0	0	134,432	32
33	Real Estate Taxes	(309,611)	0	6,865	469,460	0	0	0	0	0	0	0	166,714	33
34	Rent-Facility & Grounds	0	0	0	(1,018,460)	0	0	0	0	0	0	0	(1,018,460)	34
35	Rent-Equipment & Vehicles	(6,310)	0	5,134	0	0	0	0	0	0	0	0	(1,176)	35
36	Other (specify):*	0	0	0	10,160	0	0	0	0	0	0	0	10,160	36
37	TOTAL Ownership	(821,308)	0	20,489	206,453	0	(594,366)	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	(3,206)	0	0	0	0	0	0	0	0	0	0	(3,206)	39
40	Barber and Beauty Shops	(12,314)	0	0	0	0	0	0	0	0	0	0	(12,314)	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):*	(118,433)	0	0	280	0	0	0	0	0	0	0	(118,153)	43
44	TOTAL Special Cost Centers	(133,953)	0	0	280	0	(133,673)	44						
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(2,822,024)	0	632,702	226,133	5,588	0	0	0	0	0	0	(1,957,601)	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		See Attached Page 6-Supplemental		See Attached Schedule A		
Joshua Ray						

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	Total from Page 6A	\$	Glen Health and Home Management, Inc.	A	\$ 632,702	\$ 632,702	1
2	V							2
3	V	Total from Page 6B	1,018,460	Glen Saint Andrew Living Community Real Estate, LLC.	B	1,244,593	226,133	3
4	V							4
5	V	Total from Page 6C	174,004	Therapy Masters, Inc.	C	179,592	5,588	5
6	V							6
7	V							7
8	V							8
9	V							9
10	V			OWNERSHIP REFERENCE:				10
11	V			A: Owned 100.00 % by Sidney Glenner by attribution				11
12	V			B: Owned 50.00 % by Sidney Glenner and 50.00 % by Joshua Ray				12
13	V			C: Owned 100.00 % by Sidney Glenner				13
14	Total		\$ 1,192,464			\$ 2,056,887	\$ * 864,423	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 Management Fees	\$	Glen Health and Home Management, Inc.	A	\$		15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	3,900	3,900	16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	3,604	3,604	17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	30,939	30,939	18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	122	122	19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	27,586	27,586	20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	76,835	76,835	21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	1,152	1,152	22
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	7,414	7,414	23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	4,591	4,591	24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	8,490	8,490	25
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	6,865	6,865	26
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	5,134	5,134	27
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	2,377	2,377	28
29	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	46,259	46,259	29
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	407,434	407,434	30
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(76,835)	(76,835)	31
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	400	400	32
33	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	7,791	7,791	33
34	V	27 Employee Benefits- Admin		Glen Health and Home Management, Inc.	A	68,644	68,644	34
35	V							35
36	V							36
37	V			A - Ownership: Sidney Glenner - 100.00 % through attribution				37
38	V							38
39	Total		\$			\$ 632,702	\$ * 632,702	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	32 Interest Expense	\$	Glen Saint Andrew Living Community Real Estate, LLC	B	\$ 384,571	\$	384,571	15
16	V	30 Depreciation		Glen Saint Andrew Living Community Real Estate, LLC	B	342,333		342,333	16
17	V	33 Real Estate Taxes		Glen Saint Andrew Living Community Real Estate, LLC	B	469,460		469,460	17
18	V	34 Rental Income	1,018,460	Glen Saint Andrew Living Community Real Estate, LLC	B			(1,018,460)	18
19	V	32 Interest Income		Glen Saint Andrew Living Community Real Estate, LLC	B	(2)		(2)	19
20	V	19 Professional Fees		Glen Saint Andrew Living Community Real Estate, LLC	B	19,400		19,400	20
21	V	32 Amortization of Mortgage Costs		Glen Saint Andrew Living Community Real Estate, LLC	B	18,391		18,391	21
22	V	43 Office Expense		Glen Saint Andrew Living Community Real Estate, LLC	B	250		250	22
23	V	43 Bank Fees		Glen Saint Andrew Living Community Real Estate, LLC	B	30		30	23
24	V	36 Amortization of Intangible Assets		Glen Saint Andrew Living Community Real Estate, LLC	B	10,160		10,160	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			B - Ownership:					34
35	V			Sidney Glenner - 50.00 % constructively					35
36	V			Joshua Ray - 50.00 %					36
37	V								37
38	V								38
39	Total		\$ 1,018,460			\$ 1,244,593	\$ *	226,133	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	10a Therapy	\$ 174,004	Therapy Masters, Inc.	C	\$ 155,659	\$ (18,345)
16	V	19 Professional Fees		Therapy Masters, Inc.	C	6,208	6,208
17	V	20 Licenses, Permits and Inspection		Therapy Masters, Inc.	C	17	17
18	V	6 Repairs and Maintenance		Therapy Masters, Inc.	C	3	3
19	V	21 Clerical Salaries		Therapy Masters, Inc.	C	1,402	1,402
20	V	21 Clerical		Therapy Masters, Inc.	C	152	152
21	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	14,924	14,924
22	V	23 Training and Education		Therapy Masters, Inc.	C	311	311
23	V	25 Auto Expenses		Therapy Masters, Inc.	C	261	261
24	V	20 Employment Fees		Therapy Masters, Inc.	C	463	463
25	V	22 Employee Benefits		Therapy Masters, Inc.	C	(14,924)	(14,924)
26	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	14,775	14,775
27	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	149	149
28	V	26 Insurance - Liability		Therapy Masters, Inc.	C	192	192
29	V						
30	V						
31	V						
32	V						
33	V			C: Ownership: 100.00 % Sidney Glenner			
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 174,004			\$ 179,592	\$ * 5,588

