

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK

0037960 Report Period Beginning: 01/01/17 Ending: 12/31/17

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	108	Skilled (SNF)	108	39,420	1
2		Skilled Pediatric (SNF/PED)			2
3	108	Intermediate (ICF)	108	39,420	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	216	TOTALS	216	78,840	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	6,173	145	59,218	65,536	8
9	SNF/PED					9
10	ICF	5,298		286	5,584	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	11,471	145	59,504	71,120	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.21%

D. How many bed reserve days during this year were paid by the Department? None (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 01/01/1992

J. Was the facility purchased or leased after January 1, 1978?
YES Date 01/01/1992 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 108 and days of care provided 2,871

Medicare Intermediary CGS Administrators

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number **GENERATIONS AT COLUMBUS PARK** # **0037960** Report Period Beginning: **01/01/17** Ending: **12/31/17**

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	330,393	41,228	44,635	416,256		416,256	(16,274)	399,982		1
2	Food Purchase		387,302		387,302	(35,916)	351,386	(8)	351,378		2
3	Housekeeping	341,897	58,380		400,277		400,277	(4,417)	395,860		3
4	Laundry	135,543	30,083		165,626		165,626		165,626		4
5	Heat and Other Utilities			255,424	255,424		255,424	(14,085)	241,339		5
6	Maintenance	84,681	55,766	240,242	380,689		380,689	(24,142)	356,547		6
7	Other (specify):*							7,421	7,421		7
8	TOTAL General Services	892,514	572,759	540,301	2,005,574	(35,916)	1,969,658	(51,505)	1,918,153		8
	B. Health Care and Programs										
9	Medical Director			7,200	7,200		7,200	8,403	15,603		9
10	Nursing and Medical Records	3,044,097	193,276	137,667	3,375,040		3,375,040	(3,805)	3,371,235		10
10a	Therapy	190,835		60,632	251,467		251,467	(12,032)	239,435		10a
11	Activities	127,190	7,711	5,080	139,981		139,981		139,981		11
12	Social Services	271,859		7,200	279,059		279,059		279,059		12
13	CNA Training										13
14	Program Transportation			320	320		320		320		14
15	Other (specify):*							11,940	11,940		15
16	TOTAL Health Care and Programs	3,633,981	200,987	218,099	4,053,067		4,053,067	4,506	4,057,573		16
	C. General Administration										
17	Administrative	168,240		642,741	810,981		810,981	(462,736)	348,245		17
18	Directors Fees										18
19	Professional Services			368,057	368,057	(7,019)	361,038	(241,308)	119,730		19
20	Dues, Fees, Subscriptions & Promotions			60,506	60,506		60,506	(21,536)	38,970		20
21	Clerical & General Office Expenses	189,885	30,163	159,484	379,532		379,532	58,034	437,566		21
22	Employee Benefits & Payroll Taxes			810,919	810,919	35,916	846,835	(94)	846,741		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,672	3,672		3,672	235	3,907		24
25	Other Admin. Staff Transportation			582	582		582	14,364	14,946		25
26	Insurance-Prop.Liab.Malpractice			212,178	212,178		212,178	2,672	214,850		26
27	Other (specify):*							54,594	54,594		27
28	TOTAL General Administration	358,125	30,163	2,258,139	2,646,427	28,897	2,675,324	(595,774)	2,079,550		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,884,620	803,909	3,016,539	8,705,068	(7,019)	8,698,049	(642,773)	8,055,276		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

GENERATIONS AT COLUMBUS PARK

#0037960

Report Period Beginning:

01/01/17

Ending:

12/31/17

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			190,473	190,473		190,473	377,498	567,971			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			60,299	60,299		60,299	335,772	396,071			32
33	Real Estate Taxes					7,019	7,019	350,394	357,413			33
34	Rent-Facility & Grounds			1,062,000	1,062,000		1,062,000	(1,062,000)				34
35	Rent-Equipment & Vehicles			1,786	1,786		1,786	6,477	8,263			35
36	Other (specify):*							59,202	59,202			36
37	TOTAL Ownership			1,314,558	1,314,558	7,019	1,321,577	67,343	1,388,920			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		102,199	416,098	518,297		518,297	(9,735)	508,562			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			537,898	537,898		537,898		537,898			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		102,199	953,996	1,056,195		1,056,195	(9,735)	1,046,460			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,884,620	906,108	5,285,093	11,075,821		11,075,821	(585,165)	10,490,656			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	(16,725)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	86,657	30		9
10	Interest and Other Investment Income	(26,087)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(8)	02		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				18
19	Entertainment				19
20	Contributions	(300)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(86,812)	21		24
25	Fund Raising, Advertising and Promotional	(8,503)	20		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	(80,218)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (131,996)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(453,169)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (453,169)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (585,165)		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.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY							
48		49		50		51	52

GENERATIONS AT COLUMBUS PARK

ID# 0037960

Report Period Beginning: 01/01/17

Ending: 12/31/17

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Bank Fees	\$ (8,203)	21	1
2	Theft Damage Loss	(4,205)	21	2
3	Non Allowable Legal	(14,527)	19	3
4	PAC Dues	(13,123)	20	4
5	Additional R&M	1,486	06	5
6	Jury Duty	(52)	10	6
7	PT Services Refund	(2,550)	39	7
8	Bldg Co - Office Expense	(36)	21	8
9	Bldg Co - Accounting	(14,600)	19	9
10	Bldg Co - License and Fees	(250)	20	10
11	Bldg Co - Amort HUD Closing Fees	(4,624)	36	11
12	Non Allowable Late Fees	(66)	21	12
13	Capitalized R&M	(19,468)	06	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	(80,218)		49

STATE OF ILLINOIS
GENERATIONS AT COLUMBUS PARK

Report Period Beginning: 01/01/17
Ending: 12/31/17

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference
50		\$	1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
69			20
70			21
71			22
72			23
73			24
74			25
75			26
76			27
77			28
78			29
79			30
80			31
81			32
82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98	Total		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK# 0037960 Report Period Beginning:

01/01/17

Ending:

