

Facility Name & ID Number Glen Saint Andrew Living Community, LLC.

0053348 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	8,068	4,933	2,726	15,727	8
9	SNF/PED					9
10	ICF	0	0	0	0	10
11	ICF/DD					11
12	SC	0	42,554	0	42,554	12
13	DD 16 OR LESS					13
14	TOTALS	8,068	47,487	2,726	58,281	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.40%

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 2,403

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: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Glen Saint Andrew Living Community, LLC. # 0053348 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	491,707	62,986	(21,575)	533,118		533,118	(132,000)	401,118		1
2	Food Purchase		465,104		465,104	(13,278)	451,826	(339,597)	112,229		2
3	Housekeeping	154,331	31,598		185,929		185,929	(113,477)	72,452		3
4	Laundry	38,228	9,854	2,238	50,320		50,320	(27,912)	22,408		4
5	Heat and Other Utilities			315,727	315,727		315,727	(224,414)	91,313		5
6	Maintenance	232,226	43,451	178,293	453,970		453,970	(314,984)	138,986		6
7	Other (specify):* Allocated Employee Benefits							2,095	2,095		7
8	TOTAL General Services	916,492	612,993	474,683	2,004,168	(13,278)	1,990,890	(1,150,289)	840,601		8
	B. Health Care and Programs										
9	Medical Director			23,214	23,214		23,214		23,214		9
10	Nursing and Medical Records	1,960,935	58,045	54,399	2,073,379		2,073,379	(501,260)	1,572,119		10
10a	Therapy		1,397	453,307	454,704		454,704	(49,085)	405,619		10a
11	Activities	113,987	4,269	1,895	120,151		120,151	(87,729)	32,422		11
12	Social Services	60,306		17,387	77,693		77,693	(56,728)	20,965		12
13	CNA Training										13
14	Program Transportation			8,407	8,407		8,407	(6,138)	2,269		14
15	Other (specify):* Allocated Employee Benefits							30,555	30,555		15
16	TOTAL Health Care and Programs	2,135,228	63,711	558,609	2,757,548		2,757,548	(670,385)	2,087,163		16
	C. General Administration										
17	Administrative	110,752			110,752		110,752		110,752		17
18	Directors Fees										18
19	Professional Services			205,973	205,973	(5,350)	200,623	(129,948)	70,675		19
20	Dues, Fees, Subscriptions & Promotions			44,482	44,482	2,965	47,447	(34,283)	13,164		20
21	Clerical & General Office Expenses	350,054	62,168	80,566	492,788	(2,965)	489,823	447,126	936,949		21
22	Employee Benefits & Payroll Taxes			530,642	530,642	13,278	543,920	(104,758)	439,162		22
23	Inservice Training & Education			616	616		616	445	1,061		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			496	496		496	9,055	9,551		25
26	Insurance-Prop.Liab.Malpractice			384,507	384,507		384,507	(266,394)	118,113		26
27	Other (specify):* Allocated Employee Benefits							96,259	96,259		27
28	TOTAL General Administration	460,806	62,168	1,247,282	1,770,256	7,928	1,778,184	17,502	1,795,686		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,512,526	738,872	2,280,574	6,531,972	(5,350)	6,526,622	(1,803,172)	4,723,450		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 Living Community, LLC.

#0053348

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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			102,592	102,592		102,592	71,479	174,071			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							214,490	214,490			32
33	Real Estate Taxes					5,350	5,350	294,042	299,392			33
34	Rent-Facility & Grounds			1,775,439	1,775,439		1,775,439	(1,775,439)				34
35	Rent-Equipment & Vehicles			22,835	22,835		22,835	(7,172)	15,663			35
36	Other (specify):* Amort Intang Assets							10,000	10,000			36
37	TOTAL Ownership			1,900,866	1,900,866	5,350	1,906,216	(1,192,600)	713,616			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		74,118	9,472	83,590		83,590		83,590			39
40	Barber and Beauty Shops			15,276	15,276		15,276	(11,154)	4,122			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			111,537	111,537		111,537		111,537			42
43	Other (specify):* Non-Allowable			312,993	312,993		312,993	(312,993)				43
44	TOTAL Special Cost Centers		74,118	449,278	523,396		523,396	(324,147)	199,249			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,512,526	812,990	4,630,718	8,956,234		8,956,234	(3,319,919)	5,636,315			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	(13,103)	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	(5,715)	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	(2,012)	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	(274,901)	43		24
25	Fund Raising, Advertising and Promotional	(11,798)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(18,000)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(3,651,659)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (3,977,188)		\$	30

BHF USE ONLY							
48		49		50		51	
							52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	657,269		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 657,269		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (3,319,919)		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			X			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

Glen Saint Andrew Living Community, LLC.

