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:** 0051359

Facility Name: Generations at Applewood

Address: 21020 Kostner Avenue (Number) Matteson (City) 60443 (Zip Code)

County: Cook

Telephone Number: (708) 747-1300 **Fax #** (708) 747-6282

HFS ID Number:

Date of Initial License for Current Owners: 2/1/2003

Type of Ownership:

VOLUNTARY,NON-PROFIT	X PROPRIETARY	GOVERNMENTAL
Charitable Corp.	Individual	State
Trust	Partnership	County
IRS Exemption Code	Corporation	Other
	"Sub-S" Corp.	
	X Limited Liability Co.	
	Trust	
	Other	

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) ______ (Date)
(Type or Print Name) ______
(Title) ______

Paid Preparer
(Signed) ______ 05/21/2021 (Date)
** Subject to the attached Accountants' Consulting Report*
(Print Name and Title) Steven N. Lavenda, CPA, Partner
(Firm Name & Address) Marcum, LLP, 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

In the event there are further questions about this report, please contact:
Name: Steven N. Lavenda Telephone Number: (847) 282-6300
Email Address:

Facility Name & ID Number Generations at Applewood # 0051359 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 N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	154	Skilled (SNF)	154	56,364	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	154	TOTALS	154	56,364	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	24,460	3,984	8,229	36,673	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	24,460	3,984	8,229	36,673	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 65.06%

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 [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 3/1/11

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 3/1/11 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 154 and days of care provided 4,860

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/20 Fiscal Year: 12/31/20

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

STATE OF ILLINOIS

Facility Name & ID Number Generations at Applewood # 0051359 **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	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	331,983	32,876	29,254	394,113		394,113	(15,263)	378,850			1
2	Food Purchase		245,143		245,143		245,143	(2,331)	242,812			2
3	Housekeeping	254,761	37,105		291,866		291,866	(2,926)	288,940			3
4	Laundry	21,615	5,866	149,703	177,184		177,184	(9,075)	168,109			4
5	Heat and Other Utilities			174,182	174,182		174,182	1,230	175,412			5
6	Maintenance	86,929	26,490	140,123	253,542		253,542	(8,193)	245,349			6
7	Other (specify):*							6,124	6,124			7
8	**TOTAL General Services**	695,288	347,480	493,262	1,536,030		1,536,030	(30,434)	1,505,596			8
	B. Health Care and Programs											
9	Medical Director			90,090	90,090		90,090		90,090			9
10	Nursing and Medical Records	2,754,429	382,011	214,324	3,350,764		3,350,764	(31,328)	3,319,436			10
10a	Therapy	139,803	1,891	17,084	158,778		158,778	(182)	158,596			10a
11	Activities	114,326	5,260	621	120,207		120,207		120,207			11
12	Social Services	87,333			87,333		87,333		87,333			12
13	CNA Training											13
14	Program Transportation			35,676	35,676		35,676	(3,428)	32,248			14
15	Other (specify):*							9,009	9,009			15
16	**TOTAL Health Care and Programs**	3,095,891	389,162	357,795	3,842,848		3,842,848	(25,929)	3,816,919			16
	C. General Administration											
17	Administrative	103,822		96,480	200,302		200,302	11,103	211,405			17
18	Directors Fees											18
19	Professional Services			553,652	553,652	(2,737)	550,915	(392,614)	158,301			19
20	Dues, Fees, Subscriptions & Promotions			86,263	86,263		86,263	(23,380)	62,883			20
21	Clerical & General Office Expenses	154,809	23,184	417,992	595,985		595,985	(183,548)	412,437			21
22	Employee Benefits & Payroll Taxes			585,267	585,267		585,267	(312)	584,955			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,883	1,883		1,883	277	2,160			24
25	Other Admin. Staff Transportation			234	234		234	4,968	5,202			25
26	Insurance-Prop.Liab.Malpractice			204,009	204,009		204,009	1,579	205,588			26
27	Other (specify):*							37,786	37,786			27
28	**TOTAL General Administration**	258,631	23,184	1,945,780	2,227,595	(2,737)	2,224,858	(544,140)	1,680,718			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,049,810	759,826	2,796,837	7,606,473	(2,737)	7,603,736	(600,503)	7,003,233			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number: Generations at Applewood #0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			96,817	96,817		96,817	473,730	570,547			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			102,262	102,262		102,262	597,262	699,524			32
33	Real Estate Taxes			946,000	946,000	2,737	948,737	5,458	954,195			33
34	Rent-Facility & Grounds			1,741,731	1,741,731		1,741,731	(1,741,731)	0			34
35	Rent-Equipment & Vehicles			1,089	1,089		1,089	3,630	4,719			35
36	Other (specify):*											36
37	TOTAL Ownership			2,887,899	2,887,899	2,737	2,890,636	(661,651)	2,228,985			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		177,449	836,814	1,014,263		1,014,263	(16,422)	997,841			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			279,071	279,071		279,071		279,071			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		177,449	1,115,885	1,293,334		1,293,334	(16,422)	1,276,912			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,049,810	937,275	6,800,621	11,787,706		11,787,706	(1,278,576)	10,509,130			45

