

Facility Name & ID Number Generations at Elmwood Park

0040410 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	245	Skilled (SNF)	245	89,425	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	245	TOTALS	245	89,425	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	7,781	535	52,540	60,856	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	7,781	535	52,540	60,856	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.05%

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 4/1/1993

J. Was the facility purchased or leased after January 1, 1978?
YES Date 4/1/1993 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 245 and days of care provided 5,276

Medicare Intermediary CGS Administrators

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/17 Fiscal Year: 12/31/17

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

Facility Name & ID Number Generations at Elmwood Park # 0040410 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	403,754	43,362	66,648	513,764		513,764	(21,805)	491,959		1
2	Food Purchase		348,125		348,125	(46,691)	301,434	(31)	301,403		2
3	Housekeeping	381,832	83,162		464,994		464,994	(7,086)	457,908		3
4	Laundry	117,479	40,211		157,690		157,690	(53)	157,637		4
5	Heat and Other Utilities			281,807	281,807		281,807	(20,540)	261,267		5
6	Maintenance	88,028	49,375	243,390	380,793		380,793	(16,217)	364,576		6
7	Other (specify):*							11,785	11,785		7
8	TOTAL General Services	991,093	564,235	591,845	2,147,173	(46,691)	2,100,482	(53,947)	2,046,535		8
	B. Health Care and Programs										
9	Medical Director			95,400	95,400		95,400	7,191	102,591		9
10	Nursing and Medical Records	4,728,701	867,149	95,451	5,691,301		5,691,301	(131,746)	5,559,555		10
10a	Therapy	322,392	168,861	50,099	541,352		541,352	(25,465)	515,887		10a
11	Activities	111,599	2,096	2,501	116,196		116,196		116,196		11
12	Social Services	203,751		3,296	207,047		207,047		207,047		12
13	CNA Training										13
14	Program Transportation			33,715	33,715		33,715		33,715		14
15	Other (specify):*							10,358	10,358		15
16	TOTAL Health Care and Programs	5,366,443	1,038,106	280,462	6,685,011		6,685,011	(139,661)	6,545,350		16
	C. General Administration										
17	Administrative	210,764		928,136	1,138,900		1,138,900	(773,767)	365,134		17
18	Directors Fees										18
19	Professional Services			487,330	487,330	(45,961)	441,369	(322,760)	118,610		19
20	Dues, Fees, Subscriptions & Promotions			91,708	91,708		91,708	(45,975)	45,733		20
21	Clerical & General Office Expenses	367,426	39,834	181,605	588,865		588,865	24,137	613,002		21
22	Employee Benefits & Payroll Taxes			1,249,329	1,249,329	46,691	1,296,020	(329)	1,295,691		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,838	5,838		5,838	201	6,039		24
25	Other Admin. Staff Transportation			716	716		716	12,291	13,007		25
26	Insurance-Prop.Liab.Malpractice			333,518	333,518		333,518	11,258	344,776		26
27	Other (specify):*							46,715	46,715		27
28	TOTAL General Administration	578,190	39,834	3,278,180	3,896,204	730	3,896,934	(1,048,228)	2,848,706		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,935,726	1,642,175	4,150,487	12,728,388	(45,961)	12,682,427	(1,241,837)	11,440,591		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 Elmwood Park

#0040410

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			126,875	126,875		126,875	660,315	787,190			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			133,563	133,563		133,563	479,608	613,171			32
33	Real Estate Taxes					45,961	45,961	751,444	797,405			33
34	Rent-Facility & Grounds			1,989,000	1,989,000		1,989,000	(1,989,000)				34
35	Rent-Equipment & Vehicles			4,983	4,983		4,983	5,543	10,526			35
36	Other (specify):*							102,915	102,915			36
37	TOTAL Ownership			2,254,421	2,254,421	45,961	2,300,382	10,825	2,311,207			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	965,641	713,350	1,011,147	2,690,138		2,690,138	(34,057)	2,656,081			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			464,346	464,346		464,346		464,346			42
43	Other (specify):*			3,900	3,900		3,900	(3,900)				43
44	TOTAL Special Cost Centers	965,641	713,350	1,479,393	3,158,384		3,158,384	(37,957)	3,120,427			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,901,367	2,355,525	7,884,301	18,141,193		18,141,193	(1,268,968)	16,872,225			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	(22,798)	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	190,855	30		9
10	Interest and Other Investment Income	(28,282)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(31)	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	(2,250)	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	(92,513)	21		24
25	Fund Raising, Advertising and Promotional	(28,848)	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	(179,562)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (163,429)		\$	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)	(1,105,539)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,105,539)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,268,968)		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 Elmwood Park

ID# 0040410

Report Period Beginning: 01/01/17

Ending: 12/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Purchased Services - VA	\$ (66,069)	10	1
2	Bank Fees	(7,165)	21	2
3	Theft & Damage Loss	(500)	21	3
4	Legal Fees-Collections	(12,268)	19	4
5	Jury Duty	(17)	10	5
6	Non-Allowable Interest	(8,150)	32	6
7	Capitalized R&M	(7,330)	06	7
8	PAC Dues	(14,885)	20	8
9	Non-Allowable Legal Fees	(16,505)	19	9
10	Non-Allowable Fees - Chamber of Commerce	(325)	20	10
11	Non-Allowable RE Taxes	(1,344)	33	11
12	Bldg. Co. - Filing Fees	(250)	21	12
13	Bldg. Co. - Amortization	(7,896)	36	13
14	Bldg. Co. - Office Expense	(60)	21	14
15	Bldg. Co. - Professional Fees	(8,900)	19	15
16	Capitalized Building Co. R&M	(22,749)	06	16
17	2016 Medical Director	(1,250)	21	17
18	Non-Allowable Expense	(3,900)	43	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	(179,562)		49