ID# 0053348

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-allowable patient clothing	\$ (767)	43	1
2	Non-allowable professional fees	(63,124)	19	2
3	Non-allowable Illinois Council on Long Term Care Dues	(2,966)	20	3
4	Non-allow ILF/ALF: salaries Activities	(83,228)	11	4
5	Non-allow ILF/ALF: salaries Nursing Administration	(86,507)	10	5
6	Non-allow ILF/ALF: salaries Dietary	(101,765)	1	6
7	Non-allow ILF/ALF: salaries RN	(11,258)	10	7
8	Non-allow ILF/ALF: salaries C.N.A. Services	(218,125)	10	8
9	Non-allow ILF/ALF: salaries Housekeeping	(90,406)	3	9
10	Non-allow ILF/ALF: salaries LPN	(185,370)	10	10
11	Non-allowable dietary supplies - ILF/ALF	(45,989)	1	11
12	Non-allowable dietary consultant - ILF/ALF	(7,741)	1	12
13	Non-allowable dietary o/s services - ILF/ALF	23,495	1	13
14	Non-allowable food - ILF/ALF	(339,597)	2	14
15	Non-allowable housekeeping supplies - ILF/ALF	(23,071)	3	15
16	Non-allowable laundry salaries - ILF/ALF	(27,912)	4	16
17	Non-allowable utilities - ILF/ALF	(230,529)	5	17
18	Non-allowable plant salaries - ILF/ALF	(169,560)	6	18
19	Non-allowable plant supplies - ILF/ALF	(31,726)	6	19
20	Non-allowable maintenance - ILF/ALF	(130,181)	6	20
21	Non-allowable activities supplies - ILF/ALF	(3,117)	11	21
22	Non-allowable activities consultant - ILF/ALF	(1,384)	11	22
23	Non-allowable religious consultant - ILF/ALF	(12,695)	12	23
24	Non-allowable transportation - ILF/ALF	(6,138)	14	24
25	Non-allowable professional fees - ILF/ALF	(104,308)	19	25
26	Non-allowable dues and subscriptions - ILF/ALF	(32,479)	20	26
27	Non-allowable beauty and barber shop - ILF/ALF	(11,154)	40	27
28	Non-allowable office supplies - ILF/ALF	(45,392)	21	28
29	Non-allowable office supplies - ILF/ALF	(51,698)	21	29
30	Non-allowable employee benefits-ILF/ALF, Marketing	(104,758)	22	30
31	Non-allowable training and education - ILF/ALF	-450	23	31
32	Non-allowable auto expense - ILF/ALF	-362	25	32
33	Non-allowable insurance - ILF/ALF	-273447	26	33
34	Non-allowable equipment rental - ILF/ALF	-16673	35	34
35	Non-allowable social worker salaries - ILF/ALF	-44033	12	35
36				36
37				37
38	Non-allowable depreciation expense-ILF/ALF	-282694	30	38
39	Non-allowable real estate tax expense-ILF/ALF	-486215	33	39
40	Non-allowable interest expense - ILF/ALF	-348335	32	40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(3,651,659)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glen Saint Andrew Living Community, LLC.

0053348

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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	(132,000)	0	0	0	0	0	0	0	0	0	0	(132,000)	1
2	Food Purchase	(339,597)	0	0	0	0	0	0	0	0	0	0	(339,597)	2
3	Housekeeping	(113,477)	0	0	0	0	0	0	0	0	0	0	(113,477)	3
4	Laundry	(27,912)	0	0	0	0	0	0	0	0	0	0	(27,912)	4
5	Heat and Other Utilities	(230,529)	0	6,115	0	0	0	0	0	0	0	0	(224,414)	5
6	Maintenance	(331,467)	0	16,483	0	0	0	0	0	0	0	0	(314,984)	6
7	Other (specify):*	0	0	2,095	0	0	0	0	0	0	0	0	2,095	7
8	TOTAL General Services	(1,174,982)	0	24,693	0	0	0	0	0	0	0	0	(1,150,289)	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	(501,260)	0	0	0	0	0	0	0	0	0	0	(501,260)	10
10a	Therapy	0	0	0	0	(49,085)	0	0	0	0	0	0	(49,085)	10a
11	Activities	(87,729)	0	0	0	0	0	0	0	0	0	0	(87,729)	11
12	Social Services	(56,728)	0	0	0	0	0	0	0	0	0	0	(56,728)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(6,138)	0	0	0	0	0	0	0	0	0	0	(6,138)	14
15	Other (specify):*	0	0	0	0	30,555	0	0	0	0	0	0	30,555	15
16	TOTAL Health Care and Programs	(651,855)	0	0	0	(18,530)	0	0	0	0	0	0	(670,385)	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	(167,432)	0	25,046	5,350	7,088	0	0	0	0	0	0	(129,948)	19
20	Fees, Subscriptions & Promotions	(35,445)	0	354	0	808	0	0	0	0	0	0	(34,283)	20
21	Clerical & General Office Expenses	(110,193)	0	542,432	0	14,887	0	0	0	0	0	0	447,126	21
22	Employee Benefits & Payroll Taxes	(104,758)	0	0	0	0	0	0	0	0	0	0	(104,758)	22
23	Inservice Training & Education	(450)	0	723	0	172	0	0	0	0	0	0	445	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(362)	0	8,865	0	552	0	0	0	0	0	0	9,055	25
26	Insurance-Prop.Liab.Malpractice	(273,447)	0	6,051	0	1,002	0	0	0	0	0	0	(266,394)	26
27	Other (specify):*	0	0	94,917	0	1,342	0	0	0	0	0	0	96,259	27
28	TOTAL General Administration	(692,087)	0	678,388	5,350	25,851	0	0	0	0	0	0	17,502	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(2,518,924)	0	703,081	5,350	7,321	0	0	0	0	0	0	(1,803,172)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glen Saint Andrew Living Community, LLC.# 0053348