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

Facility Name & ID Number Generations at Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

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				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(109,034)	30		9
10	Interest and Other Investment Income	(10,771)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(265)	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	(1,000)	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	(292,381)	21		24
25	Fund Raising, Advertising and Promotional	(11,000)	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	(189,222)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (613,673)		$	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)	(664,903)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (664,903)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,278,576)		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

STATE OF ILLINOIS

Generations at Applewood

ID# 0051359

Report Period Beginning: 01/01/20

Ending: 12/31/20

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Medicare-Sequestration	$ (18,086)	21	1
2	Office Expense - Bank Fees	(9,547)	21	2
3	Office Exp - Credit Card Fees	(378)	21	3
4	Theft & Damage Loss	(198)	21	4
5	Interest Expense-Related	(71,100)	32	5
6	PAC Dues	(4,025)	20	6
7	Non Allowable Legal	(12,164)	19	7
8	Collections	(7,615)	21	8
9	PY Linen	(8,514)	04	9
10	PY Fines	(12,960)	21	10
11	PY Patient Transportation	(3,428)	14	11
12	PY Medical Supplies	(3,760)	10	12
13	PY Dues	(9,374)	20	13
14	Capitalized R&M	(5,311)	06	14
15	Annual Report	(153)	20	15
16	Building Co. - Management Fee	(15,400)	21	16
17	Building Co. - Accounting Fees	(3,550)	19	17
18	Building Co. - Professionial Fees	(3,500)	19	18
19	Building Co. - Bank Charges	(83)	21	19
20	Building Co. - Filing Fees	(75)	20	20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(189,222)		49

Detail lines 29 and 35 of Page 5 starting in C12. **DO NOT DRAG AND DROP CELLS.**

The amounts in column F will transfer to the Adj. Summary column automatically.
The amounts in the Adj. Summary column are linked to pages Summary A and B.

Generations at Applewood

ID# 0051359

Report Period Beginning: 01/01/20

Ending: 12/31/20

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

Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
1	2	3	4	5	6	7	9	10	10a	11	12	13	14	15	17	18	19	20	21	22	23	24	25	26	27	30	31	32	33	34	35	36	38	39	40	41	42	43

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Generations at Applewood # 0051359 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 TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary				(14,721)		(542)						(15,263)	1
2	Food Purchase	(265)		(2,066)									(2,331)	2
3	Housekeeping						(2,926)						(2,926)	3
4	Laundry	(8,514)					(561)						(9,075)	4
5	Heat and Other Utilities				1,230								1,230	5
6	Maintenance	(5,311)		(4,411)	1,729		(200)						(8,193)	6
7	Other (specify):*			1,268	4,856								6,124	7
8	**TOTAL General Services**	(14,090)		(5,209)	(6,907)		(4,228)						(30,434)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(3,760)		(1,572)		(1,626)	(24,370)						(31,328)	10
10a	Therapy						(182)						(182)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation	(3,428)											(3,428)	14
15	Other (specify):*			9,009									9,009	15
16	**TOTAL Health Care and Programs**	(7,188)		7,437		(1,626)	(24,552)						(25,929)	16
	C. General Administration													
17	Administrative			(81,163)	92,266								11,103	17
18	Directors Fees													18
19	Professional Services	(19,214)	7,050	(389,957)	9,507								(392,614)	19
20	Fees, Subscriptions & Promotions	(25,627)	75	2,172									(23,380)	20
21	Clerical & General Office Expenses	(356,649)	15,250	157,782	77	(7)							(183,548)	21
22	Employee Benefits & Payroll Taxes					(312)							(312)	22
23	Inservice Training & Education													23
24	Travel and Seminar			277									277	24
25	Other Admin. Staff Transportation			4,968									4,968	25
26	Insurance-Prop.Liab.Malpractice			1,429	150								1,579	26
27	Other (specify):*			16,393	21,393								37,786	27
28	**TOTAL General Administration**	(401,490)	22,375	(288,099)	123,393	(319)							(544,140)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(422,769)	22,375	(285,871)	116,486	(1,945)	(28,780)						(600,503)	29

Facility Name & ID Number Generations at Applewood # 0051359 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 D. Ownership	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
30	Depreciation	(109,034)	579,625		3,139								473,730	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(81,871)	678,084	(1,228)	2,277								597,262	32
33	Real Estate Taxes				5,458								5,458	33
34	Rent-Facility & Grounds		(1,741,731)										(1,741,731)	34
35	Rent-Equipment & Vehicles			3,630									3,630	35
36	Other (specify):*													36
37	**TOTAL Ownership**	(190,905)	(484,022)	2,402	10,874								(661,651)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers					(16,422)							(16,422)	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**					(16,422)							(16,422)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(613,673)	(461,647)	(283,469)	127,360	(18,367)	(28,780)						(1,278,576)	45

Facility Name & ID Number Generations at Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

