

Facility Name & ID Number Glenlake Terrace Nrsg & Reh

0048637 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 N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	183	Skilled (SNF)	183	66,795	1
2		Skilled Pediatric (SNF/PED)			2
3	88	Intermediate (ICF)	88	32,120	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	271	TOTALS	271	98,915	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	16,413	827	6,351	23,591	8
9	SNF/PED					9
10	ICF	49,239	1,929	0	51,168	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	65,652	2,756	6,351	74,759	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.58%

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 12/07/2006

J. Was the facility purchased or leased after January 1, 1978?
YES Date 12/07/2006 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 138 and days of care provided 4,869

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Glenlake Terrace Nrsg & Reh # 0048637 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	459,518	49,801	29,257	538,576		538,576		538,576		1
2	Food Purchase		515,306		515,306	(29,904)	485,402		485,402		2
3	Housekeeping		2,786	336,830	339,616		339,616		339,616		3
4	Laundry			224,554	224,554		224,554		224,554		4
5	Heat and Other Utilities			196,595	196,595		196,595	5,952	202,547		5
6	Maintenance	120,198	60,598	132,650	313,446		313,446	5,441	318,887		6
7	Other (specify):* Allocated Employee Benefits							489	489		7
8	TOTAL General Services	579,716	628,491	919,886	2,128,093	(29,904)	2,098,189	11,882	2,110,071		8
	B. Health Care and Programs										
9	Medical Director			163,309	163,309		163,309		163,309		9
10	Nursing and Medical Records	5,247,221	525,206	232,321	6,004,748		6,004,748		6,004,748		10
10a	Therapy	527,695	2,547	621,112	1,151,354		1,151,354	(135,696)	1,015,658		10a
11	Activities	196,003	5,283	2,448	203,734		203,734		203,734		11
12	Social Services	107,681		3,402	111,083		111,083		111,083		12
13	CNA Training										13
14	Program Transportation			36,656	36,656		36,656		36,656		14
15	Other (specify):* Allocated Employee Benefits							61,018	61,018		15
16	TOTAL Health Care and Programs	6,078,600	533,036	1,059,248	7,670,884		7,670,884	(74,678)	7,596,206		16
	C. General Administration										
17	Administrative	194,733		1,466,985	1,661,718		1,661,718	(1,466,985)	194,733		17
18	Directors Fees										18
19	Professional Services			306,583	306,583	(9,126)	297,457	(42,151)	255,306		19
20	Dues, Fees, Subscriptions & Promotions			77,741	77,741	4,545	82,286	(8,908)	73,378		20
21	Clerical & General Office Expenses	615,341	101,555	37,060	753,956	(4,545)	749,411	489,837	1,239,248		21
22	Employee Benefits & Payroll Taxes			1,061,662	1,061,662	29,904	1,091,566	(29,070)	1,062,496		22
23	Inservice Training & Education			678	678		678	2,091	2,769		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			18,020	18,020		18,020	831	18,851		25
26	Insurance-Prop.Liab.Malpractice			400,065	400,065		400,065	5,726	405,791		26
27	Other (specify):* Allocated Employee Benefits							126,572	126,572		27
28	TOTAL General Administration	810,074	101,555	3,368,794	4,280,423	20,778	4,301,201	(922,057)	3,379,144		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,468,390	1,263,082	5,347,928	14,079,400	(9,126)	14,070,274	(984,853)	13,085,421		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

Glenlake Terrace Nrsg & Reh

#0048637

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			286,854	286,854		286,854	266,427	553,281			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			41,098	41,098		41,098	488,599	529,697			32
33	Real Estate Taxes					9,126	9,126	119,912	129,038			33
34	Rent-Facility & Grounds			795,908	795,908		795,908	(795,908)				34
35	Rent-Equipment & Vehicles			191,803	191,803		191,803	13,004	204,807			35
36	Other (specify):*											36
37	TOTAL Ownership			1,315,663	1,315,663	9,126	1,324,789	92,034	1,416,823			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		571,647	265,280	836,927		836,927		836,927			39
40	Barber and Beauty Shops			90	90		90		90			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			572,405	572,405		572,405		572,405			42
43	Other (specify):* Non- Allowable			1,197,255	1,197,255		1,197,255	(1,197,255)				43
44	TOTAL Special Cost Centers		571,647	2,035,030	2,606,677		2,606,677	(1,197,255)	1,409,422			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,468,390	1,834,729	8,698,621	18,001,740		18,001,740	(2,090,074)	15,911,666			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	(13,570)	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	(487)	30		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	(1,185)	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	(3,720)	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	(1,187,590)	43		24
25	Fund Raising, Advertising and Promotional	(4,531)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(521,617)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,732,700)		\$	30

BHF USE ONLY							
48		49		50		51	

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)	(357,374)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (357,374)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,090,074)		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					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Glenlake Terrace Nrsg & Reh

ID# 0048637

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-allowable patient clothing	\$ (229)	43	1
2	Non-allowable professional fees	(124,599)	19	2
3	Non-allowable owner interest expense	(139,300)	32	3
4	Non-allowable auto expense - marketing	(10,181)	25	4
5	Non-allowable Illinois Council on Long Term Care Dues	(12,377)	20	5
6	Non-allowable office expense	(702)	43	6
7	Non-allowable trust fees	(660)	43	7
8	Non-allowable marketing employee benefits	(29,070)	22	8
9	Non-allowable marketing salaries	(204,499)	21	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(521,617)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glenlake Terrace Nrsg & Reh# 0048637