12/31/17

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				(16,231)		(43)						(16,274)	1
2	Food Purchase	(8)											(8)	2
3	Housekeeping						(4,417)						(4,417)	3
4	Laundry													4
5	Heat and Other Utilities	(16,725)			2,640								(14,085)	5
6	Maintenance	(17,982)	5,353	(13,541)	2,204		(176)						(24,142)	6
7	Other (specify):*			1,703	5,718								7,421	7
8	TOTAL General Services	(34,715)	5,353	(11,838)	(5,669)		(4,636)						(51,505)	8
	B. Health Care and Programs													
9	Medical Director			8,403									8,403	9
10	Nursing and Medical Records	(52)		(3,098)	11,010	(2,319)	(9,346)						(3,805)	10
10a	Therapy				(12,032)								(12,032)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			7,531	4,409								11,940	15
16	TOTAL Health Care and Programs	(52)		12,836	3,387	(2,319)	(9,346)						4,506	16
	C. General Administration													
17	Administrative			(608,387)	145,651								(462,736)	17
18	Directors Fees													18
19	Professional Services	(29,127)	14,600	(247,394)	20,613								(241,308)	19
20	Fees, Subscriptions & Promotions	(22,176)	250	390									(21,536)	20
21	Clerical & General Office Expenses	(99,322)	36	157,139	211	(2)	(28)						58,034	21
22	Employee Benefits & Payroll Taxes					(94)							(94)	22
23	Inservice Training & Education													23
24	Travel and Seminar			235									235	24
25	Other Admin. Staff Transportation			14,364									14,364	25
26	Insurance-Prop.Liab.Malpractice			2,397	275								2,672	26
27	Other (specify):*			18,718	35,876								54,594	27
28	TOTAL General Administration	(150,625)	14,886	(662,538)	202,626	(95)	(28)						(595,774)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(185,392)	20,239	(661,540)	200,344	(2,414)	(14,010)						(642,773)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK # 0037960 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	86,657	281,524		9,317								377,498	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(26,087)	359,918	(5,826)	7,767								335,772	32
33	Real Estate Taxes		338,788		11,606								350,394	33
34	Rent-Facility & Grounds		(1,062,000)										(1,062,000)	34
35	Rent-Equipment & Vehicles			6,477									6,477	35
36	Other (specify):*	(4,624)	63,826										59,202	36
37	TOTAL Ownership	55,946	(17,944)	651	28,690								67,343	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers	(2,550)				(7,185)							(9,735)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	TOTAL Special Cost Centers	(2,550)				(7,185)							(9,735)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(131,996)	2,295	(660,889)	229,034	(9,599)	(14,010)						(585,165)	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
See PG6 Supplemental		See PG6 Supplemental		See PG6 Supplemental		

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	34 Rental Income	\$ 1,062,000	Columbus Park LLC	100.00%	\$	(1,062,000)	1
2	V	20 General Fees		Columbus Park LLC	100.00%	250	250	2
3	V	36 Insurance - MIP		Columbus Park LLC	100.00%	50,140	50,140	3
4	V	36 Insurance - Property		Columbus Park LLC	100.00%	9,062	9,062	4
5	V	32 Interest HUD	87	Columbus Park LLC	100.00%	360,005	359,918	5
6	V	21 Office Expense		Columbus Park LLC	100.00%	36	36	6
7	V	19 Professional Fees		Columbus Park LLC	100.00%	14,600	14,600	7
8	V	33 Real Estate Taxes - Current		Columbus Park LLC	100.00%	338,788	338,788	8
9	V	06 Repairs - Bldg & Equip		Columbus Park LLC	100.00%	5,353	5,353	9
10	V	36 Amortization - HUD Costs		Columbus Park LLC	100.00%	4,624	4,624	10
11	V	30 Depreciation		Columbus Park LLC	100.00%	281,524	281,524	11
12	V							12
13	V							13
14	Total		\$ 1,062,087			\$ 1,064,382	\$ * 2,295	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	6 REPAIRS AND MAINT.	\$ 31,752	GENERATIONS HC NETWORK, LLC	100.00%	\$ 18,211	\$ (13,541)
16	V	7 EMP. BEN.-GEN. SERV.		GENERATIONS HC NETWORK, LLC	100.00%	1,703	1,703
17	V	9 MEDICAL DIRECTOR CONSULTS		GENERATIONS HC NETWORK, LLC	100.00%	8,403	8,403
18	V	10 NURSING	63,504	GENERATIONS HC NETWORK, LLC	100.00%	60,406	(3,098)
19	V	15 EMP. BEN.-H.C.		GENERATIONS HC NETWORK, LLC	100.00%	7,531	7,531
20	V	17 ADMINISTRATIVE	643,141	GENERATIONS HC NETWORK, LLC	100.00%	34,754	(608,387)
21	V	19 PROFESSIONAL FEES	249,588	GENERATIONS HC NETWORK, LLC	100.00%	2,194	(247,394)
22	V	20 FEES,SUBSCRIPTIONS		GENERATIONS HC NETWORK, LLC	100.00%	390	390
23	V	21 CLERICAL & GENERAL	31,752	GENERATIONS HC NETWORK, LLC	100.00%	188,891	157,139
24	V	24 EDUCATION & SEMINAR		GENERATIONS HC NETWORK, LLC	100.00%	235	235
25	V	25 OTHER ADMIN. STAFF TRANS.		GENERATIONS HC NETWORK, LLC	100.00%	14,364	14,364
26	V	26 INSURANCE		GENERATIONS HC NETWORK, LLC	100.00%	2,397	2,397
27	V	27 EMP. BEN.-GEN. ADMIN.		GENERATIONS HC NETWORK, LLC	100.00%	18,718	18,718
28	V	32 INTEREST		GENERATIONS HC NETWORK, LLC	100.00%	(5,826)	(5,826)
29	V	35 AUTO RENTAL		GENERATIONS HC NETWORK, LLC	100.00%	5,311	5,311
30	V	35 EQUIPMENT RENTAL		GENERATIONS HC NETWORK, LLC	100.00%	1,166	1,166
31	V						
32	V	19 PROFESSIONAL FEES					
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,019,737			\$ 358,848	\$ * (660,889)

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

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK# 0037960Report Period Beginning: 01/01/17 Ending: 12/31/17