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. [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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent	$ 1,741,731	Applewood Property, LLC		$	$ (1,741,731)	1
2	V	33	Real Estate Taxes	1,384,178	Applewood Property, LLC		1,384,178		2
3	V	21	Miscellaneous Income	234	Applewood Property, LLC			(234)	3
4	V	21	Management Fee		Applewood Property, LLC		15,400	15,400	4
5	V	19	Accounting Fee		Applewood Property, LLC		3,550	3,550	5
6	V	21	Bank Service Charge		Applewood Property, LLC		83	83	6
7	V	30	Depreciation		Applewood Property LLC		579,625	579,625	7
8	V	19	Professional Fees		Applewood Property LLC		3,500	3,500	8
9	V	20	Filing Fees		Applewood Property LLC		75	75	9
10	V	32	Interest Expense		Applewood Property LLC		678,084	678,084	10
11	V								11
12	V								12
13	V								13
14	Total			$ 3,126,142			$ 2,664,495	$ * (461,647)	14

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

Facility Name & ID Number Generations at Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	ATIED ASSOCIATES	30.60%	AUBURN VILLAGE	AUBURN, IN	APPLEWOOD PROPERTY LLC	LINCOLNWOOD	BUILDING CO.	1
2	B.G. TRUST	4.00%	ALBANY CARE, INC.	EVANSTON	GENERATIONS HEALTH NETW	LINCOLNWOOD	CONSULTING CO.	2
3	BARRISH GROUP LIMITED PARTNERSHIP	11.35%	BRYN MAWR CARE INC.	CHICAGO	SIR PROPERTIES	LINCOLNWOOD	BUILDING CO.	3
4	BRYAN BARRISH TRUST DTD 09/01/2004	11.35%	DECATUR MANOR HEALTHCARE,LLC	DECATUR	OAKTON ARMS	DES PLAINES	ASSISTED LIVING	4
5	JOEY ABRAMCIK REVOCABLE TRUST	1.60%	GENERATIONS AT ELMWOOD PARK, INC	ELMWOOD PARK	MAC Rx LLC	DES PLAINES	PHARMACY CONS	5
6	L.G. TRUST	4.00%	GENERATIONS AT LINCOLN, LLC	LINCOLN	BIG TEN SUPPLY, LLC	LIBERTYVILLE	SUPPLY CO.	6
7	LOUISE BERGTHOLD	1.60%	GENERATIONS AT NEIGHBORS, LLC	BYRON	GENERATIONS AT RIVERVIEW		ASSISTED & INDEPENDENT	7
8	PATRICIA McDIARMID	1.60%	GENERATIONS AT OAKTON PAVILION, LLC	DES PLAINES	SENIOR LIVING	EAST PEORIA	LIVING	8
9	RALPH GESUALDO	11.35%	GENERATIONS AT PEORIA, LLC	PEORIA				9
10	RALPH GESUALDO CHILDREN'S TRUST	11.35%	GENERATIONS AT REGENCY, LLC	NILES				10
11	SARAH BARRISH	1.60%	GENERATIONS AT RIVERVIEW, LLC	EAST PEORIA				11
12	THOMAS & STEPHANIE WINTER REVOC TRUST	1.60%	GENERATIONS AT ROCK ISLAND, LLC	ROCK ISLAND				12
13	UNITED TRUST #1	4.00%	GREENWOOD CARE, INC.	EVANSTON				13
14	UNITED TRUST #2	4.00%	PRAIRIE CREEK VILLAGE, LLC	DECATUR				14
15			VILLA CLARA POST ACUTE, LLC	DECATUR				15
16			WILSON CARE, INC.	CHICAGO				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

Facility Name & ID Number Generations at Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

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

Facility Name & ID Number Generations at Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	Dietary Other and Rebates	$	Generations HC Network, LLC		$ (2,066)	$ (2,066)	15
16	V	6	Repairs & Maintanence	14,472	Generations HC Network, LLC		10,061	(4,411)	16
17	V	7	Emp. Ben. - General Svc.		Generations HC Network, LLC		1,268	1,268	17
18	V	9	Medical Director Consults		Generations HC Network, LLC				18
19	V	10	Nursing	49,848	Generations HC Network, LLC		48,276	(1,572)	19
20	V	15	Emp. Ben. - Health Care		Generations HC Network, LLC		9,009	9,009	20
21	V	17	Administrative	96,480	Generations HC Network, LLC		15,317	(81,163)	21
22	V	19	Professional Fees	396,072	Generations HC Network, LLC		6,115	(389,957)	22
23	V	20	Fee, Subscriptions		Generations HC Network, LLC		2,172	2,172	23
24	V	21	Clerical & General	28,944	Generations HC Network, LLC		186,726	157,782	24
25	V	24	Education & Seminar		Generations HC Network, LLC		277	277	25
26	V	25	Other Admin. Staff Transportation		Generations HC Network, LLC		4,968	4,968	26
27	V	26	Insurance		Generations HC Network, LLC		1,429	1,429	27
28	V	27	Emp. Ben. - Gen. Admin.		Generations HC Network, LLC		16,393	16,393	28
29	V	32	Interest		Generations HC Network, LLC		(1,228)	(1,228)	29
30	V	35	Auto Rental		Generations HC Network, LLC		3,085	3,085	30
31	V	35	Equipment Rental		Generations HC Network, LLC		545	545	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 585,816			$ 302,347	$ * (283,469)	39