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	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	5,952	0	0	0	0	0	0	0	0	5,952	5
6	Maintenance	0	0	5,428	0	13	0	0	0	0	0	0	5,441	6
7	Other (specify):*	0	0	489	0	0	0	0	0	0	0	0	489	7
8	TOTAL General Services	0	0	11,869	0	13	0	0	0	0	0	0	11,882	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	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	(135,696)	0	0	0	0	0	0	(135,696)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	61,018	0	0	0	0	0	0	61,018	15
16	TOTAL Health Care and Programs	0	0	0	0	(74,678)	0	0	0	0	0	0	(74,678)	16
	C. General Administration													
17	Administrative	0	0	(1,466,985)	0	0	0	0	0	0	0	0	(1,466,985)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(124,599)	0	49,807	9,126	23,515	0	0	0	0	0	0	(42,151)	19
20	Fees, Subscriptions & Promotions	(12,377)	0	109	0	3,360	0	0	0	0	0	0	(8,908)	20
21	Clerical & General Office Expenses	(218,069)	0	692,454	0	15,452	0	0	0	0	0	0	489,837	21
22	Employee Benefits & Payroll Taxes	(29,070)	0	0	0	0	0	0	0	0	0	0	(29,070)	22
23	Inservice Training & Education	0	0	1,412	0	679	0	0	0	0	0	0	2,091	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(10,181)	0	10,174	0	838	0	0	0	0	0	0	831	25
26	Insurance-Prop.Liab.Malpractice	0	0	4,847	0	879	0	0	0	0	0	0	5,726	26
27	Other (specify):*	0	0	124,859	0	1,713	0	0	0	0	0	0	126,572	27
28	TOTAL General Administration	(394,296)	0	(583,323)	9,126	46,436	0	0	0	0	0	0	(922,057)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(394,296)	0	(571,454)	9,126	(28,229)	0	0	0	0	0	0	(984,853)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glenlake Terrace Nrsg & Reh

0048637

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	(487)	0	12,358	254,556	0	0	0	0	0	0	0	266,427	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(139,300)	0	0	627,899	0	0	0	0	0	0	0	488,599	32
33	Real Estate Taxes	0	0	8,379	111,533	0	0	0	0	0	0	0	119,912	33
34	Rent-Facility & Grounds	0	0	0	(795,908)	0	0	0	0	0	0	0	(795,908)	34
35	Rent-Equipment & Vehicles	0	0	13,004	0	0	0	0	0	0	0	0	13,004	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(139,787)	0	33,741	198,080	0	0	0	0	0	0	0	92,034	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(1,198,617)	0	0	1,362	0	0	0	0	0	0	0	(1,197,255)	43
44	TOTAL Special Cost Centers	(1,198,617)	0	0	1,362	0	0	0	0	0	0	0	(1,197,255)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,732,700)	0	(537,713)	208,568	(28,229)	0	0	0	0	0	0	(2,090,074)	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	99.10 %	See Attached Page 6-Supplemental		See Attached Schedule A		
Sidney Glenner	0.90 %					

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	Total from Page 6A	\$ 1,466,985	Glen Health and Home Management, Inc.	A	\$ 929,272	\$ (537,713)	1
2	V							2
3	V	Total from Page 6B	795,908	GlenLake Terrace Realty LLC	B	1,004,476	208,568	3
4	V							4
5	V	Total from Page 6C	621,112	Therapy Masters, Inc.	C	592,883	(28,229)	5
6	V							6
7	V							7
8	V			OWNERSHIP REFERENCE:				8
9	V			A: Glenner 1995 Family Trust 58.50 % and Sidney Glenner 41.50 %				9
10	V			B: Owned 100.00 % by SLG Limited Partnership				10
11	V			C: Owned 100.00 % by Sidney Glenner				11
12	V							12
13	V							13
14	Total		\$ 2,884,005			\$ 2,526,631	\$ * (357,374)	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 Administrative Service Fees	\$ 1,466,985	Glen Health and Home Management, Inc.	A	\$	\$ (1,466,985)
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	5,952	5,952
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	2,834	2,834
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	49,807	49,807
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	109	109
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	32,149	32,149
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	125,348	125,348
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	1,412	1,412
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	10,174	10,174
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	4,847	4,847
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	12,358	12,358
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	8,379	8,379
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	13,004	13,004
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	2,594	2,594
29	V	17 Officer's Salaries		Glen Health and Home Management, Inc.	A	0	
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	660,305	660,305
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(125,348)	(125,348)
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	489	489
33	V	27 Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A		
34	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	124,859	124,859
35	V						
36	V						
37	V			A - OWNERSHIP: Glenner 1995 Family Trust 58.50 % and			
38	V			Sidney Glenner 41.50 %			
39	Total		\$ 1,466,985			\$ 929,272	\$ * (537,713)

* 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	43 Clerical	\$	GlenLake Terrace Realty LLC	B	\$ 702	\$	702	15
16	V	30 Depreciation		GlenLake Terrace Realty LLC	B	254,556		254,556	16
17	V	32 Interest Income		GlenLake Terrace Realty LLC	B	(2)		(2)	17
18	V	32 Interest Expense		GlenLake Terrace Realty LLC	B	627,901		627,901	18
19	V	33 Real Estate Taxes		GlenLake Terrace Realty LLC	B	111,533		111,533	19
20	V	34 Rental Income	795,908	GlenLake Terrace Realty LLC	B			(795,908)	20
21	V	43 Trust Fees		GlenLake Terrace Realty LLC	B	660		660	21
22	V	19 Professional Fees		GlenLake Terrace Realty LLC	B	9,126		9,126	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V			B - OWNERSHIP:					27
28	V			SLG Limited Partnership 100.00 %					28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 795,908			\$ 1,004,476	\$ *	208,568	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	\$ 621,112	Therapy Masters, Inc.	C	\$ 485,416	\$ (135,696)
16	V	19 Professional Fees		Therapy Masters, Inc.	C	23,515	23,515
17	V	20 Licenses, Permits, and Inspection		Therapy Masters, Inc.	C	3,360	3,360
18	V	6 Repairs and Maintenance		Therapy Masters, Inc.	C	13	13
19	V	21 Clerical		Therapy Masters, Inc.	C	2,046	2,046
20	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	62,731	62,731
21	V	23 Training and Education		Therapy Masters, Inc.	C	679	679
22	V	25 Auto Expenses		Therapy Masters, Inc.	C	838	838
23	V	21 Clerical Salaries		Therapy Masters, Inc.	C	13,406	13,406
24	V	22 Employee Benefits		Therapy Masters, Inc.	C	(62,731)	(62,731)
25	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	61,018	61,018
26	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	1,713	1,713
27	V	26 Liability Insurance		Therapy Masters, Inc.	C	879	879
28	V						
29	V						
30	V						
31	V						
32	V						
33	V			C - OWNERSHIP: Sidney Glenner 100 %			
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 621,112			\$ 592,883	\$ * (28,229)