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	1	DIETARY SALARIES	\$ 26,436	GENERATIONS HC NETWORK, LLC	100.00%	\$ 10,205	\$ (16,231)	15
16	V	7	EMP. BEN.-DIETARY		GENERATIONS HC NETWORK, LLC	100.00%	1,768	1,768	16
17	V	10	NURSING SALARIES		GENERATIONS HC NETWORK, LLC	100.00%	11,010	11,010	17
18	V	15	EMP. BEN.-NURSING		GENERATIONS HC NETWORK, LLC	100.00%	1,900	1,900	18
19	V	17	ADMIN./LEGAL SALARIES		GENERATIONS HC NETWORK, LLC	100.00%	145,651	145,651	19
20	V	19	FIN. CONSULT./REGL. DIR.		GENERATIONS HC NETWORK, LLC	100.00%	20,496	20,496	20
21	V	27	EMP. BEN.-ADMINISTRATIVE		GENERATIONS HC NETWORK, LLC	100.00%	35,876	35,876	21
22	V								22
23	V								23
24	V	10A	DIRECTOR OF SPECIAL REHAB	26,436	GENERATIONS HC NETWORK, LLC	100.00%	14,404	(12,032)	24
25	V	15	EMPLOYEE BENEFITS		GENERATIONS HC NETWORK, LLC	100.00%	2,509	2,509	25
26	V								26
27	V	6	MAINTENANCE SALARIES	21,195	GENERATIONS HC NETWORK, LLC	100.00%	21,746	551	27
28	V	7	EMPLOYEE BENEFITS		GENERATIONS HC NETWORK, LLC	100.00%	3,950	3,950	28
29	V								29
30	V	5	UTILITIES		GENERATIONS HC NETWORK, LLC	100.00%	2,640	2,640	30
31	V	6	REPAIRS AND MAINT.		GENERATIONS HC NETWORK, LLC	100.00%	1,653	1,653	31
32	V	19	PROFESSIONAL FEES		GENERATIONS HC NETWORK, LLC	100.00%	117	117	32
33	V	21	CLERICAL & GENERAL		GENERATIONS HC NETWORK, LLC	100.00%	211	211	33
34	V	26	INSURANCE		GENERATIONS HC NETWORK, LLC	100.00%	275	275	34
35	V	30	DEPRECIATION		GENERATIONS HC NETWORK, LLC	100.00%	9,317	9,317	35
36	V	32	INTEREST		GENERATIONS HC NETWORK, LLC	100.00%	7,767	7,767	36
37	V	33	REAL ESTATE TAXES		GENERATIONS HC NETWORK, LLC	100.00%	11,606	11,606	37
38	V								38
39	Total		\$ 74,067			\$ 303,101	\$ *	229,034	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	06 Maintenance	\$	MAC Rx, LLC	100.00%	\$		15
16	V	10 Nursing and Medical Records	28,069	MAC Rx, LLC	100.00%	25,750	(2,319)	16
17	V	10A Therapy		MAC Rx, LLC	100.00%			17
18	V	19 Professional Services		MAC Rx, LLC	100.00%			18
19	V	21 Clerical & General Office Expenses	19	MAC Rx, LLC	100.00%	17	(2)	19
20	V	22 Employee Benefits	1,132	MAC Rx, LLC	100.00%	1,039	(94)	20
21	V	39 Ancillary	86,985	MAC Rx, LLC	100.00%	79,800	(7,185)	21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 116,205			\$ 106,607	\$ * (9,599)	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	1 Dietary	\$ 500	Big Ten Supply, LLC	100.00%	\$ 457	\$ (43)
16	V	3 Housekeeping	50,957	Big Ten Supply, LLC	100.00%	46,540	(4,417)
17	V	4 Laundry		Big Ten Supply, LLC	100.00%		
18	V	6 Repairs & Maintenance	2,026	Big Ten Supply, LLC	100.00%	1,850	(176)
19	V	10 Nursing And Medical Records	107,823	Big Ten Supply, LLC	100.00%	98,477	(9,346)
20	V	10A Therapy		Big Ten Supply, LLC	100.00%		
21	V	21 Clerical & General	324	Big Ten Supply, LLC	100.00%	296	(28)
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 161,629			\$ 147,619	\$ * (14,010)

* 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: 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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	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: 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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	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: 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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	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: 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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	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: 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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	ADAM VALES	2.830%	ALBANY CARE INC	EVANSTON	6631 MILWAUKEE, LLC	LINCOLNWOOD	BUILDING CO.	1
2	ARI WOLFF	0.943%	GENERATIONS AT APPLEWOOD, LLC	MATTESON	SIR PROPERTIES	LINCOLNWOOD	BUILDING CO.	2
3	ASHLEY BARRISH	2.044%	BRYN MAWR CARE INC.	CHICAGO	LONG TERM CARE LAB, LLC	LINCOLNWOOD	ANCILLARY SUPPLIES	3
4	B. BART BARRISH II	2.044%	GENERATIONS AT REGENCY, LLC	NILES	OAKTON ARMS	DES PLAINES	ASSISTED LIVING	4
5	B.G. TRUST	2.319%	DECATUR MANOR HEALTHCARE,LLC	DECATUR	MAC Rx LLC	DES PLAINES	PHARMACY	5
6	BRYAN BARRISH TRUST	7.193%	GENERATIONS AT ELMWOOD PARK, INC	ELMWOOD PARK	GENERATIONS HEALTH NETW	LINCOLNWOOD	CONSULTING CO.	6
7	CELESTE GIANNINI TRUST	6.604%	GREENWOOD CARE, INC.	EVANSTON	BIG TEN SUPPLY, LLC	LIBERTYVILLE	SUPPLY CO.	7
8	CHERYL MAGENCE	0.943%	GENERATIONS AT NEIGHBORS, LLC	BYRON				8
9	DANIEL ROTHNER	4.717%	GENERATIONS AT ROCK ISLAND, LLC	ROCK ISLAND				9
10	DARCEY BARRISH	2.044%	WILSON CARE, INC.	CHICAGO				10
11	ERIC ROTHNER	3.774%	WESLEY REHABILITATION CENTER	AUBURN, IN				11
12	GALE ROTHNER	3.774%	GENERATIONS AT OAKTON, LLC	DES PLAINES				12
13	GLENDA STRICKLAND	0.943%						13
14	JULIANA R BARRISH TRUST	7.193%						14
15	KATHRYN VALES	2.830%						15
16	KIMBERLY VALES ACCUMULATION TRUST	3.459%						16
17	KIRSTEN BARRISH	2.044%						17
18	L.G. TRUST	2.319%						18
19	LAURI WOLFF POLEN	0.943%						19
20	LOUISE BERGTHOLD	4.245%						20
21	MARILYN WOLFF REV. TRUST	4.245%						21
22	MELISSA ROTHNER	4.717%						22
23	MICHAEL R GIANNINI TRUST	6.604%						23
24	NENITA GUZMAN	1.887%						24
25	NOAH WOLFF REV. TRUST	4.245%						25
26	RACHEL ROTHNER	4.717%						26
27	RANI WOLFF	0.943%						27
28	THOMAS & STEPHANIE WINTER REV. TRUST	3.774%						28
29	TZIONA ZEFFREN	0.943%						29
30	WILLIAM ROTHNER	4.717%						30

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK # 0037960 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	Bryan Barrish	Relative	Administrative		See Attached	3.59	8.98%	Alloc. Salary	\$ 20,496	17-7	1	
2	Michael Giannini	Relative	Administrative		See Attached	3.59	8.98%	Alloc. Salary	17,422	17-7	2	
3	Kirsten Schloss	Shareholder	Maintenance		See Attached	5.12	10.24%	Alloc. Salary	9,750	6-7	3	
4	Sarah Barrish	Relative	Administrative		See Attached	5.12	10.24%	Alloc. Salary	12,788	17-7	4	
5	Nenita Guzman	Shareholder	Dietary		See Attached	5.12	10.24%	Alloc. Salary	10,205	1-7	5	
6	Tom Winter	Shareholder	Administrative		See Attached	6.15	10.25%	Alloc. Salary	20,496	17-7	6	
7	Louise Bergthold	Shareholder	Administrative		See Attached	6.15	10.25%	Alloc. Salary	20,496	17-7	7	
8	Thomas Bergthold	Relative	Clerical		See Attached	4.1	10.25%	Alloc. Salary	4,272	21-7	8	
9	Clark Collins	Relative	Administrative		See Attached	2.8	7.00%	Alloc. Salary	3,501	Var.	9	
10											10	
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts											11
12	anticipated to be considered allowable by the IL. Dept. of HFS.											12
13								TOTAL	\$ 119,426		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 GENERATIONS AT COLUMBUS PARK # 0037960 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									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	TOTALS				\$	\$		\$	25