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

Facility Name & ID Number Generations at Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	$ 19,296	Generations HC Network, LLC		$ 4,575	$ (14,721)	15
16	V	7	Emp. Ben. - Dietary		Generations HC Network, LLC		856	856	16
17	V	17	Admin./Legal Salaries		Generations HC Network, LLC		92,266	92,266	17
18	V	19	Fin. Consult./Regl. Dir.		Generations HC Network, LLC		9,207	9,207	18
19	V	27	Emp. Ben. - Administrative		Generations HC Network, LLC		21,393	21,393	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V	6	Maintenance Salaries	19,935	Generations HC Network, LLC		20,603	668	27
28	V	7	Employee Benefits		Generations HC Network, LLC		4,000	4,000	28
29	V								29
30	V	5	Utilities		Generations HC Network, LLC		1,230	1,230	30
31	V	6	Repairs & Maintenance		Generations HC Network, LLC		1,061	1,061	31
32	V	19	Professional Fees		Generations HC Network, LLC		300	300	32
33	V	21	Clerical & General		Generations HC Network, LLC		77	77	33
34	V	26	Insurance		Generations HC Network, LLC		150	150	34
35	V	30	Depreciation		Generations HC Network, LLC		3,139	3,139	35
36	V	32	Interest		Generations HC Network, LLC		2,277	2,277	36
37	V	33	Real Estate Taxes		Generations HC Network, LLC		5,458	5,458	37
38	V								38
39	Total			$ 39,231			$ 166,591	$ * 127,360	39

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

Facility Name & ID Number Generations at Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	$ 17,400	MAC Rx, LLC		$ 15,774	$ (1,626)	15
16	V	21	Clerical & General Office Expenses	78	MAC Rx, LLC		71	(7)	16
17	V	22	Employee Benefits	3,336	MAC Rx, LLC		3,024	(312)	17
18	V	39	Ancillary	175,718	MAC Rx, LLC		159,295	(16,422)	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			$ 196,531			$ 178,164	$ * (18,367)	39

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

Facility Name & ID Number Generations at Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	$ 5,635	Big Ten Supply, LLC		$ 5,093	$ (542)	15
16	V	3	Housekeeping	30,440	Big Ten Supply, LLC		27,514	(2,926)	16
17	V	4	Laundry	5,835	Big Ten Supply, LLC		5,274	(561)	17
18	V	6	Repairs & Maintenance	2,081	Big Ten Supply, LLC		1,881	(200)	18
19	V	10	Nursing And Medical Records	253,551	Big Ten Supply, LLC		229,181	(24,370)	19
20	V	10A	Therapy	1,891	Big Ten Supply, LLC		1,709	(182)	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			$ 299,431			$ 270,652	$ * (28,780)	39

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

Facility Name & ID Number Generations at Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: 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 Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

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 Applewood # 0051359 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	2	3	4	5	6		7		8	
					Compensation Received From Other	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column	
	Name	Title	Function	Ownership Interest	Nursing Homes*	Hours	Percent	Description	Amount	Reference	
1	Elka Abramchick	Relative	Clerical		See Attached	1.76	4.46%	Alloc. Salary	$ 2,545	21-7	1
2	Joey Abramchik	Relative	Administrative		See Attached	1.76	4.41%	Alloc. Salary	9,207	17-7	2
3	Bryan Barrish	Relative	Administrative		See Attached	1.54	3.86%	Alloc. Salary	11,018	17-7	3
4	Kirsten Schloss	Relative	Maintenance		See Attached	1.76	4.41%	Alloc. Salary	6,871	6-7	4
5	Sarah Barrish	Owner	Administrative	1.60%	See Attached	2.20	4.41%	Alloc. Salary	5,665	17-7	5
6	Louise Bergthold	Owner	Administrative	1.60%	See Attached	2.64	4.41%	Alloc. Salary	11,018	17-7	6
7	Michael Giannini	Relative	Administrative		See Attached	1.76	3.92%	Alloc. Salary	7,956	17-7	7
8	Nenita Guzman	Relative	Dietary		See Attached	1.76	4.41%	Alloc. Salary	4,575	1-7	8
9	Clark Collins	Relative	Administrative		See Attached	2.55	6.39%	Alloc. Salary	3,401	Various	9
10	See Supplemental Schedule								20,739		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	$ 82,995		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 Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

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 [X]