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

Facility Name & ID Number

Glenlake Terrace Nrsg & Reh

0048637

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	See Attached Schedule A			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 %	Brentwood North Healthcare & Rehabilitation	Riverwoods				16
17	Sidney Glenner	0.90 %	Centre, Inc.					17
18								18
19	AMJED Trust dated 1/04/07	99.50 %	Ballard Respiratory and Rehabilitation	Des Plaines				19
20	Sidney Glenner	0.50 %	Center, LLC.					20
21								21
22	AMJED Trust dated 1/04/07	99.50 %	Glen Saint Andrew Living Community LLC.	Niles				22
23	Sidney Glenner	0.50 %						23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number

Glenlake Terrace Nrsg & Reh

0048637

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	0.90 %	0	10	14.30 %	Salary	\$ 0	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	41,547	6	14.30 %	Salary	6,370	Ln 21, Col 7	2
3	Elliot Glenner	Dir of Purchasing	Administrative	0.00 %	64,381	6	14.30 %	Salary	9,871	Ln 21, Col 7	3
4	Daniel Glenner	President	Administrative	0.00 %	157,009	7	14.30 %	Salary	24,073	Ln 21, Col 7	4
5											5
6											6
7											7
8											8
9											9
10		See Attached Schedule B									10
11											11
12											12
13								TOTAL	\$ 40,314		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 Glenlake Terrace Nrsg & Reh

0048637

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 & 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	\$ 74,759	\$ 5,952	1
2	6	Repairs and Maintenance	Resident Days	562,351	9	21,318	74,759	2,834	2
3	19	Professional Fees	Resident Days	562,351	9	374,658	74,759	49,807	3
4	20	Licenses, Permits and Inspection	Resident Days	562,351	9	818	74,759	109	4
5	21	Clerical	Resident Days	562,351	9	241,828	74,759	32,149	5
6	22	Employee Benefits and Payroll	Resident Days	562,351	9	942,891	74,759	125,348	6
7	23	Training and Education	Resident Days	562,351	9	10,620	74,759	1,412	7
8	25	Auto Expenses	Resident Days	562,351	9	76,533	74,759	10,174	8
9	26	Insurance	Resident Days	562,351	9	36,463	74,759	4,847	9
10	30	Depreciation	Resident Days	562,351	9	92,961	74,759	12,358	10
11	33	Real Estate Taxes	Resident Days	562,351	9	63,026	74,759	8,379	11
12	35	Equipment and Vehicle Rental	Resident Days	562,351	9	97,820	74,759	13,004	12
13	6	Janitorial Salaries	Resident Days	562,351	9	19,511	19,511	2,594	13
14	17	Officer's Salaries	Resident Days	562,351	9		74,759	0	14
15	21	Administrative Salaries	Resident Days	562,351	9	4,966,933	4,966,933	660,305	15
16	22	Employee Benefits	Payroll					(125,348)	16
17	7	Employee Benefits - Janitorial	Payroll					489	17
18	27	Employee Benefits - Officer's	Payroll					0	18
19	27	Employee Benefits - Admin	Payroll					124,859	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 6,990,154	\$ 4,986,444	\$ 929,272	25

Facility Name & ID Number

Glenlake Terrace Nrsg & Reh

0048637

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	UBS Wealth Management		X	Mortgage	\$30,955.56	10/26/10	\$ 15,600,000	\$ 15,600,000	9/15/2020	0.0398	\$ 488,601	1						
2	SLG Limited Partnership	X		Mortgage	\$18,435.66	11/15/10	3,500,000	3,500,000	12/01/2035	0.0398	139,300	2						
3												3						
4									Non-allowable owner interest expense:		(139,300)	4						
5												5						
Working Capital																		
6	Sidney Glenner	X		Working Capital		Various	274,661	274,661		0.0525		6						
7	AMJED GST Trust	X		Working Capital		Various	6,845,405	6,845,405		0.0525		7						
8	MB Financial Bank		X	Working Capital		12/01/15	1,978,814	1,978,814	1/04/2018	0.2673	41,098	8						
9	TOTAL Facility Related				\$49,391.22		\$ 28,198,880	\$ 28,198,880			\$ 529,699	9						
B. Non-Facility Related*																		
10												10						
11												11						
12												12						
13									Interest Income Offset:		(2)	13						
14	TOTAL Non-Facility Related						\$	\$			\$ (2)	14						
15	TOTALS (line 9+line14)						\$ 28,198,880	\$ 28,198,880			\$ 529,697	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.		\$	189,000	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.)		\$	144,920	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(44,080)	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	153,000	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.)		\$	9,126	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.		\$	118,046	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2012	218,043	8	
	2013	171,063	9	
	2014	182,843	10	
	2015	179,691	11	
	2016	144,920	12	
See Attached Schedule G For Calculation Of 2017 Real Estate Tax Accrual.				

FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2016	\$ 118,046
14	PLUS APPEAL COST FROM LINE 5	\$ 9,126
15	LESS REFUND FROM LINE 6	\$ (9,126)
16	AMOUNT TO USE FOR RATE CALCULATION	\$ 118,046

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 Glenlake Terrace Nrsg & Reh COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0048637

CONTACT PERSON REGARDING THIS REPORT Charles J. Fischer

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 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>08-32-109-021</u>	<u>2222 14th Street, Waukegan, IL</u>	\$ <u>144,919.99</u>	\$ <u>144,919.99</u>
2. <u>08-32-109-020</u>	<u>2300 14th Street, Waukegan, IL</u>	\$ <u>2,612.97</u>	\$ <u>2,612.97</u>
3. <u>Allocated from Management Company:</u>		\$ <u>67,858.39</u>	\$ <u>8,379.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>215,391.35</u></u>	\$ <u><u>155,911.96</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 Glenlake Terrace Nrsg & Reh

0048637

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

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

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

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Patient Care</u>	<u>79,750</u>	<u>2006</u>	<u>\$ 502,844</u>	<u>1</u>
2	<u>Allocated from Management Company:</u>			<u>11,289</u>	<u>2</u>
3	TOTALS	<u>79,750</u>		<u>\$ 514,133</u>	<u>3</u>

Facility Name & ID Number Glenlake Terrace Nrsg & Reh# 0048637

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	271		2006	1974	\$ 7,636,686	\$ 254,556		\$ 254,556	\$	\$ 2,811,687	4
5											5
6	Alloc from				222,236			8,339	8,339		6
7	Mgt Comp										7
8	Schedule J										8
	Improvement Type**										
9											9
10		Furnish and install outdoor signs		2007	10,055	498	10	498		19,612	10
11		Remove and install vinyl cove base		2007	9,986	496	10	496		19,476	11
12		Furnish and install light fixture and run new piping		2007	2,672	135	10	135		5,209	12
13		Replace leaking hydraulic supply lines for elevators		2007	5,000	250	10	250		9,750	13
14		Furnish and install motor bearings and gasket on washing machine		2008	2,535	254	10	254		2,413	14
15		Coil rebuilding and water heater retubing		2008	3,276	328	10	328		3,116	15
16		Replace tube sheet and water return pump, replace piping		2008	2,717	272	10	272		2,584	16
17											17
18											18
19		Indoor cameras with power supply		2008	6,889	689	10	689		6,545	19
20		Indoor cameras and power supply		2008	3,211	321	10	321		3,050	20
21		Replace 2 inch galvanized hot water piping in laundry room		2009	2,500	250	10	250		2,125	21
22		Wiring for television system, create television outlets		2009	2,750	275	10	275		2,338	22
23		Furnish and install sentry guard water coil		2009	5,169	517	10	517		4,394	23
24		Install new receptacles on existing circuits for televisions		2009	8,800	880	10	880		7,480	24
25		Furnish and install wet-pipe sprinkler protection		2009	56,112	5,611	10	5,611		42,083	25
26		Remove existing cove base and carpet, floor prep, new carpet and wallpap		2009	3,364	336	10	336		2,856	26
27		Category 6 cable (550mhz)		2010	3,964	396	10	396		2,970	27
28		Installation of front door electrolock security system with intercom		2010	3,985	399	10	399		2,992	28
29		Install fire alarm wiring and power supervision relays		2010	4,544	454	10	454		3,405	29
30		Install new mixing valve on plumbing project		2011	3,160	316	10	316		2,054	30
31		Install fire protection sprinkler heads		2011	3,088	309	10	309		2,008	31
32		Remove and install ceiling, nurses station, vinyl tile project and wallpaper		2011	365,930	36,593	10	36,593		237,855	32
33		Install new light poles		2011	13,753	1,375	10	1,375		8,938	33
34		New parking lot and curbs		2011	127,628	12,763	10	12,763		82,959	34
35		Parking lot striping and install compacted mix		2011	18,495	1,850	10	1,850		11,995	35
36											36

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

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

See Page 12A, Line 70 for total

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Concrete project, install curbs, walkway and patio	2011	\$ 37,699	\$ 3,770	10	\$ 3,770		\$ 24,505	37
38	Installation of new annunciators for nursing stations	2011	2,838	284	10	284		1,846	38
39	Exterior fire main project	2011	10,220	1,022	10	1,022		6,643	39
40	Remove and install ceramic tile and carpet	2011	24,568	2,688	10	2,457	(231)	16,086	40
41	Purchase of food waste disposer	2011	3,132	313	10	313		2,035	41
42	Install annunciator panel, conduit and elbows	2011	4,835	484	10	484		3,146	42
43									43
44	Furnish and install new single casement windows	2012	2,700	270	10	270		1,485	44
45	Remove wallpaper, patch and paint walls in bedrooms	2012	17,634	1,763	10	1,763		9,697	45
46	Furnish and install water heater	2012	27,706	2,771	10	2,771		15,240	46
47	Wallcovering, corner guards, ceiling, doors	2012	54,209	5,677	10	5,421	(256)	29,815	47
48	Laminate doors, install vinyl tile, wallpaper and paint	2012	157,820	15,782	10	15,782		86,801	48
49	Repair broken sewer line	2012	5,290	529	10	529		2,910	49
50	Fireproofing	2012	2,716	272	10	272		1,496	50
51	Furnish sprinklers for elevator pit	2012	2,600	260	10	260		1,430	51
52	Remove closet walls, install ceramic wall, ceiling, tile, doors & sign	2012	50,868	5,087	10	5,087		27,978	52
53	Remove tiles, handrails, drywall, painting, guards & vinyl cove	2012	55,300	5,530	10	5,530		30,415	53
54	Freight on Econocare invoice # 39801	2012	14,497	1,450	10	1,450		7,975	54
55	Install new annunciator panels for nursing stations	2012	2,880	288	10	288		1,584	55
56									56
57	Furnish and install drywall, paint and corner guards in the	2012	12,560	1,256	10	1,256		6,908	57
58	fourth floor dining rooms								58
59									59
60	Furnish and install bumper guards behind the beds on the	2012	8,150	815	10	815		4,483	60
61	fourth floor and first floor bedrooms								61
62	Furnish and install drywall, tile, wallpaper and handrails	2012	50,250	5,025	10	5,025		27,638	62
63	in the second floor hallway								63
64	Patch walls and paint in common areas on the first, second,	2012	3,835	384	10	384		2,112	64
65	third floors and janitor closets								65
66	Wallcovering, ceiling tile, corner guards, plumbing, drywall, paint	2012	111,049	11,105	10	11,105		61,077	66
67	in the elevator, fourth floor corridor, family lounge, dining room,								67
68	shower rooms and first floor therapy room								68
69									69
70	TOTAL (lines 4 thru 69)		\$ 9,191,861	\$ 386,948		\$ 394,800	\$ 7,852	\$ 3,673,199	70