Generations at Elmwood Park

Report Period Beginning: ID# 0040410
 Ending: 01/01/17
 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 Elmwood Park# 0040410

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				(21,256)		(549)						(21,805)	1
2	Food Purchase	(31)											(31)	2
3	Housekeeping						(7,086)						(7,086)	3
4	Laundry						(53)						(53)	4
5	Heat and Other Utilities	(22,798)			2,258								(20,540)	5
6	Maintenance	(30,079)	32,839	(20,429)	2,644		(1,192)						(16,217)	6
7	Other (specify):*			1,457	10,328								11,785	7
8	TOTAL General Services	(52,908)	32,839	(18,972)	(6,026)		(8,880)						(53,947)	8
	B. Health Care and Programs													
9	Medical Director			7,191									7,191	9
10	Nursing and Medical Records	(66,086)		(26,228)	9,421	(17,863)	(30,990)						(131,746)	10
10a	Therapy				(10,972)		(14,493)						(25,465)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			6,444	3,914								10,358	15
16	TOTAL Health Care and Programs	(66,086)		(12,593)	2,363	(17,863)	(45,482)						(139,661)	16
	C. General Administration													
17	Administrative			(898,398)	124,631								(773,767)	17
18	Directors Fees													18
19	Professional Services	(37,673)	8,900	(311,625)	17,638								(322,760)	19
20	Fees, Subscriptions & Promotions	(46,308)		333									(45,975)	20
21	Clerical & General Office Expenses	(101,738)	310	125,619	181	(207)	(28)						24,137	21
22	Employee Benefits & Payroll Taxes					(329)							(329)	22
23	Inservice Training & Education													23
24	Travel and Seminar			201									201	24
25	Other Admin. Staff Transportation			12,291									12,291	25
26	Insurance-Prop.Liab.Malpractice		8,972	2,051	235								11,258	26
27	Other (specify):*			16,016	30,699								46,715	27
28	TOTAL General Administration	(185,719)	18,182	(1,053,512)	173,384	(536)	(28)						(1,048,228)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(304,713)	51,021	(1,085,077)	169,721	(18,399)	(54,390)						(1,241,837)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Generations at Elmwood Park # 0040410 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	190,855	461,491		7,969								660,315	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(36,432)	514,382	(4,985)	6,643								479,608	32
33	Real Estate Taxes	(1,344)	742,861		9,927								751,444	33
34	Rent-Facility & Grounds		(1,989,000)										(1,989,000)	34
35	Rent-Equipment & Vehicles			5,543									5,543	35
36	Other (specify):*	(7,896)	110,811										102,915	36
37	TOTAL Ownership	145,183	(159,455)	558	24,539								10,825	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers					(34,057)							(34,057)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(3,900)											(3,900)	43
44	TOTAL Special Cost Centers	(3,900)				(34,057)							(37,957)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(163,429)	(108,434)	(1,084,519)	194,260	(52,457)	(54,390)						(1,268,968)	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 6-Supplemental		See 6-Supplemental		See 6-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:	
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)	
1	V	34 Rent	\$ 1,989,000	Elmwood Property, LLC	100.00%	\$	\$ (1,989,000)	1
2	V	32 Interest Income - RR	252	Elmwood Property, LLC	100.00%		(252)	2
3	V	21 Filing Fees		Elmwood Property, LLC	100.00%	250	250	3
4	V	32 Mortgage Interest		Elmwood Property, LLC	100.00%	514,634	514,634	4
5	V	36 MIP Expense		Elmwood Property, LLC	100.00%	102,916	102,916	5
6	V	21 Office Expense		Elmwood Property, LLC	100.00%	60	60	6
7	V	33 Real Estate Tax Expense		Elmwood Property, LLC	100.00%	742,861	742,861	7
8	V	06 Repairs		Elmwood Property, LLC	100.00%	32,839	32,839	8
9	V	36 Loan Fees - Amortization		Elmwood Property, LLC	100.00%	7,896	7,896	9
10	V	30 Depreciation		Elmwood Property, LLC	100.00%	461,491	461,491	10
11	V	19 Professional Fees		Elmwood Property, LLC	100.00%	8,900	8,900	11
12	V	26 Property Insurance		Elmwood Property, LLC	100.00%	8,972	8,972	12
13	V							13
14	Total		\$ 1,989,252			\$ 1,880,818	\$ * (108,434)	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.	\$ 36,012	GENERATIONS HC NETWORK, LLC	100.00%	\$ 15,583	\$ (20,429)
16	V	7 EMP. BEN.-GEN. SERV.		GENERATIONS HC NETWORK, LLC	100.00%	1,457	1,457
17	V	9 MEDICAL DIRECTOR CONSULTS		GENERATIONS HC NETWORK, LLC	100.00%	7,191	7,191
18	V	10 NURSING	77,916	GENERATIONS HC NETWORK, LLC	100.00%	51,688	(26,228)
19	V	15 EMP. BEN.-H.C.		GENERATIONS HC NETWORK, LLC	100.00%	6,444	6,444
20	V	17 ADMINISTRATIVE	928,136	GENERATIONS HC NETWORK, LLC	100.00%	29,738	(898,398)
21	V	19 PROFESSIONAL FEES	313,502	GENERATIONS HC NETWORK, LLC	100.00%	1,877	(311,625)
22	V	20 FEES,SUBSCRIPTIONS		GENERATIONS HC NETWORK, LLC	100.00%	333	333
23	V	21 CLERICAL & GENERAL	36,012	GENERATIONS HC NETWORK, LLC	100.00%	161,631	125,619
24	V	24 EDUCATION & SEMINAR		GENERATIONS HC NETWORK, LLC	100.00%	201	201
25	V	25 OTHER ADMIN. STAFF TRANS.		GENERATIONS HC NETWORK, LLC	100.00%	12,291	12,291
26	V	26 INSURANCE		GENERATIONS HC NETWORK, LLC	100.00%	2,051	2,051
27	V	27 EMP. BEN.-GEN. ADMIN.		GENERATIONS HC NETWORK, LLC	100.00%	16,016	16,016
28	V	32 INTEREST		GENERATIONS HC NETWORK, LLC	100.00%	(4,985)	(4,985)
29	V	35 AUTO RENTAL		GENERATIONS HC NETWORK, LLC	100.00%	4,545	4,545
30	V	35 EQUIPMENT RENTAL		GENERATIONS HC NETWORK, LLC	100.00%	998	998
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,391,578			\$ 307,059	\$ * (1,084,519)