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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	(282,694)	0	11,840	342,333	0	0	0	0	0	0	0	71,479	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(348,335)	0	0	562,825	0	0	0	0	0	0	0	214,490	32
33	Real Estate Taxes	(486,215)	0	7,562	772,695	0	0	0	0	0	0	0	294,042	33
34	Rent-Facility & Grounds	0	0	0	(1,775,439)	0	0	0	0	0	0	0	(1,775,439)	34
35	Rent-Equipment & Vehicles	(16,673)	0	9,501	0	0	0	0	0	0	0	0	(7,172)	35
36	Other (specify):*	0	0	0	10,000	0	0	0	0	0	0	0	10,000	36
37	TOTAL Ownership	(1,133,917)	0	28,903	(87,586)	0	0	0	0	0	0	0	(1,192,600)	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	(11,154)	0	0	0	0	0	0	0	0	0	0	(11,154)	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):*	(313,193)	0	0	200	0	0	0	0	0	0	0	(312,993)	43
44	TOTAL Special Cost Centers	(324,347)	0	0	200	0	0	0	0	0	0	0	(324,147)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(3,977,188)	0	731,984	(82,036)	7,321	0	0	0	0	0	0	(3,319,919)	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				
Sidney Glenner	0.50 %			See Attached Schedule A		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	Total from Page 6A	\$	Glen Health and Home Management, Inc.	A	\$ 731,984	\$ 731,984	1
2	V							2
3	V	Total from Page 6B	1,775,480	Glen Saint Andrew Living Community Real Estate, LLC.	B	1,693,444	(82,036)	3
4	V							4
5	V	Total from Page 6C	368,632	Therapy Masters, Inc.	C	375,953	7,321	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		\$ 2,144,112			\$ 2,801,381	\$ * 657,269	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		\$			\$		15
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	6,115	6,115	16
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	5,145	5,145	17
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	25,046	25,046	18
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	354	354	19
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	27,857	27,857	20
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	97,012	97,012	21
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	723	723	22
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	8,865	8,865	23
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	6,051	6,051	24
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	11,840	11,840	25
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	7,562	7,562	26
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	9,501	9,501	27
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	11,338	11,338	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	514,575	514,575	30
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(97,012)	(97,012)	31
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	2,095	2,095	32
33	V	27 Employee Benefits- Admin		Glen Health and Home Management, Inc.	A	94,917	94,917	33
34	V				A			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		\$			\$ 731,984	\$ * 731,984	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	\$ 544,475	\$ 544,475
16	V	30 Depreciation		Glen Saint Andrew Living Community Real Estate, LLC	B	342,333	342,333
17	V	33 Real Estate Taxes		Glen Saint Andrew Living Community Real Estate, LLC	B	772,695	772,695
18	V	34 Rental Income	1,775,439	Glen Saint Andrew Living Community Real Estate, LLC	B		(1,775,439)
19	V	32 Interest Income	41	Glen Saint Andrew Living Community Real Estate, LLC	B		(41)
20	V	19 Professional Fees		Glen Saint Andrew Living Community Real Estate, LLC	B	5,350	5,350
21	V	32 Amortization of Mortgage Costs		Glen Saint Andrew Living Community Real Estate, LLC	B	18,391	18,391
22	V	43 Office Expense		Glen Saint Andrew Living Community Real Estate, LLC	B	75	75
23	V	43 Bank Fees		Glen Saint Andrew Living Community Real Estate, LLC	B	125	125
24	V	36 Amortization of Intangible Assets		Glen Saint Andrew Living Community Real Estate, LLC	B	10,000	10,000
25	V	43 Late Charges - Interest Expense		Glen Saint Andrew Living Community Real Estate, LLC	B		
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V			B - Ownership:			
35	V			SLG Limited Partnership 100.00 %			
36	V						
37	V						
38	V						
39	Total		\$ 1,775,480			\$ 1,693,444	\$ * (82,036)

* 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	\$ 368,632	Therapy Masters, Inc.	C	\$ 319,547	\$ (49,085)	15
16	V	19 Professional Fees		Therapy Masters, Inc.	C	7,088	7,088	16
17	V	20 Licenses, Permits, and Inspection		Therapy Masters, Inc.	C	808	808	17
18	V	6 Repairs and Maintenance		Therapy Masters, Inc.	C			18
19	V	21 Clerical		Therapy Masters, Inc.	C	819	819	19
20	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	31,897	31,897	20
21	V	23 Training and Education		Therapy Masters, Inc.	C	172	172	21
22	V	25 Auto Expenses		Therapy Masters, Inc.	C	552	552	22
23	V	21 Clerical Salaries		Therapy Masters, Inc.	C	14,068	14,068	23
24	V	22 Employee Benefits		Therapy Masters, Inc.	C	(31,897)	(31,897)	24
25	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	30,555	30,555	25
26	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	1,342	1,342	26
27	V	26 Liability Insurance		Therapy Masters, Inc.	C	1,002	1,002	27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V			C: Ownership: 100.00 % Sidney Glenner				33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 368,632			\$ 375,953	\$ * 7,321	39

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

Facility Name & ID Number

Glen Saint Andrew Living Community, LLC.

0053348

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Glen Saint Andrew Living Community, LLC # 0053348 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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 %		6	10.00 %	Salary	\$	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	62,027	4	10.00 %	Salary	8,475	Ln 21, Col 7	2
3	Daniel Glenner	President	Administrative	0.00 %	181,359	5	10.00 %	Salary	24,780	Ln 21, Col 7	3
4	Elliot Glenner	Dir of Purchasing	Administrative	0.00 %	69,516	4	10.00 %	Salary	9,499	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	\$ 42,754		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 Living Community, LLC.

0053348

Report Period Beginning:

01/01/2018

Ending: 2/31/2018

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	484,819	8	\$ 50,867	\$ 58,281	\$ 6,115	1
2	6	Repairs and Maintenance	Resident Days	484,819	8	42,798	58,281	5,145	2
3	19	Professional Fees	Resident Days	484,819	8	208,351	58,281	25,046	3
4	20	Licenses, Permits and Inspection	Resident Days	484,819	8	2,942	58,281	354	4
5	21	Clerical	Resident Days	484,819	8	231,735	58,281	27,857	5
6	22	Employee Benefits and Payroll	Resident Days	484,819	8	807,011	58,281	97,012	6
7	23	Training and Education	Resident Days	484,819	8	6,016	58,281	723	7
8	25	Auto Expense	Resident Days	484,819	8	73,746	58,281	8,865	8
9	26	Insurance	Resident Days	484,819	8	50,335	58,281	6,051	9
10	30	Depreciation	Resident Days	484,819	8	98,490	58,281	11,840	10
11	33	Real Estate Taxes	Resident Days	484,819	8	62,907	58,281	7,562	11
12	35	Equipment and Vehicle Rental	Resident Days	484,819	8	79,032	58,281	9,501	12
13	6	Janitorial Salaries	Resident Days	484,819	8	94,316	58,281	11,338	13
14	17	Officer's Salaries	Resident Days	484,819	8		94,316	0	14
15	21	Administrative Salaries	Resident Days	484,819	8	4,280,568	58,281	514,575	15
16	22	Employee Benefits	Payroll		8		4,280,568	(97,012)	16
17	7	Employee Benefits - Janitorial	Payroll		8			2,095	17
18	27	Employee Benefits - Admin	Payroll		8			94,917	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 6,089,114	\$ 4,374,884	\$ 731,984	25

Facility Name & ID Number Glen Saint Andrew Living Community, LLC.

0053348

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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	\$ 544,474	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:				(348,335)	6						
7							Interest Income Offset:				(40)	7						
8												8						
9	TOTAL Facility Related						\$ 9,781,675	\$ 9,781,675			\$ 214,490	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			\$ 214,490	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 2017 report.	\$	742,000	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.)	\$	738,695	2
3. Under or (over) accrual (line 2 minus line 1).	\$	(3,305)	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	776,000	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.)	\$	5,350	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.	\$	778,045	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2013		8
	2014	8,481	9
	2015	473,875	10
	2016	674,427	11
	2017	738,695	12

FOR BHF USE ONLY			
13	FROM R. E. TAX STATEMENT FOR 2017	\$	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 2018 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.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glen Saint Andrew Living Community, LLC. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0053348

CONTACT PERSON REGARDING THIS REPORT Michael Bilek

TELEPHONE (847) 674-5454, ext # 8215 FAX #: (847) 674-8311

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2017 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 2017.