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

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			
	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 %	Glen Oaks 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	80.00 %	GlenLake Nursing & Rehabilitation	Waukegan				17
18	Joshua Ray	20.00 %	Centre, Ltd.					18
19								19
20								20
21	Sidney Glenner	99.00 %	Brentwood North Healthcare and Rehabilitation	Riverwoods				21
22	Joshua Ray	1.00 %	Centre, Inc.					22
23								23
24								24
25	Sidney Glenner	50.00 %	Ballard Respiratory and Rehabilitation	Des Plaines				25
26	Joshua Ray	50.00 %	Center, LLC.					26
27								27
28								28
29								29
30								30

Facility Name & ID Number Glen Saint Andrew Lvg Comm # 0053348 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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		203,070	4	11.00	Salary	\$ 23,130	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical		47,970	4	11.00	Salary	5,464	Ln 21, Col 7	2
3	Daniel Glenner	Administrative	Administrative		59,785	4	11.00	Salary	6,809	Ln 21, Col 7	3
4	Elliot Glenner	Administrative	Administrative		26,893	4	11.00	Salary	3,063	Ln 21, Col 7	4
5	Joshua Ray	V.P. of Operations	Administrative		203,070	4	11.00	Salary	23,130	Ln 17, Col 7	5
6											6
7											7
8											8
9											9
10		See Schedule B									10
11											11
12											12
13								TOTAL	\$ 61,596		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

Facility Name & ID Number Glen Saint Andrew Lvg Comm

0053348

Report Period Beginning:

01/01/2015

Ending: 2/31/2015

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Glen Health 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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Resident Days	611,160	9	\$ 38,143	\$ 62,493	\$ 3,900	1
2	6	Repairs and Maintenance	Resident Days	611,160	9	35,244	62,493	3,604	2
3	19	Professional Fees	Resident Days	611,160	9	302,569	62,493	30,939	3
4	20	Licenses, Permits and Inspection	Resident Days	611,160	9	1,190	62,493	122	4
5	21	Clerical	Resident Days	611,160	9	269,777	62,493	27,586	5
6	22	Employee Benefits and Payroll	Resident Days	611,160	9	751,422	62,493	76,835	6
7	23	Training and Education	Resident Days	611,160	9	11,264	62,493	1,152	7
8	25	Auto Expense	Resident Days	611,160	9	72,505	62,493	7,414	8
9	26	Insurance	Resident Days	611,160	9	44,894	62,493	4,591	9
10	30	Depreciation	Resident Days	611,160	9	83,029	62,493	8,490	10
11	33	Real Estate Taxes	Resident Days	611,160	9	67,133	62,493	6,865	11
12	35	Equipment and Vehicle Rental	Resident Days	611,160	9	50,212	62,493	5,134	12
13	6	Janitorial Salaries	Resident Days	611,160	9	23,245	23,245	2,377	13
14	17	Officer's Salaries	Resident Days	611,160	9	452,400	452,400	46,259	14
15	21	Administrative Salaries	Resident Days	611,160	9	3,984,560	3,984,560	407,434	15
16	22	Employee Benefits	Payroll					(76,835)	16
17	7	Employee Benefits - Janitorial	Payroll					400	17
18	27	Employee Benefits - Officer's	Payroll					7,791	18
19	27	Employee Benefits - Admin	Payroll					68,644	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 6,187,587	\$ 4,460,205	\$ 632,702	25

Facility Name & ID Number

Glen Saint Andrew Lvg Comm

0053348

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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		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	The PrivateBank		X	Mortgage		12/08/14	\$ 9,781,675	\$ 9,781,675	12/08/2024	0.0400	\$ 384,571	1					
2	The PrivateBank		X	Amortization of mortgage costs		12/08/14			12/08/2024		18,391	2					
3												3					
4												4					
5												5					
Working Capital																	
6							Non-allowable ILF/ALF expense:				(268,528)	6					
7							Interest Income Offset:				(2)	7					
8												8					
9	TOTAL Facility Related						\$ 9,781,675	\$ 9,781,675			\$ 134,432	9					
B. Non-Facility Related*																	
10												10					
11												11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$	14					
15	TOTALS (line 9+line14)						\$ 9,781,675	\$ 9,781,675			\$ 134,432	15					

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

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

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

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glen Saint Andrew Lvg Comm COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0053348
 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 2014 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 2014.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>10-31-100-023-0000</u>	<u>7063 W. Touhy Ave, Niles, IL 60714</u>	\$ <u>8,480.76</u>	\$ <u>8,480.76</u>
2. <u>Allocated from Management Company:</u>		\$ <u>67,133.00</u>	\$ <u>6,865.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>75,613.76</u></u>	\$ <u><u>15,345.76</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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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: 155,990 B. General Construction Type: Exterior Brick Frame Masonry Number of Stories Six