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

	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
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 Applewood # 0051359 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 X 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	2	Dietary Other and Rebates	Patient Days	832,144	19	$ (46,886)	$	36,673	$ (2,066)	1
2	6	Repairs & Maintanence	Patient Days	832,144	19	228,292	155,904	36,673	10,061	2
3	7	Emp. Ben. - General Svc.	Patient Days	832,144	19	28,781		36,673	1,268	3
4	9	Medical Director Consults	Patient Days	832,144	19			36,673		4
5	10	Nursing	Patient Days	832,144	19	1,095,433	1,094,370	36,673	48,276	5
6	15	Emp. Ben. - Health Care	Patient Days	832,144	19	204,429		36,673	9,009	6
7	17	Administrative	Patient Days	832,144	19	347,566	347,566	36,673	15,317	7
8	19	Professional Fees	Patient Days	832,144	19	138,762		36,673	6,115	8
9	20	Fee, Subscriptions	Patient Days	832,144	19	49,284		36,673	2,172	9
10	21	Clerical & General	Patient Days	832,144	19	4,236,976	3,850,828	36,673	186,726	10
11	24	Education & Seminar	Patient Days	832,144	19	6,287		36,673	277	11
12	25	Other Admin. Staff Transportatio	Patient Days	832,144	19	112,731		36,673	4,968	12
13	26	Insurance	Patient Days	832,144	19	32,419		36,673	1,429	13
14	27	Emp. Ben. - Gen. Admin.	Patient Days	832,144	19	371,977		36,673	16,393	14
15	32	Interest	Patient Days	832,144	19	(27,854)		36,673	(1,228)	15
16	35	Auto Rental	Patient Days	832,144	19	70,001		36,673	3,085	16
17	35	Equipment Rental	Patient Days	832,144	19	12,377		36,673	545	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 6,860,575	$ 5,448,668		$ 302,347	25

Facility Name & ID Number Generations at Applewood # 0051359 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 [X] 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	36,673	$ 4,575	1
2	7	Emp. Ben. - Dietary	Patient Days	832,144	19	19,413		36,673	856	2
3	17	Admin./Legal Salaries	Patient Days	832,144	19	2,093,591	2,093,591	36,673	92,266	3
4	19	Fin. Consult./Regl. Dir.	Patient Days	832,144	19	208,920		36,673	9,207	4
5	27	Emp. Ben. - Administrative	Patient Days	832,144	19	485,424		36,673	21,393	5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13	6	Maintenance Salaries	Maintenance Income	702,930	17	726,469	726,469	19,935	20,603	13
14	7	Employee Benefits	Maintenance Income	702,930	17	141,032		19,935	4,000	14
15										15
16	5	Utilities	Allocated Sq. Ft.	12,879	19	27,900		568	1,230	16
17	6	Repairs & Maintenance	Allocated Sq. Ft.	12,879	19	24,049		568	1,061	17
18	19	Professional Fees	Allocated Sq. Ft.	12,879	19	6,801		568	300	18
19	21	Clerical & General	Allocated Sq. Ft.	12,879	19	1,754		568	77	19
20	26	Insurance	Allocated Sq. Ft.	12,879	19	3,403		568	150	20
21	30	Depreciation	Allocated Sq. Ft.	12,879	19	71,181		568	3,139	21
22	32	Interest	Allocated Sq. Ft.	12,879	19	51,631		568	2,277	22
23	33	Real Estate Taxes	Allocated Sq. Ft.	12,879	19	123,763		568	5,458	23
24										24
25	TOTALS					$ 4,089,151	$ 2,923,880		$ 166,591	25

Facility Name & ID Number Generations at Applewood # 0051359 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 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	10	Nursing And Medical Records	Direct Allocation			$	$		$ 15,774	1
2	21	Clerical & General Office Expense	Direct Allocation						71	2
3	22	Employee Benefits	Direct Allocation						3,024	3
4	39	Ancillary	Direct Allocation						159,295	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					$	$		$ 178,164	25

Facility Name & ID Number Generations at Applewood # 0051359 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 X 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 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	Direct Allocation			$	$		$ 5,093	1
2	3	Housekeeping	Direct Allocation						27,514	2
3	4	Laundry	Direct Allocation						5,274	3
4	6	Repairs & Maintenance	Direct Allocation						1,881	4
5	10	Nursing And Medical Records	Direct Allocation						229,181	5
6	10A	Therapy	Direct Allocation						1,709	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					$	$		$ 270,652	25

Facility Name & ID Number Generations at Applewood # 0051359 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 ☐

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

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

	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
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 Applewood # 0051359 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 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
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 Applewood # 0051359 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 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
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 Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

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.

	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
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 Applewood # 0051359 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 ☐

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

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

	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
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 Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	CIBC Bank		X	Loan Payable			$	$ 11,868,265			$ 678,084	1
2							$	$			$	2
3							$	$			$	3
4							$	$			$	4
5							$	$			$	5
	Working Capital											
6	Lake Forest Bank		X	Line of Credit				437,000			31,162	6
7								-			-	7
8												8
9	TOTAL Facility Related						$	$ 12,305,265			$ 709,246	9
	B. Non-Facility Related*											
10	Interest Income										(10,771)	10
11	Alloc. From Generations HC										1,049	11
12											-	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (9,722)	14
15	TOTALS (line 9+line14)						$	$ 12,305,265			$ 699,524	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ None Line # N/A

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

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

Facility Name & ID Number Generations at Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

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

B. Real Estate Taxes

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

Item		Amount	Line
1. Real Estate Tax accrual used on 2019 report.	$	535,930	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.)	$	942,096	2
3. Under or (over) accrual (line 2 minus line 1).	$	406,166	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)	$	983,470	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.)**	$	2,737	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ ____ For ____ Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	1,392,373	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	Amount	Line
2015	445,300	8
2016	449,186	9
2017	490,007	10
2018	510,410	11
2019	936,638	12

Allocated from Generations HC Network: $5,458
2019 Accrual: 936,638 x 1.05 = $983,470
2019 RE taxes are 936,638, however the facility paid the 2nd installment of the 2019 in 2020.
This is the reason for the variance on line 7 above, and line 33 on page 4.