(A)	(B)	(C)	(D) <u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to Nursing Home</u>
1. <u>10-31-100-023-0000</u>	<u>7063 W. Touhy Ave, Niles, IL 60714</u>	\$ <u>710,130.65</u>	\$ <u>710,130.65</u>
2. <u>10-31-100-004-0000</u>	<u>7000 Newark Ave, Niles, IL 60714</u>	\$ <u>28,564.40</u>	\$ <u>28,564.40</u>
3. <u>Allocated from Management Company:</u>		\$ <u>77,410.00</u>	\$ <u>7,562.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>816,105.05</u></u>	\$ <u><u>746,257.05</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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 Living Community, LLC.

0053348

Report Period Beginning:

01/01/2018 Ending:

12/31/2018

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

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

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	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>10,210</u>	<u>2</u>
3	TOTALS	433,452		\$ 1,310,210	3

Facility Name & ID Number Glen Saint Andrew Living Community, LLC.# 0053348

Report Period Beginning:

01/01/2018 Ending:

12/31/2018

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	\$	\$ 1,029,333	4
5										5
6	See Attached			218,035						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		890		3,115	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		2,687		9,402	11
12										12
13	Sealcoating, striping and patching of parking lot		2016	11,426	1,143		1,143		2,857	13
14	Purchase of eight window air-conditioning units		2016	3,130	313		313		783	14
15	Install and program DVR, power supply and all camera cables		2016	3,955	396		396		990	15
16	Rewire third and fourth floor exit signs to lobby area		2016	3,840	384		384		960	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		21,037		52,593	17
18										18
19										19
20										20
21	Replacement of 8" fire pump discharge and 4" pipe		2016	4,750	475		475		1,188	21
22	Remove and replace pipe and fittings, concrete ground to grade		2016	5,600	560		560		1,400	22
23	Furnish and install new door operator for elevator car 1		2016	7,950	795		795		1,988	23
24	Install ceiling tiles, electrical with J-boxes, wall base in 3rd and 4th floor		2016	25,994	2,599		2,599		6,498	24
25	RTU condenser and coil replacement on HVAC system		2016	3,250	325		325		813	25
26	Cut out & replace piping, copper couplings to head assembly on #2 steam		2016	6,185	619		619		1,547	26
27	Drywall, Install Doors, Plumbing, Paint in Resident Rooms.		2017	44,350	4,435		4,435		6,653	27
28	Run Electrical Conduit and Pull Wires, New 3 Phase 100 amp.		2017	13,900	1,390		1,390		2,085	28
29	Purchase of Wood Flooring on Third Floor.		2017	5,983	598		598		897	29
30	Elevator Modernization #1 South Passenger Elevator.		2017	101,900	10,190		10,190		15,285	30
31	Elevator Modernization #2 North Passenger Elevator.		2017	92,800	9,280		9,280		13,920	31
32	Replace Plumbing Line, Ceramic Tile on Main Shower Room.		2017	7,350	735		735		1,103	32
33	Vinyl Flooring, Wallpaper, Paint, Cabinets on Third Floor.		2017	20,646	2,065		2,065		3,097	33
34	Furnish and Install New Elevator Door Edge.		2017	3,346	335		335		502	34
35	Replace Compressor in Walk-In Cooler.		2017	3,960	396		396		594	35
36	Replace Broken Sewer Section and Install Clean Out Station.		2017	5,900	590		590		885	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

Facility Name & ID Number Glen Saint Andrew Living Community, LLC.# 0053348

Report Period Beginning:

01/01/2018 Ending: 12/31/2018**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	Replace Broken Cast Irons Section of Sewer Pipe.	2017	\$ 3,900	\$ 390	10	\$ 390	\$	\$ 585	37
38	Carpet Tile, Chandoliers, Window Treatments on Third Floor.	2017	16,679	1,668	10	1,668		2,502	38
39	Replace Damaged Gaskets & Strainers on 3 Boilers in Basement.	2017	5,700	570	10	570		855	39
40	Furnish and Install TGP Designer Door Frame and Glazing in Chapel.	2017	32,265	3,227	10	3,227		4,840	40
41									41
42	Elevator lobby painting and wallcovering	2017	9,505	950	10	950		1,425	42
43	Window treatment credit-Hanna Interiors	2017	(9,133)	(913)	10	(913)		(1,370)	43
44	Build out nurses station carpet,Dining room flooring	2018	10,400	520	10	520		520	44
45	Replace cooler refrigerant coils	2018	2,725	136	10	136		136	45
46	Replace contactor coils-elevator	2018	7,519	376	10	376		376	46
47	Replace door safety edge on elevator	2018	5,960	298	10	298		298	47
48	Purchase AC units	2018	5,045	252	10	252		252	48
49	Gridn out tuckpoint walls	2018	7,500	375	10	375		375	49
50	Replace floor control station,switch and valves for riser	2018	8,900	445	10	445		445	50
51	Replace floor control station,switch and valves for riser	2018	8,120	406	10	406		406	51
52	Wood flooring and materials for residents rooms	2018	5,625	281	10	281		281	52
53	Install and grout ceramic floor tile	2018	9,000	450	10	450		450	53
54	Replace top elevator car switches	2018	2,720	136	10	136		136	54
55	Replace sprinkler head and drain;new controller	2018	3,510	176	10	176		176	55
56	Facility phone wiring for new phone system	2018	31,263	1,563	10	1,563		1,563	56
57	Elevator # 1 modernization	2018	118,100	5,905	10	5,905		5,905	57
58	Elevator #3 upgrade	2018	3,838	192	10	192		192	58
59	Carson elevator credit	2018	(67,933)	(3,397)	10	(3,397)		(3,397)	59
60	Carson elevator credit	2018	(61,866)	(3,093)	10	(3,093)		(3,093)	60
61	Carson elevator credit	2018	(12,631)	(632)	10	(632)		(632)	61
62	Carson elevator credit	2018	(10,859)	(543)	10	(543)		(543)	62
63	Boiler room upgrades per inspection	2018	12,907	645	10	645		645	63
64	Elevator #1 contoller and fuse	2018	5,613	281	10	281		281	64
65	Carson elevator credit	2018	(9,984)	(499)	10	(499)		(499)	65
66	Folex renovations credit	2018	(3,340)	(167)	10	(167)		(167)	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 8,501,441	\$ 329,569		\$ 329,569	\$	\$ 1,171,432	70

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

Facility Name & ID Number Glen Saint Andrew Living Community, LLC.