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Patient Care</u>	<u>433,452</u>	<u>2014</u>	<u>\$ 1,300,000</u>	1
2	<u>Allocated from Management Company:</u>			<u>8,690</u>	2
3	TOTALS	433,452		\$ 1,308,690	3

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	209	2014	1952	\$ 7,520,000	\$ 257,333	30	\$ 257,333	\$	\$ 257,333
5									
6	See Attached			185,462			6,126	6,126	
7	Schedule J								
8									
	Improvement Type**								
9	Furnish and install limestone pieces for building exterior, install flashings and tuckpointing	2015		8,900	445	10	445		445
10									
11	Furnish and install free standing exterior sign on building and metal canopy over entrance, ground monument signs	2015		26,870	1,344	10	1,344		1,344
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23	See Attached Schedule L:								
24	Leasehold Improvements Allocated from Mangement Company	1998		10,214			469	469	16,316
25	Leasehold Improvements Allocated from Mangement Company	1999		4,266					
26	Leasehold Improvements Allocated from Mangement Company	2000		511					
27	Leasehold Improvements Allocated from Mangement Company	2008		1,536					
28									
29	Non-allowable ILF/ALF depreciation expense:						(236,859)	(236,859)	
30									
31									
32									
33									
34									
35									
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

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			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,757,758	\$ 259,122		\$ 28,858	\$ (230,264)	\$ 275,438	70

**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	\$ 12,147	\$ 3,390	\$ 3,390	\$	5 years	\$ 3,644	71
72	Current Year Purchases	871,464	86,216	86,216		5,10 years	86,216	72
73	Fully Depreciated Assets							73
74	Allocated from Management Company:	81,358		1,185	1,185		68,114	74
75	TOTALS	\$ 964,969	\$ 89,606	\$ 90,791	\$ 1,185		\$ 157,974	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	2015 Ford E350 Van	2015	\$ 71,822	\$ 7,182	\$ 7,182	\$	10 years	\$ 7,182	76
77										77
78	Allocated from Management Company:			17,238		709	709		16,612	78
79										79
80	TOTALS			\$ 89,060	\$ 7,182	\$ 7,891	\$ 709		\$ 23,794	80

E. Summary of Care-Related Assets

	1	2		
	Reference	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)	\$ 10,120,477	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 355,910	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 127,540	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (228,370)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 457,206	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

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. _____ /2016 \$ _____

13. _____ /2017 \$ _____

14. _____ /2018 \$ _____

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: \$ 4,670 Description: Copiers \$9,200, Postage \$505, Non-allowable ILF/ALF (\$6,310), Allocated from Mgt Co: \$1,275

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Allocated from Management Company:</u>		\$	\$ <u>3,860</u>	17
18					18
19					19
20					20
21	TOTAL		\$	\$ <u>3,860</u>	21

* 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.

Facility Name & ID Number Glen Saint Andrew Lvg Comm # 0053348 Report Period Beginning: 01/01/2015 Ending: 12/31/2015
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	Ln10a, Col 3	hrs	\$	1,189	\$ 62,857	\$	1,189	\$ 62,857	1	
2	Licensed Speech and Language Development Therapist	Ln10a, Col 3	hrs		78	4,114	54	78	4,168	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	Ln10a, Col 2&3	hrs		2,026	107,033	3,449	2,026	110,482	4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy	Ln 39, Col 2	# of prescrpts				23,457		23,457	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify):									12	
13	Other (specify):									13	
14	TOTAL			\$	3,293	\$ 174,004	\$ 26,960	3,293	\$ 200,964	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.

Facility Name & ID Number Glen Saint Andrew Lvg Comm# 0053348Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(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	\$ (632,947)	\$ (457,996)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,330,801	1,330,801	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	127,777	127,777	6
7	Other Prepaid Expenses	72,039	72,039	7
8	Accounts Receivable (owners or related parties)	419,085		8
9	Other(specify): <u>Due from Prior Owner:</u>	99,241	99,241	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,415,996	\$ 1,171,862	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,308,690	13
14	Buildings, at Historical Cost		7,505,462	14
15	Leasehold Improvements, at Historical Cost	35,770	252,296	15
16	Equipment, at Historical Cost	105,433	1,054,029	16
17	Accumulated Depreciation (book methods)	(13,831)	(457,206)	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 (spec <u>Intangible Assets:</u>		89,840	22
23	Other(specify): <u>Mortgage Costs (Net):</u>		73,563	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 127,372	\$ 9,826,674	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,543,368	\$ 10,998,536	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 443,417	\$ 443,417	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	149,811	149,811	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		509,000	32
33	Accrued Interest Payable		33,219	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule E:</u>	43,910	43,910	36
37	<u>Notes Payable - Bank:</u>	75,000	75,000	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 712,138	\$ 1,254,357	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,781,675	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Members:</u>	500,000	510,000	43
44	<u>Due to Related Parties:</u>	64,000	713,093	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 564,000	\$ 11,004,768	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,276,138	\$ 12,259,125	46
47	TOTAL EQUITY(page 18, line 24)	\$ 267,230	\$ (1,260,589)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,543,368	\$ 10,998,536	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 10,871	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 10,871	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	256,359	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)	\$ 256,359	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)	\$ 267,230	24

* Operating Entity Only

* This must agree with page 17, line 47.

