

Facility Name & ID Number Glen Saint Andrew Lving Comm

0053348 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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 as of 01/30/15

	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	55	Skilled (SNF)	55	20,075	1
2		Skilled Pediatric (SNF/PED)			2
3	0	Intermediate (ICF)	0	0	3
4		Intermediate/DD			4
5	154	Sheltered Care (SC)	154	56,210	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	8,785	4,613	3,460	16,858	8
9	SNF/PED					9
10	ICF	0	0	0	0	10
11	ICF/DD					11
12	SC	0	47,219	0	47,219	12
13	DD 16 OR LESS					13
14	TOTALS	8,785	51,832	3,460	64,077	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.00%

D. How many bed reserve days during this year were paid by the Department?

0 (Do not include bed reserve 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 3,016

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2017 Fiscal Year: 12/31/2017

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

Facility Name & ID Number Glen Saint Andrew Lving Comm # 0053348 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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		65,856	639,303	705,159		705,159	(519,639)	185,520		1
2	Food Purchase		482,721		482,721	(25,631)	457,090	(355,723)	101,367		2
3	Housekeeping	170,211	26,230		196,441		196,441	(19,329)	177,112		3
4	Laundry	43,170	13,026	826	57,022		57,022	(31,812)	25,210		4
5	Heat and Other Utilities			273,359	273,359		273,359	(196,339)	77,020		5
6	Maintenance	200,783	58,502	157,282	416,567		416,567	(302,313)	114,254		6
7	Other (specify):* Allocated Employee Benefits							419	419		7
8	TOTAL General Services	414,164	646,335	1,070,770	2,131,269	(25,631)	2,105,638	(1,424,736)	680,902		8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	2,022,804	63,950	5,998	2,092,752		2,092,752	(560,186)	1,532,566		10
10a	Therapy			362,036	362,036		362,036	(32,272)	329,764		10a
11	Activities	118,409	5,147	2,244	125,800		125,800	(92,704)	33,096		11
12	Social Services	59,862		21,341	81,203		81,203	(59,839)	21,364		12
13	CNA Training										13
14	Program Transportation			4,536	4,536		4,536	(3,343)	1,193		14
15	Other (specify):* Allocated Employee Benefits							41,454	41,454		15
16	TOTAL Health Care and Programs	2,201,075	69,097	414,155	2,684,327		2,684,327	(706,890)	1,977,437		16
	C. General Administration										
17	Administrative	90,853			90,853		90,853		90,853		17
18	Directors Fees										18
19	Professional Services			187,846	187,846	(32,040)	155,806	(77,012)	78,794		19
20	Dues, Fees, Subscriptions & Promotions			18,812	18,812	2,725	21,537	(14,126)	7,411		20
21	Clerical & General Office Expenses	360,038	68,576	77,465	506,079	(2,725)	503,354	418,392	921,746		21
22	Employee Benefits & Payroll Taxes			547,511	547,511	25,631	573,142	(113,223)	459,919		22
23	Inservice Training & Education			275	275		275	1,443	1,718		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			524	524		524	8,873	9,397		25
26	Insurance-Prop.Liab.Malpractice			187,542	187,542		187,542	(20,200)	167,342		26
27	Other (specify):* Allocated Employee Benefits							108,182	108,182		27
28	TOTAL General Administration	450,891	68,576	1,019,975	1,539,442	(6,409)	1,533,033	312,329	1,845,362		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,066,130	784,008	2,504,900	6,355,038	(32,040)	6,322,998	(1,819,297)	4,503,701		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 Lving Comm

#0053348

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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			79,501	79,501		79,501	85,295	164,796			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							232,135	232,135			32
33	Real Estate Taxes					32,040	32,040	248,313	280,353			33
34	Rent-Facility & Grounds			1,699,171	1,699,171		1,699,171	(1,699,171)				34
35	Rent-Equipment & Vehicles			9,455	9,455		9,455	4,178	13,633			35
36	Other (specify):* Amort Intang Assets							10,000	10,000			36
37	TOTAL Ownership			1,788,127	1,788,127	32,040	1,820,167	(1,119,250)	700,917			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		101,680	6,383	108,063		108,063	(10,245)	97,818			39
40	Barber and Beauty Shops			17,983	17,983		17,983	(13,251)	4,732			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			112,060	112,060		112,060		112,060			42
43	Other (specify):* Non-Allowable			290,810	290,810		290,810	(290,810)				43
44	TOTAL Special Cost Centers		101,680	427,236	528,916		528,916	(314,306)	214,610			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,066,130	885,688	4,720,263	8,672,081		8,672,081	(3,252,853)	5,419,228			45

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

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(13,449)	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	(6,364)	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	(14,578)	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	(240,000)	43		24
25	Fund Raising, Advertising and Promotional	(12,315)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(15,000)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(3,807,071)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (4,108,777)		\$	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)	855,924		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 855,924		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (3,252,853)		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			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	52