* 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 SALARIES	\$ 29,988	GENERATIONS HC NETWORK, LLC	100.00%	\$ 8,732	\$ (21,256)
16	V	7 EMP. BEN.-DIETARY		GENERATIONS HC NETWORK, LLC	100.00%	1,513	1,513
17	V	10 NURSING SALARIES		GENERATIONS HC NETWORK, LLC	100.00%	9,421	9,421
18	V	15 EMP. BEN.-NURSING		GENERATIONS HC NETWORK, LLC	100.00%	1,626	1,626
19	V	17 ADMIN./LEGAL SALARIES		GENERATIONS HC NETWORK, LLC	100.00%	124,631	124,631
20	V	19 FIN. CONSULT./REGL. DIR.		GENERATIONS HC NETWORK, LLC	100.00%	17,538	17,538
21	V	27 EMP. BEN.-ADMINISTRATIVE		GENERATIONS HC NETWORK, LLC	100.00%	30,699	30,699
22	V						
23	V						
24	V	10A DIRECTOR OF SPECIAL REHAB	24,108	GENERATIONS HC NETWORK, LLC	100.00%	13,136	(10,972)
25	V	15 EMPLOYEE BENEFITS		GENERATIONS HC NETWORK, LLC	100.00%	2,288	2,288
26	V						
27	V	6 MAINTENANCE SALARIES	47,304	GENERATIONS HC NETWORK, LLC	100.00%	48,534	1,230
28	V	7 EMPLOYEE BENEFITS		GENERATIONS HC NETWORK, LLC	100.00%	8,815	8,815
29	V						
30	V	5 UTILITIES		GENERATIONS HC NETWORK, LLC	100.00%	2,258	2,258
31	V	6 REPAIRS AND MAINT.		GENERATIONS HC NETWORK, LLC	100.00%	1,414	1,414
32	V	19 PROFESSIONAL FEES		GENERATIONS HC NETWORK, LLC	100.00%	100	100
33	V	21 CLERICAL & GENERAL		GENERATIONS HC NETWORK, LLC	100.00%	181	181
34	V	26 INSURANCE		GENERATIONS HC NETWORK, LLC	100.00%	235	235
35	V	30 DEPRECIATION		GENERATIONS HC NETWORK, LLC	100.00%	7,969	7,969
36	V	32 INTEREST		GENERATIONS HC NETWORK, LLC	100.00%	6,643	6,643
37	V	33 REAL ESTATE TAXES		GENERATIONS HC NETWORK, LLC	100.00%	9,927	9,927
38	V						
39	Total		\$ 101,400			\$ 295,660	\$ * 194,260

* 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	216,257	MAC Rx, LLC	100.00%	198,394	(17,863)	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	2,509	MAC Rx, LLC	100.00%	2,302	(207)	19
20	V	22 Employee Benefits	3,984	MAC Rx, LLC	100.00%	3,655	(329)	20
21	V	39 Ancillary	412,313	MAC Rx, LLC	100.00%	378,256	(34,057)	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		\$ 635,065			\$ 582,608	\$ * (52,457)	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	\$ 6,336	Big Ten Supply, LLC	100.00%	\$ 5,786	\$ (549)
16	V	3 Housekeeping	81,748	Big Ten Supply, LLC	100.00%	74,662	(7,086)
17	V	4 Laundry	607	Big Ten Supply, LLC	100.00%	554	(53)
18	V	6 Repairs & Maintenance	13,750	Big Ten Supply, LLC	100.00%	12,558	(1,192)
19	V	10 Nursing And Medical Records	357,506	Big Ten Supply, LLC	100.00%	326,517	(30,990)
20	V	10A Therapy	167,191	Big Ten Supply, LLC	100.00%	152,699	(14,493)
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		\$ 627,462			\$ 573,072	\$ * (54,390)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							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.