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	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 6,913,170	1
2	Discounts and Allowances for all Levels	(294,954)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,618,216	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	637,739	6
7	Oxygen	218	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 637,957	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	5,467	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	16,327	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	169,124	21
22	Laundry	(910)	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 190,008	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income - Community Fee	113,379	28
28a	Miscellaneous Income - Donations, Rentals	39,314	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 152,693	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,598,874	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,147,919	31
32	Health Care	2,165,035	32
33	General Administration	1,682,610	33
B. Capital Expense			
34	Ownership	1,041,742	34
C. Ancillary Expense			
35	Special Cost Centers	160,553	35
36	Provider Participation Fee	144,656	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,342,515	40
41	Income before Income Taxes (line 30 minus line 40)**	256,359	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 256,359	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,515,324	44
45	Private Pay - Net Inpatient Revenue	4,781,126	45
46	Medicare - Net Inpatient Revenue	321,766	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 6,618,216	49

* 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.

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

Facility Name & ID Number Glen Saint Andrew Lvg Comm

0053348

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	3,856	4,559	\$ 167,939	\$ 36.84	1
2	Assistant Director of Nursing					2
3	Registered Nurses	5,638	16,270	564,856	34.72	3
4	Licensed Practical Nurses	5,244	12,389	283,829	22.91	4
5	CNAs & Orderlies	26,064	62,265	796,973	12.80	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,056	2,460	43,102	17.52	9
10	Activity Assistants	5,611	6,206	77,040	12.41	10
11	Social Service Workers	2,088	2,216	52,871	23.86	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	10,267	11,283	232,809	20.63	17
18	Housekeepers	16,568	19,768	214,962	10.87	18
19	Laundry	3,474	3,822	36,830	9.64	19
20	Administrator	2,024	2,260	85,332	37.76	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,637	14,777	263,303	17.82	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)					33
34	TOTAL (lines 1 - 33)	96,527	158,275	\$ 2,819,846 *	\$ 17.82	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	\$ 8,608	Ln 1, Col 3	35
36	Medical Director	Monthly	18,039	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,621	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	2,448	Ln11, Col 3	44
45	Social Service Consultant	46	2,852	Ln12, Col 3	45
46	Other(specify)				46
47	Religious Consultant	Monthly	76,360	Ln12, Col 3	47
48					48
49	TOTAL (lines 35 - 48)	94	\$ 113,928		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$		50
51	Licensed Practical Nurses	1	23	Ln10, Col 3	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	1	\$ 23		53

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	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Glen Saint Andrew Lvg Comm# 0053348Report Period Beginning: 01/01/2015 Ending: 12/31/2015**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 \$2,105
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (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. \$ 25,014 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. \$ 144,656
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? Yes 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. \$ 9,270 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) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.

Glen Saint Andrew Living Community, LLC.
Provider I.D. # 0053348
12/31/2015

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
Glen Saint Andrew Living Community Real Estate, LL	Skokie	Building Lessor
Fargo Real Estate & Development, LLC	Skokie	Building Lessor - Management Co.
Therapy Masters	Skokie	Therapy company

SCHEDULE B

SCHEDULE VII RELATED PARTIES

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

Name	Compensation Received From Other Nursing Homes								Total
	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenCrest Nursing & Rehab. Centre, Ltd.	Glen Bridge Nursing & Rehab. Centre, Ltd.	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	Glen Lake Terrace Nursing & Rehab	Brentwood North Healthcare & Rehabilitation	Ballard Respiratory & Rehab	
Sidney Glenner	32,680	33,989	33,954	14,196	25,016	27,716	17,257	18,262	203,070
Jonathan Glenner	7,720	8,029	8,021	3,353	5,909	6,547	4,077	4,314	47,970
Daniel Glenner	9,621	10,007	9,996	4,179	7,365	8,160	5,081	5,376	59,785
Elliot Glenner	4,328	4,501	4,497	1,880	3,313	3,671	2,285	2,418	26,893
Joshua Ray	32,680	33,989	33,954	14,196	25,016	27,716	17,257	18,262	203,070
Total compensation received from other Nursing Homes	87,029	90,515	90,422	37,804	66,619	73,810	45,957	48,632	540,788

SCHEDULE C

XIX. SUPPORT SCHEDULES

C. Professional Services
 Page 21

<u>Vendor/Payee</u>	<u>Type</u>	<u>AMOUNT</u>
American Healthtech	Computers	2,005
Point ClickCare	Computers	10,557
Kronos	Computers	10,720
Think Anew	Computers	2,250
Net Health	Computers	6,375
McGladrey LLP	Accounting	11,000
Frost, Ruttenberg & Rothblatt	Accounting	225
Much Shelist	Legal	486
Marilyn P. Dunn	Legal	30
Polsinelli	Legal	27,092
A Place For Mom	Marketing	47,723
2401 Incorporated	Construction Management	7,942
Creative Technology Solutions	IT Consulting	1,500
Total Schedule V, Line 19, Col. 3		<u>127,904</u>
Allocated from Management Co:		
Point ClickCare - Computer Service		199
Lexis Nexis - Computer Services		164
Health Data Systems, Inc. - Computer Services		97
Inpriva - Computer Services		211
S4 Group LLC - Financial Consulting		511
McGladrey LLP - Accounting Services		20,647
Govig - Recruiter		2,556
Perfect Staffing - Recruiter		3,451
Ashman & Stein - Legal		152
Polsinelli - Legal		1,906
Marilyn Dunn - Legal		17
Much Shelist - Legal		1,027
Total allocated from Management Co.		<u>30,938</u>

