

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

0048637 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 271

	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)			3
4		Intermediate/DD	88	32,120	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	15,720	784	5,701	22,205	8
9	SNF/PED					9
10	ICF	47,160	1,829	0	48,989	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	62,880	2,613	5,701	71,194	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 71.97%

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 4,798

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

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

Facility Name & ID Number GlenLake Terrace Nursing and Rehabilitation # 0048637 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	465,917	52,375	36,139	554,431		554,431		554,431		1
2	Food Purchase		473,467		473,467	(26,908)	446,559		446,559		2
3	Housekeeping	256,028	27,427	69,248	352,703		352,703		352,703		3
4	Laundry		47,250	11,273	58,523		58,523		58,523		4
5	Heat and Other Utilities			211,076	211,076		211,076	7,470	218,546		5
6	Maintenance	131,474	58,367	111,116	300,957		300,957	20,135	321,092		6
7	Other (specify):* Allocated Employee Benefits							2,560	2,560		7
8	TOTAL General Services	853,419	658,886	438,852	1,951,157	(26,908)	1,924,249	30,165	1,954,414		8
	B. Health Care and Programs										
9	Medical Director			126,536	126,536		126,536		126,536		9
10	Nursing and Medical Records	5,349,666	465,460	248,559	6,063,685		6,063,685		6,063,685		10
10a	Therapy	521,639	2,308	718,874	1,242,821		1,242,821	(81,644)	1,161,177		10a
11	Activities	120,664	5,000	3,889	129,553		129,553		129,553		11
12	Social Services	103,745		3,859	107,604		107,604		107,604		12
13	CNA Training										13
14	Program Transportation			45,446	45,446		45,446		45,446		14
15	Other (specify):* Allocated Employee Benefits							45,903	45,903		15
16	TOTAL Health Care and Programs	6,095,714	472,768	1,147,163	7,715,645		7,715,645	(35,741)	7,679,904		16
	C. General Administration										
17	Administrative	115,770		1,466,985	1,582,755		1,582,755	(1,466,985)	115,770		17
18	Directors Fees										18
19	Professional Services			334,959	334,959	(4,450)	330,509	(56,893)	273,616		19
20	Dues, Fees, Subscriptions & Promotions			58,423	58,423	4,015	62,438	(12,949)	49,489		20
21	Clerical & General Office Expenses	552,677	32,071	55,217	639,965	(4,015)	635,950	590,582	1,226,532		21
22	Employee Benefits & Payroll Taxes			1,114,423	1,114,423	26,908	1,141,331	(11,383)	1,129,948		22
23	Inservice Training & Education			1,354	1,354		1,354	1,141	2,495		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			7,471	7,471		7,471	11,669	19,140		25
26	Insurance-Prop.Liab.Malpractice			483,687	483,687		483,687	8,921	492,608		26
27	Other (specify):* Allocated Employee Benefits							117,962	117,962		27
28	TOTAL General Administration	668,447	32,071	3,522,519	4,223,037	22,458	4,245,495	(817,935)	3,427,560		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,617,580	1,163,725	5,108,534	13,889,839	(4,450)	13,885,389	(823,511)	13,061,878		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.

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			284,893	284,893		284,893	268,532	553,425			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			(127,818)	(127,818)		(127,818)	1,276,603	1,148,785			32
33	Real Estate Taxes					4,450	4,450	131,896	136,346			33
34	Rent-Facility & Grounds			807,243	807,243		807,243	(807,243)				34
35	Rent-Equipment & Vehicles			178,679	178,679		178,679	11,606	190,285			35
36	Other (specify):*											36
37	TOTAL Ownership			1,142,997	1,142,997	4,450	1,147,447	881,394	2,028,841			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		405,459	266,799	672,258		672,258		672,258			39
40	Barber and Beauty Shops			42	42		42		42			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			548,831	548,831		548,831		548,831			42
43	Other (specify):* Non- Allowable			537,664	537,664		537,664	(537,664)				43
44	TOTAL Special Cost Centers		405,459	1,353,336	1,758,795		1,758,795	(537,664)	1,221,131			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,617,580	1,569,184	7,604,867	16,791,631		16,791,631	(479,781)	16,311,850			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	(16,909)	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	(15,124)	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	(32,386)	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	(486,946)	43		24
25	Fund Raising, Advertising and Promotional	(1,738)	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:	(289,239)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (842,829)		\$	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)	351,048		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 351,048		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (491,781)		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 Nursing and Rehabilitation Centre, Ltd.

ID# 0048637

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-allowable patient clothing	\$ (1,470)	43	1
2	Non-allowable professional fees	(170,702)	19	2
3	Non-allowable owner interest expense	127,818	32	3
4	Non-allowable Illinois Council on Long Term Care Dues	(14,613)	20	4
5	Non-allowable office expense	(185)	43	5
6	Non-allowable trust fees	(1,595)	43	6
7	Non-allowable marketing employee benefits	(11,383)	22	7
8	Non-allowable marketing salaries	(77,809)	21	8
9	Non-allowable owner interest expense	(139,300)	32	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	(289,239)		49