	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.**

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Generations at Applewood COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0051359

CONTACT PERSON REGARDING THIS REPORT Steven Lavenda

TELEPHONE (847) 282-6330 FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2019 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 2019.

	(A)	(B)	(C)	(D)
	Tax Index Number	**Property Description**	**Total Tax**	**Tax Applicable to Nursing Home**
1.	31-22-114-023-0000	Long Term Care Property	$ 35,578.23	$ 35,578.23
2.	31-22-114-024-0000	Long Term Care Property	$ 814,849.31	$ 814,849.31
3.	31-22-114-025-0000	Long Term Care Property	$ 8,479.23	$ 8,479.23
4.	31-22-114-026-0000	Long Term Care Property	$ 77,731.39	$ 77,731.39
5.	See Attached	Alloc from Regency Property	$ 796,746.36	$ 426.94
6.	See Attached	Alloc from SIR Prop/GHN	$ 148,905.51	$ 5,143.10
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 1,882,290	$ 942,208

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES ____ NO

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

C. **Tax Bills**

Attach copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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.

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.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Generations at Applewood COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0051359

CONTACT PERSON REGARDING THIS REPORT Steven Lavenda

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cost**

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.

	(A)	(B)	(C)	(D)
	Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? ______ YES X NO

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

C. **Tax Bills**

Attach a copy of the original 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

Facility Name & ID Number Generations at Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,449 B. General Construction Type: Exterior Brick Frame Steel Stud Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (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? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (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 [X] 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	191,644	2003	$ 223,625	1
2					2
3	TOTALS	191,644		$ 223,625	3

Facility Name & ID Number Generations at Applewood # 0051359 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 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	115		2003	1967	$ 1,977,857	$ 579,625	39	$	$ (579,625)	$ 1,977,857	4
5	39		2019	2019	13,496,000		39	346,051	346,051	692,102	5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2003	17,645		20	100	100	17,412	9
10	Various			2004	30,750		20	1,140	1,140	26,567	10
11	Various			2005	46,763		20	2,338	2,338	35,832	11
12	Various			2006	295,584		20	14,545	14,545	215,786	12
13	Various			2007	154,735		20	2,190	2,190	141,352	13
14	Various			2008	4,000		20	111	111	4,000	14
15	Various			2009	15,494		20	775	775	8,888	15
16	Various			2010	3,500		20	175	175	1,910	16
17	Various			2011	175,218		20	8,762	8,762	103,881	17
18	Various			2012	50,790		20	2,540	2,540	20,810	18
19	Various			2013	45,986		20	2,300	2,300	17,647	19
20	Various			2014	64,708		20	3,235	3,235	21,183	20
21	Various			2015	201,275		20	10,064	10,064	54,101	21
22	Various			2016	371,361		20	18,568	18,568	92,600	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

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Generations at Applewood # 0051359 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	
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)								67
68	Related Party Allocations (Pages 12H & 12I)		91,919	1,758		2,773	1,015	56,663	68
69	Financial Statement Depreciation			96,817			(96,817)		69
70	TOTAL (lines 4 thru 69)		$ 17,043,585	$ 678,200		$ 415,667	$ (262,533)	$ 3,488,591	70

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

Facility Name & ID Number Generations at Applewood # 0051359 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 12A, Carried Forward		$ 17,043,585	$ 678,200		$ 415,667	$ (262,533)	$ 3,488,591	1
2	Hvac Air Handler/Condensing Unit	2017	7,866		20	393	393	1,409	2
3	Booster Heater 6 Gl	2017	2,945		20	147	147	478	3
4	Walk-In Freezer Repair	2017	2,635		20	132	132	450	4
5	Water Heater 120 Glal	2018	3,792		20	190	190	553	5
6	Repaired Break Tank Switches/Pumps/Valves	2018	9,673		20	484	484	1,250	6
7	Grocery Store Cabinets	2018	6,000		20	300	300	700	7
8	Fabricate Dialysis Room Cabinets	2018	10,000		20	500	500	1,167	8
9	Fabricate Copy Room Cabinets	2018	8,900		20	445	445	1,075	9
10	Break Room Cabinets	2018	3,850		20	193	193	434	10
11	New Camera System	2018	4,474		20	224	224	821	11
12	Hot Water Heater	2018	13,249		20	662	662	1,490	12
13	Replace Fire Panel	2018	35,150		20	1,758	1,758	3,808	13
14	Eye/Face Emergency Wash Station	2018	6,180		20	309	309	747	14
15	Infill Two Basement Windows At The North Side Corner	2018	2,500		20	125	125	313	15
16	Wall Protection In Resident Rooms & Rest Rooms	2018	3,672		20	184	184	444	16
17	Magnetic Door Locks (2) -Book	2019	4,850		20	243	243	384	17
18	Gutter Installation	2019	9,450		20	473	473	749	18
19	Wander Guard System-Book	2019	9,916		20	496	496	868	19
20	Installed Wallcoverings By Corridors	2020	25,498		20	1,275	1,275	1,275	20
21	Installed Lighting For Corridors	2020	11,501		20	575	575	575	21
22	Installed Nurse Call System	2020	3,638		20	182	182	182	22
23	Installed Outdoor Signage	2020	21,855		20	1,093	1,093	1,093	23
24	Installed Call Light System For Entire Building	2020	53,469		20	2,673	2,673	2,673	24
25	Repaired Rhr Doors	2020	2,811		20	141	141	141	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 17,307,459	$ 678,200		$ 428,864	$ (249,336)	$ 3,511,670	34