Glen Saint Andrew Lving Comm

ID# 0053348

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-allowable patient clothing	\$ (2,553)	43	1
2	Non-allowable professional fees	(107,972)	19	2
3	Non-allowable Illinois Council on Long Term Care Dues	(2,512)	20	3
4	Adjust pharmacy expense to cost	(10,245)	39	4
5	Non-allowable office expense	(9,200)	43	5
6	Non-allowable bank fees	(195)	43	6
7	Non-allow ILF/ALF: salaries LPN Sr Services	(2,332)	10	7
8	Non-allow ILF/ALF: salaries C.N.A. Services	(367,110)	10	8
9	Non-allow ILF/ALF: salaries Dir Supportive Services	(73,877)	21	9
10	Non-allow ILF/ALF: salaries LPN Sr Services	(190,744)	10	10
11	Non-allowable dietary supplies - ILF/ALF	(48,530)	1	11
12	Non-allowable dietary consultant - ILF/ALF	(8,329)	1	12
13	Non-allowable dietary o/s services - ILF/ALF	(462,780)	1	13
14	Non-allowable food - ILF/ALF	(355,723)	2	14
15	Non-allowable housekeeping supplies - ILF/ALF	(19,329)	3	15
16	Non-allowable laundry salaries - ILF/ALF	(31,812)	4	16
17	Non-allowable utilities - ILF/ALF	(201,441)	5	17
18	Non-allowable plant salaries - ILF/ALF	(147,959)	6	18
19	Non-allowable plant supplies - ILF/ALF	(43,111)	6	19
20	Non-allowable maintenance - ILF/ALF	(115,903)	6	20
21	Non-allowable activities supplies - ILF/ALF	(3,793)	11	21
22	Non-allowable activities consultant - ILF/ALF	(1,654)	11	22
23	Non-allowable social service consultant - ILF/ALF	(870)	12	23
24	Non-allowable transportation - ILF/ALF	(3,343)	14	24
25	Non-allowable professional fees - ILF/ALF	(58,859)	19	25
26	Non-allowable dues and subscriptions - ILF/ALF	(13,863)	20	26
27	Non-allowable beauty and barber shop - ILF/ALF	(13,251)	40	27
28	Non-allowable office supplies - ILF/ALF	(50,534)	21	28
29	Non-allowable office supplies - ILF/ALF	(47,174)	21	29
30	Non-allowable employee benefits-ILF/ALF, Marketing	(113,223)	22	30
31	Non-allowable training and education - ILF/ALF	-203	23	31
32	Non-allowable auto expense - ILF/ALF	-386	25	32
33	Non-allowable insurance - ILF/ALF	-24919	26	33
34	Non-allowable equipment rental - ILF/ALF	-6968	35	34
35	Non-allowable activities salaries - ILF/ALF	-87257	11	35
36	Non-allowable social worker salaries - ILF/ALF	-44113	12	36
37	Non-allowable religious consultant - ILF/ALF	-14856	12	37
38	Non-allowable depreciation expense-ILF/ALF	-267630	30	38
39	Non-allowable real estate tax expense-ILF/ALF	-455295	33	39
40	Non-allowable interest expense - late fees	-20233	43	40
41	Non-allowable interest expense - ILF/ALF	-376990	32	41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(3,807,071)		49

STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	(519,639)	0	0	0	0	0	0	0	0	0	0	(519,639)	1
2	Food Purchase	(355,723)	0	0	0	0	0	0	0	0	0	0	(355,723)	2
3	Housekeeping	(19,329)	0	0	0	0	0	0	0	0	0	0	(19,329)	3
4	Laundry	(31,812)	0	0	0	0	0	0	0	0	0	0	(31,812)	4
5	Heat and Other Utilities	(201,441)	0	5,102	0	0	0	0	0	0	0	0	(196,339)	5
6	Maintenance	(306,973)	0	4,652	0	8	0	0	0	0	0	0	(302,313)	6
7	Other (specify):*	0	0	419	0	0	0	0	0	0	0	0	419	7
8	TOTAL General Services	(1,434,917)	0	10,173	0	8	0	0	0	0	0	0	(1,424,736)	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	(560,186)	0	0	0	0	0	0	0	0	0	0	(560,186)	10
10a	Therapy	0	0	0	0	(32,272)	0	0	0	0	0	0	(32,272)	10a
11	Activities	(92,704)	0	0	0	0	0	0	0	0	0	0	(92,704)	11
12	Social Services	(59,839)	0	0	0	0	0	0	0	0	0	0	(59,839)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(3,343)	0	0	0	0	0	0	0	0	0	0	(3,343)	14
15	Other (specify):*	0	0	0	0	41,454	0	0	0	0	0	0	41,454	15
16	TOTAL Health Care and Programs	(716,072)	0	0	0	9,182	0	0	0	0	0	0	(706,890)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(166,831)	0	42,690	32,040	15,089	0	0	0	0	0	0	(77,012)	19
20	Fees, Subscriptions & Promotions	(16,375)	0	93	0	2,156	0	0	0	0	0	0	(14,126)	20
21	Clerical & General Office Expenses	(185,034)	0	593,511	0	9,915	0	0	0	0	0	0	418,392	21
22	Employee Benefits & Payroll Taxes	(113,223)	0	0	0	0	0	0	0	0	0	0	(113,223)	22
23	Inservice Training & Education	(203)	0	1,210	0	436	0	0	0	0	0	0	1,443	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(386)	0	8,721	0	538	0	0	0	0	0	0	8,873	25
26	Insurance-Prop.Liab.Malpractice	(24,919)	0	4,155	0	564	0	0	0	0	0	0	(20,200)	26
27	Other (specify):*	0	0	107,019	0	1,163	0	0	0	0	0	0	108,182	27
28	TOTAL General Administration	(506,971)	0	757,399	32,040	29,861	0	0	0	0	0	0	312,329	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(2,657,960)	0	767,572	32,040	39,051	0	0	0	0	0	0	(1,819,297)	29

STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	(267,630)	0	10,592	342,333	0	0	0	0	0	0	0	85,295	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(376,990)	0	0	609,125	0	0	0	0	0	0	0	232,135	32
33	Real Estate Taxes	(455,295)	0	7,181	696,427	0	0	0	0	0	0	0	248,313	33
34	Rent-Facility & Grounds	0	0	0	(1,699,171)	0	0	0	0	0	0	0	(1,699,171)	34
35	Rent-Equipment & Vehicles	(6,968)	0	11,146	0	0	0	0	0	0	0	0	4,178	35
36	Other (specify):*	0	0	0	10,000	0	0	0	0	0	0	0	10,000	36
37	TOTAL Ownership	(1,106,883)	0	28,919	(41,286)	0	0	0	0	0	0	0	(1,119,250)	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	(10,245)	0	0	0	0	0	0	0	0	0	0	(10,245)	39
40	Barber and Beauty Shops	(13,251)	0	0	0	0	0	0	0	0	0	0	(13,251)	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):*	(320,438)	0	0	29,628	0	0	0	0	0	0	0	(290,810)	43
44	TOTAL Special Cost Centers	(343,934)	0	0	29,628	0	0	0	0	0	0	0	(314,306)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(4,108,777)	0	796,491	20,382	39,051	0	0	0	0	0	0	(3,252,853)	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
AMJED Trust dated 1/04/07	99.50 %	See Attached Page 6-Supplemental		See Attached Schedule A		
Sidney Glenner	0.50 %					