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	30,610
FUTA	237
SUTA	1,210
401K Match	2,823
Insurance - Hospital	37,241
Employee Benefits	0
Other Employee Benefits	0
Workers Compensation Insurance	4,714
Total allocated from Management Co.	<u>76,835</u>
Employee Benefits reclassified to Lines 7, 27	-76,835
Allocated from Therapy Masters, Inc.:	
FICA taxes	10,770
FUTA	119
SUTA	171
401K Match	679
Insurance - Hospital	2,428
Workers Compensation Insurance	757
Uniform Allowance	0
Total allocated from Therapy Masters, Inc. Co.	<u>14,924</u>
Employee Benefits reclassified to Lines 15,27	-14,924
Total allocated to Page 21	<u>0</u>

Glen Saint Andrew Living Community, LLC.
Provider I.D. # 0053348
12/31/2015

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Due to Third Party	4,156
Accrued Provider Participation Fee - Tax	39,754
Total, Page 17, Line 36	<u>43,910</u>

SCHEDULE F

SCHEDULE VI. ADJUSTMENT DETAIL

Schedule A. Nonallowable Expenses

Page 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>REFERENCE</u>
Non-allowable patient clothing	(202)	43
Non-allowable professional fees	(63,876)	19
Non-allowable Illinois Council on Long Term Care Dues	(11,052)	20
Adjust pharmacy expense to cost	(3,206)	39
Non-allowable marketing salaries	(24,436)	21
Non-allowable marketing employee benefits	(6,690)	22
Non-allowable auto expense - marketing	(112)	25
Non-allowable office expense	(250)	43
Non-allowable bank fees	(30)	43
Non-allow ILF/ALF: salaries Dir Supportive Services	(115,094)	21
Non-allow ILF/ALF: salaries LPN Sr Services	(3,675)	10
Non-allow ILF/ALF: salaries Resident Assistant	(23,898)	10
Non-allowable dietary supplies - ILF/ALF	(39,922)	1
Non-allowable dietary consultant - ILF/ALF	(344,994)	1
Non-allowable food - ILF/ALF	(298,639)	2
Non-allowable housekeeping supplies - ILF/ALF	(31,201)	3
Non-allowable utilities - ILF/ALF	(189,443)	5
Non-allowable plant salaries - ILF/ALF	(151,346)	6
Non-allowable plant supplies - ILF/ALF	(17,398)	6
Non-allowable maintenance - ILF/ALF	(153,790)	6
Non-allowable activities supplies - ILF/ALF	(2,987)	11
Non-allowable activities consultant - ILF/ALF	(1,591)	11
Non-allowable social service consultant - ILF/ALF	(1,854)	12
Non-allowable transportation - ILF/ALF	(2,200)	14
Non-allowable professional fees - ILF/ALF	(28,627)	19
Non-allowable dues and subscriptions - ILF/ALF	(4,617)	20
Non-allowable office supplies - ILF/ALF	(50,119)	21
Non-allowable office supplies - ILF/ALF	(33,435)	21

Non-allowable employee benefits - ILF/ALF	(83,114)	22
Non-allowable training and education - ILF/ALF	(765)	23
Non-allowable auto expense - ILF/ALF	(365)	25
Non-allowable insurance - ILF/ALF	(6,653)	26
Non-allowable equipment rental - ILF/ALF	(6,310)	35
Non-allowable beauty and barber shop - ILF/ALF	(12,314)	40
Non-allowable activities salaries - ILF/ALF	(78,103)	11
Non-allowable social worker salaries - ILF/ALF	(34,371)	12
Non-allowable religious consultant - ILF/ALF	(49,641)	12
Non-allowable depreciation expense-ILF/ALF	(236,859)	30
Non-allowable interest expense-ILF/ALF	(268,528)	32
Non-allowable real estate tax expense-ILF/ALF	(309,611)	33
TOTAL	(2,691,318)	

**Glen Saint Andrew Living Community, LLC.
Accrued Real Estate Taxes
12/31/2015**

SCHEDULE G

	Accrued 1/01/15	Payments	Expense	Accrued 12/31/15
Balance @ 1/01/15 - G/L# 230	(48,021.05)		(48,021.05)	
2014 Real Estate Taxes Paid		8,480.76	8,480.76	
Estimated 2015 real estate taxes:				
2014 taxes	8,480.76			
Estimated increase	5.00%			
Estimated 2015 taxes	8,904.80			
USE	9,000.00		9,000.00	(9,000.00)
Estimate per Assessor	500,000.00		500,000.00	(500,000.00)
 Totals	(48,021.05)	8,480.76	469,459.71	(509,000.00)

Real estate tax history:

	Year	Amount	\$	Increase	%
	2014	8,480.76			

Provider Name: Glen Saint Andrew Living Community, LLC.
Provider I.D. #: 0053348
Year Ended: December 31, 2015