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

Facility Name & ID Number Generations at Applewood # 0051359 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 12B, Carried Forward		$ 17,307,459	$ 678,200		$ 428,864	$ (249,336)	$ 3,511,670	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)		$ 17,307,459	$ 678,200		$ 428,864	$ (249,336)	$ 3,511,670	34

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

Facility Name & ID Number Generations at Applewood # 0051359 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 12C, Carried Forward		$ 17,307,459	$ 678,200		$ 428,864	$ (249,336)	$ 3,511,670	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
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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)		$ 17,307,459	$ 678,200		$ 428,864	$ (249,336)	$ 3,511,670	34

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

Facility Name & ID Number Generations at Applewood # 0051359 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 12D, Carried Forward		$ 17,307,459	$ 678,200		$ 428,864	$ (249,336)	$ 3,511,670	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
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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)		$ 17,307,459	$ 678,200		$ 428,864	$ (249,336)	$ 3,511,670	34

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

Facility Name & ID Number Generations at Applewood # 0051359 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	Building Company		$	$		$	$	$	1
2									2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								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)		$	$		$	$	$	34

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

Facility Name & ID Number Generations at Applewood # 0051359 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		$	$		$	$	$	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)		$	$		$	$	$	34

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

Facility Name & ID Number Generations at Applewood # 0051359 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	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	22,051	589	39	565	(23)	6,243	3
4	Allocated from S.I.R. Properties/GHN	1993	19,964	634	35	570	(57)	15,115	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from Generations Healthcare Network, LLC	1993	5,061	141	20		(141)	5,061	9
10	Allocated from Generations Healthcare Network, LLC	1994	16		20			16	10
11	Allocated from Generations Healthcare Network, LLC	1995	116		20			116	11
12	Allocated from Generations Healthcare Network, LLC	1997	7,777	174	20		(174)	7,777	12
13	Allocated from Generations Healthcare Network, LLC	1999	611		20	23	23	611	13
14	Allocated from Generations Healthcare Network, LLC	1999							14
15	Allocated from Generations Healthcare Network, LLC	2000	722		20	16	16	722	15
16	Allocated from Generations Healthcare Network, LLC	2007	2,320		20	116	116	1,530	16
17	Allocated from Generations Healthcare Network, LLC	2008	6,393		20	236	236	4,676	17
18	Allocated from Generations Healthcare Network, LLC	2009	15,886		20	794	794	8,932	18
19	Allocated from Generations Healthcare Network, LLC	2011	393	39	20	39		370	19
20	Allocated from Generations Healthcare Network, LLC	2012	1,258	63	20	63		466	20
21	Allocated from Generations Healthcare Network, LLC	2014	176	18	20	9	(9)	58	21
22	Allocated from Generations Healthcare Network, LLC	2016	229	11	20	11		51	22
23	Allocated from Generations Healthcare Network, LLC	2019	1,144	56	20	56		71	23
24	Allocated from Generations Healthcare Network, LLC	2020	932	19	20	19	0	19	24
25									25
26	Allocated from S.I.R. Properties/GHN	2012	1,223		20	61	61	428	26
27	Allocated from S.I.R. Properties/GHN	2010	1,205		20	60	60	562	27
28	Allocated from S.I.R. Properties/GHN	2009	1,199		20	60	60	647	28
29	Allocated from S.I.R. Properties/GHN	2007	118	7	20	6	(1)	77	29
30	Allocated from S.I.R. Properties/GHN	2002	79		20	4	4	69	30
31	Allocated from S.I.R. Properties/GHN	1999	2,530		20	63	63	2,530	31
32	Allocated from S.I.R. Properties/GHN	1994	190	5	20		(5)	190	32
33	Allocated from S.I.R. Properties/GHN	1993	324	2	20		(2)	324	33
34	TOTAL (lines 1 thru 33)		$ 91,919	$ 1,758		$ 2,773	$ 1,023	$ 56,663	34

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

Facility Name & ID Number Generations at Applewood # 0051359 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 12H, Carried Forward		$ 91,919	$ 1,758		$ 2,773	$ 1,015	$ 56,663	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)		$ 91,919	$ 1,758		$ 2,773	$ 1,015	$ 56,663	34