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK # 0037960 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 GENERATIONS HC NETWORK, LLC
 Street Address 6840 N. LINCOLN
 City / State / Zip Code LINCOLNWOOD, IL. 60712
 Phone Number (847) 675 -7979
 Fax Number (847) 675 -0555

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	6	REPAIRS AND MAINT.	PATIENT DAYS	693,985	14	\$ 177,702	\$ 95,737	71,120	\$ 18,211	1
2	7	EMP. BEN.-GEN. SERV.	PATIENT DAYS	693,985	14	16,617		71,120	1,703	2
3	9	MEDICAL DIRECTOR CONSUM	PATIENT DAYS	693,985	14	82,000		71,120	8,403	3
4	10	NURSING	PATIENT DAYS	693,985	14	589,441	589,441	71,120	60,406	4
5	15	EMP. BEN.-H.C.	PATIENT DAYS	693,985	14	73,484		71,120	7,531	5
6	17	ADMINISTRATIVE	PATIENT DAYS	693,985	14	339,126	339,126	71,120	34,754	6
7	19	PROFESSIONAL FEES	PATIENT DAYS	693,985	14	21,409		71,120	2,194	7
8	20	FEES,SUBSCRIPTIONS	PATIENT DAYS	693,985	14	3,801		71,120	390	8
9	21	CLERICAL & GENERAL	PATIENT DAYS	693,985	14	1,843,191	1,656,700	71,120	188,891	9
10	24	EDUCATION & SEMINAR	PATIENT DAYS	693,985	14	2,295		71,120	235	10
11	25	OTHER ADMIN. STAFF TRANS	PATIENT DAYS	693,985	14	140,164		71,120	14,364	11
12	26	INSURANCE	PATIENT DAYS	693,985	14	23,394		71,120	2,397	12
13	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	693,985	14	182,645		71,120	18,718	13
14	32	INTEREST	PATIENT DAYS	693,985	14	(56,845)		71,120	(5,826)	14
15	35	AUTO RENTAL	PATIENT DAYS	693,985	14	51,827		71,120	5,311	15
16	35	EQUIPMENT RENTAL	PATIENT DAYS	693,985	14	11,377		71,120	1,166	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 3,501,628	\$ 2,681,003		\$ 358,848	25

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK # 0037960 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 GENERATIONS HC NETWORK, LLC
 Street Address 6840 N. LINCOLN
 City / State / Zip Code LINCOLNWOOD, IL. 60712
 Phone Number (847) 675 -7979
 Fax Number (847) 675 -0555

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	1	DIETARY SALARIES	PATIENT DAYS	693,985	14	\$ 99,579	\$ 99,579	71,120	\$ 10,205	1
2	7	EMP. BEN.-DIETARY	PATIENT DAYS	693,985	14	17,250	71,120	1,768		2
3	10	NURSING SALARIES	PATIENT DAYS	693,985	14	107,435	107,435	71,120	11,010	3
4	15	EMP. BEN.-NURSING	PATIENT DAYS	693,985	14	18,544	71,120	1,900		4
5	17	ADMIN./LEGAL SALARIES	PATIENT DAYS	693,985	14	1,421,258	1,421,258	71,120	145,651	5
6	19	FIN. CONSULT./REGL. DIR.	PATIENT DAYS	693,985	14	200,000	71,120	20,496		6
7	27	EMP. BEN.-ADMINISTRATIVE	PATIENT DAYS	693,985	14	350,079	71,120	35,876		7
8										8
9										9
10	10A	DIRECTOR OF SPECIAL REHA	SPECIAL REHAB INC.	329,142	13	179,343	179,343	26,436	14,404	10
11	15	EMPLOYEE BENEFITS	SPECIAL REHAB INC.	329,142	13	31,236	26,436	2,509		11
12										12
13	6	MAINTENANCE SALARIES	MAINTENANCE INC.	366,497	14	376,026	376,026	21,195	21,746	13
14	7	EMPLOYEE BENEFITS	MAINTENANCE INC.	366,497	14	68,296	21,195	3,950		14
15										15
16	5	UTILITIES	ALLOCATED SQ FT	12,877	14	25,758	1,320	2,640		16
17	6	REPAIRS AND MAINT.	ALLOCATED SQ FT	12,877	14	16,130	1,320	1,653		17
18	19	PROFESSIONAL FEES	ALLOCATED SQ FT	12,877	14	1,139	1,320	117		18
19	21	CLERICAL & GENERAL	ALLOCATED SQ FT	12,877	14	2,063	1,320	211		19
20	26	INSURANCE	ALLOCATED SQ FT	12,877	14	2,682	1,320	275		20
21	30	DEPRECIATION	ALLOCATED SQ FT	12,877	14	90,892	1,320	9,317		21
22	32	INTEREST	ALLOCATED SQ FT	12,877	14	75,767	1,320	7,767		22
23	33	REAL ESTATE TAXES	ALLOCATED SQ FT	12,877	14	113,223	1,320	11,606		23
24										24
25	TOTALS					\$ 3,196,700	\$ 2,183,641	\$ 303,101		25

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK # 0037960 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization MAC Rx, LLC
 Street Address 2307 S. Mount Prospect Road
 City / State / Zip Code Des Plaines, IL 60018
 Phone Number (224)220-2700
 Fax Number (224)220-2730

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	06	Maintenance	Direct Allocation		\$	\$		\$	1
2	10	Nursing And Medical Records	Direct Allocation					25,750	2
3	10A	Therapy	Direct Allocation						3
4	19	Professional Services	Direct Allocation						4
5	21	Clerical & General Office Expense	Direct Allocation					17	5
6	22	Employee Benefits	Direct Allocation					1,039	6
7	39	Ancillary	Direct Allocation					79,800	7
8									8
9									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	TOTALS				\$	\$		\$ 106,607	25

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK # 0037960 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Big Ten Supply, LLC
 Street Address 15632 West Sprucewood Lane
 City / State / Zip Code Libertyville, IL 60048
 Phone Number (312)502-5882
 Fax Number (847)816-3425