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	\$	Glen Health and Home Management, Inc.	A	\$ 796,491	\$ 796,491	1
2	V							2
3	V	Total from Page 6B	1,699,171	Glen Saint Andrew Living Community Real Estate, LLC.	B	1,719,553	20,382	3
4	V							4
5	V	Total from Page 6C	362,036	Therapy Masters, Inc.	C	401,087	39,051	5
6	V							6
7	V							7
8	V							8
9	V							9
10	V			OWNERSHIP REFERENCE:				10
11	V			A: Glenner 1995 Family Trust 58.50 % and Sidney Glenner 41.50 %				11
12	V			B: Owned 100.00 % by SLG Limited Partnership				12
13	V			C: Owned 100.00% by Sidney Glenner				13
14	Total		\$ 2,061,207			\$ 2,917,131	\$ * 855,924	14

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

Facility Name & ID Number Glen Saint Andrew Lving Comm# 0053348Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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		\$			\$		15
16	V	5	Utilities	Glen Health and Home Management, Inc.	A	5,102	5,102	16
17	V	6	Repairs and Maintenance	Glen Health and Home Management, Inc.	A	2,429	2,429	17
18	V	19	Professional Fees	Glen Health and Home Management, Inc.	A	42,690	42,690	18
19	V	20	Licenses, Permits and Inspection	Glen Health and Home Management, Inc.	A	93	93	19
20	V	21	Clerical	Glen Health and Home Management, Inc.	A	27,555	27,555	20
21	V	22	Employee Benefits and Payroll	Glen Health and Home Management, Inc.	A	107,438	107,438	21
22	V	23	Training and Education	Glen Health and Home Management, Inc.	A	1,210	1,210	22
23	V	25	Auto Expenses	Glen Health and Home Management, Inc.	A	8,721	8,721	23
24	V	26	Insurance	Glen Health and Home Management, Inc.	A	4,155	4,155	24
25	V	30	Depreciation	Glen Health and Home Management, Inc.	A	10,592	10,592	25
26	V	33	Real Estate Taxes	Glen Health and Home Management, Inc.	A	7,181	7,181	26
27	V	35	Equipment and Vehicle Rental	Glen Health and Home Management, Inc.	A	11,146	11,146	27
28	V	6	Janitorial Salaries	Glen Health and Home Management, Inc.	A	2,223	2,223	28
29	V	17	Officer's Salaries	Glen Health and Home Management, Inc.	A	0		29
30	V	21	Administrative Salaries	Glen Health and Home Management, Inc.	A	565,956	565,956	30
31	V	22	Employee Benefits	Glen Health and Home Management, Inc.	A		(107,438)	31
32	V	7	Employee Benefits - Janitorial	Glen Health and Home Management, Inc.	A		419	32
33	V	27	Employee Benefits - Officer's	Glen Health and Home Management, Inc.	A			33
34	V	27	Employee Benefits- Admin	Glen Health and Home Management, Inc.	A		107,019	34
35	V							35
36	V							36
37	V			A: Ownership: Glenner 1995 Family Trust 58.50 % and Sidney Glenner 41.50 %				37
38	V							38
39	Total		\$			\$ 796,491	\$ * 796,491	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	\$ 590,737	\$	590,737	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	696,427		696,427	17
18	V	34 Rental Income	1,699,171	Glen Saint Andrew Living Community Real Estate, LLC	B			(1,699,171)	18
19	V	32 Interest Income		Glen Saint Andrew Living Community Real Estate, LLC	B	(3)		(3)	19
20	V	19 Professional Fees		Glen Saint Andrew Living Community Real Estate, LLC	B	32,040		32,040	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	9,200		9,200	22
23	V	43 Bank Fees		Glen Saint Andrew Living Community Real Estate, LLC	B	195		195	23
24	V	36 Amortization of Intangible Assets		Glen Saint Andrew Living Community Real Estate, LLC	B	10,000		10,000	24
25	V	43 Late Charges - Interest Expense		Glen Saint Andrew Living Community Real Estate, LLC	B	20,233		20,233	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			SLG Limited Partnership 100.00 %					35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,699,171			\$ 1,719,553	\$ *	20,382	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	\$ 362,036	Therapy Masters, Inc.	C	\$ 329,764	\$ (32,272)
16	V	19 Professional Fees		Therapy Masters, Inc.	C	15,089	15,089
17	V	20 Licenses, Permits, and Inspection		Therapy Masters, Inc.	C	2,156	2,156
18	V	6 Repairs and Maintenance		Therapy Masters, Inc.	C	8	8
19	V	21 Clerical		Therapy Masters, Inc.	C	1,313	1,313
20	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	42,617	42,617
21	V	23 Training and Education		Therapy Masters, Inc.	C	436	436
22	V	25 Auto Expenses		Therapy Masters, Inc.	C	538	538
23	V	21 Clerical Salaries		Therapy Masters, Inc.	C	8,602	8,602
24	V	22 Employee Benefits		Therapy Masters, Inc.	C	(42,617)	(42,617)
25	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	41,454	41,454
26	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	1,163	1,163
27	V	26 Liability Insurance		Therapy Masters, Inc.	C	564	564
28	V						
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		\$ 362,036			\$ 401,087	\$ * 39,051