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

Facility Name & ID Number Glenlake Terrace Nrsrg & Reh# 0048637

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,191,861	\$ 386,948		\$ 394,800	\$ 7,852	\$ 3,673,199	1
2	Furnish and install steel decking, drains, mixing valve for shower	2012	3,100	310	10	310		1,705	2
3	in the second floor west shower rooms								3
4	Furnish and install bumper guards in the second floor and	2012	2,569	257	10	257		1,413	4
5	fourth floor dining rooms								5
6	Sealcoat, patch and fill potholes, striping of parking lot	2012	3,748	375	10	375		2,062	6
7	Credit on TCL Electric & Lighting invoice	2011	(13,753)	(1,375)	10	(1,375)		(8,938)	7
8	Furnish and install shower drains, tile	2012	3,250	325	10	325		1,788	8
9	Fabricate new nursing station	2012	14,900	1,490	10	1,490		8,195	9
10	Fabricate new nursing station	2012	14,900	1,490	10	1,490		8,195	10
11	Demo 2 shower stalls & furnish and install drains and plumbing	2012	2,535	254	10	254		1,397	11
12	Wallcovering and bumper and corner guards in the second	2012	5,483	548	10	548		3,014	12
13	floor dining room and first floor resident rooms								13
14	Furnish ceiling tile and elevator wraps for 2nd and 4th floors	2013	8,983	898	10	898		4,041	14
15	Replace sewer line and recement	2013	8,800	880	10	880		3,960	15
16	Replace shorted compressor on walk-in cooler	2013	3,136	317	10	317		1,425	16
17	Remove existing cove base and carpet, install carpet & base in Administra	2013	8,571	857	10	857		3,857	17
18	office. Remove and replace existing plumbing fixtures in bathroom,								18
19	wallcovering , paint doors and frames								19
20	Install openings for power outlets, receptacles, wiring	2014	20,420	2,042	10	2,042		7,147	20
21	Telephone wiring project	2014	4,445	445	10	445		1,557	21
22	Install new bearing assembly and gaskets on chiller pump	2014	2,872	287	10	287		1,005	22
23	Iron wrought railings 42" high	2014	3,200	320	10	320		1,120	23
24	Install sheet vinyl flooring and cove base in dialysis room	2014	5,919	592	10	592		2,072	24
25	Install new electrical tubes, burner heads & gaskets on boiler	2014	14,000	1,400	10	1,400		4,900	25
26	Install new electrical tubes, burner heads & gaskets on boiler	2015	14,000	1,400	10	1,400		3,500	26
27	Repiping, rewiring and relocate existing heater to another wall,	2015	7,400	740	10	740		1,850	27
28	supply and install 100A/3p disconnect, double logs, 100 amp								28
29	feeder and pool box, new electrical breakers and circuits								29
30	Install new T775 controller on chiller and rewiring	2015	2,923	292	10	292		730	30
31	Install port data locations for Allworx phones	2016	2,598	260	10	260		390	31
32	Replace motor in sump pump pit	2016	3,080	308	10	308		462	32
33	Sealcoat, patch and stripe parking lot	2016	8,141	814	10	814		1,221	33
34	TOTAL (lines 1 thru 33)		\$ 9,347,081	\$ 402,474		\$ 410,326	\$ 7,852	\$ 3,731,267	34

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12B, Carried Forward	\$ 9,347,081	\$ 402,474		\$ 410,326	\$ 7,852	\$ 3,731,267		1
2	Replace 31 sprinkler heads in kitchen and dining area	2016	10,200	1,020	10	1,020		1,530	2
3	Furnish and install 2 new sills in elevators	2016	5,700	570	10	570		855	3
4	Furnish and install front exterior door	2016	5,727	573	10	573		859	4
5	Furnish and Install 1 Mac Elevator Door Restrictor.	2017	6,500	325	10	325		325	5
6	Removal and Installation of Compressor in Freezer Walk-In.	2017	3,950	198	10	198		198	6
7	Furnish and Install 3 Retractable Elevator Pit Ladders.	2017	9,689	484	10	484		484	7
8	Run New Conduit and Pull Electrical Wires, Install New	2017	3,120	156	10	156		156	8
9	Outlets, Breakers.								9
10	Repair 5" Section of 8" Suspended Sanitary Sewer.	2017	4,100	205	10	205		205	10
11	Furnish and Install Valves, Tubs, Faucets for 2 Tub Rooms	2017	6,000	300	10	300		300	11
12	on Second/Third Floors.								12
13	Replace Ball Valves/Flanges, Motor Protector on Chiller in	2017	3,494	175	10	175		175	13
14	Basement.								14
15	Purchase of 2 Studio Bath Tubs on Second/Third Floors.	2017	3,029	151	10	151		151	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27	See Attached Schedule L:								27
28	Leasehold Improvements Allocated from Management Company:	1998	12,239						28
29	Leasehold Improvements Allocated from Management Company:	1999	5,111						29
30	Leasehold Improvements Allocated from Management Company:	2000	613						30
31	Leasehold Improvements Allocated from Management Company:	2008	1,842						31
32	Leasehold Improvements Allocated from Management Company:	2016	18,258			2,591	2,591	29,002	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,446,653	\$ 406,631		\$ 417,074	\$ 10,443	\$ 3,765,507	34