Facility Name & ID Number

Generations at Elmwood Park

0040410

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	Elka Abramchik	Relative	Clerical		See Attached	2.81	8.78%	Alloc. Salary	\$ 3,996	21-7	1	
2	Joseph Abramchik	Relative	Administrative		See Attached	3.51	8.78%	Alloc. Salary	17,538	17-7	2	
3	Bryan Barrish	Relative	Administrative		See Attached	3.07	7.68%	Alloc. Salary	17,538	17-7	3	
4	Sarah Barrish	Relative	Administrative		See Attached	4.38	8.76%	Alloc. Salary	10,942	17-7	4	
5	Louise Bergthold	Shareholder	Administrative	4.94%	See Attached	5.26	8.77%	Alloc. Salary	17,538	17-7	5	
6	Thomas Bergthold	Relative	Clerical		See Attached	3.51	8.78%	Alloc. Salary	3,656	21-7	6	
7	Clark Collins	Relative	Administrative		See Attached	10.87	27.18%	Alloc. Salary	13,591	Var.	7	
8	Mike Giannini	Relative	Administrative		See Attached	3.07	7.68%	Alloc. Salary	14,907	17-7	8	
9	Nenita Guzman	Relative	Dietary		See Attached	4.38	8.76%	Alloc. Salary	8,732	1-7	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	\$ 108,438		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 Elmwood Park

0040410

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 Elmwood Park

0040410

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	60,856	\$ 15,583	1
2	7	EMP. BEN.-GEN. SERV.	PATIENT DAYS	693,985	14	16,617		60,856	1,457	2
3	9	MEDICAL DIRECTOR CONSUM	PATIENT DAYS	693,985	14	82,000		60,856	7,191	3
4	10	NURSING	PATIENT DAYS	693,985	14	589,441	589,441	60,856	51,688	4
5	15	EMP. BEN.-H.C.	PATIENT DAYS	693,985	14	73,484		60,856	6,444	5
6	17	ADMINISTRATIVE	PATIENT DAYS	693,985	14	339,126	339,126	60,856	29,738	6
7	19	PROFESSIONAL FEES	PATIENT DAYS	693,985	14	21,409		60,856	1,877	7
8	20	FEES,SUBSCRIPTIONS	PATIENT DAYS	693,985	14	3,801		60,856	333	8
9	21	CLERICAL & GENERAL	PATIENT DAYS	693,985	14	1,843,191	1,656,700	60,856	161,631	9
10	24	EDUCATION & SEMINAR	PATIENT DAYS	693,985	14	2,295		60,856	201	10
11	25	OTHER ADMIN. STAFF TRANS	PATIENT DAYS	693,985	14	140,164		60,856	12,291	11
12	26	INSURANCE	PATIENT DAYS	693,985	14	23,394		60,856	2,051	12
13	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	693,985	14	182,645		60,856	16,016	13
14	32	INTEREST	PATIENT DAYS	693,985	14	(56,845)		60,856	(4,985)	14
15	35	AUTO RENTAL	PATIENT DAYS	693,985	14	51,827		60,856	4,545	15
16	35	EQUIPMENT RENTAL	PATIENT DAYS	693,985	14	11,377		60,856	998	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		\$ 307,059	25

Facility Name & ID Number Generations at Elmwood Park

0040410

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	60,856	\$ 8,732	1
2	7	EMP. BEN.-DIETARY	PATIENT DAYS	693,985	14	17,250		60,856	1,513	2
3	10	NURSING SALARIES	PATIENT DAYS	693,985	14	107,435	107,435	60,856	9,421	3
4	15	EMP. BEN.-NURSING	PATIENT DAYS	693,985	14	18,544		60,856	1,626	4
5	17	ADMIN./LEGAL SALARIES	PATIENT DAYS	693,985	14	1,421,258	1,421,258	60,856	124,631	5
6	19	FIN. CONSULT./REGL. DIR.	PATIENT DAYS	693,985	14	200,000		60,856	17,538	6
7	27	EMP. BEN.-ADMINISTRATIVE	PATIENT DAYS	693,985	14	350,079		60,856	30,699	7
8										8
9										9
10	10A	DIRECTOR OF SPECIAL REHA	SPECIAL REHAB INC.	329,142	13	179,343	179,343	24,108	13,136	10
11	15	EMPLOYEE BENEFITS	SPECIAL REHAB INC.	329,142	13	31,236		24,108	2,288	11
12										12
13	6	MAINTENANCE SALARIES	MAINTENANCE INC.	366,497	14	376,026	376,026	47,304	48,534	13
14	7	EMPLOYEE BENEFITS	MAINTENANCE INC.	366,497	14	68,296		47,304	8,815	14
15										15
16	5	UTILITIES	ALLOCATED SQ FT	12,877	14	25,758		1,129	2,258	16
17	6	REPAIRS AND MAINT.	ALLOCATED SQ FT	12,877	14	16,130		1,129	1,414	17
18	19	PROFESSIONAL FEES	ALLOCATED SQ FT	12,877	14	1,139		1,129	100	18
19	21	CLERICAL & GENERAL	ALLOCATED SQ FT	12,877	14	2,063		1,129	181	19
20	26	INSURANCE	ALLOCATED SQ FT	12,877	14	2,682		1,129	235	20
21	30	DEPRECIATION	ALLOCATED SQ FT	12,877	14	90,892		1,129	7,969	21
22	32	INTEREST	ALLOCATED SQ FT	12,877	14	75,767		1,129	6,643	22
23	33	REAL ESTATE TAXES	ALLOCATED SQ FT	12,877	14	113,223		1,129	9,927	23
24										24
25	TOTALS					\$ 3,196,700	\$ 2,183,641		\$ 295,660	25

Facility Name & ID Number Generations at Elmwood Park

0040410

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 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

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					198,394	2
3	10A	Therapy	Direct Allocation						3
4	19	Professional Services	Direct Allocation						4
5	21	Clerical & General Office Expense	Direct Allocation					2,302	5
6	22	Employee Benefits	Direct Allocation					3,655	6
7	39	Ancillary	Direct Allocation					378,256	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				\$	\$		\$ 582,608	25

Facility Name & ID Number Generations at Elmwood Park

0040410

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 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

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		\$	\$		5,786	1
2	3	Housekeeping	Direct Allocation					74,662	2
3	4	Laundry	Direct Allocation					554	3
4	6	Repairs & Maintenance	Direct Allocation					12,558	4
5	10	Nursing And Medical Records	Direct Allocation					326,517	5
6	10A	Therapy	Direct Allocation					152,699	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				\$	\$		573,072	25