0053348

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

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		\$ 8,501,441	\$ 329,569		\$ 329,569	\$	\$ 1,171,432	1
2									2
3	See Attached Schedule L:								3
4	Leasehold Improvements Allocated from Management Company:	1998	12,007					32,740	4
5	Leasehold Improvements Allocated from Management Company:	1999	5,014						5
6	Leasehold Improvements Allocated from Management Company:	2000	601						6
7	Leasehold Improvements Allocated from Management Company:	2008	1,807						7
8	Leasehold Improvements Allocated from Management Company:	2016	17,913						8
9	Leasehold Improvements Allocated from Management Company:	2018	1,524						9
10									10
11									11
12									12
13	Non-Allowable ILF/ALF Depreciation Expense:			(282,694)		(282,694)			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	TOTAL (lines 1 thru 33)		\$ 8,540,307	\$ 46,875		\$ 46,875	\$	\$ 1,204,172	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,089,547	\$ 111,254	\$ 111,254	\$	5, 10 years	\$ 381,203	71
72	Current Year Purchases	31,554	1,578	1,578		10 years	1,578	72
73	Fully Depreciated Assets							73
74	Allocated from Management Company:	91,049					80,549	74
75	TOTALS	\$ 1,212,150	\$ 112,832	\$ 112,832	\$		\$ 463,330	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	\$ 50,275	76
77										77
78	Allocated from Management Company:			18,752					18,752	78
79										79
80	TOTALS			\$ 90,574	\$ 14,364	\$ 14,364	\$		\$ 69,027	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)	\$ 11,153,241	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 174,071	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 174,071	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,736,529	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12.	_____ /2019	\$ _____
13.	_____ /2020	\$ _____
14.	_____ /2021	\$ _____

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: \$ 9,702 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>5,961</u>	19
20					20
21	TOTAL		\$	\$ 5,961	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	\$	1,455	\$ 104,208	\$	1,455	\$ 104,208	1
2	Licensed Speech and Language Development Therapist	Ln 10a,Col 3	hrs		430	41,573		430	41,573	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln 10a,Col 3	hrs		5,272	307,526	1,397	5,272	308,923	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescripts				74,118		74,118	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,Dialysis, Lab</u>	Ln 39, Col 3				9,472			9,472	13
14	TOTAL			\$	7,157	\$ 462,779	\$ 75,515	7,157	\$ 538,294	14

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

Facility Name & ID Number Glen Saint Andrew Living Community, LLC.# 0053348Report Period Beginning: 01/01/2018Ending: 12/31/2018

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(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	\$ (481,056)	\$ (438,550)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>151,535</u>)	857,263	857,263	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	284,525	284,525	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	2,431,216	4,008,513	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,091,948	\$ 4,711,751	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,310,210	13
14	Buildings, at Historical Cost		7,738,035	14
15	Leasehold Improvements, at Historical Cost	763,406	802,272	15
16	Equipment, at Historical Cost	267,181	1,302,724	16
17	Accumulated Depreciation (book methods)	(235,155)	(1,736,529)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spec Intangible Assets:		60,000	22
23	Other(specify): <u>Mortgage Costs (Net):</u>		18,390	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 795,432	\$ 9,495,102	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,887,380	\$ 14,206,853	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,426,844	\$ 2,426,844	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	199,431	199,431	30
31	Accrued Taxes Payable (excluding real estate taxes)	2,416	2,416	31
32	Accrued Real Estate Taxes(Sch.IX-B)		776,000	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>	1,590,594	1,590,594	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,219,285	\$ 4,995,285	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		9,781,675	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Shareholder Loans:</u>	250,000	250,000	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 250,000	\$ 10,031,675	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,469,285	\$ 15,026,960	46
47	TOTAL EQUITY(page 18, line 24)	\$ (581,905)	\$ (820,107)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,887,380	\$ 14,206,853	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 401,026	1
2	Restatements (describe):		2
3	Year-End AJE @ 12/31/17 posted	250,000	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 651,026	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,232,931)	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)	\$ (1,232,931)	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)	\$ (581,905)	24

* Operating Entity Only

* This must agree with page 17, line 47.

Facility Name & ID Number Glen Saint Andrew Living Community, LLC.

0053348

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,535,518	1
2	Discounts and Allowances for all Levels	(1,000,592)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,534,926	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,088,694	6
7	Oxygen	267	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,088,961	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	65,756	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	6,836	19
20	Radiology and X-Ray	2,510	20
21	Other Medical Services	23,332	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 98,434	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	981	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 981	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)	\$ 7,723,302	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,004,168	31
32	Health Care	2,757,548	32
33	General Administration	1,788,256	33
B. Capital Expense			
34	Ownership	1,900,866	34
C. Ancillary Expense			
35	Special Cost Centers	393,859	35
36	Provider Participation Fee	111,537	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,956,234	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,232,932)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,232,932)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 1,057,286	44
45	Private Pay - Net Inpatient Revenue	3,987,697	45
46	Medicare - Net Inpatient Revenue	1,410,269	46
47	Other-(specify) Insurance-Net Inpatient Revenue	79,674	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 6,534,926	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 Living Community, LLC.