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

Facility Name & ID Number

Glen Saint Andrew Lving Comm

0053348

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	AMJED Trust dated 1/04/07	99.20 %	GlenBridge Nursing & Rehabilitation	Niles				1
2	Sidney Glenner	0.80 %	Centre, Ltd.					2
3								3
4	AMJED Trust dated 1/04/07	99.20 %	GlenCrest Nursing & Rehabilitation	Chicago				4
5	Sidney Glenner	0.80 %	Centre, Ltd.					5
6								6
7	AMJED Trust dated 1/04/07	99.00 %	Glen Elston Nursing & Rehabilitation	Chicago				7
8	Sidney Glenner	1.00 %	Centre, Ltd.					8
9								9
10	AMJED Trust dated 1/04/07	99.00 %	Glen Oaks Nursing & Rehabilitation	Northbrook				10
11	Sidney Glenner	1.00 %	Centre, Ltd.					11
12								12
13	AMJED Trust dated 1/04/07	99.20 %	GlenShire Nursing & Rehabilitation	Richton Park				13
14	Sidney Glenner	0.80 %	Centre, Ltd.					14
15								15
16	AMJED Trust dated 1/04/07	99.10 %	GlenLake Nursing & Rehabilitation	Waukegan				16
17	Sidney Glenner	0.90 %	Centre, Ltd.					17
18								18
19								19
20	AMJED Trust dated 1/04/07	99.10 %	Brentwood North Healthcare and Rehabilitation	Riverwoods				20
21	Sidney Glenner	0.90 %	Centre, Inc.					21
22								22
23								23
24	AMJED Trust dated 1/04/07	99.50 %	Ballard Respiratory and Rehabilitation	Des Plaines				24
25	Sidney Glenner	0.50 %	Center, LLC.					25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number

Glen Saint Andrew Lving Comm

0053348

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	Chairman of Board	Administrative	0.50 %	0	6	10.00 %	Salary	\$ 0	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	42,457	4	10.00 %	Salary	5,460	Ln 21, Col 7	2
3	Daniel Glenner	President	Administrative	0.00 %	160,449	5	10.00 %	Salary	20,633	Ln 21, Col 7	3
4	Elliot Glenner	Dir of Purchasing	Administrative	0.00 %	65,791	4	10.00 %	Salary	8,461	Ln 21, Col 7	4
5											5
6											6
7											7
8											8
9											9
10		See Schedule B									10
11											11
12											12
13								TOTAL	\$ 34,554		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 Lving Comm

0053348

Report Period Beginning:

01/01/2017

Ending: 2/31/2017

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Resident Days	562,351	9	\$ 44,774	\$ 64,077	\$ 5,102	1
2	6	Repairs and Maintenance	Resident Days	562,351	9	21,318	64,077	2,429	2
3	19	Professional Fees	Resident Days	562,351	9	374,658	64,077	42,690	3
4	20	Licenses, Permits and Inspection	Resident Days	562,351	9	818	64,077	93	4
5	21	Clerical	Resident Days	562,351	9	241,828	64,077	27,555	5
6	22	Employee Benefits and Payroll	Resident Days	562,351	9	942,891	64,077	107,438	6
7	23	Training and Education	Resident Days	562,351	9	10,620	64,077	1,210	7
8	25	Auto Expense	Resident Days	562,351	9	76,533	64,077	8,721	8
9	26	Insurance	Resident Days	562,351	9	36,463	64,077	4,155	9
10	30	Depreciation	Resident Days	562,351	9	92,961	64,077	10,592	10
11	33	Real Estate Taxes	Resident Days	562,351	9	63,026	64,077	7,181	11
12	35	Equipment and Vehicle Rental	Resident Days	562,351	9	97,820	64,077	11,146	12
13	6	Janitorial Salaries	Resident Days	562,351	9	19,511	19,511	2,223	13
14	17	Officer's Salaries	Resident Days	562,351	9		64,077	0	14
15	21	Administrative Salaries	Resident Days	562,351	9	4,966,933	4,966,933	565,956	15
16	22	Employee Benefits	Payroll					(107,438)	16
17	7	Employee Benefits - Janitorial	Payroll					419	17
18	27	Employee Benefits - Officer's	Payroll					0	18
19	27	Employee Benefits - Admin	Payroll					107,019	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 6,990,154	\$ 4,986,444	\$ 796,491	25

Facility Name & ID Number

Glen Saint Andrew Lving Comm

0053348

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	CIBC		X	Mortgage		12/08/14	\$ 9,781,675	\$ 9,781,675	12/08/2024	0.0400	\$ 590,737	1						
2	CIBC		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:	(376,990)	6					
7											Interest Income Offset:	(3)	7					
8													8					
9	TOTAL Facility Related						\$ 9,781,675	\$ 9,781,675			\$ 232,135	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			\$ 232,135	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.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2016 report.		\$	720,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	674,427	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(45,573)	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	742,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	32,040	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	728,467	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2012		8
	2013		9
	2014	8,481	10
	2015	473,875	11
	2016	674,427	12

FOR BHF USE ONLY

	13	FROM R. E. TAX STATEMENT FOR 2016	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

See Attached Schedule G For Calculation of 2017 Real Estate Tax Accrual.

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glen Saint Andrew Lving 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 2016 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 2016.

