

		FOR BHF USE					

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0040410 Facility Name: Generations at Elmwood Park Address: 7733 West Grand Ave Elmwood Park 60707 County: Cook Telephone Number: (708) 452-9200 Fax #: (708) 452-9294 HFS ID Number: Date of Initial License for Current Owners: 4/1/1993 Type of Ownership: VOLUNTARY,NON-PROFIT Charitable Corp. Trust IRS Exemption Code X PROPRIETARY Individual Partnership Corporation X "Sub-S" Corp. Limited Liability Co. Trust Other GOVERNMENTAL State County Other In the event there are further questions about this report, please contact: Name: Steven N. Lavenda Telephone Number: (847) 282-6300 Email Address:	II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/20 to 12/31/20 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. Officer or Administrator of Provider (Signed) (Type or Print Name) (Title) Paid Preparer (Signed) * Subject to the attached Accountants' Consulting Report (Date) (Print Name Steven N. Lavenda, CPA and Title Partner) (Firm Name Marcum, LLP & Address 9 Parkway North, Suite 200 Deerfield, IL 60015) (Telephone) (847) 282-6300 Fax # (847) 282-6301 MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630
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Facility Name & ID Number Generations at Elmwood Park

0040410 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 <u>N/A</u>					
	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	<u>245</u>	Skilled (SNF)	<u>245</u>	<u>89,670</u>	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	<u>245</u>	TOTALS	<u>245</u>	<u>89,670</u>	7

B. Census-For the entire report period.						
	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>46,653</u>	<u>1,357</u>	<u>7,278</u>	<u>55,288</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>46,653</u>	<u>1,357</u>	<u>7,278</u>	<u>55,288</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 61.66%

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 04/01/1993

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 04/01/1993 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 3,217

Medicare Intermediary CGS Administrators

IV. ACCOUNTING BASIS

ACCUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Generations at Elmwood Park # 0040410 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	530,177	57,663	71,950	659,790		659,790	(29,993)	629,797			1
2	Food Purchase		332,158		332,158	(48,532)	283,626	(3,196)	280,430			2
3	Housekeeping	530,640	99,599		630,239		630,239	(9,459)	620,780			3
4	Laundry	172,163	47,755		219,918		219,918	(315)	219,603			4
5	Heat and Other Utilities			261,226	261,226		261,226	(20,572)	240,654			5
6	Maintenance	65,775	58,055	249,079	372,909		372,909	(3,255)	369,654			6
7	Other (specify):*							15,451	15,451			7
8	TOTAL General Services	1,298,755	595,230	582,255	2,476,240	(48,532)	2,427,708	(51,340)	2,376,369			8
	B. Health Care and Programs											
9	Medical Director			90,800	90,800		90,800		90,800			9
10	Nursing and Medical Records	4,671,126	1,078,262	511,048	6,260,436		6,260,436	(315,629)	5,944,807			10
10a	Therapy	300,872	92,758	42,657	436,287		436,287	(8,658)	427,629			10a
11	Activities	122,828	3,508	1,752	128,088		128,088		128,088			11
12	Social Services	237,067		1,999	239,066		239,066		239,066			12
13	CNA Training											13
14	Program Transportation			22,208	22,208		22,208	(6,500)	15,708			14
15	Other (specify):*							13,582	13,582			15
16	TOTAL Health Care and Programs	5,331,893	1,174,528	670,464	7,176,885		7,176,885	(317,205)	6,859,680			16
	C. General Administration											
17	Administrative	197,527		176,400	373,927		373,927	(14,209)	359,718			17
18	Directors Fees											18
19	Professional Services			848,059	848,059	(39,396)	808,663	(611,419)	197,244			19
20	Dues, Fees, Subscriptions & Promotions			141,899	141,899		141,899	(39,872)	102,027			20
21	Clerical & General Office Expenses	181,755	29,729	465,884	677,368		677,368	(130,931)	546,437			21
22	Employee Benefits & Payroll Taxes			1,382,439	1,382,439	48,532	1,430,971	(257)	1,430,714			22
23	Inservice Training & Education											23
24	Travel and Seminar			289	289		289	418	707			24
25	Other Admin. Staff Transportation			275	275		275	7,490	7,765			25
26	Insurance-Prop.Liab.Malpractice			326,082	326,082		326,082	13,522	339,604			26
27	Other (specify):*							56,966	56,966			27
28	TOTAL General Administration	379,282	29,729	3,341,327	3,750,338	9,135	3,759,473	(718,292)	3,041,182			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,009,930	1,799,487	4,594,046	13,403,463	(39,396)	13,364,067	(1,086,836)	12,277,231			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			96,959	96,959		96,959	678,767	775,726			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			69,434	69,434		69,434	450,785	520,219			32
33	Real Estate Taxes					39,396	39,396	861,477	900,873			33
34	Rent-Facility & Grounds			1,884,000	1,884,000		1,884,000	(1,884,000)				34
35	Rent-Equipment & Vehicles			4,382	4,382		4,382	5,473	9,855			35
36	Other (specify):*			88	88		88	96,399	96,487			36
37	TOTAL Ownership			2,054,863	2,054,863	39,396	2,094,259	208,902	2,303,161			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	694,052	405,595	1,074,860	2,174,507		2,174,507	(27,207)	2,147,300			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			459,629	459,629		459,629		459,629			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	694,052	405,595	1,534,489	2,634,136		2,634,136	(27,207)	2,606,929			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	7,703,982	2,205,082	8,183,398	18,092,462		18,092,462	(905,141)	17,187,321			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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 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	(22,426)	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	284,677	30		9
10	Interest and Other Investment Income	(33,110)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(81)	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	(1,100)	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	(331,621)	21		24
25	Fund Raising, Advertising and Promotional	(13,501)	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	(366,096)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (483,258)		\$	30