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary	Direct Allocation		\$	\$		\$ 457	1
2	3	Housekeeping	Direct Allocation					46,540	2
3	4	Laundry	Direct Allocation						3
4	6	Repairs & Maintenance	Direct Allocation					1,850	4
5	10	Nursing And Medical Records	Direct Allocation					98,477	5
6	10A	Therapy	Direct Allocation						6
7	21	Clerical & General	Direct Allocation					296	7
8									8
9									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	TOTALS				\$	\$		\$ 147,619	25

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK # 0037960 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number (_____) _____
 Fax Number (_____) _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									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	TOTALS				\$	\$		\$	25

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK # 0037960 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									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	TOTALS				\$	\$		\$	25

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK # 0037960 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									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	TOTALS				\$	\$		\$	25

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK

0037960

Report Period Beginning:

01/01/17

Ending: 12/31/17

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 _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									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	TOTALS				\$	\$		\$	25

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK # 0037960 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									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	TOTALS				\$	\$		\$	25

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK

0037960

Report Period Beginning:

01/01/17

Ending:

12/31/17

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	2	3	4	5	6	7	8	9	10											
										Name of Lender	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	HUD Mortgage		X	Mortgage			\$	\$ 9,909,988		\$ 360,005	1									
2											2									
3											3									
4											4									
5											5									
Working Capital																				
6	Lake Forest Bank		X	Line of Credit				950,000		60,299	6									
7	Allocated from Generations										7									
8											8									
9	TOTAL Facility Related						\$	\$ 10,859,988		\$ 420,304	9									
B. Non-Facility Related*																				
10	Interest Income		x							(26,087)	10									
11	Interest Income-Bldg CO		x							(87)	11									
12	Allocated from Generations	x								(5,826)	12									
13	See Supplemental Schedule									7,767	13									
14	TOTAL Non-Facility Related						\$	\$		\$ (24,233)	14									
15	TOTALS (line 9+line14)						\$	\$ 10,859,988		\$ 396,071	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 50,140 Line # 36

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

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

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

B. Real Estate Taxes

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

1. Real Estate Tax accrual used on 2016 report.		\$	300,000	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.)		\$	323,194	2
3. Under or (over) accrual (line 2 minus line 1).		\$	23,194	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	327,200	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.)		\$	7,019	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 \$ <u>27,302</u> For <u>12</u> 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.		\$	357,413	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2012	<u>270,421</u>	8
	2013	<u>274,081</u>	9
	2014	<u>262,881</u>	10
	2015	<u>285,075</u>	11
	2016	<u>311,588</u>	12

2017 Accrual = \$311,588 x 1.05 = \$327,200

Allocated from Generations HN = \$11,606

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

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.

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK

0037960 Report Period Beginning:

01/01/17 Ending:

12/31/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 29,685 B. General Construction Type: Exterior Brick Frame Number of Stories 6

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

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.

Table with 5 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and an unlabeled column. Row 1: Facility, 2002, \$300,000. Row 2: (blank). Row 3: TOTALS, \$300,000.

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	216		1976	\$ 7,013,521	\$	35	\$ 200,386	\$ 200,386	\$ 3,045,574
5									
6									
7									
8									
	Improvement Type**								
9	Various		1992	51,845		20			51,823
10	Various		1993	71,558		20			71,551
11	Various		1994	46,784		20			46,774
12	Various		1995	131,277		20			131,275
13	Various		1996	62,128		20			62,125
14	Various		1997	40,477		20	855	855	40,477
15	Various		1998	448,767		20	22,437	22,437	435,435
16	Various		1999	202,884		20	10,134	10,134	187,721
17	Various		2000	27,418		20	1,371	1,371	23,987
18	Various		2001	87,910		20	4,396	4,396	71,420
19	Various		2002	35,511		20			35,511
20	Various		2003	96,681		20	4,362	4,362	72,003
21	Various		2004	77,186		20	3,619	3,619	53,874
22	Various		2005	111,165		20	4,935	4,935	74,687
23	Various		2006	84,177		20	4,209	4,209	48,137
24	Various		2007	305,862		20	14,802	14,802	173,575
25	Various		2008	720,628		20	62,405	62,405	628,456
26	Various		2009	214,087		20	10,704	10,704	93,530
27	Various		2010	118,340		20	11,300	11,300	87,010
28	Various		2011	44,289		20	2,214	2,214	13,872
29	Various		2012	121,656		20	6,720	6,720	35,207
30	Various		2013	302,695		20	30,270	30,270	139,994
31									
32									
33									
34									
35									
36									

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		1,338,692	281,524		62,841	(218,683)	536,679	67
68		195,278	5,575		6,517	942	121,355	68
69			190,473			(190,473)		69
70		\$ 11,950,815	\$ 477,572		\$ 464,477	\$ (13,095)	\$ 6,282,054	70

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

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK

0037960

Report Period Beginning:

01/01/17

Ending:

12/31/17

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		\$ 11,950,815	\$ 477,572		\$ 464,477	\$ (13,095)	\$ 6,282,054	1
2	Handrails And Corner Guards	2014	8,326		20	416	416	1,631	2
3	Vertical Hvac Fan Coil Unit	2014	35,561		20	1,778	1,778	6,816	3
4	Handrails And Crashrails	2014	3,137		20	157	157	484	4
5	Hot Water Heater	2014	4,463		20	223	223	818	5
6	Condenser Coil On Chiller	2014	12,522		20	626	626	2,504	6
7	Caulking & Concrete Patching In West Elevation	2014	2,600		20	130	130	477	7
8	Replace Pauer Supply For Elevator Lighting	2014	4,388		20	219	219	786	8
9	Repair Elevator Hoistway Door Interlock	2014	3,039		20	152	152	469	9
10	Repair Elevator Car Door Vane / Clutch	2014	2,671		20	134	134	412	10
11	Replace Door Closers In Rooms 216, 512, 514	2014	2,985		20	149	149	535	11
12	Repair Nurse Call System	2014	3,794		20	190	190	632	12
13	Upgrade Wifi Network	2015	9,508		20	475	475	1,109	13
14	New Phone System	2015	9,926		20	496	496	1,158	14
15	Concrete Replacement At Front Entrance / Driveway	2015	5,500		20	275	275	573	15
16	Repair Boiler Pipe Leak & Replaced Leaking Relief Valves	2015	5,726		20	286	286	716	16
17	Install Circulating Pump & Repair Hot Water	2015	4,995		20	250	250	624	17
18	Replace Corroded Horizontal Water Pipe In Ceiling Of Pt Room	2015	3,798		20	190	190	411	18
19	Handrail & Crashrail Repairs	2015	3,057		20	153	153	318	19
20	Elevator Hoistway Door Repair	2015	3,258		20	163	163	475	20
21	Install Elevator Hydraulic Machine Oil Tank Heater	2015	3,113		20	156	156	441	21
22	Repair Elevator Door Track Obstruction	2015	2,837		20	142	142	378	22
23	Install Door Holder & Fire Alarm System	2015	4,993		20	250	250	707	23
24	Hvac Fan Coil Unit (3)	2016	4,735		20	947	947	1,736	24
25	Exterior Building Signage	2016	28,939		20	1,447	1,447	2,291	25
26	Hvac Pipe Insulation	2016	2,890		20	578	578	819	26
27	Elevator - Oil Cooler System	2016	21,778		20	1,089	1,089	1,724	27
28	Elevator - Oil Return System	2016	2,645		20	132	132	187	28
29	Generator Transfer Switch	2016	5,309		20	1,062	1,062	1,681	29
30	Masonry & Brick Work	2016	29,495		20	1,475	1,475	1,966	30
31	Wander Control System	2016	15,061		20	1,506	1,506	2,510	31
32	Replace Elevator Fitting	2016	5,275		20	528	528	659	32
33	Wood Bumper Rails	2016	3,018		20	302	302	327	33
34	TOTAL (lines 1 thru 33)		\$ 12,210,158	\$ 477,572		\$ 480,552	\$ 2,980	\$ 6,318,430	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12B, Carried Forward	\$ 12,210,158	\$ 477,572		\$ 480,552	\$ 2,980	\$ 6,318,430		1
2	Delayed Egress Mag Lock (4)	2016	7,139		20	714	714	1,011	2
3	Handrail Repairs & Corner Guards - Interior	2016	2,795		20	140	140	280	3
4	Purchased & Installed New Windows - Exterior	2016	4,292		20	215	215	411	4
5	Drained & Descaled Boilers; Replaced Thermometer	2016	3,374		20	169	169	267	5
6	Pipe Fitting & Fiberglass Pipe Insulation Removal, In Mds Office	2016	2,900		20	145	145	230	6
7	Supply & Install Handrail - Interior	2016	2,777		20	139	139	208	7
8	Pulled & Cleaned Towre Strainers In Basement	2016	3,106		20	155	155	246	8
9	Chiller Repair / Heat Exchanger	2016	16,490		20	825	825	1,168	9
10	Pump Repair	2016	4,082		20	204	204	255	10
11	Fuse In Elevator Replaced	2016	2,579		20	129	129	204	11
12	Adjusted Care Door - Vane/Clutch On 3Rd Floor Elevator	2016	3,287		20	164	164	260	12
13	Tuckpointed Roofing, Caulked Door Lintel Heads - North Elevator	2017	14,250		20	534	534	534	13
14	Installed New Rooftop Fencing - Rooftop	2017	4,760		20	99	99	99	14
15	Installed New Optiguard Door System - Elevator	2017	4,002		20	83	83	83	15
16	Installed New Rtu Chiller - Walk In Chiller	2017	3,628		20	181	181	181	16
17	Repaired Car Controller - Elevator #2	2017	3,225		20	161	161	161	17
18	Repaired Car Controller - 1St Floor Elevator	2017	4,008		20	200	200	200	18
19	Repaired Out Of Service Elevator - Elevator #2	2017	3,225		20	161	161	161	19
20	Repacked Fire Pump/Replaced Casing Relief Valve - Fire Pump	2017	2,595		20	130	130	130	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)	\$ 12,302,672	\$ 477,572		\$ 485,101	\$ 7,529	\$ 6,324,521		34

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 12,302,672	\$ 477,572		\$ 485,101	\$ 7,529	\$ 6,324,521	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								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	TOTAL (lines 1 thru 33)	\$ 12,302,672	\$ 477,572		\$ 485,101	\$ 7,529	\$ 6,324,521	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 12,302,672	\$ 477,572		\$ 485,101	\$ 7,529	\$ 6,324,521	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								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		\$ 12,302,672	\$ 477,572		\$ 485,101	\$ 7,529	\$ 6,324,521	34

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

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK

0037960

Report Period Beginning:

01/01/17

Ending:

12/31/17

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	Building Company		\$	\$		\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Elevator Work	2003	67,488		20	3,374	3,374	50,610	9
10	Roof Work	2005	98,265		20	4,913	4,913	63,872	10
11	HVAC Chiller	2005	52,295		20	2,615	2,615	33,992	11
12	Rooftop Cooling Tower	2006	23,800		20			23,800	12
13	A/C Chiller	2006	48,000		20			48,000	13
14	Carpet	2008	5,496		20			5,496	14
15	Camera / Video System	2008	11,319		20	566	566	5,660	15
16	Draperies and Floors	2009	34,320		20	1,716	1,716	15,444	16
17	Security Camera	2010	3,100		20	310	310	2,480	17
18	Flooring	2010	3,435		20	143	143	1,144	18
19	Step Construction Therapy	2010	9,538		20	397	397	3,176	19
20	Re-Key Door Locks	2010	6,622		20	193	193	1,544	20
21	Booster Heater	2010	3,306		20	83	83	664	21
22	Elevator Work	2010	3,670		20	184	184	1,386	22
23	Flooring	2010	3,162		20	145	145	1,160	23
24	Hot Water Heater	2010	4,929		20	205	205	1,640	24
25	Tile Flooring	2011	7,313		20	366	366	2,560	25
26	Chair Rails	2011	7,849		20	392	392	2,746	26
27	Elevator Starter	2011	5,975		20	299	299	2,092	27
28	Baseboard Heater & Repair	2011	2,556		20	128	128	895	28
29	Kitchen Pipe Replacement	2011	3,406		20	170	170	1,192	29
30	Masonry Repairs, caulking	2012	40,600		20	2,030	2,030	12,180	30
31	Cabinetry-Admin Office	2012	8,980		20	449	449	2,694	31
32	Sprinkler Coverage & Door Holders	2012	6,612		20	331	331	1,984	32
33	Replace Steps & Risers	2012	16,270		20	814	814	4,882	33
34	TOTAL (lines 1 thru 33)		\$ 478,306	\$		\$ 19,822	\$ 19,823	\$ 291,292	34

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

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK

0037960

Report Period Beginning:

01/01/17

Ending:

12/31/17

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 12F, Carried Forward		\$ 478,306	\$		\$ 19,822	\$	\$ 291,292	1
2	Bathroom Remodel 5Th Fl-Sinks, Faucets, Toilets	2012	37,551		20	1,878	1,878	11,266	2
3	Bathroom Remodel 4Th Fl-Sinks, Faucets, Toilets	2012	39,443		20	1,972	1,972	11,833	3
4	Bathroom Remodel 3Th Fl-Sinks, Faucets, Toilets	2012	39,041		20	1,952	1,952	11,712	4
5	Bathroom Remodel 2Nd Fl-Resident Baths	2012	30,760		20	1,538	1,538	9,228	5
6	Custom Cabinets	2012	75,600		20	3,780	3,780	22,680	6
7	Nursing Stations 2Nd&3Rd Fl-Cabinets, Desks, Countertops	2012	12,000		20	600	600	3,600	7
8	Nursing Stations 4Th&5Th Fl-Cabinets, Desks, Countertops	2012	12,000		20	600	600	3,600	8
9	Custom Cabinets	2012	14,000		20	700	700	4,200	9
10	Karndean Van Gogh Flooring for 2nd;4th; and 5th floor resident room	2012	227,960		20	11,398	11,398	68,388	10
11	Karndean Van Gogh Flooring for 3rd floor resident rooms; 2nd, 3rd, 4	2012	158,426		20	7,921	7,921	47,528	11
12	Bathroom Remodel 2Nd Fl	2012	9,000		20	450	450	2,700	12
13	Cabinetry-Admissions	2012	7,400		20	370	370	2,220	13
14	Cabinetry-Activity	2012	2,980		20	149	149	894	14
15	HVAC-Fan Coils; 1st & 5th floors	2012	38,784		20	1,939	1,939	11,635	15
16	Flooring-2,3	2012	60,675		20	3,034	3,034	18,203	16
17	Additional Take up of tile for the flooring work	2012	7,235		20	362	362	2,171	17
18	Hot Water Boiler	2013	12,922		20	646	646	3,230	18
19	Air Conditioning Wiring	2013	2,617		20	131	131	654	19
20	Basement Chiller Repair	2013	2,728		20	136	136	682	20
21	South Dining Room Upholstered Cornice Boards	2013	2,569		20	128	128	642	21
22	Replace Breakers on Chiller	2013	2,925		20	146	146	731	22
23	9 Exit Signs	2013	6,481		20	324	324	1,620	23
24	Handrail, Crash Rail, and Corner Guards	2015	3,964		20	198	198	594	24
25	Fire Alarm Devices, Door Closures	2015	5,528		20	276	276	828	25
26	Kitchen & Shower Valves	2015	18,105		20	905	905	2,716	26
27	Rooftop Fence & Railing	2016	6,925		20	346	346	692	27
28	Installed new battery, charger to Alarm unit - Main Entry	2017	7,321		20	366	366	366	28
29	Installed new Elevator Door - Elevator	2017	4,002		20	200	200	200	29
30	Fabricated and reinstalled new laminate upper panel - Elevator	2017	2,800		20	140	140	140	30
31	Installed new corner guards - Elevator	2017	2,553		20	128	128	128	31
32	Installed new can coil, bearings, brackets - Cafeteria HVAC	2017	6,091		20	305	305	305	32
33	Building Company Improvement Depreciation			281,524			(281,524)		33
34	TOTAL (lines 1 thru 33)		\$ 1,338,692	\$ 281,524		\$ 62,841	\$ (238,505)	\$ 536,679	34

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

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK

0037960

Report Period Beginning:

01/01/17

Ending:

12/31/17

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	Related Party		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	SIR Properties - Generations HN	1993	46,402	1,473	35	1,326	(147)	32,481	3
4	Generations HN	2009	25,627	680	39	657	(23)	5,284	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated SIR Properties	2012	2,842	124	7	142	18	712	9
10	Allocated SIR Properties	2010	2,800		20	140	140	1,027	10
11	Allocated SIR Properties	2009	2,786		20	139	139	1,226	11
12	Allocated SIR Properties	2007	275	16	20	14	(2)	151	12
13	Allocated SIR Properties	2002	184		20	9	9	143	13
14	Allocated SIR Properties	1999	5,880		20	294	294	5,439	14
15	Allocated SIR Properties	1994	442	11	20		(11)	442	15
16	Allocated SIR Properties	1993	753	4	20		(4)	752	16
17									17
18									18
19	Allocated Generations HN	1993	11,764	328	20		(328)	11,764	19
20	Allocated Generations HN	1994	37		10			37	20
21	Allocated Generations HN	1995	269		20			269	21
22	Allocated Generations HN	1997	18,077	810	20	303	(507)	18,077	22
23	Allocated Generations HN	1999	1,421		20	71	71	1,296	23
24	Allocated Generations HN	1999	12,085		20			12,085	24
25	Allocated Generations HN	2000	1,678		20	84	84	1,472	25
26	Allocated Generations HN	2007	5,392		20	270	270	2,748	26
27	Allocated Generations HN	2008	14,860	1,486	20	937	(549)	9,220	27
28	Allocated Generations HN	2009	36,924	338	20	1,846	1,508	15,221	28
29	Allocated Generations HN	2011	914	91	20	91		586	29
30	Allocated Generations HN	2012	2,923	146	20	146		812	30
31	Allocated Generations HN	2014	410	41	20	21	(20)	73	31
32	Allocated Generations HN	2016	533	27	20	27		38	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 195,278	\$ 5,575		\$ 6,517	\$ 942	\$ 121,355	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 195,278	\$ 5,575		\$ 6,517	\$ 942	\$ 121,355	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								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	TOTAL (lines 1 thru 33)	\$ 195,278	\$ 5,575		\$ 6,517	\$ 942	\$ 121,355	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	\$ 848,959	\$ 3,428	\$ 80,591	\$ 77,163	10	\$ 657,383	71
72	Current Year Purchases	8,736		436	436	10	436	72
73	Fully Depreciated Assets	2,051,117		1,606	1,606	10	2,051,117	73
74								74
75	TOTALS	\$ 2,908,812	\$ 3,428	\$ 82,634	\$ 79,206		\$ 2,708,936	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		Allocated from Generations HN	2017	\$ 3,603	\$ 315	\$ 237	\$ (78)	5	\$ 3,010	76
77										77
78										78
79										79
80	TOTALS			\$ 3,603	\$ 315	\$ 237	\$ (78)		\$ 3,010	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)	\$ 15,515,087	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 481,315	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 567,972	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 86,657	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,036,467	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.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

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: \$ 2,952 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Allocated from Generations HC</u>		\$ _____	\$ <u>5,311</u>	17
18					18
19					19
20					20
21	TOTAL		\$ _____	\$ <u>5,311</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>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	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	142,477	\$		\$	142,477	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				113,577				113,577	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				110,936				110,936	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescripts					86,985			86,985	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify):											12
13	Other (specify):						49,108	15,214			64,322	13
14	TOTAL			\$		\$	416,098	\$	102,199	\$	518,297	14