STATE OF ILLINOIS

Summary A

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

0048637

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	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	7,470	0	0	0	0	0	0	0	0	7,470	5
6	Maintenance	0	0	20,135	0	0	0	0	0	0	0	0	20,135	6
7	Other (specify):*	0	0	2,560	0	0	0	0	0	0	0	0	2,560	7
8	TOTAL General Services	0	0	30,165	0	0	0	0	0	0	0	0	30,165	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	(81,644)	0	0	0	0	0	0	(81,644)	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	45,903	0	0	0	0	0	0	45,903	15
16	TOTAL Health Care and Programs	0	0	0	0	(35,741)	0	0	0	0	0	0	(35,741)	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	(170,702)	0	30,596	72,368	10,845	0	0	0	0	0	0	(56,893)	19
20	Fees, Subscriptions & Promotions	(14,613)	0	432	0	1,232	0	0	0	0	0	0	(12,949)	20
21	Clerical & General Office Expenses	(94,718)	0	662,616	0	22,684	0	0	0	0	0	0	590,582	21
22	Employee Benefits & Payroll Taxes	(11,383)	0	0	0	0	0	0	0	0	0	0	(11,383)	22
23	Inservice Training & Education	0	0	883	0	258	0	0	0	0	0	0	1,141	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	10,829	0	840	0	0	0	0	0	0	11,669	25
26	Insurance-Prop.Liab.Malpractice	0	0	7,392	0	1,529	0	0	0	0	0	0	8,921	26
27	Other (specify):*	0	0	115,947	0	2,015	0	0	0	0	0	0	117,962	27
28	TOTAL General Administration	(291,416)	0	(638,290)	72,368	39,403	0	0	0	0	0	0	(817,935)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(291,416)	0	(608,125)	72,368	3,662	0	0	0	0	0	0	(823,511)	29

STATE OF ILLINOIS

Summary B

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

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	(487)	0	14,463	254,556	0	0	0	0	0	0	0	268,532	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(11,482)	0	0	1,288,085	0	0	0	0	0	0	0	1,276,603	32
33	Real Estate Taxes	0	0	9,238	122,658	0	0	0	0	0	0	0	131,896	33
34	Rent-Facility & Grounds	0	0	0	(807,243)	0	0	0	0	0	0	0	(807,243)	34
35	Rent-Equipment & Vehicles	0	0	11,606	0	0	0	0	0	0	0	0	11,606	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(11,969)	0	35,307	858,056	0	0	0	0	0	0	0	881,394	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):*	(539,444)	0	0	1,780	0	0	0	0	0	0	0	(537,664)	43
44	TOTAL Special Cost Centers	(539,444)	0	0	1,780	0	0	0	0	0	0	0	(537,664)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(842,829)	0	(572,818)	932,204	3,662	0	0	0	0	0	0	(479,781)	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	\$ 894,167	\$ (572,818)	1
2	V							2
3	V	Total from Page 6B	819,250	GlenLake Terrace Realty LLC	B	1,739,454	920,204	3
4	V							4
5	V	Total from Page 6C	561,696	Therapy Masters, Inc.	C	565,358	3,662	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		\$ 2,847,931			\$ 3,198,979	\$ * 351,048	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	7,470	7,470
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	6,285	6,285
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	30,596	30,596
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	432	432
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	34,029	34,029
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	118,507	118,507
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	883	883
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	10,829	10,829
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	7,392	7,392
25	V	30 Depreciation		Glen Health and Home Management, Inc.	A	14,463	14,463
26	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	9,238	9,238
27	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	11,606	11,606
28	V	6 Janitorial Salaries		Glen Health and Home Management, Inc.	A	13,850	13,850
29	V						
30	V	21 Administrative Salaries		Glen Health and Home Management, Inc.	A	628,587	628,587
31	V	22 Employee Benefits		Glen Health and Home Management, Inc.	A	(118,507)	(118,507)
32	V	7 Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	2,560	2,560
33	V	27 Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	115,947	115,947
34	V						
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			\$ 894,167	\$ * (572,818)

* 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	\$ 185	\$	185	15
16	V	30 Depreciation		GlenLake Terrace Realty LLC	B	254,556		254,556	16
17	V	32 Interest Income	7	GlenLake Terrace Realty LLC	B			(7)	17
18	V	32 Interest Expense		GlenLake Terrace Realty LLC	B	1,288,092		1,288,092	18
19	V	33 Real Estate Taxes		GlenLake Terrace Realty LLC	B	122,658		122,658	19
20	V	34 Rental Income	807,243	GlenLake Terrace Realty LLC	B			(807,243)	20
21	V	43 Trust Fees		GlenLake Terrace Realty LLC	B	1,595		1,595	21
22	V	19 Professional Fees		GlenLake Terrace Realty LLC	B	72,368		72,368	22
23	V	Other Income-easement relief	12,000	GlenLake Terrace Realty LLC				(12,000)	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		\$ 819,250			\$ 1,739,454	\$ *	920,204	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	\$ 561,696	Therapy Masters, Inc.	C	\$ 480,052	\$ (81,644)
16	V	19 Professional Fees		Therapy Masters, Inc.	C	10,845	10,845
17	V	20 Licenses, Permits, and Inspection		Therapy Masters, Inc.	C	1,232	1,232
18	V	6 Repairs and Maintenance		Therapy Masters, Inc.	C		
19	V	21 Clerical		Therapy Masters, Inc.	C	1,248	1,248
20	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	C	47,918	47,918
21	V	23 Training and Education		Therapy Masters, Inc.	C	258	258
22	V	25 Auto Expenses		Therapy Masters, Inc.	C	840	840
23	V	21 Clerical Salaries		Therapy Masters, Inc.	C	21,436	21,436
24	V	22 Employee Benefits		Therapy Masters, Inc.	C	(47,918)	(47,918)
25	V	15 Employee Benefits - Therapy		Therapy Masters, Inc.	C	45,903	45,903
26	V	27 Employee Benefits - Clerical		Therapy Masters, Inc.	C	2,015	2,015
27	V	26 Liability Insurance		Therapy Masters, Inc.	C	1,529	1,529
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		\$ 561,696			\$ 565,358	\$ * 3,662

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

Facility Name & ID Number

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.