BHF USE ONLY									
48		49		50		51		52	

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

		1 Amount	2 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)	(421,882)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (421,882)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (905,140)		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 Yes	2 No	3 Amount	4 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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Sequestration Expense	\$ (12,338)	21	1
2	Purchased Services - VA	(189,834)	10	2
3	Amortization	(88)	36	3
4	Legal Fees - Collections	(10,286)	19	4
5	Bank Fees	(11,480)	21	5
6	Credit Card Fees	(575)	21	6
7	Theft & Damage Loss	(3,510)	21	7
8	Interest Expense Related	(100)	32	8
9	Non Allowable Legal Fees	(20,593)	19	9
10	Building Co. - Fees	(307)	21	10
11	Building Co. - Office Expense	(70)	21	11
12	Building Co. - Amortization	(7,896)	36	12
13	Building Co. - Professional Fees	(11,900)	19	13
14	Capitalized R&M	(15,489)	06	14
15	Prior Year Nursing Supplies	(19,144)	10	15
16	Prior Year Patient Transportation Expense	(6,500)	14	16
17	Prior Year Dues	(19,970)	20	17
18	PAC Dues	(8,575)	20	18
19	Prior Year Ancillary Expense	(6,600)	39	19
20	Playbook Startup Costs	(2,960)	19	20
21	Website	(2,011)	19	21
22	Bldg Co. - Capitalized R&M	(15,870)	06	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	(366,096)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Generations at Elmwood Park # 0040410 Report Period Beginning: 01/01/20 Ending: 12/31/20

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				(28,382)		(1,611)						(29,993)	1
2	Food Purchase	(81)		(3,115)									(3,196)	2
3	Housekeeping						(9,459)						(9,459)	3
4	Laundry						(315)						(315)	4
5	Heat and Other Utilities	(22,426)			1,854								(20,572)	5
6	Maintenance	(31,359)	36,608	(11,292)	3,642		(855)						(3,255)	6
7	Other (specify):*			1,912	13,539								15,451	7
8	TOTAL General Services	(53,866)	36,608	(12,495)	(9,347)		(12,240)						(51,340)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(208,978)		(18,359)		(18,539)	(69,753)						(315,629)	10
10a	Therapy						(8,658)						(8,658)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation	(6,500)											(6,500)	14
15	Other (specify):*			13,582									13,582	15
16	TOTAL Health Care and Programs	(215,478)		(4,777)		(18,539)	(78,411)						(317,205)	16
	C. General Administration													
17	Administrative			(153,308)	139,099								(14,209)	17
18	Directors Fees													18
19	Professional Services	(47,751)	35,940	(613,941)	14,333								(611,419)	19
20	Fees, Subscriptions & Promotions	(43,146)		3,274									(39,872)	20
21	Clerical & General Office Expenses	(359,902)	377	228,587	117	(110)							(130,931)	21
22	Employee Benefits & Payroll Taxes					(257)							(257)	22
23	Inservice Training & Education													23
24	Travel and Seminar			418									418	24
25	Other Admin. Staff Transportation			7,490									7,490	25
26	Insurance-Prop.Liab.Malpractice		11,142	2,154	226								13,522	26
27	Other (specify):*			24,714	32,252								56,966	27
28	TOTAL General Administration	(450,798)	47,459	(500,612)	186,027	(367)							(718,292)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(720,142)	84,067	(517,884)	176,680	(18,906)	(90,651)						(1,086,836)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Generations at Elmwood Park # 0040410 Report Period Beginning: 01/01/20 Ending: 12/31/20

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	284,677	389,359		4,731								678,767	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(33,210)	482,415	(1,851)	3,432								450,785	32
33	Real Estate Taxes		853,251		8,226								861,477	33
34	Rent-Facility & Grounds		(1,884,000)										(1,884,000)	34
35	Rent-Equipment & Vehicles			5,473									5,473	35
36	Other (specify):*	(7,984)	104,383										96,399	36
37	TOTAL Ownership	243,483	(54,592)	3,622	16,389								208,902	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers	(6,600)				(20,607)							(27,207)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	TOTAL Special Cost Centers	(6,600)				(20,607)							(27,207)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(483,259)	29,475	(514,262)	193,069	(39,513)	(90,651)						(905,141)	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 Page 6-Supplemental		See Page 6-Supplemental		See Page 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	\$ 1,884,000	Elmwood Property, LLC		\$	(1,884,000)	1
2	V	32	Interest	66	Elmwood Property, LLC		482,481	482,415	2
3	V	21	Fees		Elmwood Property, LLC		307	307	3
4	V	36	MIP Expense		Elmwood Property, LLC		96,487	96,487	4
5	V	21	Office Expense		Elmwood Property, LLC		70	70	5
6	V	33	Real Estate Taxes		Elmwood Property, LLC		853,251	853,251	6
7	V	06	Repairs		Elmwood Property, LLC		36,608	36,608	7
8	V	36	Amortization		Elmwood Property, LLC		7,896	7,896	8
9	V	30	Depreciation		Elmwood Property, LLC		389,359	389,359	9
10	V	19	Professional Fees		Elmwood Property, LLC		35,940	35,940	10
11	V	26	Property Insurance		Elmwood Property, LLC		11,142	11,142	11
12	V								12
13	V								13
14	Total			\$ 1,884,066			\$ 1,913,541	\$ * 29,475	14