(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>10-31-100-023-0000</u>	<u>7063 W. Touhy Ave, Niles, IL 60714</u>	\$ <u>647,474.66</u>	\$ <u>647,474.66</u>
2. <u>10-31-100-004-0000</u>	<u>7000 Newark Ave, Niles, IL 60714</u>	\$ <u>26,952.26</u>	\$ <u>26,952.26</u>
3. <u>Allocated from Management Company:</u>		\$ <u>67,858.39</u>	\$ <u>7,181.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>742,285.31</u></u>	\$ <u><u>681,607.92</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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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

Facility Name & ID Number Glen Saint Andrew Lving Comm

0053348

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>433,452</u>	<u>2014</u>	<u>\$ 1,300,000</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>9,675</u>	<u>2</u>
3	TOTALS	433,452		\$ 1,309,675	3

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

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

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	\$	\$ 772,000	4
5										5
6	See Attached			185,462			7,148	7,148		6
7	Schedule J									7
8										8
	Improvement Type**									
9	Furnish and install limestone pieces for building exterior, install flashings and tuckpointing		2015	8,900	890	10	890		2,225	9
10										10
11	Furnish and install free standing exterior sign on building and metal canopy over entrance, ground monument signs		2015	26,870	2,687	10	2,687		6,715	11
12										12
13	Sealcoating, striping and patching of parking lot		2016	11,426	1,143	10	1,143		1,714	13
14	Purchase of eight window air-conditioning units		2016	3,130	313	10	313		470	14
15	Install and program DVR, power supply and all camera cables		2016	3,955	396	10	396		594	15
16	Rewire third and fourth floor exit signs to lobby area		2016	3,840	384	10	384		576	16
17	Remove cove base, carpet, vinyl tile and install new carpet and vinyl tile in and vestibule. Furnish and install recessed can lights in vestibule. Build walls, electrical, drywall, wallcovering in third floor dayroom. Build soffit and walls, wallcovering in the fourth floor dining room		2016	210,373	21,037	10	21,037		31,556	17
18										18
19										19
20										20
21	Replacement of 8" fire pump discharge and 4" pipe		2016	4,750	475	10	475		713	21
22	Remove and replace pipe and fittings, concrete ground to grade		2016	5,600	560	10	560		840	22
23	Furnish and install new door operator for elevator car 1		2016	7,950	795	10	795		1,193	23
24	Install ceiling tiles, electrical with J-boxes, wall base in 3rd and 4th floor		2016	25,994	2,599	10	2,599		3,899	24
25	RTU condenser and coil replacement on HVAC system		2016	3,250	325	10	325		488	25
26	Cut out & replace piping, copper couplings to head assembly on #2 steam		2016	6,185	619	10	619		928	26
27	Drywall, Install Doors, Plumbing, Paint in Resident Rooms.		2017	44,350	2,218	10	2,218		2,218	27
28	Run Electrical Conduit and Pull Wires, New 3 Phase 100 amp.		2017	13,900	695	10	695		695	28
29	Purchase of Wood Flooring on Third Floor.		2017	5,983	299	10	299		299	29
30	Elevator Modernization #1 South Passenger Elevator.		2017	101,900	5,095	10	5,095		5,095	30
31	Elevator Modernization #2 North Passenger Elevator.		2017	92,800	4,640	10	4,640		4,640	31
32	Replace Plumbing Line, Ceramic Tile on Main Shower Room.		2017	7,350	368	10	368		368	32
33	Vinyl Flooring, Wallpaper, Paint, Cabinets on Third Floor.		2017	20,646	1,032	10	1,032		1,032	33
34	Furnish and Install New Elevator Door Edge.		2017	3,346	167	10	167		167	34
35	Replace Compressor in Walk-In Cooler.		2017	3,960	198	10	198		198	35
36	Replace Broken Sewer Section and Install Clean Out Station.		2017	5,900	295	10	295		295	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	2017	\$ 3,900	\$ 195	10	\$ 195	\$	\$ 195	37	
38	2017	16,679	834	10	834		834	38	
39	2017	5,700	285	10	285		285	39	
40	2017	32,265	1,613	10	1,613		1,613	40	
41								41	
42								42	
43								43	
44								44	
45	See Attached Schedule L:								
46	1998	10,214						46	
47	1999	4,265						47	
48	2000	511						48	
49	2008	1,537						49	
50	2016	15,237			2,221	2,221	24,203	50	
51								51	
52	Non-allowable ILF/ALF depreciation expense:								
53					(267,630)	(267,630)		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)		\$ 8,418,128	\$ 307,490		\$ 49,229	\$ (258,261)	\$ 866,048	70

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

Facility Name & ID Number Glen Saint Andrew Lving Comm

0053348

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	\$ 997,515	\$ 94,070	\$ 94,070	\$	5, 10 years	\$ 311,809	71
72	Current Year Purchases	92,032	5,909	5,909		10 years	5,909	72
73	Fully Depreciated Assets							73
74	Allocated from Management Company:	83,698		991	991		72,181	74
75	TOTALS	\$ 1,173,245	\$ 99,979	\$ 100,970	\$ 991		\$ 389,899	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	\$ 14,364	\$ 14,364	\$	5 years	\$ 35,911	76
77										77
78	Allocated from Management Company:			17,238		233	233		17,238	78
79										79
80	TOTALS			\$ 89,060	\$ 14,364	\$ 14,597	\$ 233		\$ 53,149	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)	\$ 10,990,108	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 421,833	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 164,796	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (257,037)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,309,096	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.

Facility Name & ID Number Glen Saint Andrew Lving Comm

0053348

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

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: \$ 5,842 Description: See Attached Schedule M

(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>7,791</u>	19
20					20
21	TOTAL		\$	\$ <u>7,791</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.

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to hire only certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. 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			
		1	2	3	4
		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	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	Ln 10a, Col 3	hrs	\$	1,697	\$ 100,041	\$	1,697	\$ 100,041	1
2	Licensed Speech and Language Development Therapist	Ln 10a, Col 3	hrs		582	38,405		582	38,405	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln 10a, Col 3	hrs		4,663	223,590		4,663	223,590	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				101,680		101,680	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): <u>Radiology, Laboratory</u>	Ln 39, Col 3				6,383			6,383	13
14	TOTAL			\$	6,942	\$ 368,419	\$ 101,680	6,942	\$ 470,099	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.