0048637

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	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 %	Glen Saint Andrew Living Community LLC.	Niles				19
20	Sidney Glenner	0.50 %						20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number GlenLake Terrace Nursing and Rehabilitatic # 0048637 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	0.90 %		10	14.30 %	Salary	\$	Ln 17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	60,149	6	14.30 %	Salary	10,353	Ln 21, Col 7	2
3	Elliot Glenner	Dir of Purchasing	Administrative	0.00 %	175,868	6	14.30 %	Salary	30,271	Ln 21, Col 7	3
4	Daniel Glenner	President	Administrative	0.00 %	67,412	7	14.30 %	Salary	11,603	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	\$ 52,227		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 Nursing and Rehabilitation Centre, Ltd. # 0048637 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 & 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	9	\$ 50,867	\$ 71,194	\$ 7,470	1	
2	6	Repairs and Maintenance	Resident Days	484,819	9	42,798	71,194	6,285	2	
3	19	Professional Fees	Resident Days	484,819	9	208,351	71,194	30,596	3	
4	20	Licenses, Permits and Inspection	Resident Days	484,819	9	2,942	71,194	432	4	
5	21	Clerical	Resident Days	484,819	9	231,735	71,194	34,029	5	
6	22	Employee Benefits and Payroll	Resident Days	484,819	9	807,011	71,194	118,507	6	
7	23	Training and Education	Resident Days	484,819	9	6,016	71,194	883	7	
8	25	Auto Expenses	Resident Days	484,819	9	73,746	71,194	10,829	8	
9	26	Insurance	Resident Days	484,819	9	50,335	71,194	7,392	9	
10	30	Depreciation	Resident Days	484,819	9	98,490	71,194	14,463	10	
11	33	Real Estate Taxes	Resident Days	484,819	9	62,907	71,194	9,238	11	
12	35	Equipment and Vehicle Rental	Resident Days	484,819	9	79,032	71,194	11,606	12	
13	6	Janitorial Salaries	Resident Days	484,819	9	94,316	94,316	71,194	13,850	13
14					9		71,194		14	
15	21	Administrative Salaries	Resident Days	484,819	9	4,280,568	4,280,568	71,194	628,587	15
16	22	Employee Benefits	Payroll						(118,507)	16
17	7	Employee Benefits - Janitorial	Payroll						2,560	17
18	27	Employee Benefits - Admin	Payroll						115,947	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 6,089,114	\$ 4,374,884	\$ 894,167		25

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	\$ 430,029	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	MB Financial Bank		X	Mortgage	\$69,392.29	1/09/18	6,100,000	5,416,734	1/10/2019	0.0600	718,763	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		1/04/2018	0.2673		8						
9	TOTAL Facility Related				\$118,783.51		\$ 34,298,880	\$ 31,636,800			\$ 1,148,792	9						
B. Non-Facility Related*																		
10												10						
11												11						
12												12						
13									Interest Income Offset:		(7)	13						
14	TOTAL Non-Facility Related						\$	\$			\$ (7)	14						
15	TOTALS (line 9+line14)						\$ 34,298,880	\$ 31,636,800			\$ 1,148,785	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.	\$	153,000	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.)	\$	135,658	2
3. Under or (over) accrual (line 2 minus line 1).	\$	(17,342)	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	140,000	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.)	\$	4,450	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.	\$	127,108	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2013	171,063	8
	2014	182,843	9
	2015	179,691	10
	2016	144,920	11
	2017	135,658	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 GlenLake Terrace Nursing and Rehabilitation Centre, Ltd. COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0048637

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>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>133,255.00</u>	\$ <u>133,255.00</u>
2. <u>08-32-109-020</u>	<u>2300 14th Street, Waukegan, IL</u>	\$ <u>2,402.65</u>	\$ <u>2,402.65</u>
3. <u>Allocated from Management Company:</u>		\$ <u>71,470.00</u>	\$ <u>9,238.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>207,127.65</u></u>	\$ <u><u>144,895.65</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 GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.

0048637

Report Period Beginning:

01/01/2018 Ending:

12/31/2018

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:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Patient Care	79,750	2006	\$ 502,844	1
2	Allocated from Management Company:			12,470	2
3	TOTALS	79,750		\$ 515,314	3