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

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	ADAM VALES TRUST	2.88%	ALBANY CARE, INC.	EVANSTON	ELMWOOD PROPERTY, LLC	LINCOLNWOOD	BUILDING CO.	1
2	BRYAN BARRISH TRUST DTD 09/01/2004	14.25%	AUBURN VILLAGE	AUBURN, IN	GENERATIONS HEALTH NETW	LINCOLNWOOD	CONSULTING CO.	2
3	CELESTE GIANNINI TRUST DTD 3/13/00	17.75%	BRYN MAWR CARE INC.	CHICAGO	SIR PROPERTIES	LINCOLNWOOD	BUILDING CO.	3
4	DANIEL ROTHNER TRUST	2.88%	DECATUR MANOR HEALTHCARE,LLC	DECATUR	OAKTON ARMS	DES PLAINES	ASSISTED LIVING	4
5	DENNIS TOSSI	0.82%	GENERATIONS AT APPLEWOOD, LLC	MATTESON	MAC Rx LLC	DES PLAINES	PHARMACY	5
6	GALE ROTHNER	9.47%	GENERATIONS AT LINCOLN, LLC	LINCOLN	BIG TEN SUPPLY, LLC	LIBERTYVILLE	SUPPLY CO.	6
7	HARVEY SCOTT	0.82%	GENERATIONS AT NEIGHBORS, LLC	BYRON	TRANSITIONS INDIANA	HUNTLEY	HOSPICE	7
8	JEFF ORAVEC	0.41%	GENERATIONS AT OAKTON PAVILION, LLC	DES PLAINES	GENERATIONS AT RIVERVIEW		ASSISTED & INDEPENDENT	8
9	JOEY ABRAMCHIK REVOCABLE TRUST	2.06%	GENERATIONS AT PEORIA, LLC	PEORIA	SENIOR LIVING	EAST PEORIA	LIVING	9
10	JULIANA R. BARRISH TRUST DTD 1/26/93	14.25%	GENERATIONS AT REGENCY, LLC	NILES				10
11	KATHRYN VALES TRUST	2.88%	GENERATIONS AT RIVERVIEW, LLC	EAST PEORIA				11
12	KIMBERLY RICHMAN TRUST	2.88%	GENERATIONS AT ROCK ISLAND, LLC	ROCK ISLAND				12
13	LORI BARRISH	2.06%	GREENWOOD CARE, INC.	EVANSTON				13
14	LOUISE BERGTHOLD	4.94%	PRAIRIE CREEK VILLAGE, LLC	DECATUR				14
15	MELISSA ROTHNER TRUST	2.88%	VILLA CLARA POST ACUTE, LLC	DECATUR				15
16	MICHAEL R GIANNINI TRUST DTD 3/13/00	11.57%	WILSON CARE, INC.	CHICAGO				16
17	RACHEL ROTHNER TRUST	2.88%						17
18	THOMAS & STEPHANIE WINTER TRUST	1.44%						18
19	WILLIAM ROTHNER TRUST	2.88%						19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								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

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	2	Dietary Other and Rebates	\$	Generations HC Network, LLC		\$ (3,115)	\$ (3,115)	15
16	V	6	Repairs & Maintenance	26,460	Generations HC Network, LLC		15,168	(11,292)	16
17	V	7	Emp. Ben. - General Svc.		Generations HC Network, LLC		1,912	1,912	17
18	V	9	Medical Director Consults		Generations HC Network, LLC				18
19	V	10	Nursing	91,140	Generations HC Network, LLC		72,781	(18,359)	19
20	V	15	Emp. Ben. - Health Care		Generations HC Network, LLC		13,582	13,582	20
21	V	17	Administrative	176,400	Generations HC Network, LLC		23,092	(153,308)	21
22	V	19	Professional Fees	623,160	Generations HC Network, LLC		9,219	(613,941)	22
23	V	20	Fee, Subscriptions		Generations HC Network, LLC		3,274	3,274	23
24	V	21	Clerical & General	52,920	Generations HC Network, LLC		281,507	228,587	24
25	V	24	Education & Seminar		Generations HC Network, LLC		418	418	25
26	V	25	Other Admin. Staff Transportation		Generations HC Network, LLC		7,490	7,490	26
27	V	26	Insurance		Generations HC Network, LLC		2,154	2,154	27
28	V	27	Emp. Ben. - Gen. Admin.		Generations HC Network, LLC		24,714	24,714	28
29	V	32	Interest		Generations HC Network, LLC		(1,851)	(1,851)	29
30	V	35	Auto Rental		Generations HC Network, LLC		4,651	4,651	30
31	V	35	Equipment Rental		Generations HC Network, LLC		822	822	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 970,080			\$ 455,818	\$ * (514,262)	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.

☒ X

 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	\$ 35,280	Generations HC Network, LLC		\$ 6,898	\$ (28,382)	15
16	V	7	Emp. Ben. - Dietary		Generations HC Network, LLC		1,290	1,290	16
17	V	17	Admin./Legal Salaries		Generations HC Network, LLC		139,099	139,099	17
18	V	19	Fin. Consult./Regl. Dir.		Generations HC Network, LLC		13,881	13,881	18
19	V	27	Emp. Ben. - Administrative		Generations HC Network, LLC		32,252	32,252	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V	6	Maintenance Salaries	61,050	Generations HC Network, LLC		63,094	2,044	25
26	V	7	Employee Benefits		Generations HC Network, LLC		12,249	12,249	26
27	V								27
28	V	5	Utilities		Generations HC Network, LLC		1,854	1,854	28
29	V	6	Repairs & Maintenance		Generations HC Network, LLC		1,598	1,598	29
30	V	19	Professional Fees		Generations HC Network, LLC		452	452	30
31	V	21	Clerical & General		Generations HC Network, LLC		117	117	31
32	V	26	Insurance		Generations HC Network, LLC		226	226	32
33	V	30	Depreciation		Generations HC Network, LLC		4,731	4,731	33
34	V	32	Interest		Generations HC Network, LLC		3,432	3,432	34
35	V	33	Real Estate Taxes		Generations HC Network, LLC		8,226	8,226	35
36	V								36
37	V								37
38	V								38
39	Total			\$ 96,330			\$ 289,399	\$ * 193,069	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.

☒ X

 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	10	Nursing and Medical Records	\$ 198,362	MAC Rx, LLC		\$ 179,824	\$ (18,539)	15
16	V	21	Clerical & General Office Expenses	1,182	MAC Rx, LLC		1,071	(110)	16
17	V	22	Employee Benefits	2,749	MAC Rx, LLC		2,492	(257)	17
18	V	39	Ancillary	220,492	MAC Rx, LLC		199,885	(20,607)	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			\$ 422,785			\$ 383,273	\$ * (39,513)	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	\$ 16,764	Big Ten Supply, LLC		\$ 15,153	\$ (1,611)	15
16	V	3	Housekeeping	98,415	Big Ten Supply, LLC		88,956	(9,459)	16
17	V	4	Laundry	3,279	Big Ten Supply, LLC		2,964	(315)	17
18	V	6	Repairs & Maintenance	8,892	Big Ten Supply, LLC		8,038	(855)	18
19	V	10	Nursing And Medical Records	725,735	Big Ten Supply, LLC		655,982	(69,753)	19
20	V	10A	Therapy	90,079	Big Ten Supply, LLC		81,421	(8,658)	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			\$ 943,165			\$ 852,514	\$ * (90,651)	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.