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

Facility Name & ID Number Glenlake Terrace Nrsg & Reh

0048637

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	\$ 1,241,846	\$ 129,271	\$ 129,271	\$	5, 10 years	\$ 567,737	71
72	Current Year Purchases	18,817	1,882	1,882		10 years	1,882	72
73	Fully Depreciated Assets	504,254	1,498	1,498		5, 10 years	504,254	73
74	Allocated from Therapy Masters, Mgt Co:	100,293		1,156	1,156		86,492	74
75	TOTALS	\$ 1,865,210	\$ 132,651	\$ 133,807	\$ 1,156		\$ 1,160,365	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Care	2001 Ford Bus	2000	\$ 20,000	\$	\$	\$	5 years	\$ 20,000	76
77	Marketing	2009 Lincoln MKX	2009	31,500				5 years	31,500	77
78	Patient Care	2002 Ford Econoline	2015	10,641	2,128	2,128		5 years	5,321	78
79	Allocated from Management Company:			20,656		272	272		20,656	79
80	TOTALS			\$ 82,797	\$ 2,128	\$ 2,400	\$ 272		\$ 77,477	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)	\$ 11,908,793	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 541,410	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 553,281	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 11,871	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,003,349	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 Glenlake Terrace Nrsg & Reh

0048637

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.	<u>/2018</u>	\$ _____
13.	<u>/2019</u>	\$ _____
14.	<u>/2020</u>	\$ _____

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

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: \$ 195,717 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	<u>Allocated from Management Company:</u>			<u>9,090</u>	18
19					19
20					20
21	TOTAL		\$	\$ <u>9,090</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. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		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	\$	3,688	\$ 208,657	\$	3,688	\$ 208,657	1
2	Licensed Speech and Language Development Therapist	Ln 10a, Col 3	hrs		1,077	64,103		1,077	64,103	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln 10a, Col 2&3	hrs		5,357	348,352	2,547	5,357	350,899	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				571,647		571,647	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Radiology, Laboratory & Dialysis Other (specify): <u>Respiratory Therapy</u>	Ln 39, Col 3 Ln 10a, Col 1	20,927 hours	527,695		265,280		20,927	265,280 527,695	13
14	TOTAL			\$ 527,695	10,122	\$ 886,392	\$ 574,194	31,049	\$ 1,988,281	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 Glenlake Terrace Nrsg & Reh# 0048637Report Period Beginning: 01/01/2017Ending: 12/31/2017

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	\$ (267,440)	\$ (542,462)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	3,942,434	3,942,434	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	405,546	405,546	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)		3,533,959	8
9	Other(specify): <u>Other Receivables</u>	9,301	47,872	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,089,841	\$ 7,387,349	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		514,133	13
14	Buildings, at Historical Cost		7,858,922	14
15	Leasehold Improvements, at Historical Cost	1,601,348	1,587,731	15
16	Equipment, at Historical Cost	1,418,244	1,948,007	16
17	Accumulated Depreciation (book methods)	(1,674,944)	(5,003,349)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Insurance Receivable</u>	695,917	695,917	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,040,565	\$ 7,601,361	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,130,406	\$ 14,988,710	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 3,595,587	\$ 3,595,587	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,978,814	1,978,814	29
30	Accrued Salaries Payable	454,542	454,542	30
31	Accrued Taxes Payable (excluding real estate taxes)	64,941	64,941	31
32	Accrued Real Estate Taxes(Sch.IX-B)		153,000	32
33	Accrued Interest Payable	401,931	564,547	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule E:</u>	3,454,714	3,454,714	36
37	<u>Due to Related Parties:</u>	1,600,400	1,600,400	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 11,550,929	\$ 11,866,545	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		19,100,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Shareholders:</u>	7,560,267	7,560,297	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 7,560,267	\$ 26,660,297	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 19,111,196	\$ 38,526,842	46
47	TOTAL EQUITY(page 18, line 24)	\$ (12,980,790)	\$ (23,538,132)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,130,406	\$ 14,988,710	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (11,688,838)	1
2	Restatements (describe):		2
3	2016 year-end AJE not posted	445,588	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (11,243,250)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,737,540)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,737,540)	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)	\$ (12,980,790)	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	\$ 15,341,891	1
2	Discounts and Allowances for all Levels	(2,334,376)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,007,515	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,624,857	6
7	Oxygen	357,283	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,982,140	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	370,405	17
18	Sale of Supplies to Non-Patients	4,200	18
19	Laboratory	92,930	19
20	Radiology and X-Ray	14,850	20
21	Other Medical Services	781,424	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,263,809	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	10,736	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 10,736	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,264,200	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,128,093	31
32	Health Care	7,670,884	32
33	General Administration	4,280,423	33
B. Capital Expense			
34	Ownership	1,315,663	34
C. Ancillary Expense			
35	Special Cost Centers	2,034,272	35
36	Provider Participation Fee	572,405	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,001,740	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,737,540)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,737,540)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 10,142,589	44
45	Private Pay - Net Inpatient Revenue	506,530	45
46	Medicare - Net Inpatient Revenue	1,734,845	46
47	Other-(specify) Insurance - Net Inpatient Revenue	561,527	47
48	Other-(specify) Veterans - Net Inpatient Revenue	62,024	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,007,515	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 Glenlake Terrace Nrsg & Reh