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Lemuel Platon	6/9/15-6/19/15	Westmont, IL	Restorative/Rehabilitation Certification Program for Licensed Nurses	899
Alyssa Flavin	6/25/2015	Skokie, IL	Preventing and Managing Chronic Inflammation: Special Focus: Nutritional Interventions	79
Admissions Department	8/31/2015	Skokie, IL	Positive Vibe Coaching Training for Admissions Department	111
Alyssa Flavin	08/11/2015	Skokie, IL	Oakton Community College Stress Reduction	87
			Non-allowable ILF/ALF expenses:	-765
			Allocated From Management Company	1,152
			Allocated From Therapy Masters	311
			Total	1,874

SCHEDULE I

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

	Gasoline Allowance	Licenses/ Stickers	Employee Reimbursement: Parking, Tolls, Mileage	Repairs	Total
Direct Expense	0	279	394	0	673
Non-allowable auto expense - marketing					-112
Non-allowable auto expense - ILF/ALF					-365
Allocated from Management Company					7,414
Allocated from Therapy Masters					261
TOTAL	0	279	394	0	7,871

**HEALTH AND HOME MANAGEMENT, INC.
ALLOCATION OF MANAGEMENT COMPANY BUILDING**

ASSET DESCRIPTION	COST 6/30/1999	ADJUSTMENTS TO CAPITAL PROJECTION	ADJUSTED CAPITAL PROJECTION 6/30/1999	ADDITIONS		NURSING HOME PERCENTAGE 84.9438%	GLENBRIDGE 103,052/460,292 0.223883969	GLENCREST 111,372/460,292 0.241959452	GLEN OAKS 101,895/460,292 0.221370348		
				7/1/99- 12/31/2004	COST 12/31/2000						
1996 BUILDING PURCHASE	230,000		230,000		<u>230,000</u>	195,371	43,740	47,272	-	43,249	-
1998 BUILDING RENOVATION											
GENERAL CONTRACTOR	957,570		957,570		957,570						
ELECTRICAL CONTRACTOR	275,576		275,576		275,576						
HVAC CONTRACTOR	182,130		182,130		182,130						
PLUMBING CONTRACTOR	68,599		68,599		68,599						
ARCHITECT FEES	115,968		115,968		115,968						
OTHER FEES AND PERMITS	33,024		33,024		33,024						
SECURITY SYSTEM	17,953		17,953		17,953						
TELEPHONE SYSTEM	12,500		12,500		12,500						
MISC. BUILDING COMPONENTS	24,226		24,226		24,226						
CAPITALIZED INTEREST	121,387	-15,261	106,126		106,126						
LANDSCAPING	30,000		30,000		30,000						
SPRINKLER SYSTEM	10,720		10,720		10,720						
HVAC SYSTEMS	24,749	-24,749	0								
WALL CONSTRUCTION	10,235	-10,235	0								
ELECTRICAL	10,634	-10,634	0								
MISC. IMPROVEMENTS	26,075	-26,075	0								
ASPHALT DRIVEWAY	5,900	-5,900	0								
					<u>2,064,392</u>	1,753,573	392,597	424,294	-	388,189	-
1999 ACCORD ELECTRIC				17,929	17,929						
HMS + ASSOCIATES-INTERIOR				31,505	31,505						
SAM MORMINO-LANDSCAPING				1,050	1,050						
ARCHITECTURAL DYNAMICS-ARCHITECT FEES				1,468	1,468						
MISC.				11,076	11,076						
					<u>2,127,420</u>	1,807,111	404,583	437,248	-	400,041	-
2000 AQUATIC WORKS - BUILT IN FISH TANK				5,000	5,000						
					<u>2,132,420</u>	1,811,359	405,534	438,275	-	400,981	-
2001 NO ADDITIONS											
2002 NO ADDITIONS					<u>2,132,420</u>	1,811,359	405,534	438,275	-	400,981	-
2003 SEAL COAT CORPORATION - SEAL PARKING LOT				2825	2825						
					<u>2,135,245</u>	1,813,758	406,071	438,856	-	401,512	-

2004 NO ADDITIONS	<u>2,135,245</u>	1,813,758	406,071	438,856	-	401,512	-
2005 NO ADDITIONS	<u>2,135,245</u>	1,813,758	406,071	438,856	-	401,512	-
2006 NO ADDITIONS	<u>2,135,245</u>	1,813,758	406,071	438,856	-	401,512	-

	NURSING HOME PERCENTAGE	RECALCULATION BASED ON 2007 CENSUS		GLEN OAKS
		GLENBRIDGE	GLENCREST	
	84.9438%	93767 0.192053401	95,262 0.195115457	106,511 0.218155638

2007 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>348,338</u>	<u>353,892</u>	<u>395,682</u>
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	NURSING HOME PERCENTAGE	RECALCULATION BASED ON 2008 CENSUS		GLEN OAKS
		GLENBRIDGE	GLENCREST	
	84.9438%	93929 18.66%	92,291 18.34%	105,965 21.05%

2008 NO ADDITIONS	<u>2,135,245</u>	1,813,758	<u>338,471</u>	<u>332,568</u>	<u>381,842</u>
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		NURSING HOME PERCENTAGE	RECALCULATION BASED ON 2009 CENSUS		GLEN OAKS
			GLENBRIDGE	GLENCREST	
2009 NO ADDITIONS	<u>2,135,245</u>	84.9438%	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>