Facility Name & ID Number Generations at Elmwood Park

0040410

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 Elmwood Park

0040410

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 Elmwood Park

0040410

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 Elmwood Park

0040410 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 Elmwood Park

0040410

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 Elmwood Park

0040410

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	First Merit Bank		X	Mortgage			\$	\$ 15,690,328		\$ 514,634	1									
2											2									
3											3									
4											4									
5											5									
Working Capital																				
6	Wintrust		X	Line of Credit				2,300,000		125,413	6									
7											7									
8											8									
9	TOTAL Facility Related						\$	\$ 17,990,328		\$ 640,047	9									
B. Non-Facility Related*																				
10	Interest Income		X							(26,782)	10									
11	Interest Income	X								(1,500)	11									
12	Interest Income-Bldg. Co.		X							(252)	12									
13	See Supplemental Schedule									1,658	13									
14	TOTAL Non-Facility Related						\$	\$		\$ (26,876)	14									
15	TOTALS (line 9+line14)						\$	\$ 17,990,328		\$ 613,170	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 102,916 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.		\$	592,341	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.)		\$	660,585	2
3. Under or (over) accrual (line 2 minus line 1).		\$	68,244	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	683,200	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.)		\$	45,961	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>122,075</u> For <u>05,12,13</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.		\$	797,405	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2012	461,637	8
	2013	534,958	9
	2014	548,348	10
	2015	562,831	11
	2016	650,658	12

2017 Accrual= \$650,658 X 1.05= \$683,200 (Rounded)

Beginning Accrual Adjusted

Allocated from Generations Healthcare Network: \$9,927

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:

- Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.**
- 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 Elmwood Park

0040410 Report Period Beginning:

01/01/17 Ending:

12/31/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 46,565 B. General Construction Type: Exterior Brick Frame Number of Stories 4

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. Rows include Facility (1993, \$624,991), another Facility (1998, \$100,000), and a TOTALS row (\$724,991).

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	245		1975	\$ 10,419,509	\$ 461,491	35	\$ 297,700	\$ (163,791)	\$ 6,952,549	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various		1993	129,203		20			129,189	9
10	Various		1994	49,738		20			49,732	10
11	Various		1995	167,102		20			167,099	11
12	Various		1996	136,090		20			136,082	12
13	Various		1997	16,180		20	363	363	16,176	13
14	Various		1998	158,155		20	6,538	6,538	154,152	14
15	Various		1999	121,088		20	6,054	6,054	112,202	15
16	Various		2000	67,583		20	3,379	3,379	59,006	16
17	Various		2001	107,654		20	5,383	5,383	89,340	17
18	Various		2002	113,214		20	203	203	113,214	18
19	Various		2003	145,109		20	6,702	6,702	108,286	19
20	Various		2004	124,757		20	6,521	6,521	84,507	20
21	Various		2005	84,119		20	3,706	3,706	57,578	21
22	Various		2006	127,687		20	5,851	5,851	77,024	22
23	Various		2007	117,180		20	5,458	5,458	70,510	23
24	Various		2008	56,513		20	2,826	2,826	26,985	24
25	Various		2009	123,292		20	7,159	7,159	60,726	25
26	Various		2010	254,770		20	12,739	12,739	97,518	26
27	Various		2011	11,899		20	1,046	1,046	7,211	27
28	Various		2012	49,934		20	2,497	2,497	13,969	28
29	Various		2013	25,583		20	1,279	1,279	5,883	29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	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		3,417,556			170,878	170,878	1,425,022	67
68		170,392	4,767		5,575	808	107,167	68
69			126,875			(126,875)		69
70		\$ 16,194,307	\$ 593,133		\$ 551,857	\$ (41,276)	\$ 10,121,129	70

**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 12A, Carried Forward		\$ 16,194,307	\$ 593,133		\$ 551,857	\$ (41,276)	\$ 10,121,129	1
2	Nurse Call System - 1St Floor	2014	8,999		20	450	450	1,725	2
3	Doors And Installation	2014	10,188		20	509	509	1,825	3
4	Dietary Cabinets	2014	2,700		20	135	135	484	4
5	Doors (32)	2014	9,436		20	472	472	1,651	5
6	Replace Sumb & Balance Tray Strainers On Bac Cooling Tower	2014	3,321		20	166	166	609	6
7	Alley Ramp Repairs	2014	3,000		20	150	150	538	7
8	Replace Bearings On Bac Tower	2014	4,579		20	229	229	782	8
9	Circuit Breaker In Control Room	2014	2,500		20	125	125	385	9
10	Metal Door & Frame	2015	2,690		20	269	269	717	10
11	Grade Parking Lot	2015	6,200		20	310	310	853	11
12	New Carpet - Admissions Office	2015	4,933		20	247	247	514	12
13	Misc Handrail Repairs	2015	3,397		20	170	170	354	13
14	Repair Walk-In Freezer	2015	2,696		20	135	135	303	14
15	Fire Alarm Jockey Pump & Valve	2015	2,596		20	130	130	270	15
16	Hilo Bronze Mixing Valve	2016			20				16
17	Hilo Bronze Mixing Valve	2016	2,754		20	138	138	264	17
18	Steel Door (2)	2016			20				18
19	Steel Door (2) - Kitchen	2016	6,398		20	320	320	400	19
20	Replaced Gas Valves	2016	2,507		20	125	125	136	20
21	Replaced Flame Safe Guard Controller	2016	2,574		20	129	129	139	21
22	Replaced Sink Line	2017	9,925		20	41	41	41	22
23	Trane Chiller Repair	2017	4,823		20	241	241	241	23
24	Trane Chiller Repair	2017	2,507		20	125	125	125	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)		\$ 16,293,030	\$ 593,133		\$ 556,473	\$ (36,660)	\$ 10,133,486	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		\$ 16,293,030	\$ 593,133		\$ 556,473	\$ (36,660)	\$ 10,133,486	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		\$ 16,293,030	\$ 593,133		\$ 556,473	\$ (36,660)	\$ 10,133,486	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		\$ 16,293,030	\$ 593,133		\$ 556,473	\$ (36,660)	\$ 10,133,486	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)	\$ 16,293,030	\$ 593,133		\$ 556,473	\$ (36,660)	\$ 10,133,486	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		\$ 16,293,030	\$ 593,133		\$ 556,473	\$ (36,660)	\$ 10,133,486	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		\$ 16,293,030	\$ 593,133		\$ 556,473	\$ (36,660)	\$ 10,133,486	34