0048637

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	2,240	2,240	\$ 108,929	\$ 48.63	1
2	Assistant Director of Nursing					2
3	Registered Nurses	71,045	77,777	2,504,564	32.20	3
4	Licensed Practical Nurses	26,097	29,271	791,988	27.06	4
5	CNAs & Orderlies	94,039	132,613	1,756,729	13.25	5
6	CNA Trainees					6
7	Licensed Therapist	19,113	20,927	527,695	25.22	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,732	1,732	27,719	16.00	9
10	Activity Assistants	14,564	16,171	168,284	10.41	10
11	Social Service Workers	5,271	5,843	107,681	18.43	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	256	256	6,769	26.44	14
15	Cook Helpers/Assistants	35,149	39,158	452,749	11.56	15
16	Dishwashers					16
17	Maintenance Workers	7,440	7,937	120,198	15.14	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,080	2,080	96,999	46.63	20
21	Assistant Administrator	2,072	2,072	97,734	47.17	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	25,144	27,908	615,341	22.05	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	3,924	4,407	85,011	19.29	33
34	TOTAL (lines 1 - 33)	310,166	370,392	\$ 7,468,390 *	\$ 20.16	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	\$ 29,257	Ln 1, Col 3	35
36	Medical Director	Monthly	163,309	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	21,844	Ln 10, Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,448	Ln 11, Col 3	44
45	Social Service Consultant	54	3,402	Ln 12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	102	\$ 220,260		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	6,532	\$ 176,357	Ln 10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	6,532	\$ 176,357		53

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 \$25,129
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5, 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 61,805 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. \$ 572,405
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 29,904 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

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0048637
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
GlenLake Terrace Realty LLC	Skokie	Building Lessor
Fargo Real Estate & Development, LLC	Skokie	Building Lessor - Management Co.
Therapy Masters	Skokie	Therapy company

GlenLake Terrace Nursing & Rehabilitation Center

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.	Brentwood North Healthcare & Rehabilitation	Ballard Respiratory & Rehab	Glen Saint Andrew Living Comm	
Sidney Glenner	0	0	0	0	0	0	0	0	0
Jonathan Glenner	6,694	7,331	7,086	2,635	4,497	4,062	3,782	5,460	41,547
Daniel Glenner	25,298	27,703	26,777	9,960	16,994	15,352	14,292	20,633	157,009
Elliot Glenner	10,373	11,360	10,980	4,084	6,968	6,295	5,860	8,461	64,381
Total compensation received from other Nursing Homes	42,365	46,394	44,843	16,679	28,459	25,709	23,934	34,554	262,937

SCHEDULE C

XIX. SUPPORT SCHEDULES

C. Professional Services
 Page 21

Vendor/Payee	Type	AMOUNT
Health Data Systems, Inc.	Computers	4,541
Ability Network Inc.	Computers	3,424
Point ClickCare	Computers	82,911
IIT Sourcetechn	Computers	600
Creative Technology Solutions	Computers	3,121
Net Health	Computers	9,107
Kronos	Computers	32,940
Comcast Business Solutions	Computers	15,688
Microsoft Corporation	Computers	4,929
RSM US LLP	Accounting	48,709
Much Shelist	Legal	6,443
Meyers & Flowers	Legal	1,247
Marilyn P. Dunn	Legal	240
Vanek, Larson & Kolb LLC	Legal	15,727
O'Hagan LLC	Legal	4,942
Huron Consulting Service	Management Consultation	51,286
Howard S Chez & Association P.C.	Engineering Consulting	11,855
2401 Incorporated	Architectural Services	2,080
Platinum Billing Solutions	A/R Collections	5,905
Personnel Planners, Inc.	Unemployment Consulting	888
Total Schedule V, Line 19, Col. 3		<u>306,583</u>
Allocated from Management Co:		
Point ClickCare - Computer Service		-74
Kronos - Computer Services		2,395
Health Data Systems, Inc. - Computer Services		272
Microsoft Computers - Computer Services		655
Ability Network - Computer Services		233
Comcast Business - Computer Services		346
Creative Tech Solutions - Computer Services		229
MB Financial Bank - Legal		4,890
Marcum - Accounting Services		2,929
McGladrey - Accounting Services		26,701
Polsinelli - Legal		33
Govig - Legal		8,242
Perfect Staffing - Recruiter		0
Marilyn Dunn - Legal		32
S4 Group - Automation Systems		-665
SAS Architects - Architectural Consulting		-100
Company Nurse - W/C Consulting		11
Much Shelist - Legal		3,678
Total allocated from Management Co.		<u>49,807</u>
Allocated from Therapy Masters, Inc.:		
Virtu Senses - Computer Services		849
Kronos - Computer Services		2,106
Casamba - Computer Services		3,368
Health Data Systems - Computer Services		67
Much Shelist - Legal		288
Marilyn Dunn - Legal		7
Career Tree Network - Therapy Recruitment		2,843
Theracore - Business Consulting		13,832
Personnel Planners - Financial consulting		34
RSM - Accounting Services		122
Total allocated from Therapy Masters, Inc.:		<u>23,515</u>
Allocated from GlenLake Terrace Realty LLC:		
Skidelsky & Associates- Legal - Real Estate Tax Reduction		9,126
Total allocated from GlenLake Terrace Realty LLC:		<u>9,126</u>
Reclass Skidelsky & Associates. - Real Estate Tax Appraisal to Line 33		-9,126
Non-Allowable Expenses:		
RSM US LLP - Accounting Fees		-49,350
Huron Consulting - Management Consulting		-51,286
Platinum Billing Solutions - A/R Collections		-5,905
Meyers and Flowers - Legal - A/R Collections		-1,247
Much Shelist - Legal - Out of Period		-1,084
Vanek, Larson & Kolb LLC - A/R Collections		-15,727
Total Non-Allowable Expenses:		<u>-124,599</u>
Total adjustments page 21, Sch C.		<u>-51,277</u>
Total Schedule V, line 19, column 8		<u>255,306</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	45,174
FUTA	376
SUTA	1,357
Insurance - Hospital	76,340
Workers Compensation Insurance	2,101
	<u>125,348</u>
Total allocated from Management Co.	<u>125,348</u>
Employee Benefits reclassified to Lines 7, 27	-125,348
Allocated from Therapy Masters, Inc.:	
FICA taxes	34,144
FUTA	411
SUTA	1,159
401K Match	447
Insurance - Hospital	12,889
Workers Compensation Insurance	13,681
	<u>62,731</u>
Total allocated from Therapy Masters, Inc. Co.	<u>62,731</u>
Employee Benefits reclassified to Lines 15,27	-62,731
Total allocated to Page 21	<u>0</u>