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/2017**

(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	\$ (17,688)	\$ 183,057	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>101,001</u>)	1,144,431	1,144,431	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	308,291	308,291	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	1,486,648	1,929,628	8
9	Other(specify): <u>Due from Prior Owner</u>	120,344	120,344	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,042,026	\$ 3,685,751	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,309,675	13
14	Buildings, at Historical Cost		7,705,462	14
15	Leasehold Improvements, at Historical Cost	680,902	712,666	15
16	Equipment, at Historical Cost	239,547	1,262,305	16
17	Accumulated Depreciation (book methods)	(132,562)	(1,309,096)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe <u>Intangible Assets:</u>		70,000	22
23	Other(specify): <u>Mortgage Costs (Net):</u>		36,781	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 787,887	\$ 9,787,793	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,829,913	\$ 13,473,544	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,694,092	\$ 1,725,882	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	177,284	177,284	30
31	Accrued Taxes Payable (excluding real estate taxes)	37,453	37,453	31
32	Accrued Real Estate Taxes(Sch.IX-B)		742,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule E:</u>	307,224	307,224	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,216,053	\$ 2,989,843	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>Shareholder Loans:</u>	500,000	585,000	43
44	<u>Due to Related Parties:</u>	712,833	1,214,481	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,212,833	\$ 11,581,156	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,428,886	\$ 14,570,999	46
47	TOTAL EQUITY(page 18, line 24)	\$ 401,027	\$ (1,097,455)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,829,913	\$ 13,473,544	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 397,151	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 397,151	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	3,876	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)	\$ 3,876	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)	\$ 401,027	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	\$ 7,618,760	1
2	Discounts and Allowances for all Levels	(478,368)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,140,392	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,197,824	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,197,824	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	92,006	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	10,396	19
20	Radiology and X-Ray	800	20
21	Other Medical Services	200,091	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 303,293	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	19	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 19	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a	<u>Misc Income - Donations, Rentals, Community Fee</u>	34,429	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 34,429	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,675,957	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,131,269	31
32	Health Care	2,684,327	32
33	General Administration	1,539,442	33
B. Capital Expense			
34	Ownership	1,788,127	34
C. Ancillary Expense			
35	Special Cost Centers	416,856	35
36	Provider Participation Fee	112,060	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,672,081	40
41	Income before Income Taxes (line 30 minus line 40)**	3,876	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 3,876	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,075,259	44
45	Private Pay - Net Inpatient Revenue	4,833,852	45
46	Medicare - Net Inpatient Revenue	1,054,544	46
47	Other-(specify) <u>Insurance-Net Inpatient Revenue</u>	176,737	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,140,392	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 Lving Comm

0053348

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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	4,331	4,331	\$ 162,294	\$ 37.47	1
2	Assistant Director of Nursing					2
3	Registered Nurses	3,732	16,312	628,085	38.50	3
4	Licensed Practical Nurses	3,992	14,960	368,346	24.62	4
5	CNAs & Orderlies	18,750	60,117	864,079	14.37	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,077	2,077	51,189	24.65	9
10	Activity Assistants	4,847	5,677	67,220	11.84	10
11	Social Service Workers	1,809	2,086	59,862	28.70	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	8,039	8,865	200,783	22.65	17
18	Housekeepers	10,597	14,150	170,211	12.03	18
19	Laundry	5,272	5,585	43,170	7.73	19
20	Administrator	2,200	2,200	90,853	41.30	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	14,517	16,589	360,038	21.70	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)	80,163	152,949	\$ 3,066,130 *	\$ 20.05	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	\$ 11,303	Ln 1, Col 3	35
36	Medical Director	Monthly	18,000	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,146	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	44	2,244	Ln11, Col 3	44
45	Social Service Consultant	19	1,181	Ln12, Col 3	45
46	Other(specify)				46
47	Religious Consultant	Monthly	20,160	Ln12, Col 3	47
48					48
49	TOTAL (lines 35 - 48)	63	\$ 58,034		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				51
52	Certified Nurse Assistants/Aides	12	152	Ln10, Col 3	52
53	TOTAL (lines 50 - 52)	12	\$ 152		53

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	
Alyssa Flavin	Administrator	0.00%	\$ 90,853	Workers' Compensation Insurance	\$ 104,129	IDPH License Fee	\$ 2,940	
				Unemployment Compensation Insurance	37,315	Advertising: Employee Recruitment	4,353	
				FICA Taxes	215,440	Health Care Worker Background Check		
				Employee Health Insurance	188,807	(Indicate # of checks performed <u>4</u>)	155	
				Employee Meals	25,631	Patient Background Checks	2,570	
				Illinois Municipal Retirement Fund (IMRF)*				
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 90,853	Other Employee Benefits	1,820	See Attached Schedule K:	9,007	
B. Administrative - Other				Non-Allowable ILF/ALF Expenses:	(113,223)	Non-Allowable ILF/ALF Expenses:	(13,863)	
Description			Amount	Non-Allowable Marketing Employee Benefits:	0	Allocated from Therapy Masters, Inc:	2,156	
			\$	See Attached Schedule D:	0	Allocated from Management Company:	93	
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL (agree to Schedule V, line 22, col.8)	\$ 459,919	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 7,411	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
See Attached Schedule C:			78,794				In-State Travel	
							Seminar Expense	
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 78,794	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$

* Attach copy of IMRF notifications

**See instructions.

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 \$5,100
- (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. \$ 21,340 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. \$ 112,060
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. \$ 25,631 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
12/31/2017

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, LLC.	Skokie	Building Lessor
Fargo Real Estate & Development, LLC	Skokie	Building Lessor - Management Co.
Therapy Masters	Skokie	Therapy company

Glen Saint Andrew Living Community LLC

Provider #

12/31/2017

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	0	0	0	0	0	0	0	0	0
Jonathan Glenner	6,694	7,331	7,086	2,635	4,497	6,370	4,062	3,782	42,457
Daniel Glenner	25,298	27,703	26,777	9,960	16,994	24,073	15,352	14,292	160,449
Elliot Glenner	10,373	11,360	10,980	4,084	6,968	9,871	6,295	5,860	65,791
Total compensation received from other Nursing Homes	42,365	46,394	44,843	16,679	28,459	40,314	25,709	23,934	268,697