YESNO

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:	
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:	
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:	
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:	
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.

Facility Name & ID Number Generations at Elmwood Park # 0040410 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Abramchick	Relative	Clerical		See Attached	2.66	6.72%	Alloc. Salary	\$ 3,836	21-7	1
2	Joey Abramchik	Relative	Administrative		See Attached	2.66	6.64%	Alloc. Salary	13,881	17-7	2
3	Bryan Barrish	Relative	Administrative		See Attached	2.33	5.81%	Alloc. Salary	16,610	17-7	3
4	Sarah Barrish	Relative	Administrative		See Attached	3.32	6.64%	Alloc. Salary	8,540	17-7	4
5	Louise Bergthold	Shareholder	Administrative	4.94%	See Attached	3.99	6.64%	Alloc. Salary	16,610	17-7	5
6	Thomas Bergthold	Relative	Clerical		See Attached	2.66	6.64%	Alloc. Salary	4,022	21-7	6
7	Clark Collins	Relative	Administrative		See Attached	8.05	20.13%	Alloc. Salary	10,712	Var.	7
8	Michael Giannini	Relative	Administrative		See Attached	2.66	5.91%	Alloc. Salary	11,995	17-7	8
9	Nenita Guzman	Relative	Dietary		See Attached	2.66	6.64%	Alloc. Salary	6,898	1-7	9
10	See Supplemental Schedule								50,207		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	\$ 143,312		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: 01/01/20 Ending: 12/31/20

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:

01/01/20Ending: 12/31/20

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		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation		
Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6		
Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6				
1	2	Dietary Other and Rebates	Patient Days	832,144	19	\$ (46,886)	\$ 55,288	\$ (3,115)	1	
2	6	Repairs & Maintenance	Patient Days	832,144	19	228,292	155,904	55,288	15,168	2
3	7	Emp. Ben. - General Svc.	Patient Days	832,144	19	28,781		55,288	1,912	3
4	9	Medical Director Consults	Patient Days	832,144	19			55,288		4
5	10	Nursing	Patient Days	832,144	19	1,095,433	1,094,370	55,288	72,781	5
6	15	Emp. Ben. - Health Care	Patient Days	832,144	19	204,429		55,288	13,582	6
7	17	Administrative	Patient Days	832,144	19	347,566	347,566	55,288	23,092	7
8	19	Professional Fees	Patient Days	832,144	19	138,762		55,288	9,219	8
9	20	Fee, Subscriptions	Patient Days	832,144	19	49,284		55,288	3,274	9
10	21	Clerical & General	Patient Days	832,144	19	4,236,976	3,850,828	55,288	281,507	10
11	24	Education & Seminar	Patient Days	832,144	19	6,287		55,288	418	11
12	25	Other Admin. Staff Transportatio	Patient Days	832,144	19	112,731		55,288	7,490	12
13	26	Insurance	Patient Days	832,144	19	32,419		55,288	2,154	13
14	27	Emp. Ben. - Gen. Admin.	Patient Days	832,144	19	371,977		55,288	24,714	14
15	32	Interest	Patient Days	832,144	19	(27,854)		55,288	(1,851)	15
16	35	Auto Rental	Patient Days	832,144	19	70,001		55,288	4,651	16
17	35	Equipment Rental	Patient Days	832,144	19	12,377		55,288	822	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 6,860,575	\$ 5,448,668		\$ 455,818	25

Facility Name & ID Number Generations at Elmwood Park# 0040410

Report Period Beginning:

01/01/20Ending: 12/31/20

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary Salaries	Patient Days	832,144	19	\$ 103,820	\$ 103,820	55,288	\$ 6,898	1
2	7	Emp. Ben. - Dietary	Patient Days	832,144	19	19,413		55,288	1,290	2
3	17	Admin./Legal Salaries	Patient Days	832,144	19	2,093,591	2,093,591	55,288	139,099	3
4	19	Fin. Consult./Regl. Dir.	Patient Days	832,144	19	208,920		55,288	13,881	4
5	27	Emp. Ben. - Administrative	Patient Days	832,144	19	485,424		55,288	32,252	5
6										6
7										7
8										8
9										9
10										10
11	6	Maintenance Salaries	Maintenance Income	702,930	17	726,469	726,469	61,050	63,094	11
12	7	Employee Benefits	Maintenance Income	702,930	17	141,032		61,050	12,249	12
13										13
14	5	Utilities	Allocated Sq. Ft.	12,879	19	27,900		856	1,854	14
15	6	Repairs & Maintenance	Allocated Sq. Ft.	12,879	19	24,049		856	1,598	15
16	19	Professional Fees	Allocated Sq. Ft.	12,879	19	6,801		856	452	16
17	21	Clerical & General	Allocated Sq. Ft.	12,879	19	1,754		856	117	17
18	26	Insurance	Allocated Sq. Ft.	12,879	19	3,403		856	226	18
19	30	Depreciation	Allocated Sq. Ft.	12,879	19	71,181		856	4,731	19
20	32	Interest	Allocated Sq. Ft.	12,879	19	51,631		856	3,432	20
21	33	Real Estate Taxes	Allocated Sq. Ft.	12,879	19	123,763		856	8,226	21
22										22
23										23
24										24
25	TOTALS					\$ 4,089,151	\$ 2,923,880		\$ 289,399	25

Facility Name & ID Number Generations at Elmwood Park # 0040410 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	10	Nursing And Medical Records	Direct Allocation			\$	\$		\$ 179,824	1
2	21	Clerical & General Office Expenses	Direct Allocation						1,071	2
3	22	Employee Benefits	Direct Allocation						2,492	3
4	39	Ancillary	Direct Allocation						199,885	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					\$	\$		\$ 383,273	25