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0048637
12/31/2017

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Accrued Expenses	85,874
Insurance Payable	352,798
Accrued Insurance Deductible	50,000
Accrued Union Dues	30,590
Accrued Rent	542,292
Accrued Wage Assignment	-1,129
Sundry Payable	4,946
Due Con Mutual	1,038
Accrued Management Fees	1,603,149
Accrued Provider Participation Fee - Tax	104,374
Due-Patient Trust Fund	18,771
Refunds Exchange	-33,906
Professional Claims Liability	695,917
Total, Page 17, Line 36	<u>3,454,714</u>

SCHEDULE F

SCHEDULE VI. ADJUSTMENT DETAIL

Schedule A. Nonallowable Expenses

Page 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>REFERENCE</u>
Patient clothing	-229	43
Non-allowable owner interest expense	-139,300	32
Non-allowable office expense	-702	43
Non-allowable professional fees	-124,599	19
Non-allowable auto expense - marketing	-10,181	25
Non-allowable Illinois Council on Long Term Care PAC Fees	-12,377	20
Non-allowable marketing salaries	-204,499	21
Non-allowable marketing employee benefits	-29,070	22
Non-allowable trust fees	-660	43
Total	<u>-521,617</u>	

**GlenLake Terrace Realty 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# 240	(189,000.00)		(189,000.00)	
2016 Real Estate Taxes Paid		144,919.99	144,919.99	
Estimated 2017 real estate taxes:				
2016 taxes	144,919.99			
Estimated increase	5.00%			
Estimated 2017 taxes	152,165.99			
USE	153,000.00		153,000.00	(153,000.00)
Totals	<u>(189,000.00)</u>	<u>144,919.99</u>	<u>108,919.99</u>	<u>(153,000.00)</u>

Real estate tax history:

	Year	Amount	Increase \$	%
	2005	99,869.61		
	2006	101,899.43	2,029.82	2.03%
	2007	137,996.93	36,097.50	35.42%
	2008	145,704.35	7,707.42	5.59%
	2009	150,382.23	4,677.88	3.21%
	2010	175,054.89	24,672.66	16.41%
	2011	171,773.70	(3,281.19)	-1.87%
	2012	218,042.84	46,269.14	26.94%
	2013	171,062.97	(46,979.87)	-21.55%
	2014	182,842.71	11,779.74	6.89%
	2015	179,691.14	(3,151.57)	-1.72%
	2016	144,919.99	(34,771.15)	-19.35%

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
 Provider I.D. # 0048637
 12/31/2017

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Nursing Staff	6/30/2017	Waukegan	Omnicare of Northern Illinois Essential Infusion Therapy Training/CUE	320
Nursing Staff	8/31/2017	Waukegan	Omnicare of Northern Illinois IV Training/CUE	358
			Allocated From Management Company	1,412
			Allocated From Therapy Masters	679
			Total	2,769

SCHEDULE I

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

	Gas Cards/ Allowance	Licenses/ Stickers	Employee Reimbursement: Mileage, Parking, I-Pass	Repairs & Maintenance	Total
Direct Expense	11,944	277	5,030	769	18,020
Non-allowable auto expense - marketing					-10,181
Allocated from Management Company					10,174
Allocated from Therapy Masters					838
TOTAL	<u>11,944</u>	<u>277</u>	<u>5,030</u>	<u>769</u>	<u>18,851</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	37,506
Employment Fees	19,500
Collaborative Healthcare Urgency Group Fee	300
Reimbursement of Administrator's Fees	180
CLIA Laboratory User Fee	150
City of Waukegan Business License, Elevator Inspection, Sign Ordinance Fee	3,508
State Fire Marshall Boiler Inspection	140
Joint Commission Annual Certification, Program Fee	8,005
Non-allowable Illinois Council on Long Term Care Dues	<u>-12,377</u>
Total allocated to Page 21	<u><u>56,912</u></u>

SCHEDULE M

Page 14, Line 16
 Rental Amount for Movable Equipment

	Ice- Maker	Copy Machine	Dish Machine	Postage	Telephone System	Maintenance/ Cleaning	Therapy Equipment	Medical Equipment	Total
Direct Expense	1,476	7,154	1,774	350	21,155	500	8,833	150,561	191,803
Allocated from Management Company									3,914
Allocated from Therapy Masters									0
TOTAL	1,476	7,154	1,774	350	21,155	500	8,833	150,561	195,717