Glen Saint Andrew Living Community, LLC
 Provider I.D. # 0053348
 12/31/2017

SCHEDULE C

XIX. SUPPORT SCHEDULES

C. Professional Services

Page 21

Vendor/Payee	Type	AMOUNT
American Healthtech	Computers	-682
Point ClickCare Solutions	Computers	25,694
Kronos	Computers	16,025
Net Health	Computers	14,572
Microsoft Corporation	Computers	4,929
Comcast Business	Computers	15,161
Vanek, Larson and Kolb, LLC	Legal	1,080
Much Shelist	Legal	17,585
Gordon & Rees LLP	Legal	1,820
Senior Living Experts	Assisted Living Consulting	3,256
Marilyn Dunn	Legal	90
Huron Consulting	Management Consulting	34,740
Caring Inc.	Assisted Living Consulting	8,350
Personnel Planners	Unemployment Consulting	1,440
Platinum Billing	A/R Collections	11,276
A Place For Mom	Marketing	32,447
Jase Consulting, Inc.	Marketing	64
Total Schedule V, Line 19, Col. 3		187,846
Allocated from Management Co:		
Point ClickCare - Computer Service		-63
Kronos - Computer Services		2,053
Health Data Systems, Inc. - Computer Services		233
Microsoft Computers - Computer Services		562
Ability Network - Computer Services		199
Comcast Business - Computer Services		296
Creative Tech Solutions - Computer Services		196
MB Financial Bank - Legal		4,191
Marcum - Accounting Services		2,510
McGladrey - Accounting Services		22,886
Polsinelli - Legal		29
Govig - Legal		7,065
Perfect Staffing - Recruiter		0
Marilyn Dunn - Legal		27
S4 Group - Automation Systems		-570
SAS Architects - Architectural Consulting		-85
Company Nurse - W/C Consulting		9
Much Shelist - Legal		3,152
Total allocated from Management Co.		42,690
Total allocated from Therapy Masters:		
Virtu Senses - Computer Services		545
Kronos - Computer Services		1,352
Casamba - Computer Services		2,161
Health Data Systems - Computer Services		43
Much Shelist - Legal		185
Marilyn Dunn - Legal		4
Career Tree Network - Therapy Recruitment		1,824
Theracore - Business Consulting		8,876
Personnel Planners - Financial consulting		22
RSM - Accounting Services		78
Total allocated from Therapy Masters:		15,089
Glen Saint Andrew Living Community Real Estate, LLC.:		
Skidelsky & Associates- Legal - Real Estate Tax Appraisal		32,040
Total from Glen Saint Andrew Living Community Real Estate, LLC.:		32,040
Reclass Skidelsky & Associates - Real Estate Tax Appraisal to Line 33		-32,040
Non-Allowable Expenses:		
Much Shelist - Legal - Out of Period		-15,891
Gordon & Rees LLP - Legal - Out of Period		-868
Vanek, Larson & Kolb LLC - Legal - A/R Collections		-1,080
Platinum Billing - A/R Collections		-11,276
Huron Consulting - Mangement Consulting		-34,740
A Place For Mom - Marketing		-32,447
Jase Consulting, Inc. - Marketing		-64
Senior Living Experts - ALF Consulting		-3,256
Caring Inc. - ALF Consulting		-8,350
Total Non-Allowable Expenses:		-107,972
Non-allowable ILF/ALF Professional Fees:		-58,859
Total adjustments page 21, Sch C		-109,052
Total Schedule V, line 19, column 1		78,794

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	38,719
FUTA	322
SUTA	1,163
Insurance - Hospital	65,433
Employee Benefits	
Other Employee Benefits	
Workers Compensation Insurance	1,801
Total allocated from Management Co.	<u>107,438</u>
Employee Benefits reclassified to Lines 7, 27	-107,438
Allocated from Therapy Masters, Inc.:	
FICA taxes	23,196
FUTA	279
SUTA	788
401K Match	304
Insurance - Hospital	8,756
Workers Compensation Insurance	9,294
Total allocated from Therapy Masters, Inc. Co.	<u>42,617</u>
Employee Benefits reclassified to Lines 15,27	-42,617
Total allocated to Page 21	<u>0</u>