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

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	271		2006	1974	\$ 7,636,686	\$ 254,556		\$ 254,556	\$	\$ 3,066,243	4
5											5
6	Alloc from				266,344						6
7	Mgt Comp										7
8	Schedule J										8
	Improvement Type**										
9											9
10		Furnish and install outdoor signs		2007	10,055		10			10,055	10
11		Remove and install vinyl cove base		2007	9,986		10			9,986	11
12		Furnish and install light fixture and run new piping		2007	2,672		10			2,672	12
13		Replace leaking hydraulic supply lines for elevators		2007	5,000		10			5,000	13
14		Furnish and install motor bearings and gasket on washing machine		2008	2,535	122	10	122		2,535	14
15		Coil rebuilding and water heater retubing		2008	3,276	160	10	160		3,276	15
16		Replace tube sheet and water return pump, replace piping		2008	2,717	133	10	133		2,717	16
17											17
18											18
19		Indoor cameras with power supply		2008	6,889	344	10	344		6,889	19
20		Indoor cameras and power supply		2008	3,211	161	10	161		3,211	20
21		Replace 2 inch galvanized hot water piping in laundry room		2009	2,500	250	10	250		2,375	21
22		Wiring for television system, create television outlets		2009	2,750	275	10	275		2,613	22
23		Furnish and install sentry guard water coil		2009	5,169	517	10	517		4,911	23
24		Install new receptacles on existing circuits for televisions		2009	8,800	880	10	880		8,360	24
25		Furnish and install wet-pipe sprinkler protection		2009	56,112	5,611	10	5,611		47,694	25
26		Remove existing cove base and carpet, floor prep, new carpet and wallpap		2009	3,364	336	10	336		3,192	26
27		Category 6 cable (550mhz)		2010	3,964	396	10	396		3,366	27
28		Installation of front door electrolock security system with intercom		2010	3,985	399	10	399		3,391	28
29		Install fire alarm wiring and power supervision relays		2010	4,544	454	10	454		3,859	29
30		Install new mixing valve on plumbing project		2011	3,160	316	10	316		2,370	30
31		Install fire protection sprinkler heads		2011	3,088	309	10	309		2,317	31
32		Remove and install ceiling, nurses station, vinyl tile project and wallpaper		2011	365,930	36,593	10	36,593		274,448	32
33		Install new light poles		2011	13,753	1,375	10	1,375		10,313	33
34		New parking lot and curbs		2011	127,628	12,763	10	12,763		95,722	34
35		Parking lot striping and install compacted mix		2011	18,495	1,850	10	1,850		13,845	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

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

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	Concrete project, install curbs, walkway and patio	2011	\$ 37,699	\$ 3,770	10	\$ 3,770	\$	\$ 28,275	37
38	Installation of new annunciators for nursing stations	2011	2,838	284	10	284		2,130	38
39	Exterior fire main project	2011	10,220	1,022	10	1,022		7,665	39
40	Remove and install ceramic tile and carpet	2011	24,568	2,688	10	2,457	(231)	18,543	40
41	Purchase of food waste disposer	2011	3,132	313	10	313		2,348	41
42	Install annunciator panel, conduit and elbows	2011	4,835	484	10	484		3,630	42
43									43
44	Furnish and install new single casement windows	2012	2,700	270	10	270		1,755	44
45	Remove wallpaper, patch and paint walls in bedrooms	2012	17,634	1,763	10	1,763		11,460	45
46	Furnish and install water heater	2012	27,706	2,771	10	2,771		18,011	46
47	Wallcovering, corner guards, ceiling, doors	2012	54,209	5,677	10	5,421	(256)	35,236	47
48	Laminate doors, install vinyl tile, wallpaper and paint	2012	157,820	15,782	10	15,782		102,583	48
49	Repair broken sewer line	2012	5,290	529	10	529		3,439	49
50	Fireproofing	2012	2,716	272	10	272		1,768	50
51	Furnish sprinklers for elevator pit	2012	2,600	260	10	260		1,690	51
52	Remove closet walls, install ceramic wall, ceiling, tile, doors & sign	2012	50,868	5,087	10	5,087		33,065	52
53	Remove tiles, handrails, drywall, painting, guards & vinyl cove	2012	55,300	5,530	10	5,530		35,945	53
54	Freight on Econocare invoice # 39801	2012	14,497	1,450	10	1,450		9,425	54
55	Install new annunciator panels for nursing stations	2012	2,880	288	10	288		1,872	55
56									56
57	Furnish and install drywall, paint and corner guards in the	2012	12,560	1,256	10	1,256		8,164	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		5,298	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		32,663	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		2,496	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		72,182	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)		\$ 9,235,969	\$ 384,625		\$ 384,138	\$ (487)	\$ 4,031,003	70

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

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

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		\$ 9,235,969	\$ 384,625		\$ 384,138	\$ (487)	\$ 4,031,003	1
2	Furnish and install steel decking, drains, mixing valve for shower	2012	3,100	310	10	310		2,015	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		1,670	4
5	fourth floor dining rooms								5
6	Sealcoat, patch and fill potholes, striping of parking lot	2012	3,748	375	10	375		2,437	6
7	Credit on TCL Electric & Lighting invoice	2011	(13,753)	(1,375)	10	(1,375)		(10,313)	7
8	Furnish and install shower drains, tile	2012	3,250	325	10	325		2,113	8
9	Fabricate new nursing station	2012	14,900	1,490	10	1,490		9,685	9
10	Fabricate new nursing station	2012	14,900	1,490	10	1,490		9,685	10
11	Demo 2 shower stalls & furnish and install drains and plumbing	2012	2,535	254	10	254		1,651	11
12	Wallcovering and bumper and corner guards in the second	2012	5,483	548	10	548		3,562	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		4,939	14
15	Replace sewer line and recement	2013	8,800	880	10	880		4,840	15
16	Replace shorted compressor on walk-in cooler	2013	3,136	317	10	317		1,742	16
17	Remove existing cove base and carpet, install carpet & base in Administra	2013	8,571	857	10	857		4,714	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		9,189	20
21	Telephone wiring project	2014	4,445	445	10	445		2,002	21
22	Install new bearing assembly and gaskets on chiller pump	2014	2,872	287	10	287		1,292	22
23	Iron wrought railings 42" high	2014	3,200	320	10	320		1,440	23
24	Install sheet vinyl flooring and cove base in dialysis room	2014	5,919	592	10	592		2,664	24
25	Install new electrical tubes, burner heads & gaskets on boiler	2014	14,000	1,400	10	1,400		6,300	25
26	Install new electrical tubes, burner heads & gaskets on boiler	2015	14,000	1,400	10	1,400		4,900	26
27	Repiping, rewiring and relocate existing heater to another wall,	2015	7,400	740	10	740		2,590	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		1,022	30
31	Install port data locations for Allworx phones	2016	2,598	260	10	260		650	31
32	Replace motor in sump pump pit	2016	3,080	308	10	308		770	32
33	Sealcoat, patch and stripe parking lot	2016	8,141	814	10	814		2,035	33
34	TOTAL (lines 1 thru 33)		\$ 9,391,189	\$ 400,151		\$ 399,664	\$ (487)	\$ 4,104,597	34