		NURSING HOME PERCENTAGE	CALCULATION BASED ON 2009 CENSUS		GLEN OAKS
			GLENBRIDGE	GLENCREST	
2010 NO ADDITIONS	<u>2,135,245</u>	84.9438%	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>

		NURSING HOME PERCENTAGE	CALCULATION BASED ON 2009 CENSUS		GLEN OAKS
			GLENBRIDGE	GLENCREST	
2011 NO ADDITIONS	<u>2,135,245</u>	84.9438%	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>

		NURSING HOME PERCENTAGE	CALCULATION BASED ON 2009 CENSUS		GLEN OAKS
			GLENBRIDGE	GLENCREST	
2012 NO ADDITIONS	<u>2,135,245</u>	84.9438%	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>

		NURSING HOME PERCENTAGE	CALCULATION BASED ON 2009 CENSUS		GLEN OAKS
			GLENBRIDGE	GLENCREST	
2013 NO ADDITIONS	<u>2,135,245</u>	84.9438%	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>

		NURSING HOME PERCENTAGE	CALCULATION BASED ON 2009 CENSUS		GLEN OAKS
			GLENBRIDGE	GLENCREST	
2014 NO ADDITIONS	<u>2,135,245</u>	84.9438%	<u>310,726</u>	<u>303,882</u>	<u>355,107</u>

NURSING CALCULATION BASED ON 2015 CENSUS

2015 NO ADDITIONS

	HOME	GLENBRIDGE	GLENCREST	GLEN OAKS
PERCENTAGE		91,738	91,834	88,298
	84.9438%	15.01%	15.03%	14.45%
	<u>2,135,245</u>	<u>272,254</u>	<u>272,539</u>	<u>262,045</u>

SCHEDULE J

GLEN ELSTON	GLENSHIRE
41,220/460,292	102,753/460,292
0.08955185	0.223234382
17,496	43,614
157,036	391,458
161,830	403,409
162,211	404,358
162,211	404,358
162,425	404,893

162,425	404,893
162,425	404,893
162,425	404,893

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>TOTAL</u>
40,267	78,093	74,334	488,234
0.082474797	0.159949942	0.152250765	1
<u>149,589</u>	<u>290,111</u>	<u>276,146</u>	<u>1,813,758</u>

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
37,609	81,480	76,498	15,564	503,336
7.47%	16.19%	15.20%	3.09%	1
<u>135,523</u>	<u>293,611</u>	<u>275,659</u>	<u>56,084</u>	<u>1,813,758</u>

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
37,909	82,060	82,504	49,247	540,919
7.01%	15.17%	15.25%	9.10%	100.00%
<u>127,113</u>	<u>275,156</u>	<u>276,645</u>	<u>165,130</u>	<u>1,813,758</u>

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
37,909	82,060	82,504	49,247	540,919
7.01%	15.17%	15.25%	9.10%	100.00%
<u>127,113</u>	<u>275,156</u>	<u>276,645</u>	<u>165,130</u>	<u>1,813,758</u>

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
37,909	82,060	82,504	49,247	540,919
7.01%	15.17%	15.25%	9.10%	100.00%
<u>127,113</u>	<u>275,156</u>	<u>276,645</u>	<u>165,130</u>	<u>1,813,758</u>

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
37,909	82,060	82,504	49,247	540,919
7.01%	15.17%	15.25%	9.10%	100.00%
<u>127,113</u>	<u>275,156</u>	<u>276,645</u>	<u>165,130</u>	<u>1,813,758</u>

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
37,909	82,060	82,504	49,247	540,919
7.01%	15.17%	15.25%	9.10%	100.00%
<u>127,113</u>	<u>275,156</u>	<u>276,645</u>	<u>165,130</u>	<u>1,813,758</u>

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>TOTAL</u>
37,909	82,060	82,504	49,247	540,919
7.01%	15.17%	15.25%	9.10%	100.00%
<u>127,113</u>	<u>275,156</u>	<u>276,645</u>	<u>165,130</u>	<u>1,813,758</u>

<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	<u>BRENTWOOD</u>	<u>BALLARD</u>	<u>GSALC</u>	<u>TOTAL</u>
38,356	67,590	74,884	46,627	49,340	62,493	611,160
6.28%	11.06%	12.25%	7.63%	8.07%	10.23%	100.00%
<u>113,830</u>	<u>200,589</u>	<u>222,236</u>	<u>138,376</u>	<u>146,428</u>	<u>185,462</u>	<u>1,006,921</u>

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	13,157
Village of Niles Annual Business License, Fee	1,148
Thompson Elevator Inspection Service	280
Secretary of State Annual Report, Fee	529
F.E. Moran Fees	400
Management Network Services Fee	500
Reimbursement of License Fee	150
Non-allowable Illinois Council on Long Term Care PAC Fees	-11,052
Subtotal	<u>5,112</u>
Non-allowable ILF/ALF expenses:	<u>-4,617</u>
Total Dues, Fees, Subscriptions and Promotions	<u><u>495</u></u>