0053348

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,928	2,089	\$ 92,322	\$ 44.19	1
2	Assistant Director of Nursing					2
3	Registered Nurses	19,691	21,856	548,322	25.09	3
4	Licensed Practical Nurses	9,779	12,026	309,864	25.77	4
5	CNAs & Orderlies	46,493	51,353	1,010,427	19.68	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,847	1,982	49,080	24.76	9
10	Activity Assistants	5,119	5,564	64,907	11.67	10
11	Social Service Workers	1,748	2,080	60,306	28.99	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	2,048	2,206	29,786	13.50	14
15	Cook Helpers/Assistants	37,021	36,863	461,921	12.53	15
16	Dishwashers					16
17	Maintenance Workers	9,448	10,588	232,226	21.93	17
18	Housekeepers	12,254	13,544	154,330	11.39	18
19	Laundry	3,482	3,794	38,228	10.08	19
20	Administrator	1,904	2,435	110,752	45.48	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	14,766	16,248	350,055	21.54	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)	167,528	182,628	\$ 3,512,526 *	\$ 19.23	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	\$ 10,602	Ln 1, Col 3	35
36	Medical Director	Monthly	23,214	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,159	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	37	1,895	Ln11, Col 3	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Religious Consultant	Monthly	17,387	Ln12, Col 3	47
48					48
49	TOTAL (lines 35 - 48)	37	\$ 58,257		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	1,894	49,240	Ln10, Col 3	52
53	TOTAL (lines 50 - 52)	1,894	\$ 49,240		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%	\$ 61,933	Workers' Compensation Insurance	\$ 94,341	IDPH License Fee	\$ 6,920	
Miron Tadic	Administrator	0.00%	48,819	Unemployment Compensation Insurance	51,716	Advertising: Employee Recruitment	0	
				FICA Taxes	255,398	Health Care Worker Background Check (Indicate # of checks performed <u>31</u>)	1,085	
				Employee Health Insurance	124,858	Patient Background Checks	1,880	
				Employee Meals	13,278			
				Illinois Municipal Retirement Fund (IMRF)*				
						See Attached Schedule K:	2,117	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 110,752	Other Employee Benefits	2,205	Non-Allowable ILF/ALF Expenses:		
B. Administrative - Other				401K Match	2,124	Allocated from Therapy Masters, Inc:	808	
Description			Amount	Non-Allowable ILF/ALF Expenses:	(104,758)	Allocated from Management Company:	354	
			\$			Less: Public Relations Expense	()	
				See Attached Schedule D:	0	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)	\$ 439,162	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 13,164	
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:			70,675				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)			\$ 70,675	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Glen Saint Andrew Living Community, LLC.# 0053348Report Period Beginning: 01/01/2018Ending: 12/31/2018**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 \$6,021
- (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. \$ 19,821 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. \$ 111,537
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 benefit on Schedule V. \$ 13,278 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
12/31/2018

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

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	
Sidney Glenner	0	0	0	0	0	0	0	0
Jonathan Glenner	10,738	11,328	11,243	4,382	7,158	10,353	6,825	62,027
Daniel Glenner	31,396	33,121	32,874	12,812	20,929	30,271	19,956	181,359
Elliot Glenner	12,034	12,696	12,601	4,911	8,022	11,603	7,649	69,516
Total compensation received from other Nursing Homes	54,168	57,145	56,718	22,105	36,109	52,227	34,430	312,902

SCHEDULE C

XIX. SUPPORT SCHEDULES

C. Professional Services
 Page 21

Vendor/Payee	Type	AMOUNT
American Healthtech	Computers	0
Point ClickCare Solutions	Computers	28,425
Kronos	Computers	14,279
Net Health	Computers	10,929
Franklin Group	Business Development Consulting	3,221
Microsoft Corporation	Computers	5,042
Comcast Business	Computers	15,600
Approved Admissions	Computers	191
Much Shelist	Legal	31,035
RSM McGladrey	Accounting	19,048
Marilyn Dunn	Legal	90
2401 Incorporated	Architectural Consulting	4,320
Admiral Environmental Services	Environmental Consulting	228
Personnel Planners	Unemployment Consulting	3,061
GCHMO Inc.	Managed Care Consulting	3,600
Platinum Billing	A/R Collections	32,345
A Place For Mom	Marketing	14,489
Signet Healthcare	Billing Consultants	7,000
Mack Communication	Marketing	13,069
Total Schedule V, Line 19, Col. 3		<u>205,973</u>
Allocated from Management Co:		
Point ClickCare - Computer Service		-72
Kronos - Computer Services		1,111
Health Data Systems, Inc. - Computer Services		400
Creative Tech Solutions - Computer Services		241
MB Financial Bank - LOC fees		5,159
Marcum - Accounting Services		433
McGladrey - Accounting Services		7,568
Polsinelli - Legal		2,118
Govig - Legal		2,885
Change Healthcare - Healthcare Technology and Business Solutions		144
Marilyn Dunn - Legal		22
Perspectives - Human Resource Consulting		45
TWG Benefits - 401K Plan Management		214
Company Nurse - W/C Consulting		10
Much Shelist - Legal		1,844
Julie McHugh - MDS Consulting		1,566
Murphy Consulting - HUD Consulting		96
Birdseye - Payroll Management Consulting		361
Saul Ewing Arnstein and Lehr - Legal Retainer		901
Total allocated from Management Co.		<u>25,046</u>
Total allocated from Therapy Masters:		
Virtu Senses - Computer Services		461
Kronos - Computer Services		2,001
Casamba - Computer Services		2,469
Health Data Systems - Computer Services		45
Post Acute Consulting		527
Career Tree Network - Therapy Recruitment		1,073
Theracore - Business Consulting		354
Personnel Planners - Financial consulting		43
RSM - Accounting Services		94
TWG Benefits		21
Total allocated from Therapy Masters:		<u>7,088</u>
Glen Saint Andrew Living Community Real Estate, LLC.:		
First Real Estate Services Ltd - Real Estate Tax Appraisal		5,350
Total from Glen Saint Andrew Living Community Real Estate, LLC.:		<u>5,350</u>
Reclass First Real Estate Services Ltd - Real Estate Tax Appraisal to Line 33		-5,350
Non-Allowable Expenses:		
Franklin Group - Business Development Consulting		-3,221
Platinum Billing - A/R Collections		-32,345
A Place For Mom - Marketing		-14,489
Mack Communication - Marketing		-13,069
Total Non-Allowable Expenses:		<u>-63,124</u>
Non-allowable ILF/ALF Professional Fees:		-104,308
Total adjustments page 21, Sch C.		<u>-135,298</u>
Total Schedule V, line 19, column 8		<u>70,675</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	38,584
FUTA	-87
SUTA	2,140
Insurance - Hospital	58,200
Employee Benefits	0
Other Employee Benefits	
Workers Compensation Insurance	-1,825
 Total allocated from Management Co.	 <u>97,012</u>
 Employee Benefits reclassified to Lines 7, 27	 -97,012
 Allocated from Therapy Masters, Inc.:	
FICA taxes	16,792
FUTA	375
SUTA	617
Insurance - Hospital	12,118
Workers Compensation Insurance	1,995
 Total allocated from Therapy Masters, Inc. Co.	 <u>31,897</u>
 Employee Benefits reclassified to Lines 15,27	 -31,897
 Total allocated to Page 21	 <u>0</u>