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

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

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 12B, Carried Forward		\$ 9,391,189	\$ 400,151		\$ 399,664	\$ (487)	\$ 4,104,597	1
2	Replace 31 sprinkler heads in kitchen and dining area	2016	10,200	1,020	10	1,020		2,550	2
3	Furnish and install 2 new sills in elevators	2016	5,700	570	10	570		1,425	3
4	Furnish and install front exterior door	2016	5,727	573	10	573		1,432	4
5	Furnish and Install 1 Mac Elevator Door Restrictor.	2017	6,500	650	10	650		975	5
6	Removal and Installation of Compressor in Freezer Walk-In.	2017	3,950	395	10	395		593	6
7	Furnish and Install 3 Retractable Elevator Pit Ladders.	2017	9,689	969	10	969		1,453	7
8	Run New Conduit and Pull Electrical Wires, Install New	2017	3,120	312	10	312		468	8
9	Outlets, Breakers.								9
10	Repair 5" Section of 8" Suspended Sanitary Sewer.	2017	4,100	410	10	410		615	10
11	Furnish and Install Valves, Tubs, Faucets for 2 Tub Rooms	2017	6,000	600	10	600		900	11
12	on Second/Third Floors.								12
13	Replace Ball Valves/Flanges, Motor Protector on Chiller in	2017	3,494	350	10	350		525	13
14	Basement.								14
15	Purchase of 2 Studio Bath Tubs on Second/Third Floors.	2017	3,029	303	10	303		454	15
16									16
17	Upgrade WaterSystem,Blending Valve,Pipe Drains	2018	10,306	515	10	515		515	17
18	Furnish and Install 3 Exhaust Fans and Dampers	2018	10,674	533	10	533		533	18
19	Replace exterior sewer line	2018	23,000	1,150	10	1,150		1,150	19
20	Replace exterior sewer line	2018	5,500	275	10	275		275	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	14,668					39,232	28
29	Leasehold Improvements Allocated from Management Company:	1999	6,125						29
30	Leasehold Improvements Allocated from Management Company:	2000	734						30
31	Leasehold Improvements Allocated from Management Company:	2008	2,208						31
32	Leasehold Improvements Allocated from Management Company:	2016	21,882						32
33	Leasehold Improvements Allocated from Management Company:	2018	1,862						33
34	TOTAL (lines 1 thru 33)		\$ 9,549,657	\$ 408,776		\$ 408,289	\$ (487)	\$ 4,157,692	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	\$ 1,260,663	\$ 142,716	\$ 142,716	\$	5, 10 years	\$ 752,939	71
72	Current Year Purchases	5,831	292	292		10 years	292	72
73	Fully Depreciated Assets	504,254				5, 10 years	504,254	73
74	Allocated from Therapy Masters, Mgt Co:	109,101					96,520	74
75	TOTALS	\$ 1,879,849	\$ 143,008	\$ 143,008	\$		\$ 1,354,005	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	7,449	78
79	Allocated from Management Company:			22,470					22,470	79
80	TOTALS			\$ 84,611	\$ 2,128	\$ 2,128	\$		\$ 81,419	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)	\$ 12,029,431	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 553,912	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 553,425	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (487)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,593,116	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: \$ 183,003 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>7,282</u>	18
19					19
20					20
21	TOTAL		\$	\$ <u>7,282</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	\$	3,494	\$ 292,092	\$	3,494	\$ 292,092	1
2	Licensed Speech and Language Development Therapist	Ln 10a, Col 3	hrs		573	42,204		573	42,204	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln 10a, Col 2&3	hrs		6,203	384,578	2,308	6,203	386,886	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				405,459		405,459	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	19,519 hours	521,639		266,799		19,519	266,799 521,639	13
14	TOTAL			\$ 521,639	10,270	\$ 985,673	\$ 407,767	29,789	\$ 1,915,079	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 Nursing and Rehabilitation Centre, Ltd. # 0048637 Report Period Beginning: 01/01/2018 Ending: 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	\$ 77,416	\$ 87,295	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>141,894</u>)	4,216,002	4,216,002	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	33,685	33,685	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	91,207	9,007,270	8
9	Other(specify): <u>Other Receivables</u>		38,571	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,418,310	\$ 13,382,823	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		515,314	13
14	Buildings, at Historical Cost		7,903,030	14
15	Leasehold Improvements, at Historical Cost	1,650,826	1,646,627	15
16	Equipment, at Historical Cost	1,424,075	1,964,460	16
17	Accumulated Depreciation (book methods)	(1,959,837)	(5,593,116)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spec <u>Escrows</u>)		231,695	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,115,064	\$ 6,668,010	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,533,374	\$ 20,050,833	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 6,994,522	\$ 6,994,522	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	6,710,267	6,710,267	29
30	Accrued Salaries Payable	430,986	430,986	30
31	Accrued Taxes Payable (excluding real estate taxes)	18,752	18,752	31
32	Accrued Real Estate Taxes(Sch.IX-B)		140,000	32
33	Accrued Interest Payable	382,912	940,112	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule E</u>	2,118,220	2,118,220	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 16,655,659	\$ 17,352,859	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		3,500,000	39
40	Mortgage Payable		21,782,764	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Shareholder</u>	2,564,795	2,564,795	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,564,795	\$ 27,847,559	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 19,220,454	\$ 45,200,418	46
47	TOTAL EQUITY(page 18, line 24)	\$ (13,687,080)	\$ (25,149,585)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,533,374	\$ 20,050,833	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (12,980,790)	1
2	Restatements (describe):		2
3	Year-End AJE @ 12/31/17 posted	721,616	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (12,259,174)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,427,906)	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)	\$ (1,427,906)	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)	\$ (13,687,080)	24