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

Facility Name & ID Number Generations at Elmwood Park

0040410

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	HVAC Project	2008	1,560,000		20	78,000	78,000	780,000	9
10	Painting	2008	130,000		20	6,500	6,500	65,000	10
11	Elevator Cab	2008	43,612		20	2,181	2,181	21,806	11
12	Hand Rails	2008	15,105		20	755	755	7,553	12
13	Nurse Station	2008	112,920		20	5,646	5,646	56,460	13
14	Side Entry Hub	2008	8,245		20	412	412	4,123	14
15	Nurses Stations	2009	37,640		20	1,882	1,882	16,938	15
16	Window Treatment	2009	6,775		20	339	339	3,049	16
17	1st Floor Tile	2009	126,810		20	6,341	6,341	57,065	17
18	Resident Bathroom/Dayroom - Ceiling, Fixtures, Tiles, Paint	2009	202,085		20	10,104	10,104	90,939	18
19	Wiring	2009	10,034		20	502	502	4,515	19
20	Windows	2009	3,200		20	160	160	1,440	20
21	Lower Level Mall-Ceiling, Plumbing, Doors, Paint	2009	201,263		20	10,063	10,063	90,568	21
22	Painting	2009	15,000		20	750	750	6,750	22
23	Lower Level Mall-Drawings for Construction Permit	2009	9,000		20	450	450	4,050	23
24	2nd Floor Work	2009	23,400		20	1,170	1,170	10,530	24
25	2nd Floor Ceiling	2009	16,070		20	804	804	7,232	25
26	Sprinkler System Renovation	2009	11,017		20	551	551	4,958	26
27	Chair rail in dining Room	2009	11,312		20	566	566	5,090	27
28	Handrails - Floors 2,3,4	2009	44,652		20	2,233	2,233	20,093	28
29	Wallbase - Floors 2,3,4	2009	15,324		20	766	766	6,895	29
30	Tuckpointing	2011	61,030		20	3,052	3,052	21,361	30
31	Generator Project	2011	56,363		20	2,818	2,818	19,727	31
32	Replace, Resurface, & Restripe Asphalt Pavement	2013	13,500		20	675	675	3,375	32
33	Smoke Detectors	2013	3,229		20	161	161	807	33
34	TOTAL (lines 1 thru 33)		\$ 2,737,586	\$		\$ 136,879	\$ 136,879	\$ 1,310,324	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 12F, Carried Forward		\$ 2,737,586	\$		\$ 136,879	\$	\$ 1,310,324	1
2	3rd Floor Tile Flooring	2014	143,845		20	7,192	7,192	28,770	2
3	2nd Floor Tile Flooring	2014	140,927		20	7,046	7,046	28,186	3
4	Lintel Replacement	2014	66,530		20	3,327	3,327	13,306	4
5	Elevator Grab-Bar & Signage	2015	3,063		20	153	153	459	5
6	Windows - Entire Facility	2015	124,906		20	6,245	6,245	18,736	6
7	Flooring - 4th Floor	2015	140,928		20	7,046	7,046	21,139	7
8	Installed electrical wiring from basement/1st FL/Resident Rooms	2016	4,500		20	225	225	450	8
9	Exterior Signage	2016	8,757		20	438	438	876	9
10	Walk-in Freezer-work	2016	6,285		20	314	314	629	10
11	Fan coil	2016	2,750		20	138	138	276	11
12	Refurbish Elevator Door	2017	6,516		20	326	326	326	12
13	Install new Lintel- 4th Floor	2017	3,980		20	199	199	199	13
14	Gravel new parking lot	2017	6,138		20	307	307	307	14
15	Access Alert Hoistway	2017	3,600		20	180	180	180	15
16	Flooring in Dining Room	2017	11,945		20	597	597	597	16
17	Privacy Curtains (20)	2017	2,599		20	130	130	130	17
18	Concrete Work	2017	2,700		20	135	135	135	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)		\$ 3,417,556	\$		\$ 170,878	\$ 33,998	\$ 1,425,022	34