Glen Saint Andrew Living Community, LLC.
Provider I.D. # 0053348
12/31/2018

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
401K DEDUCTION	(4,432)
ACCRUED RENT	1,567,986
ACCRUED WAGE ASSIGN.	1,103
ACCRUED PROFIT SHARING	(261)
REFUNDS EXCHANGE	26,198
Total, Page 17, Line 36	<u><u>1,590,594</u></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	(767)	43
Non-allowable professional fees	(63,124)	19
Non-allowable Illinois Council on Long Term Care Dues	(2,966)	20
Non-allow ILF/ALF: salaries Activities	(83,228)	11
Non-allow ILF/ALF: salaries Nursing Administration	(86,507)	10
Non-allow ILF/ALF: salaries Dietary	(101,765)	1
Non-allow ILF/ALF: salaries RN	(11,258)	10
Non-allow ILF/ALF: salaries C.N.A. Services	(218,125)	10
Non-allow ILF/ALF: salaries Housekeeping	(90,406)	3
Non-allow ILF/ALF: salaries LPN	(185,370)	10
Non-allowable dietary supplies - ILF/ALF	(45,989)	1
Non-allowable dietary consultant - ILF/ALF	(7,741)	1
Non-allowable dietary o/s services - ILF/ALF	23,495	1
Non-allowable food - ILF/ALF	(339,597)	2
Non-allowable housekeeping supplies - ILF/ALF	(23,071)	3
Non-allowable laundry salaries - ILF/ALF	(27,912)	4
Non-allowable utilities - ILF/ALF	(230,529)	5
Non-allowable plant salaries - ILF/ALF	(169,560)	6
Non-allowable plant supplies - ILF/ALF	(31,726)	6
Non-allowable maintenance - ILF/ALF	(130,181)	6
Non-allowable activities supplies - ILF/ALF	(3,117)	11
Non-allowable activities consultant - ILF/ALF	(1,384)	11
Non-allowable religious consultant - ILF/ALF	(12,695)	12
Non-allowable transportation - ILF/ALF	(6,138)	14
Non-allowable professional fees - ILF/ALF	(104,308)	19
Non-allowable dues and subscriptions - ILF/ALF	(32,479)	20
Non-allowable beauty and barber shop - ILF/ALF	(11,154)	40
Non-allowable office supplies - ILF/ALF	(45,392)	21
Non-allowable office supplies - ILF/ALF	(51,698)	21
Non-allowable employee benefits-ILF/ALF, Marketing	(104,758)	22
Non-allowable training and education - ILF/ALF	(450)	23
Non-allowable auto expense - ILF/ALF	(362)	25
Non-allowable insurance - ILF/ALF	(273,447)	26
Non-allowable equipment rental - ILF/ALF	(16,673)	35
Non-allowable social worker salaries - ILF/ALF	(44,033)	12
Non-allowable depreciation expense-ILF/ALF	(282,694)	30
Non-allowable real estate tax expense-ILF/ALF	(486,215)	33
Non-allowable interest expense - ILF/ALF	(348,335)	32
TOTAL	(3,651,659)	

Glen Saint Andrew Living Community Real Estate LLC

Accrued Real Estate Taxes

12/31/2018

SCHEDULE G

	Accrued 1/01/18	Payments	Expense	Accrued 12/31/18
Balance @ 1/01/18 - G/L# 230	(742,000.00)		(742,000.00)	
2017 Real Estate Taxes Paid		738,695.05	738,695.05	
Estimated 2017 real estate taxes:				
2017 taxes	738,695.05			
Estimated increase	5.00%			
Estimated 2017 taxes	775,629.80			
	USE			
	<u>776,000.00</u>		776,000.00	(776,000.00)
Totals	<u>(742,000.00)</u>	738,695.05	772,695.05	(776,000.00)

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%
2017	738,695.05	64,268.13	9.53%

Provider Name: Glen Saint Andrew Living Community Center, LLC
Provider I.D. #: 0053348
Year Ended: December 31, 2018

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Alyssa Flavin	03/05/18	Niles	INRSeminars- Understanding Mental Disorders	81
Nursing Staff	04/25/18	Niles	Dr. Yakov Weil-Neurology fo good manners	350
Aurora Castaneda	05/07/18	Niles	NCCDP-Alzheimers Disease and Dementia Care	185
			Non-allowable ILF/ALF:	-450
			Allocated From Management Company	723
			Allocated From Therapy Masters	172
			Total	1,061

SCHEDULE I

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

	Gasoline Purchase	Employee Reimbursement: Parking, Tolls, Mileage	Total
Direct Expense	0	496	496
Non-allowable auto expense - ILF/ALF			-362
Allocated from Management Company			8,865
Allocated from Therapy Masters			552
TOTAL	<u>0</u>	<u>496</u>	<u>9,551</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	8,987
Employment Fees	19,829
Village of Niles Annual Business License, Fee	715
Secretary of State Annual Report, Fee	306
State Fire Marshall	210
The Joint Commission Annual Dues, Fee	7,515
Non-allowable Illinois Council on Long Term Care PAC Fees	-2,966
Non-allowable ILF/ALF Dues, Fees, Subscriptions and Promotions	-32,479
Total Dues, Fees, Subscriptions and Promotions	<u>2,117</u>