* Operating Entity Only

* This must agree with page 17, line 47.

Facility Name & ID Number GlenLake Terrace Nursing and Rehabilitation Cent # 0048637 Report Period Beginning: 01/01/2018Ending: 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	\$ 14,716,178	1
2	Discounts and Allowances for all Levels	(2,051,434)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,664,744	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,370,425	6
7	Oxygen	474,358	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,844,783	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	296,156	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	75,165	19
20	Radiology and X-Ray	12,665	20
21	Other Medical Services	456,286	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 840,272	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	13,926	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 13,926	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)	\$ 15,363,725	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,924,249	31
32	Health Care	7,715,645	32
33	General Administration	4,249,945	33
B. Capital Expense			
34	Ownership	1,142,997	34
C. Ancillary Expense			
35	Special Cost Centers	1,209,964	35
36	Provider Participation Fee	548,831	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,791,631	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,427,906)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,427,906)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 9,615,495	44
45	Private Pay - Net Inpatient Revenue	467,871	45
46	Medicare - Net Inpatient Revenue	2,251,272	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	330,106	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,664,744	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 Nursing and Rehabilitation Centre, Ltd.

0048637

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	1,992	2,220	\$ 106,721	\$ 48.07	1
2	Assistant Director of Nursing	1,770	2,024	72,263	35.70	2
3	Registered Nurses	77,427	84,403	2,477,490	29.35	3
4	Licensed Practical Nurses	30,939	33,340	916,953	27.50	4
5	CNAs & Orderlies	107,549	115,736	1,692,470	14.62	5
6	CNA Trainees					6
7	Licensed Therapist	17,781	19,519	521,639	26.72	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,658	1,855	26,889	14.50	9
10	Activity Assistants	8,688	9,517	93,775	9.85	10
11	Social Service Workers	5,504	5,817	103,745	17.83	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	2,289	2,553	35,222	13.80	14
15	Cook Helpers/Assistants	34,403	36,817	430,695	11.70	15
16	Dishwashers					16
17	Maintenance Workers	7,216	7,527	131,474	17.47	17
18	Housekeepers	24,707	24,707	256,028	10.36	18
19	Laundry					19
20	Administrator	2,032	2,240	115,770	51.68	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	16,725	18,101	552,677	30.53	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	1,991	2,398	34,545	14.41	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	3,775	4,130	49,224	11.92	33
34	TOTAL (lines 1 - 33)	346,446	372,904	\$ 7,617,580 *	\$ 20.43	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	\$ 36,139	Ln 1, Col 3	35
36	Medical Director	Monthly	126,536	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	19,589	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	76	3,889	Ln 11, Col 3	44
45	Social Service Consultant	61	3,859	Ln 12, Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	137	\$ 190,012		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	517	\$ 30,993	Ln 10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	7,615	197,977	Ln 10, Col 3	52
53	TOTAL (lines 50 - 52)	8,131	\$ 228,970		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	
<u>Sarah Pappé</u>	<u>Administrator</u>	<u>0.00%</u>	\$ <u>101,076</u>	<u>Workers' Compensation Insurance</u>	\$ <u>135,699</u>	<u>IDPH License Fee</u>	\$	
<u>Sam Follman</u>	<u>Administrator</u>	<u>0.00 %</u>	<u>14,694</u>	<u>Unemployment Compensation Insurance</u>	<u>56,412</u>	<u>Advertising: Employee Recruitment</u>	<u>7,829</u>	
				<u>FICA Taxes</u>	<u>576,970</u>	<u>Health Care Worker Background Check</u>		
				<u>Employee Health Insurance</u>	<u>198,303</u>	(Indicate # of checks performed <u>41</u>)	<u>1,435</u>	
				<u>Employee Meals</u>	<u>26,908</u>	<u>Patient Background Checks</u>	<u>258</u>	
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>				
				<u>Other Employee Benefits</u>	<u>4,775</u>	<u>See Attached Schedule K:</u>	<u>35,981</u>	
				<u>Uniform Allowance</u>	<u>1,963</u>	<u>Allocated from Therapy Masters:</u>	<u>1,232</u>	
				<u>Union Pension</u>	<u>140,301</u>	<u>Allocated from Management Company:</u>	<u>432</u>	
						<u>Less: Public Relations Expense</u>	()	
						<u>Non-allowable advertising</u>	()	
						<u>Yellow page advertising</u>	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ <u>115,770</u>			TOTAL (agree to Sch. V, line 20, col. 8)	\$ <u>49,489</u>	
(List each licensed administrator separately.)								
B. Administrative - Other			E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount
<u>Administrative Service Fees (eliminated in Column 7)</u>			\$ <u>1,466,985</u>				<u>Out-of-State Travel</u>	\$
							<u>In-State Travel</u>	
							<u>Seminar Expense</u>	
							<u>Entertainment Expense</u>	()
TOTAL (agree to Schedule V, line 17, col. 3)			\$ <u>1,466,985</u>	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$
(Attach a copy of any management service agreement)								
C. Professional Services								
Vendor/Payee	Type		Amount					
			\$					
<u>See Attached Schedule C:</u>			<u>273,616</u>					
TOTAL (agree to Schedule V, line 19, column 3)			\$ <u>273,616</u>					
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Illinois Council on Long Term Care \$29,668
- (3) Did the nursing home make political contributions or payments to a political 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. \$ 73,008 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. \$ 548,831
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 benefit on Schedule V. \$ 26,908 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
12/31/2018