Glen Saint Andrew Living Community, LLC.
Provider I.D. # 0053348
12/31/2017

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Accrued Expenses	20,292
Accrued Provider Participation Fee - Tax	20,991
Insurance Payable	265,941
Total, Page 17, Line 36	<u>307,224</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	(2,553)	43
Non-allowable professional fees	(107,972)	19
Non-allowable Illinois Council on Long Term Care Dues	(2,512)	20
Adjust pharmacy expense to cost	(10,245)	39
Non-allowable office expense	(9,200)	43
Non-allowable bank fees	(195)	43
Non-allow ILF/ALF: salaries LPN Sr Services	(2,332)	10
Non-allow ILF/ALF: salaries C.N.A. Services	(367,110)	10
Non-allow ILF/ALF: salaries Dir Supportive Services	(73,877)	21
Non-allow ILF/ALF: salaries LPN Sr Services	(190,744)	10
Non-allowable dietary supplies - ILF/ALF	(48,530)	1
Non-allowable dietary consultant - ILF/ALF	(8,329)	1
Non-allowable dietary o/s services - ILF/ALF	(462,780)	1
Non-allowable food - ILF/ALF	(355,723)	2
Non-allowable housekeeping supplies - ILF/ALF	(19,329)	3
Non-allowable laundry salaries - ILF/ALF	(31,812)	4
Non-allowable utilities - ILF/ALF	(201,441)	5
Non-allowable plant salaries - ILF/ALF	(147,959)	6
Non-allowable plant supplies - ILF/ALF	(43,111)	6
Non-allowable maintenance - ILF/ALF	(115,903)	6
Non-allowable activities supplies - ILF/ALF	(3,793)	11
Non-allowable activities consultant - ILF/ALF	(1,654)	11
Non-allowable social service consultant - ILF/ALF	(870)	12
Non-allowable transportation - ILF/ALF	(3,343)	14
Non-allowable professional fees - ILF/ALF	(58,859)	19
Non-allowable dues and subscriptions - ILF/ALF	(13,863)	20
Non-allowable beauty and barber shop - ILF/ALF	(13,251)	40
Non-allowable office supplies - ILF/ALF	(50,534)	21
Non-allowable office supplies - ILF/ALF	(47,174)	21
Non-allowable employee benefits-ILF/ALF, Marketing	(113,223)	22
Non-allowable training and education - ILF/ALF	(203)	23
Non-allowable auto expense - ILF/ALF	(386)	25
Non-allowable insurance - ILF/ALF	(24,919)	26
Non-allowable equipment rental - ILF/ALF	(6,968)	35
Non-allowable activities salaries - ILF/ALF	(87,257)	11
Non-allowable social worker salaries - ILF/ALF	(44,113)	12
Non-allowable religious consultant - ILF/ALF	(14,856)	12
Non-allowable depreciation expense-ILF/ALF	(267,630)	30
Non-allowable real estate tax expense-ILF/ALF	(455,295)	33
Non-allowable interest expense - late fees	(20,233)	43
Non-allowable interest expense - ILF/ALF	(376,990)	32
TOTAL	(3,807,071)	

Glen Saint Andrew Living Community Real Estate LLC

Accrued Real Estate Taxes

12/31/2017

SCHEDULE G

	Accrued 1/01/17	Payments	Expense	Accrued 12/31/17
Balance @ 1/01/17 - G/L# 230	(720,000.00)		(720,000.00)	
2016 Real Estate Taxes Paid		674,426.92	674,426.92	
Estimated 2017 real estate taxes:				
2016 taxes	674,426.92			
Estimated increase	10.00%			
Estimated 2017 taxes	741,869.61			
USE	742,000.00		742,000.00	(742,000.00)
Totals	(720,000.00)	674,426.92	696,426.92	(742,000.00)

Real estate tax history:

Year	Amount	Increase	
		\$	%
2014	8,480.76		
2015	473,874.77	465,394.01	5487.65%
2016	674,426.92	200,552.15	42.32%

Provider Name: Glen Saint Andrew Living Community Center, LLC
Provider I.D. #: 0053348
Year Ended: December 31, 2017

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Alyssa Flavin	5/12/2017	Skokie	INR Seminars Understanding Difficult and Aggressive Behaviors	81
Patrice Walker	4/13/2017	Des Plaines	Online CPR training & certification	33
Alyssa Flavin	9/15/2017	Skokie	INR Seminars	81
Alyssa Flavin	9/28/2017	Skokie	Institute for Brain Potential The Pharmacy in Your Kitchen: An Overview of Medical and Medicinal Foods	80
			Non-allowable ILF/ALF:	-203
			Allocated From Management Company	1,210
			Allocated From Therapy Masters	436
			Total	1,718

SCHEDULE I

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

	Gasoline Purchase	Employee Reimbursement: Parking, Tolls, Mileage	Total
Direct Expense	150	374	524
Non-allowable auto expense - marketing			0
Non-allowable auto expense - ILF/ALF			-386
Allocated from Management Company			8,721
Allocated from Therapy Masters			538
TOTAL	<u>150</u>	<u>374</u>	<u>9,397</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	7,612
Illinois Department of Public Health Fee	240
Village of Niles Annual Business License, Fee	715
Secretary of State Annual Report, Fee	277
The Joint Commission Annual Dues, Fee	2,525
CLIA Laboratory Program Fee	150
Non-allowable Illinois Council on Long Term Care PAC Fees	-2,512
Total Dues, Fees, Subscriptions and Promotions	<u>9,007</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 103,052/460,292 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						
1988 PARKING LOT REPAVING LEASEHOLD IMPROVEMENTS - ADDITIONAL CONSTRUCTION COSTS FARGO BUILDING	5,900 87,339	6,647	6,647 5,900 87,339 99,886	6,647	22,363	24,168	22,112	8,945	22,298						
1999 LEASEHOLD IMPROVEMENTS - ADDITIONAL CONSTRUCTION COSTS FARGO BUILDING	41,710		41,710 141,596		31,701	34,260	31,345	12,680	31,609						
2000 AQUATIC WORKS - BUILT IN FISH TA	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						
2007 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	BRENTWOOD	TOTAL			
					93,767	95,262	106,511	40,267	78,093	74,334	48,247	540,919			
					0.192053401	0.195115457	0.218155638	0.082474797	0.159949942	0.152250765	9.10%	100.00%			
					28,154	28,603	31,981	12,090	23,448	22,319	4,998	161,632			
					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	76,488	49,247	503,336			
					18.69%	18.34%	21.05%	7.47%	16.19%	15.20%	3.09%	100.00%			
					15,036	30,163	29,637	34,028	12,077	26,165	4,998	161,632			
					161,632	30,163	29,637	34,028	12,077	26,165	4,998	161,632			
					RECALCULATION BASED ON 2009 CENSUS - New facility added in 2009 (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%			
					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%			
					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%			
					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%			
					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			
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					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%			
					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%			
					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%			
					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%			
					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%			
					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%			
					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%			
					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%			
					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%			
					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%			
		</													

SCHEDULE M

XIX. SUPPORT SCHEDULES

Page 14
Line 16. Rental Amount for Movable Equipment

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Postage meter	714
Copy machine	4,667
Copy machine	481
Medical Equipment	3,593
Non-allowable expense - ILF/ALF	-6,968
Allocated from Management Company:	3,355
Total allocated to Page 14, Line 16	<u>5,842</u>