Facility Name & ID Number Generations at Elmwood Park # 0040410 Report Period Beginning: 01/01/20 Ending: 12/31/20

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			\$	\$		15,153	1
2	3	Housekeeping	Direct Allocation						88,956	2
3	4	Laundry	Direct Allocation						2,964	3
4	6	Repairs & Maintenance	Direct Allocation						8,038	4
5	10	Nursing And Medical Records	Direct Allocation						655,982	5
6	10A	Therapy	Direct Allocation						81,421	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					\$	\$		852,514	25

Facility Name & ID Number Generations at Elmwood Park # 0040410 Report Period Beginning: 01/01/20 Ending: 12/31/20

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: 01/01/20 Ending: 12/31/20

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: 01/01/20 Ending: 12/31/20

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: 01/01/20 Ending: 12/31/20

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: 01/01/20 Ending: 12/31/20

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

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	Cambridge Realty		X	Mortgage			\$	14,686,217			\$	482,481	1	
2							\$				\$		2	
3							\$				\$		3	
4							\$				\$		4	
5							\$				\$		5	
	Working Capital													
6	Lake Forest Bank	X		Line of Credit				750,000				68,928	6	
7	Regents Capital	X		Ventilator Purchase				277,001				406	7	
8													8	
9	TOTAL Facility Related						\$	15,713,218				\$	551,815	9
	B. Non-Facility Related*													
10	Interest Income	X										(31,010)	10	
11	Interest Income- Related	X										(2,100)	11	
12	Interest Income - Bldg Co.	X										(66)	12	
13	Alloc from Generations HC Net												1581	13
14	TOTAL Non-Facility Related						\$					\$	(31,595)	14
15	TOTALS (line 9+line14)						\$	15,713,218				\$	520,219	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 96,487 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

1. Real Estate Tax accrual used on 2019 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	783,480	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.)				\$	807,456	2
3. Under or (over) accrual (line 2 minus line 1).				\$	23,976	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	837,500	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.)				\$	39,396	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 \$ 97,767 For 2017 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.				\$	900,872	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:		2015	562,831	8		
		2016	650,658	9		
		2017	722,944	10		
		2018	747,710	11		
		2019	799,230	12		
2020 Accrual = \$799,230 x 1.048 = \$837,500 (rounded)						
Allocated from Generations HC Network: \$8,226						

FOR BHF USE ONLY	
13	FROM R. E. TAX STATEMENT FOR 2019 \$ 13
14	PLUS APPEAL COST FROM LINE 5 \$ 14
15	LESS REFUND FROM LINE 6 \$ 15
16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

FACILITY NAME	<u>Generations at Elmwood Park</u>	COUNTY	<u>Cook</u>
---------------	------------------------------------	--------	-------------

CONTACT PERSON REGARDING THIS REPORT Steven Lavenda

A. Summary of Real Estate Tax Cost

(A)	(B)	(C)	(D)
			<u>Tax</u>
<u>Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to</u> <u>Nursing Home</u>

B. Real Estate Tax Cost Allocations

C. Tax Bills

Page 10A

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2019 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2019 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2019.

Please complete the Real Estate Tax Statement below and include it in the 2020 cost report along with a copy of your 2019 real estate tax bill.

The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

FACILITY NAME Generations at Elmwood Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0040410

CONTACT PERSON REGARDING THIS REPORT Steven Lavenda

TELEPHONE () FAX #: ()

Enter the tax index number and real estate tax assessed for 2015 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2015.

B. Real Estate Tax Cost Allocations

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

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
If so, please complete the following:

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

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility		1993	\$ 624,991	1
2			1998	100,000	2
3	TOTALS			\$ 724,991	3

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	\$ 389,359	35	\$ 297,700	\$ (91,659)	\$ 7,845,649
5										
6										
7										
8										
	Improvement Type**									
9	Various		1993		129,203		20	13	13	129,203
10	Various		1994		49,738		20	6	6	49,738
11	Various		1995		167,102		20	3	3	167,102
12	Various		1996		136,090		20	6	6	136,090
13	Various		1997		16,180		20	4	4	16,180
14	Various		1998		158,155		20	(1,536)	(1,536)	154,775
15	Various		1999		121,088		20	4	4	121,088
16	Various		2000		67,583		20	1,814	1,814	67,580
17	Various		2001		107,654		20	5,381	5,381	105,486
18	Various		2002		113,214		20			113,214
19	Various		2003		145,109		20	6,704	6,704	128,394
20	Various		2004		124,757		20	5,906	5,906	103,458
21	Various		2005		84,119		20	3,707	3,707	68,698
22	Various		2006		127,687		20	5,852	5,852	94,577
23	Various		2007		117,180		20	4,302	4,302	84,701
24	Various		2008		56,513		20	2,825	2,825	35,463
25	Various		2009		123,292		20	5,170	5,170	79,972
26	Various		2010		254,771		20	12,740	12,740	135,735
27	Various		2011		11,899		20	595	595	9,898
28	Various		2012		49,934		20	2,497	2,497	21,460
29	Various		2013		25,583		20	1,280	1,280	9,722
30	Various		2014		44,723		20	2,236	2,236	14,708
31	Various		2015		22,512		20	1,127	1,127	6,659
32	Various		2016		14,233		20	712	712	3,075
33										
34										
35										
36										

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67	Related Building Company (Pages 12F & 12G)	3,764,594			188,230	188,230	1,971,049	67
68	Related Party Allocations (Pages 12H & 12I)	152,231	2,649		4,182	1,532	99,102	68
69	Financial Statement Depreciation		96,959			(96,959)		69
70	TOTAL (lines 4 thru 69)	\$ 16,604,653	\$ 488,967		\$ 551,459	\$ 62,492	\$ 11,772,776	70

**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:

01/01/20

Ending:

12/31/20

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		\$ 16,604,653	\$ 488,967		\$ 551,459	\$ 62,492	\$ 11,772,776	1
2	Replaced Sink Line	2017	9,925		20	496	496	1,530	2
3	Trane Chiller Repair	2017	4,823		20	241	241	864	3
4	Trane Chiller Repair	2017	2,507		20	125	125	438	4
5	Hot Water Pressure	2018	7,932		20	397	397	1,124	5
6	Hot Water Installation System	2018	12,978		20	649	649	1,839	6
7	Commercial Chiller	2018	19,264		20	963	963	2,328	7
8	Air Conditioning Repairs	2018	4,135		20	207	207	534	8
9	Elevator Door Clutch (Expensed For Tax)	2019	11,254		20	563	563	844	9
10	Furnish & Install 20Tons Of Ca6 Crushed Fill For Landscaping	2019	2,500		20	125	125	250	10
11	Replacement Motor And Other Parts For Lakeside Equipment	2019	2,523		20	126	126	252	11
12	Kitchen Cabinets For Pt Room-White Quartz Countertop	2020	9,500		20	475	475	475	12
13	Install Lighting Fixtures For Corridors & Rooms	2020	3,526		20	176	176	176	13
14	Install 4 Overbed Light Fixtures, Surface Mount Raceway	2020	7,709		20	385	385	385	14
15	Installed Wallguard	2020	9,204		20	460	460	460	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)		\$ 16,712,433	\$ 488,967		\$ 556,848	\$ 67,881	\$ 11,784,276	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	Totals from Page 12B, Carried Forward		\$16,712,433	\$488,967		\$556,848	\$67,881	\$11,784,276	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)		\$16,712,433	\$488,967		\$556,848	\$67,881	\$11,784,276	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	Totals from Page 12C, Carried Forward		\$16,712,433	\$488,967		\$556,848	\$67,881	\$11,784,276	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
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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)		\$16,712,433	\$488,967		\$556,848	\$67,881	\$11,784,276	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	Totals from Page 12D, Carried Forward		\$16,712,433	\$488,967		\$556,848	\$67,881	\$11,784,276	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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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)		\$16,712,433	\$488,967		\$556,848	\$67,881	\$11,784,276	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:

01/01/20

Ending:

12/31/20

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	Various	2008	1,869,882		20	93,494	93,494	1,215,424	9
10	Various	2009	733,582		20	36,679	36,679	440,151	10
11	Tuckpointing	2011	61,030		20	3,052	3,052	30,517	11
12	Generator Project	2011	56,363		20	2,818	2,818	28,181	12
13	Replace, Resurface, & Restripe Asphalt Pavement	2013	13,500		20	675	675	5,400	13
14	Smoke Detectors	2013	3,229		20	161	161	1,290	14
15	3rd Floor Tile Flooring	2014	143,845		20	7,192	7,192	50,346	15
16	2nd Floor Tile Flooring	2014	140,927		20	7,046	7,046	49,324	16
17	Lintel Replacement	2014	66,530		20	3,327	3,327	23,287	17
18	Elevator Grab-Bar & Signage	2015	3,063		20	153	153	918	18
19	Windows - Entire Facility	2015	124,906		20	6,245	6,245	37,471	19
20	Flooring - 4th Floor	2015	140,928		20	7,046	7,046	42,277	20
21	Installed electrical wiring from basement/1st FL/Resident Rooms	2016	4,500		20	225	225	1,125	21
22	Exterior Signage	2016	8,757		20	438	438	2,190	22
23	Walk-in Freezer-work	2016	6,285		20	314	314	1,571	23
24	Fan coil	2016	2,750		20	138	138	690	24
25	Refurbish Elevator Door	2017	6,516		20	326	326	1,304	25
26	Install new Lintel- 4th Floor	2017	3,980		20	199	199	796	26
27	Gravel new parking lot	2017	6,138		20	307	307	1,228	27
28	Access Alert Hoistway	2017	3,600		20	180	180	720	28
29	Flooring in Dining Room	2017	11,945		20	597	597	2,388	29
30	Privacy Curtains (20)	2017	2,599		20	130	130	520	30
31	Concrete Work	2017	2,700		20	135	135	540	31
32	Hot Water Heater	2018	31,058		20	1,553	1,553	4,659	32
33	Elevator door and PC Boards repairs	2019	4,775		20	239	239	478	33
34	TOTAL (lines 1 thru 33)		\$ 3,453,389	\$		\$ 172,669	\$ 172,669	\$ 1,942,796	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:

01/01/20

Ending:

12/31/20

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 3,453,389	\$		\$ 172,669	\$ 172,669	\$ 1,942,796	1
2	New Elevator Hydraulic Valve Installation	2019	13,669		20	683	683	1,366	2
3	Elevator Door Installation	2019	5,441		20	272	272	544	3
4	Solid State Starter for Elevator	2019	5,504		20	275	275	550	4
5	Facility Wide Environmental Project: Well Installation,		-			-			5
6	Chemical Injection on Land, VOC Sampling and PID Rental	2019	229,261		20	11,463	11,463	22,926	6
7	Installed Glass Panels/wallcovers/drywall/paint/tiles for Dining Room	2020	34,258		20	1,713	1,713	1,713	7
8	Hot Water Heater Installation	2020	19,897		20	995	995	995	8
9	Installation of Paging System	2020	3,175		20	159	159	159	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)		\$ 3,764,594	\$		\$ 188,230	\$ 188,230	\$ 1,971,049	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:

01/01/20

Ending:

12/31/20

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	33,232	887	39	852	(35)	9,409	3
4	Allocated from S.I.R. Properties/GHN	1993	30,086	955	35	860	(96)	22,779	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from Generations Healthcare Network, LLC	1993	7,628	212	20		(212)	7,628	9
10	Allocated from Generations Healthcare Network, LLC	1994	24		20			24	10
11	Allocated from Generations Healthcare Network, LLC	1995	174		20			174	11
12	Allocated from Generations Healthcare Network, LLC	1997	11,721	262	20		(262)	11,721	12
13	Allocated from Generations Healthcare Network, LLC	1999	922		20	35	35	921	13
14	Allocated from Generations Healthcare Network, LLC	1999	13,707		20			13,707	14
15	Allocated from Generations Healthcare Network, LLC	2000	1,088		20	25	25	1,088	15
16	Allocated from Generations Healthcare Network, LLC	2007	3,496		20	175	175	2,306	16
17	Allocated from Generations Healthcare Network, LLC	2008	9,635		20	356	356	7,047	17
18	Allocated from Generations Healthcare Network, LLC	2009	23,941		20	1,197	1,197	13,460	18
19	Allocated from Generations Healthcare Network, LLC	2011	592	59	20	59		558	19
20	Allocated from Generations Healthcare Network, LLC	2012	1,895	95	20	95		703	20
21	Allocated from Generations Healthcare Network, LLC	2014	266	27	20	13	(13)	88	21
22	Allocated from Generations Healthcare Network, LLC	2016	346	17	20	17		76	22
23	Allocated from Generations Healthcare Network, LLC	2019	1,724	85	20	85		108	23
24	Allocated from Generations Healthcare Network, LLC	2020	1,405	29	20	29	0	29	24
25									25
26	Allocated from S.I.R. Properties/GHN	2012	1,843		20	92	92	646	26
27	Allocated from S.I.R. Properties/GHN	2010	1,816		20	91	91	847	27
28	Allocated from S.I.R. Properties/GHN	2009	1,806		20	90	90	975	28
29	Allocated from S.I.R. Properties/GHN	2007	178	11	20	9	(2)	116	29
30	Allocated from S.I.R. Properties/GHN	2002	119		20	6	6	105	30
31	Allocated from S.I.R. Properties/GHN	1999	3,812		20	95	95	3,812	31
32	Allocated from S.I.R. Properties/GHN	1994	287	7	20		(7)	287	32
33	Allocated from S.I.R. Properties/GHN	1993	488	3	20		(3)	488	33
34	TOTAL (lines 1 thru 33)		\$ 152,231	\$ 2,649		\$ 4,182	\$ 1,532	\$ 99,102	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	Totals from Page 12H, Carried Forward		\$152,231	\$2,649		\$4,182	\$1,532	\$99,102	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
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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)		\$152,231	\$2,649		\$4,182	\$1,532	\$99,102	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$2,212,907	\$1,410	\$191,445	\$190,035	10	\$1,988,857	71
72	Current Year Purchases	262,596	19	26,250	26,232	10	26,250	72
73	Fully Depreciated Assets	1,156,854				10	1,156,854	73
74								74
75	TOTALS	\$3,632,357	\$1,428	\$217,695	\$216,267		\$3,171,961	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				\$	\$	\$	\$		\$	76
77										77
78										78
79		See Attached		7,837	654	1,183	529		4,199	79
80	TOTALS			\$7,837	\$654	\$1,183	\$529		\$4,199	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)	\$21,077,618	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$491,049	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$775,726	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$284,677	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$14,960,436	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	Ventilator Purchase Deposit	\$7,520	92
93			93
94			94
95		\$7,520	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☐ NO

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

**

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: \$5,204
- Description: See Attached

(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	Allocated from Generation		\$	\$4,651	17
18					18
19					19
20					20
21	TOTAL		\$	\$4,651	21

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.	/2021	\$
13.	/2022	\$
14.	/2023	\$

* 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.

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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.)

		1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost	Units	Cost					
1	Licensed Occupational Therapist	39 - 03	hrs	\$			\$ 304,055	\$		\$ 304,055	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				123,814			123,814	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39 - 03	hrs				290,726			290,726	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					197,487		197,487	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)										
10			hrs								10
11	Academic Education		hrs								11
12	Other (specify):										12
13	Other (specify):				694,052		356,265	208,108		1,258,425	13
14	TOTAL				\$ 694,052		\$ 1,074,860	\$ 405,595		\$ 2,174,507	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.

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	\$ 1,832,817	\$ 2,177,649	1
2	Cash-Patient Deposits	86,893	86,893	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,931,307	1,931,307	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	143,701	184,454	6
7	Other Prepaid Expenses	97,555	97,555	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):		617,536	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,092,273	\$ 5,095,394	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	1,198,118	4,708,483	15
16	Equipment, at Historical Cost	3,121,879	4,535,341	16
17	Accumulated Depreciation (book methods)	(3,283,307)	(13,291,674)	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):	18,498	226,084	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,055,188	\$ 7,325,734	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,147,461	\$ 12,421,128	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 904,344	\$ 904,344	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	86,923	86,923	28
29	Short-Term Notes Payable	1,027,001	1,027,001	29
30	Accrued Salaries Payable	281,165	281,165	30
31	Accrued Taxes Payable (excluding real estate taxes)	363,571	363,571	31
32	Accrued Real Estate Taxes(Sch.IX-B)		837,500	32
33	Accrued Interest Payable		39,775	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36		2,575,671	2,575,671	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,238,675	\$ 6,115,950	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,686,217	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43		300,000	300,000	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 300,000	\$ 14,986,217	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,538,675	\$ 21,102,167	46
47	TOTAL EQUITY(page 18, line 24)	\$ (391,214)	\$ (8,681,039)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,147,461	\$ 12,421,128	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 280,525	1
2	Restatements (describe):		2
3	Rounding	(1)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 280,524	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(671,738)	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)	\$ (671,738)	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)	\$ (391,214)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Generations at Elmwood Park

0040410

Report Period Beginning: 01/01/20

Ending: 12/31/20

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 14,479,012	1
2	Discounts and Allowances for all Levels	(1,581,366)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,897,646	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,227,170	6
7	Oxygen	61,132	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,288,302	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	208,476	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	54,189	19
20	Radiology and X-Ray	11,941	20
21	Other Medical Services	46,687	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 321,293	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	33,110	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 33,110	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28		1,880,373	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,880,373	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,420,724	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,476,240	31
32	Health Care	7,176,885	32
33	General Administration	3,750,338	33
	B. Capital Expense		
34	Ownership	2,054,863	34
	C. Ancillary Expense		
35	Special Cost Centers	2,174,507	35
36	Provider Participation Fee	459,629	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,092,462	40
41	Income before Income Taxes (line 30 minus line 40)**	(671,738)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (671,738)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 1,178,189	44
45	Private Pay - Net Inpatient Revenue	392,370	45
46	Medicare - Net Inpatient Revenue	712,458	46
47	Other-(specify) <u>Manage Care & Insurance</u>	9,806,022	47
48	Other-(specify) <u>Veterans & Hospice</u>	808,607	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,897,646	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.