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
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 #

12/31/2018

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	Glen Saint Andrew Living Comm	
Sidney Glenner	0	0	0	0	0	0	0	0
Jonathan Glenner	10,738	11,328	11,243	4,382	7,158	6,825	8,475	60,149
Daniel Glenner	31,396	33,121	32,874	12,812	20,929	19,956	24,780	175,868
Elliot Glenner	12,034	12,696	12,601	4,911	8,022	7,649	9,499	67,412
Total compensation received from other Nursing Homes	54,168	57,145	56,718	22,105	36,109	34,430	42,754	303,429

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.

Provider I.D. # 0048637

12/31/2018

SCHEDULE C

XIX. SUPPORT SCHEDULES

C. Professional Services
Page 21

Vendor/Payee	Type	AMOUNT
Health Data Systems, Inc.	Computers	4,386
Point ClickCare	Computers	84,781
Net Health	Computers	10,929
Kronos	Computers	35,258
Comcast Business Solutions	Computers	14,300
Microsoft Corporation	Computers	6,538
Franklin Group	Business Development	3,500
Approved Admissions	Admissions Consulting	244
RSM US LLP	Accounting	16,882
Much Shelist	Legal	20,201
Marilyn P. Dunn	Legal	300
O'Hagan LLC	Legal	1,662
Resolute Healthcare Solutions	Healthcare Executive Search Consultants	11,214
Signet Healthcare Consultants	Billing Consultants	47,600
Huron Consulting Service	Management Consultation	-35,737
GCHMO, Inc.	Managed Care Consultants	4,450
Platinum Billing Solutions	A/R Collections	99,284
Personnel Planners, Inc.	Unemployment Consulting	7,833
Contech Fire Protection	Security System	1,335
Total Schedule V, Line 19, Col. 3		334,959

Allocated from Management Co:

Point ClickCare - Computer Services	-88
Kronos - Computer Services	1,358
Health Data Systems, Inc. - Computer Services	488
Creative Tech Solutions - Computer Services	294
MB Financial Bank - Legal	6,303
Marcum - Accounting Services	529
McGladrey - Accounting Services	9,243
Polsinelli - Legal	2,588
Govig - Legal	3,524
Change Healthcare - Healthcare Technology and Business Solutions	176
Marilyn Dunn - Legal	27
Perspectives - Human Resource Consulting	55
TWG Benefits - 401K Plan Management	261
Company Nurse - W/C Consulting	12
Much Shelist - Legal	2,253
Julie Mchugh - MDS Consulting	1,913
Murphy Consulting - HUD Consulting	117
Birdseye - Payroll Management Consulting	441
Saul Ewing Arnstein and Lehr - Legal Retainer	1,101
Total allocated from Management Co.	30,596

Allocated from Therapy Masters, Inc.:

Virtu Senses - Computer Services	701
Kronos - Computer Services	3,050
Casamba - Computer Services	3,805
Health Data Systems - Computer Services	68
Post Acute Consulting	804
Marilyn Dunn - Legal	0
Career Tree Network - Therapy Recruitment	1,635
Theracore - Business Consulting	541
Personnel Planners - Financial consulting	65
RSM - Accounting Services	144
TWG Consulting - 401K Plan Management	32
Total allocated from Therapy Masters, Inc.:	10,845

Allocated from GlenLake Terrace Realty LLC:

Skidelsky & Associates- Legal - Real Estate Tax Reduction	4,450
MB Financial Bank - loan closing fees	67,918
Total allocated from GlenLake Terrace Realty LLC:	72,368

Reclass Skidelsky & Associates. - Real Estate Tax Appraisal to Line 33 -4,450

Non-Allowable Expenses:

Frankling Group - Business Development	-3,500
Platinum Billing Solutions - A/R Collections	-99,284
MB Financial Bank - loan closing fees - GlenLake Terrace Realty LLC	-67,918
Total Non-Allowable Expenses:	-170,702