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

SCHEDULE L

ASSET DESCRIPTION	COST	CAPITAL FROM		ADJUSTED LEASEHOLD IMPROVEMENTS	COST	SCHEDULE L					TOTAL				
		FARGO @ 84.9438 %	6.647			GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE		GLENLAKE			
						103,052,460,292	111,372,460,292	101,895,460,292	41,220,460,292	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	6,647	6,647	0.223883969	0.241958452	0.221370348	0.08955185	0.223234382					
1989 LEASEHOLD IMPROVEMENTS - ADDITIONAL CONSTRUCTION COSTS FARGO BUILDING	41,710		41,710	41,710	41,710	31,701	34,260	31,345	12,680	31,609					
2000 AQUATIC WORKS - BUILT IN FISH TAN	5,000		5,000	5,000	5,000	32,820	35,470	32,452	13,128	32,725					
2001 NO ADDITIONS					146,596	32,820	35,470	32,452	13,128	32,725					
2002 NO ADDITIONS					146,596	32,820	35,470	32,452	13,128	32,725					
2003 NO ADDITIONS					146,596	32,820	35,470	32,452	13,128	32,725					
2004 NO ADDITIONS					146,596	32,820	35,470	32,452	13,128	32,725					
2005 NO ADDITIONS					146,596	32,820	35,470	32,452	13,128	32,725					
2006 NO ADDITIONS					146,596	32,820	35,470	32,452	13,128	32,725					
RECALCULATION BASED ON 2007 CENSUS - New facility added in 2007 (GlenLake Terrace Nursing Ctr)															
						GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	TOTAL			
						93,787	93,262	100,511	40,267	78,093	74,334	488,234			
						0.192053401	0.195115457	0.218155638	0.082474797	0.159949842	0.152250765	100.00%			
2007 NO ADDITIONS					146,596	28,154	28,603	31,981	12,090	23,448	22,319	146,596			
RECALCULATION BASED ON 2008 CENSUS - New facility added in 2008 (Brentwood partial year 9/1/08-12/31/08)															
						GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL		
						93,929	92,291	105,965	37,909	81,480	76,498	15,664	503,336		
						18.86%	18.34%	21.05%	7.47%	16.19%	15.25%	3.09%	100.00%		
2008 INSTALLATION OF IRRIGATION SYSTEM					15,036	30,163	29,637	34,028	12,077	26,165	24,565	4,998	161,632		
RECALCULATION BASED ON 2009 CENSUS - New facility added in 2008 (Brentwood) is now allocated over full year in 2009															
						GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL		
						92,668	90,627	105,904	37,909	82,060	82,504	49,247	540,919		
						17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%		
2009 NO ADDITIONS					161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632		
RECALCULATION BASED ON 2009 CENSUS															
						GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL		
						92,668	90,627	105,904	37,909	82,060	82,504	49,247	540,919		
						17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%		
2010 NO ADDITIONS					161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632		
						27,464	26,890	31,387	11,235	24,320	24,452	14,596	160,314		
						-226	-220	-258	-93	-200	-201	-119	-1,318		
						Amounts as reported on cost report: Differences due to error in formula: (Total allocated over 99.18 % not 100.00 %)									
RECALCULATION BASED ON 2009 CENSUS															
						GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL		
						92,668	90,627	105,904	37,909	82,060	82,504	49,247	540,919		
						17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%		
2011 NO ADDITIONS					161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632		
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%		
2012 NO ADDITIONS					161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632		
RECALCULATION BASED ON 2009 CENSUS															
						GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL		
						92,668	90,627	105,904	37,909	82,060	82,504	49,247	540,919		
						17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%		
2013 NO ADDITIONS					161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632		
RECALCULATION BASED ON 2009 CENSUS															
						GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL		
						92,668	90,627	105,904	37,909	82,060	82,504	49,247	540,919		
						17.13%	16.75%	19.58%	7.01%	15.17%	15.25%	9.10%	100.00%		
2014 NO ADDITIONS					161,632	27,690	27,080	31,645	11,328	24,520	24,653	14,715	161,632		
CALCULATION BASED ON 2015 CENSUS															
						GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	BALLARD	GSALC	TOTAL
						91,738	91,834	88,288	38,356	67,590	74,884	46,627	49,340	62,493	611,180
						15.01%	15.03%	14.45%	6.28%	11.06%	12.25%	7.63%	8.07%	10.23%	100.00%
2015 NO ADDITIONS					161,632	24,262	24,287	23,352	10,144	17,875	19,804	12,331	13,049	16,527	161,632
CALCULATION BASED ON 2015 CENSUS															
						GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	BALLARD	GSALC	TOTAL
						91,738	91,834	88,288	38,356	67,590	74,884	46,627	49,340	62,493	611,180
						15.01%	15.03%	14.45%	6.28%	11.06%	12.25%	7.63%	8.07%	10.23%	100.00%
2016 HOME OFFICE VINYL FLOORING, CARPETING, EXTERIOR STUCCO, BUILD NEW OFFICES	149,012				149,012	46,629	46,678	44,881	19,496	34,355	38,062	23,700	25,079	31,764	310,644
CALCULATION BASED ON 2015 CENSUS															
						GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	BALLARD	GSALC	TOTAL
						91,738	91,834	88,288	38,356	67,590	74,884	46,627	49,340	62,493	611,180
						15.01%	15.03%	14.45%	6.28%	11.06%	12.25%	7.63%	8.07%	10.23%	100.00%
2017 NO ADDITIONS					310,644	46,629	46,678	44,881	19,496	34,355	38,062	23,700	25,079	31,764	310,644
CALCULATION BASED ON 2018 CENSUS															
						GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	BALLARD	GSALC	TOTAL
						77,316	77,898	73,840	30,132	49,223	71,194	46,935	58,281	484,819	
						15.95%	16.07%	15.23%	6.22%	10.15%	14.68%	9.68%	12.02%	100.00%	
2018 CLOUD BASED DOOR SECURITY ACCESS SYSTEM PURCHASE OF COMPRESSOR AND WIRING FOR ROOF REMOVE AND REPLACE COMPRESSOR ON THE ROOF	5,442 3,500				5,442 3,500	51,561	51,950	49,243	20,095	32,826	47,479	31,301	38,867	323,322	

SCHEDULE M

XIX. SUPPORT SCHEDULES

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Line 16. Rental Amount for Movable Equipment

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Postage meter	495
Telephone system	11,191
Copy machine	4,229
Ice machine	720
Medical Equipment	6,200
Non-allowable expense - ILF/ALF	-16,673
Allocated from Management Company:	3,540
Total allocated to Page 14, Line 16	<u>9,702</u>