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

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/17**

(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	\$ 38,627	\$ 156,056	1
2	Cash-Patient Deposits	70,086	70,086	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,259,831	2,259,831	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	66,577	66,577	6
7	Other Prepaid Expenses	4,426	5,166	7
8	Accounts Receivable (owners or related parties)	300,000	300,000	8
9	Other(specify): <u>See Attached Schedule</u>		179,021	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,739,547	\$ 3,036,737	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		300,000	13
14	Buildings, at Historical Cost		8,124,418	14
15	Leasehold Improvements, at Historical Cost	2,666,188	2,666,188	15
16	Equipment, at Historical Cost	1,739,636	3,639,387	16
17	Accumulated Depreciation (book methods)	(2,869,717)	(8,306,384)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>		201,284	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,536,107	\$ 6,624,893	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,275,654	\$ 9,661,630	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 668,822	\$ 668,822	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	70,106	70,106	28
29	Short-Term Notes Payable	950,000	950,000	29
30	Accrued Salaries Payable	302,052	302,052	30
31	Accrued Taxes Payable (excluding real estate taxes)	21,702	21,702	31
32	Accrued Real Estate Taxes(Sch.IX-B)		327,200	32
33	Accrued Interest Payable		29,647	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	88,400	88,400	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,101,082	\$ 2,457,929	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,909,988	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 9,909,988	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,101,082	\$ 12,367,917	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,174,572	\$ (2,706,287)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,275,654	\$ 9,661,630	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,224,696	1
2	Restatements (describe):		2
3	Rounding	5	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,224,701	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(50,129)	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)	\$ (50,129)	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)	\$ 2,174,572	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK

0037960

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XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

1

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 10,796,247	1
2	Discounts and Allowances for all Levels	(1,420,524)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,375,723	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,494,432	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,494,432	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	79,004	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	5,247	19
20	Radiology and X-Ray		20
21	Other Medical Services	14,643	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 98,894	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	26,087	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 26,087	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	30,556	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 30,556	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,025,692	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,005,574	31
32	Health Care	4,053,067	32
33	General Administration	2,646,427	33
B. Capital Expense			
34	Ownership	1,314,558	34
C. Ancillary Expense			
35	Special Cost Centers	518,297	35
36	Provider Participation Fee	537,898	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,075,821	40
41	Income before Income Taxes (line 30 minus line 40)**	(50,129)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (50,129)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,505,701	44
45	Private Pay - Net Inpatient Revenue	23,550	45
46	Medicare - Net Inpatient Revenue	214,189	46
47	Other-(specify) <u>Managed Care/Insurance</u>	7,571,364	47
48	Other-(specify) <u>Hospice</u>	60,919	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,375,723	49

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete 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 GENERATIONS AT COLUMBUS PARK

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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	1,757	1,843	\$ 89,826	\$ 48.74	1
2	Assistant Director of Nursing	1,020	1,126	40,736	36.18	2
3	Registered Nurses	9,443	9,937	301,682	30.36	3
4	Licensed Practical Nurses	41,279	43,744	1,169,828	26.74	4
5	CNAs & Orderlies	87,953	93,579	1,208,474	12.91	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	9,533	10,290	190,835	18.55	8
9	Activity Director					9
10	Activity Assistants	10,137	10,793	127,190	11.78	10
11	Social Service Workers	16,462	18,077	263,855	14.60	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	24,473	26,470	330,393	12.48	15
16	Dishwashers					16
17	Maintenance Workers	5,520	5,841	84,681	14.50	17
18	Housekeepers	26,156	28,256	341,897	12.10	18
19	Laundry	10,582	11,691	135,543	11.59	19
20	Administrator	1,949	2,086	96,726	46.37	20
21	Assistant Administrator	1,869	2,086	71,514	34.28	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,629	13,576	189,885	13.99	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	7,531	8,040	233,551	29.05	31
32	Other Health Care(specify)					32
33	Other(specify)	1,492	1,492	8,004	5.36	33
34	TOTAL (lines 1 - 33)	269,785	288,927	\$ 4,884,620 *	\$ 16.91	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	\$ 44,635	01-03	35
36	Medical Director	Monthly	7,200	09-03	36
37	Medical Records Consultant	Monthly	4,800	10-03	37
38	Nurse Consultant	Monthly	64,288	10-03	38
39	Pharmacist Consultant	Monthly	13,914	10-03	39
40	Physical Therapy Consultant	234	12,879	10a-03	40
41	Occupational Therapy Consultant	223	12,907	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	160	9,447	10a-03	43
44	Activity Consultant	Monthly	5,080	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Psychiatric Consultant	Monthly	7,200	12-03	47
48	Specialized Rehab	Monthly	25,399	10a-03	48
49	TOTAL (lines 35 - 48)	617	\$ 207,749		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,351	\$ 50,002	10-03	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	311	4,663	10-03	52
53	TOTAL (lines 50 - 52)	1,662	\$ 54,665		53

Facility Name & ID Number **GENERATIONS AT COLUMBUS PARK**

0037960

Report Period Beginning: **01/01/17**

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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		
Prentice Dixon	Administrator	0	\$ 96,726	Workers' Compensation Insurance	\$ 99,419	IDPH License Fee	\$ 1,992		
Denise Jackson	Asst Administrator	0	71,512	Unemployment Compensation Insurance	91,584	Advertising: Employee Recruitment	6,476		
				FICA Taxes	369,250	Health Care Worker Background Check (Indicate # of checks performed <u>318</u>)	3,182		
				Employee Health Insurance	193,447	Patient Background Checks <u>120</u>	1,200		
				Employee Meals	35,916	Dues and Subscriptions	4,434		
				Illinois Municipal Retirement Fund (IMRF)*		ICLTC Dues	13,123		
				Union Pension Plan	39,971	Licenses	8,172		
				Employee Benefits Other	12,514	Due from Generations HN	390		
				401K Matching	4,640				
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 168,238	TOTAL (agree to Schedule V, line 22, col.8)		\$ 846,741	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 38,969
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	
Generations HN - Director of Admin Services			\$ 63,504				Out-of-State Travel	\$	
Generations HN - Ancillary Admin Charges			53,136				In-State Travel		
Generations HN - Consulting Fees			526,101				Seminar Expense	3,672	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 642,741	TOTAL		\$	Due from Generations HN	235	
C. Professional Services							Entertainment Expense ()		
Vendor/Payee	Type		Amount				(agree to Sch. V, line 24, col. 8)		
Generations HN	Director of Financial Service		\$ 46,500				TOTAL		\$ 3,907
Generations HN	Director of Marketing & Admiss		44,976						
Generations HN	Director of Regulatory Services		31,752						
Generations HN	Director of IT		13,224						
Generations HN	Bookkeeping		113,136						
Generations HN	Computer Support Charges		29,160						
See Attached	Legal Fees		22,461						
Personnel Planners	Unemployment Tax		2,632						
Plante Moran	Accounting		5,501						
Marcum, LLP	Accounting		15,010						
Amari & Locallo	Real Estate Fees		7,019						
See Supplemental Schedule			36,686						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 368,057						

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number GENERATIONS AT COLUMBUS PARK

0037960

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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. ICLTC = \$26,246
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 20,249 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. \$ 537,898
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 35,916 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? 100% ln 14
d. Have vehicle usage logs been maintained? N/A
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