**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 103,052/460292 0.223883969	GLENCREST 111,372/460,292 0.241959452	GLEN OAKS 101,895/460,292 0.221370348	GLEN ELSTON 41,220/460,292 0.08955185	GLENSHIRE 102,753/460,292 0.223234382	
		6,647	6,647	6,647						
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)										
					<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
					93,767	95,262	106,511	40,267	78,093	74,334
					0.192053401	0.195115457	0.218155638	0.082474797	0.159949942	0.152250765
2007 NO ADDITIONS				146,596	28,154	28,603	31,981	12,090	23,448	22,319
RECALCULATION BASED ON 2008 CENSUS - New facility added in 2008 (Brentwood partial year 9/1/08-12/31/08)										
					<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
					93,929	92,291	105,965	37,609	81,480	76,498
					18.66%	18.34%	21.05%	7.47%	16.19%	15.20%
2008 INSTALLATION OF IRRIGATION SYSTEM	15,036			15,036						
				161,632	30,163	29,637	34,028	12,077	26,165	24,565
RECALCULATION BASED ON 2009 CENSUS - New facility added in 2008 (Brentwood) is now allocated over full year in 2009										
					<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>
					92,668	90,627	105,904	37,909	82,060	82,504
					17.13%	16.75%	19.58%	7.01%	15.17%	15.25%
2009 NO ADDITIONS				161,632	27,690	27,080	31,645	11,328	24,520	24,653

2010 NO ADDITIONS

RECALCULATION BASED ON 2009 CENSUS							
	<u>GLENBRIDGE</u>	<u>GLENCREST</u>	<u>GLEN OAKS</u>	<u>GLEN ELSTON</u>	<u>GLENSHIRE</u>	<u>GLENLAKE</u>	
	92,668	90,627	105,904	37,909	82,060	82,504	
	17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	
	<u>161,632</u>	<u>27,690</u>	<u>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>	
Amounts as reported on cost report:	27,464	26,860	31,387	11,235	24,320	24,452	
Differences due to error in formula:	-226	-220	-258	-93	-200	-201	
(Total allocated over 99.18 % not 100.00 %)							

	RECALCULATION BASED ON 2009 CENSUS					
	GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
2011 NO ADDITIONS	92,668 17.13%	90,627 16.75%	105,904 19.58%	37,909 7.01%	82,060 15.17%	82,504 15.25%
	<u>161,632</u>	<u>27,690</u>	<u>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>
	RECALCULATION BASED ON 2009 CENSUS					
	GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
2012 NO ADDITIONS	92,668 17.13%	90,627 16.75%	105,904 19.58%	37,909 7.01%	82,060 15.17%	82,504 15.25%
	<u>161,632</u>	<u>27,690</u>	<u>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>
	RECALCULATION BASED ON 2009 CENSUS					
	GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
2013 NO ADDITIONS	92,668 17.13%	90,627 16.75%	105,904 19.58%	37,909 7.01%	82,060 15.17%	82,504 15.25%
	<u>161,632</u>	<u>27,690</u>	<u>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>
	RECALCULATION BASED ON 2009 CENSUS					
	GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
2014 NO ADDITIONS	92,668 17.13%	90,627 16.75%	105,904 19.58%	37,909 7.01%	82,060 15.17%	82,504 15.25%
	<u>161,632</u>	<u>27,690</u>	<u>31,645</u>	<u>11,328</u>	<u>24,520</u>	<u>24,653</u>
	CALCULATION BASED ON 2015 CENSUS					
	GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE
2015 NO ADDITIONS	91,738 15.01%	91,834 15.03%	88,298 14.45%	38,356 6.28%	67,590 11.06%	74,884 12.25%
	<u>161,632</u>	<u>24,262</u>	<u>23,352</u>	<u>10,144</u>	<u>17,875</u>	<u>19,804</u>

TOTAL
488,234
100.00%
<u>146,596</u>

BRENTWOOD	TOTAL
<u>15,564</u>	<u>503,336</u>
3.09%	100.00%
<u>4,998</u>	<u>161,632</u>

BRENTWOOD	TOTAL
<u>49,247</u>	<u>540,919</u>
9.10%	100.00%
<u>14,715</u>	<u>161,632</u>

<u>BRENTWOOD</u>	<u>TOTAL</u>
49,247	540,919
9.10%	100.00%
<u>14,715</u>	<u>161,632</u>
14,596	160,314
-119	-1,318

<u>BRENTWOOD</u>	<u>TOTAL</u>
49,247	540,919
9.10%	100.00%
<u>14,715</u>	<u>161,632</u>

<u>BRENTWOOD</u>	<u>TOTAL</u>
49,247	540,919
9.10%	100.00%
<u>14,715</u>	<u>161,632</u>

<u>BRENTWOOD</u>	<u>TOTAL</u>
49,247	540,919
9.10%	100.00%
<u>14,715</u>	<u>161,632</u>

<u>BRENTWOOD</u>	<u>TOTAL</u>
49,247	540,919
9.10%	100.00%
<u>14,715</u>	<u>161,632</u>

<u>BRENTWOOD</u>	<u>BALLARD</u>	<u>GSALC</u>	<u>TOTAL</u>
46,627	49,340	62,493	611,160
7.63%	8.07%	10.23%	100.00%
<u>12,331</u>	<u>13,049</u>	<u>16,527</u>	<u>161,632</u>