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	1,612	1,639	\$ 100,701	\$ 61.44	1
2	Assistant Director of Nursing	2,282	2,312	82,712	35.78	2
3	Registered Nurses	25,814	27,903	966,359	34.63	3
4	Licensed Practical Nurses	44,583	48,203	1,646,200	34.15	4
5	CNAs & Orderlies	83,287	90,292	1,628,592	18.04	5
6	CNA Trainees					6
7	Licensed Therapist	19,591	21,351	694,052	32.51	7
8	Rehab/Therapy Aides	10,610	12,332	300,872	24.40	8
9	Activity Director					9
10	Activity Assistants	6,933	7,656	122,828	16.04	10
11	Social Service Workers	9,907	10,915	237,067	21.72	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	29,799	32,090	530,177	16.52	15
16	Dishwashers					16
17	Maintenance Workers	3,283	3,448	65,775	19.08	17
18	Housekeepers	29,931	33,485	530,640	15.85	18
19	Laundry	9,821	11,063	172,163	15.56	19
20	Administrator	2,096	2,256	147,744	65.49	20
21	Assistant Administrator	1,694	1,721	49,783	28.93	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,476	10,506	181,755	17.30	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	6,295	7,549	242,773	32.16	31
32	Other Health Care(specify)					32
33	Other(specify) See Attached	225	242	3,789	15.65	33
34	TOTAL (lines 1 - 33)	297,239	324,963	\$ 7,703,982 *	\$ 23.71	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	\$ 71,950	01-03	35
36	Medical Director	Monthly	90,800	09-03	36
37	Medical Records Consultant	Monthly	5,200	10-03	37
38	Nurse Consultant	Monthly	91,140	10-03	38
39	Pharmacist Consultant	Monthly	11,770	10-03	39
40	Physical Therapy Consultant	233	16,327	10a-03	40
41	Occupational Therapy Consultant	225	16,330	10a-03	41
42	Respiratory Therapy Consultant	Per Visit	1,835	10a-03	42
43	Speech Therapy Consultant	157	8,165	10a-03	43
44	Activity Consultant	Monthly	1,752	11-03	44
45	Social Service Consultant	Monthly	1,999	12-03	45
46	Other(specify)				46
47	Consultant-Restorative Nursing	Monthly	1,050	10-03	47
48					48
49	TOTAL (lines 35 - 48)	615	\$ 318,318		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	5,957	\$ 388,690	10-03	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	455	13,198	10-03	52
53	TOTAL (lines 50 - 52)	6,412	\$ 401,888		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			
Name	Function	%	Amount
Michael Gottesman	Administrator		\$ 83,760
Marie Rosete	Administrator		63,984
Johsua Behr	Assistant Administrator		6,122
Sean Davy	Assistant Administrator		19,533
Daniela Geana-Cabrera	Assistant Administrator		6,416
Gerald Carlo Imperial	Assistant Administrator		17,712
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			\$ 197,527
B. Administrative - Other			
Description			Amount
Generations Healthcare Network - Dir of Administrative Services		\$	102,900
Generations Healthcare Network - Ancillary Administrative Charges			73,500
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 176,400
(Attach a copy of any management service agreement)			
C. Professional Services			
Vendor/Payee	Type		Amount
Marcum LLP	Accounting Services	\$	16,200
Plante & Moran	Accounting Services		4,940
Generations Healthcare Network	Dir. of Financial Services		79,380
Generations Healthcare Network	Dir. of Business Development		208,740
Generations Healthcare Network	Dir. of Regulatory Services		29,400
Generations Healthcare Network	Dir. of Information Technology		17,640
Generations Healthcare Network	Bookkeeping Services		288,000
Legat Architects	Architect		735
Generations Healthcare Network	Computer Support Charges		64,680
On-Shift Inc	Payroll Services		3,078
See Attached	Legal		26,846
See Supplemental Schedule			108,421
TOTAL (agree to Schedule V, line 19, column 3)			
(For legal fee disclosure, see page 39 of instructions)			\$ 848,060
D. Employee Benefits and Payroll Taxes			
Description			Amount
Workers' Compensation Insurance		\$	163,177
Unemployment Compensation Insurance			15,339
FICA Taxes			589,355
Employee Health Insurance			520,582
Employee Meals			48,532
Illinois Municipal Retirement Fund (IMRF)*			
Employee Benefits - Other			17,782
401K Matching Contr.			10,700
Union Pension			65,247
TOTAL (agree to Schedule V, line 22, col.8)			\$ 1,430,714
E. Schedule of Non-Cash Compensation Paid to Owners or Employees			
Description	Line #		Amount
		\$	
TOTAL			\$
F. Dues, Fees, Subscriptions and Promotions			
Description			Amount
IDPH License Fee		\$	1,778
Advertising: Employee Recruitment			73,789
Health Care Worker Background Check (Indicate # of checks performed)	192		1,920
Patient Background Checks	123		1,226
Dues & Subscriptions			13,428
Licenses & Fees			6,612
See Supplemental Schedule			3,274
Less: Public Relations Expense	(	)	
Non-allowable advertising	(	)	
Yellow page advertising	(	)	
TOTAL (agree to Sch. V, line 20, col. 8)			\$ 102,027
G. Schedule of Travel and Seminar**			
Description			Amount
Out-of-State Travel		\$	
In-State Travel			
Seminar Expense			288
See Supplemental Schedule			418
Entertainment Expense	(	)	
(agree to Sch. V, line 24, col. 8)			
TOTAL		\$	706

*** Attach copy of IMRF notifications**

****See instructions.**

Facility Name & ID Number Generations at Elmwood Park	STATE OF ILLINOIS # 0040410	Report Period Beginning: 01/01/20	Ending: 12/31/20
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XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? Yes

(2) Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount. HCCI - \$17,150

(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?
What was the average life used for new equipment added during this period? Yes
10 Years

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 33,364 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. \$ 459,629
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. \$ 48,532 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.