Total adjustments page 21, Sch C. -61,343

Total Schedule V, line 19, column 8 273,616

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	47,133
FUTA	106
SUTA	2,614
Insurance - Hospital	71,095
Workers Compensation Insurance	-2,441
Total allocated from Management Co.	<u>118,507</u>
Employee Benefits reclassified to Lines 7, 27	-118,507
Allocated from Therapy Masters, Inc.:	
FICA taxes	25,226
FUTA	563
SUTA	927
Insurance - Hospital	18,205
Workers Compensation Insurance	2,997
Total allocated from Therapy Masters, Inc. Co.	<u>47,918</u>
Employee Benefits reclassified to Lines 15,27	-47,918
Total allocated to Page 21	<u>0</u>

GlenLake Terrace Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0048637
12/31/2018

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Accrued Rent	482,547
Accrued Management Fees	1,603,149
Refunds Exchange	-17,476
Professional Claims Liability	50,000
Total, Page 17, Line 36	<u>2,118,220</u>

SCHEDULE F

SCHEDULE VI. ADJUSTMENT DETAIL

Schedule A. Nonallowable Expenses

Page 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>REFERENCE</u>
Patient clothing	-1,470	43
Non-allowable owner interest expense	127,818	32
Non-allowable office expense	-185	43
Non-allowable professional fees	-170,702	19
Non-allowable Illinois Council on Long Term Care PAC Fees	-14,613	20
Non-allowable marketing salaries	-77,809	21
Non-allowable marketing employee benefits	-11,383	22
Non-allowable trust fees	-1,595	43
Non-allowable owner interest expense	-139,300	32
Total	<u>-289,239</u>	

GlenLake Terrace Realty 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# 240	(153,000.00)		(153,000.00)	
2016 Real Estate Taxes Paid		135,657.78	135,657.78	
Estimated 2017 real estate taxes:				
2016 taxes	153,000.00			
Estimated increase	-8.00%			
Estimated 2017 taxes	140,760.00			
USE	140,000.00		140,000.00	(140,000.00)
Totals	(153,000.00)	135,657.78	122,657.78	(140,000.00)

Real estate tax history:

	Year	Amount	Increase \$	%
	2005	99,869.61		
	2006	101,899.43	2,029.82	2.03%
	2007	137,996.93	36,097.50	35.42%
	2008	145,704.35	7,707.42	5.59%
	2009	150,382.23	4,677.88	3.21%
	2010	175,054.89	24,672.66	16.41%
	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%
	2017	135,657.78	(9,262.21)	-6.39%

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Nursing Staff	3/05/18	Waukegan	Dr. Yakov Weil Neuroplasticity seminar	350
Nursing Staff	8/08/18	Waukegan	Uvanta Pharmacy	459
Nursing Staff	10/31/18	Waukegan	Uvanta Pharmacy	225
Nursing Staff	10/26/18	Waukegan	Uvanta Pharmacy	320
			Allocated From Management Company	883
			Allocated From Therapy Masters	258
			Total	<u>2,495</u>

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	0	0	7,471	0	7,471
Allocated from Management Company					10,829
Allocated from Therapy Masters					840
TOTAL	0	0	7,471	0	19,140

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	44,281
City of Waukegan Business License, Elevator Inspection, Sign Ordinance Fee	1,538
Illinois Secretary of State	125
Waukegan Fire Department	75
Lake County Health Dept.	476
Center For Medicaid Services	569
State Fire Marshall Boiler Inspection	140
Joint Commission Annual Certification, Program Fee	3,390
Non-allowable Illinois Council on Long Term Care Dues	<u>-14,613</u>
Total allocated to Page 21	<u><u>35,981</u></u>

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

SCHEDULE L

ASSET DESCRIPTION	COST	CAPITAL FROM FARGO @ 84.9438 %	ADJUSTED LEASEHOLD IMPROVEMENTS	COST	GLENBRIDGE	GLENCREST	GLEN OAKS	GLEN ELSTON	GLENSHIRE	GLENLAKE	BRENTWOOD	TOTAL		
					103,052/460,292	111,372/460,292	101,895/460,292	41,220/460,292	102,753/460,292				0.223883969	0.241959452
1988 PARKING LOT REPAVING LEASEHOLD IMPROVEMENTS - ADDITIONAL CONSTRUCTION COSTS FARGO BUILDING	5,900	6,647	6,647	6,647										
	87,339		87,339	87,339	22,363	24,168	22,112	8,945	22,298					
1989 LEASEHOLD IMPROVEMENTS - ADDITIONAL CONSTRUCTION COSTS FARGO BUILDING	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	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	15.25%		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	24,668	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	82,604	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	24,663	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	82,604	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	24,663	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	82,604	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	24,663	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	82,604	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	24,663	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	82,604	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	24,663	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	82,604	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	24,663	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%	11.66%	12.25%	7.63%	8.07%	10.23%	100.00%
2015 NO ADDITIONS				161,632	24,262	24,287	23,352	10,144	17,675	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%	11.66%	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%	11.66%	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	3,736 5,442 3,500			3,736 5,442 3,500	51,561	51,950	49,243	20,095	32,626	47,479	31,301	38,867	323,322	

SCHEDULE M

Page 14, Line 16
 Rental Amount for Movable Equipment

	Ice- Maker	Copy Machine	Dish Machine	Postage	Telephone System	Maintenance/ Cleaning	Medical Equipment	Total
Direct Expense	1,476	7,495	0	418	25,386	2,750	141,154	178,679
Allocated from Management Company								4,324
Allocated from Therapy Masters								0
TOTAL	1,476	7,495	0	418	25,386	2,750	141,154	183,003