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

Facility Name & ID Number Generations at Elmwood Park

0040410

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	Allocated from Generations Healthcare Network, LLC	2009	21,919	581	39	562	(19)	4,520	3
4	Allocated from S.I.R. Properties/GHN	1993	39,688	1,260	35	1,134	(126)	27,781	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from Generations Healthcare Network, LLC	1993	10,062	280	20		(280)	10,062	9
10	Allocated from Generations Healthcare Network, LLC	1994	31		20			31	10
11	Allocated from Generations Healthcare Network, LLC	1995	230		20			230	11
12	Allocated from Generations Healthcare Network, LLC	1997	15,461	692	20	259	(433)	15,461	12
13	Allocated from Generations Healthcare Network, LLC	1999	1,216		20	61	61	1,109	13
14	Allocated from Generations Healthcare Network, LLC	1999	13,707		20			13,707	14
15	Allocated from Generations Healthcare Network, LLC	2000	1,435		20	72	72	1,259	15
16	Allocated from Generations Healthcare Network, LLC	2007	4,612		20	231	231	2,351	16
17	Allocated from Generations Healthcare Network, LLC	2008	12,710	1,271	20	801	(470)	7,886	17
18	Allocated from Generations Healthcare Network, LLC	2009	31,581	289	20	1,579	1,290	13,019	18
19	Allocated from Generations Healthcare Network, LLC	2011	781	78	20	78		501	19
20	Allocated from Generations Healthcare Network, LLC	2012	2,500	125	20	125		695	20
21	Allocated from Generations Healthcare Network, LLC	2014	351	35	20	18	(17)	63	21
22	Allocated from Generations Healthcare Network, LLC	2016	456	23	20	23		32	22
23									23
24	Allocated from S.I.R. Properties/GHN	2012	2,431	106	20	122	16	609	24
25	Allocated from S.I.R. Properties/GHN	2010	2,395		20	120	120	878	25
26	Allocated from S.I.R. Properties/GHN	2009	2,383		20	119	119	1,048	26
27	Allocated from S.I.R. Properties/GHN	2007	235	14	20	12	(2)	129	27
28	Allocated from S.I.R. Properties/GHN	2002	157		20	8	8	122	28
29	Allocated from S.I.R. Properties/GHN	1999	5,029		20	251	251	4,652	29
30	Allocated from S.I.R. Properties/GHN	1994	378	10	20		(10)	378	30
31	Allocated from S.I.R. Properties/GHN	1993	644	3	20		(3)	644	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 170,392	\$ 4,767		\$ 5,575	\$ 808	\$ 107,167	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		\$ 170,392	\$ 4,767		\$ 5,575	\$ 808	\$ 107,167	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)	\$ 170,392	\$ 4,767		\$ 5,575	\$ 808	\$ 107,167	34

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

Facility Name & ID Number Generations at Elmwood Park

0040410

Report Period Beginning:

01/01/17

Ending:

12/31/17

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	\$ 2,496,433	\$ 2,932	\$ 226,100	\$ 223,168	10	\$ 1,729,216	71
72	Current Year Purchases	41,098		3,039	3,039	10	3,039	72
73	Fully Depreciated Assets	816,737		1,374	1,374	10	816,737	73
74								74
75	TOTALS	\$ 3,354,267	\$ 2,932	\$ 230,513	\$ 227,581		\$ 2,548,992	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 Heal	1900	\$ 3,082	\$ 269	\$ 203	\$ (66)	5	\$ 2,574	76
77										77
78										78
79										79
80	TOTALS			\$ 3,082	\$ 269	\$ 203	\$ (66)		\$ 2,574	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)	\$ 20,375,370	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 596,334	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 787,189	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 190,855	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 12,685,052	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number

Generations at Elmwood Park

0040410

Report Period Beginning:

01/01/17

Ending:

12/31/17

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.

YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

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

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

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

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

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: \$ 5,981

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 Healthcare Network</u>		\$ _____	\$ <u>4,545</u>	17
18					18
19					19
20					20
21	TOTAL		\$ _____	\$ <u>4,545</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					\$ 242,752							\$ 242,752	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					175,091							175,091	2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	39 - 03	hrs					313,379							313,379	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 prescrpts							412,314					412,314	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify):															12
13	Other (specify): <u>See Supplemental</u>				965,641			279,925		301,036					1,546,602	13
14	TOTAL				\$ 965,641			\$ 1,011,147		\$ 713,350					\$ 2,690,138	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	\$ 33,131	\$ 84,528	1
2	Cash-Patient Deposits	54,548	54,548	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	3,971,491	3,971,491	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	107,997	151,259	6
7	Other Prepaid Expenses	494	494	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>		918,010	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,167,661	\$ 5,180,330	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		727,991	13
14	Buildings, at Historical Cost		10,419,509	14
15	Leasehold Improvements, at Historical Cost	1,116,750	4,514,111	15
16	Equipment, at Historical Cost	2,888,643	4,274,822	16
17	Accumulated Depreciation (book methods)	(2,949,665)	(11,721,304)	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>	350,000	581,272	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,405,728	\$ 8,796,401	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,573,389	\$ 13,976,731	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 949,785	\$ 1,031,742	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	54,548	54,548	28
29	Short-Term Notes Payable	2,300,000	2,623,901	29
30	Accrued Salaries Payable	533,531	533,531	30
31	Accrued Taxes Payable (excluding real estate taxes)	30,577	30,577	31
32	Accrued Real Estate Taxes(Sch.IX-B)		683,200	32
33	Accrued Interest Payable		42,495	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	493,466	493,466	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,361,907	\$ 5,493,460	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		15,366,427	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)	\$	\$ 15,366,427	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,361,907	\$ 20,859,887	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,211,482	\$ (6,883,156)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,573,389	\$ 13,976,731	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,331,102	1
2	Restatements (describe):		2
3	Rounding	(4)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,331,098	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(119,616)	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)	\$ (119,616)	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)	\$ 1,211,482	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Generations at Elmwood Park

0040410

Report Period Beginning: 01/01/17

Ending:

12/31/17

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

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 16,723,067	1
2	Discounts and Allowances for all Levels	(2,055,640)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,667,427	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,576,012	6
7	Oxygen	131,289	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,707,301	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	348,346	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	45,263	19
20	Radiology and X-Ray	17,877	20
21	Other Medical Services	84,989	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 496,475	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	28,282	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 28,282	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	122,092	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 122,092	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,021,577	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,147,173	31
32	Health Care	6,685,011	32
33	General Administration	3,896,204	33
B. Capital Expense			
34	Ownership	2,254,421	34
C. Ancillary Expense			
35	Special Cost Centers	2,694,038	35
36	Provider Participation Fee	464,346	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,141,193	40
41	Income before Income Taxes (line 30 minus line 40)**	(119,616)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (119,616)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 1,764,847	44
45	Private Pay - Net Inpatient Revenue	185,845	45
46	Medicare - Net Inpatient Revenue	976,544	46
47	Other-(specify) Managed Care & Insurance	11,346,898	47
48	Other-(specify) Veterans & Hospice	393,293	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,667,427	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 Elmwood Park

0040410

Report Period Beginning:

01/01/17

Ending:

12/31/17

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	1,869	2,168	\$ 110,206	\$ 50.83	1
2	Assistant Director of Nursing	2,101	2,190	76,060	34.73	2
3	Registered Nurses	32,557	34,721	1,173,293	33.79	3
4	Licensed Practical Nurses	50,685	54,568	1,619,781	29.68	4
5	CNAs & Orderlies	103,912	110,136	1,457,518	13.23	5
6	CNA Trainees					6
7	Licensed Therapist	36,730	39,153	965,641	24.66	7
8	Rehab/Therapy Aides	13,794	15,405	322,392	20.93	8
9	Activity Director					9
10	Activity Assistants	8,214	8,854	111,599	12.60	10
11	Social Service Workers	10,212	10,876	203,751	18.73	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	30,353	33,035	403,754	12.22	15
16	Dishwashers					16
17	Maintenance Workers	5,391	5,608	88,028	15.70	17
18	Housekeepers	29,361	32,262	381,832	11.84	18
19	Laundry	9,450	10,714	117,479	10.96	19
20	Administrator	1,909	2,086	135,676	65.04	20
21	Assistant Administrator	2,877	3,220	75,088	23.32	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	23,255	25,275	367,426	14.54	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	8,723	9,584	291,843	30.45	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	371,393	399,855	\$ 7,901,367 *	\$ 19.76	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	\$ 66,648	01-03	35
36	Medical Director	Monthly	95,400	09-03	36
37	Medical Records Consultant	Monthly	4,800	10-03	37
38	Nurse Consultant	Monthly	77,916	10-03	38
39	Pharmacist Consultant	Monthly	12,735	10-03	39
40	Physical Therapy Consultant	148	10,378	10a-03	40
41	Occupational Therapy Consultant	94	6,908	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	177	9,276	10a-03	43
44	Activity Consultant	Monthly	2,501	11-03	44
45	Social Service Consultant	Monthly	3,296	12-03	45
46	Other(specify)				46
47	Specialized Rehab	Monthly	23,537	10a-03	47
48					48
49	TOTAL (lines 35 - 48)	418	\$ 313,395		49

C. CONTRACT NURSES

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Colleen Swanson	Administrator	0	\$ 135,676	Workers' Compensation Insurance	\$ 154,307	IDPH License Fee	\$ 3,422	
Joshua Behr	Asst. Admin	0	38,788	Unemployment Compensation Insurance	67,536	Advertising: Employee Recruitment	6,476	
Barbara Dabrowski	Asst. Admin	0	36,300	FICA Taxes	588,608	Health Care Worker Background Check (Indicate # of checks performed)		
				Employee Health Insurance	365,058	Patient Background Checks	679	
				Employee Meals	46,691	Dues & Subriptions	19,534	
				Illinois Municipal Retirement Fund (IMRF)*		Licenses & Fees	9,178	
				Union Pension Plan	45,388	Allocated from Generations Healthcare Network	333	
				401k Contribution	12,450			
				Other Employee Benefits	15,653			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 210,764	TOTAL (agree to Schedule V, line 22, col.8)		\$ 1,295,691	TOTAL (agree to Sch. V, line 20, col. 8)	
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 Healthcare Network - Dir. of Administrative Services			\$ 72,036				Out-of-State Travel	\$
Generations Healthcare Network - Ancillary Administrative Charges			60,276				In-State Travel	
Generations Healthcare Network - Consulting Fees			795,824				Seminar Expense	5,838
							Allocated from Generations Healthcare Network	201
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 928,136	TOTAL		\$	Entertainment Expense	()
C. Professional Services							TOTAL (agree to Sch. V, line 24, col. 8)	
Vendor/Payee	Type		Amount				\$ 6,039	
Generations Healthcare Network	Dir. of Financial Services		\$ 51,300					
Generations Healthcare Network	Dir. of Marketing & Admissions		51,012					
Generations Healthcare Network	Dir. of Regulatory Services		36,012					
Generations Healthcare Network	Dir. of Information Technology		15,000					
Generations Healthcare Network	Dir. of Business Development		31,850					
Generations Healthcare Network	Bookkeeping Fees		128,328					
Generations Healthcare Network	Computer Support Charges		33,072					
Marcum LLP	Accounting Fees		15,925					
Plante & Moran LLC	Accounting Fees		5,501					
RSM US LLP	Accounting Fees		1,751					
Legal Fees	See attached		24,419					
See Supplemental Schedule			93,160					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 487,331					

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Generations at Elmwood Park

0040410

Report Period Beginning:

01/01/17

Ending:

12/31/17

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 = \$29,770
- (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. \$ 25,933 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. \$ 464,346
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. \$ 46,691 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? N/A
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