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

Facility Name & ID Number Generations at Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,387,464	$ 935	$ 138,759	$ 137,823	10	$ 440,388	71
72	Current Year Purchases	21,466	12	2,140	2,128	10	2,140	72
73	Fully Depreciated Assets	887,026				10	887,026	73
74								74
75	TOTALS	$ 2,295,957	$ 948	$ 140,899	$ 139,951		$ 1,329,555	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		5,201	434	785	351		2,786	79
80	TOTALS			$ 5,201	$ 434	$ 785	$ 351		$ 2,786	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)	$ 19,832,241	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 679,582	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 570,548	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (109,034)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 4,844,010	85	

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Generations at Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
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: *

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	$

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: $ 1,634 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	Alloc from Generations H		$	$ 3,085	17
18					18
19					19
20					20
21	TOTAL		$	$ 3,085	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Generations at Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

[ ] YES
[X] 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.)

	Service	1	2	3	4	5	6	7	8	
		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	$		$ 296,953	$		$ 296,953	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			92,791			92,791	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			286,656			286,656	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				168,453		168,453	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					160,414	8,996		169,410	13
14	TOTAL			$		$ 836,814	$ 177,449		$ 1,014,263	14

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

Facility Name & ID Number Generations at Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/20 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 606,010	$ 1,882,248	1
2	Cash-Patient Deposits	58,396	58,396	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	2,015,585	2,999,055	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	72,355	72,355	6
7	Other Prepaid Expenses	1,345,617	1,345,617	7
8	Accounts Receivable (owners or related parties)		1,110,000	8
9	Other(specify):	2,269	64,018	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 4,100,232	$ 7,531,689	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		223,625	13
14	Buildings, at Historical Cost		16,999,729	14
15	Leasehold Improvements, at Historical Cost	1,081,991	1,081,991	15
16	Equipment, at Historical Cost	486,580	486,580	16
17	Accumulated Depreciation (book methods)	(564,815)	(3,903,704)	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):	3,399,784	2,824,784	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 4,403,540	$ 17,713,005	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 8,503,772	$ 25,244,694	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 471,647	$ 471,647	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	58,421	58,421	28
29	Short-Term Notes Payable	437,000	437,000	29
30	Accrued Salaries Payable	161,775	161,775	30
31	Accrued Taxes Payable (excluding real estate taxes)	198,678	198,678	31
32	Accrued Real Estate Taxes(Sch.IX-B)		983,470	32
33	Accrued Interest Payable		61,649	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36		3,628,941	3,949,335	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 4,956,462	$ 6,321,975	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		11,868,265	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43		2,650,000	4,264,967	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 2,650,000	$ 16,133,232	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 7,606,462	$ 22,455,207	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 897,310	$ 2,789,487	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 8,503,772	$ 25,244,694	48

*(See instructions.)

Facility Name & ID Number Generations at Applewood # 0051359 Report Period Beginning: 01/01/20 Ending: 12/31/20

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,284,844	1
2	Restatements (describe):		2
3	Rounding	2	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,284,846	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(387,536)	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)**	$ (387,536)	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)**	$ 897,310	24 *

*** This must agree with page 17, line 47.**

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 9,307,969	1
2	Discounts and Allowances for all Levels	(1,653,917)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,654,052	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,166,140	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,166,140	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	164,645	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	22,041	19
20	Radiology and X-Ray	3,835	20
21	Other Medical Services	40,770	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 231,291	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	10,771	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 10,771	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28		1,337,916	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,337,916	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 11,400,170	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,536,030	31
32	Health Care	3,842,848	32
33	General Administration	2,227,595	33
	B. Capital Expense		
34	Ownership	2,887,899	34
	C. Ancillary Expense		
35	Special Cost Centers	1,014,263	35
36	Provider Participation Fee	279,071	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 11,787,706	40
41	**Income before Income Taxes (line 30 minus line 40)****	(387,536)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (387,536)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 1,108,416	44
45	Private Pay - Net Inpatient Revenue	777,035	45
46	Medicare - Net Inpatient Revenue	1,332,242	46
47	Other-(specify) Insurance / Managed Care	4,031,094	47
48	Other-(specify) Hospice	405,265	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 7,654,052	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.

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XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,921	2,055	$ 107,260	$ 52.19	1
2	Assistant Director of Nursing	2,745	3,026	114,902	37.97	2
3	Registered Nurses	13,185	14,262	480,365	33.68	3
4	Licensed Practical Nurses	21,867	23,216	695,044	29.94	4
5	CNAs & Orderlies	68,766	74,622	1,159,275	15.54	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,199	6,816	139,803	20.51	8
9	Activity Director					9
10	Activity Assistants	7,488	8,705	114,326	13.13	10
11	Social Service Workers	5,457	5,868	87,333	14.88	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	21,303	23,336	331,983	14.23	15
16	Dishwashers					16
17	Maintenance Workers	3,366	3,812	86,929	22.80	17
18	Housekeepers	15,398	16,913	254,761	15.06	18
19	Laundry	1,506	1,637	21,615	13.20	19
20	Administrator	1,753	2,012	103,822	51.60	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,624	1,746	32,153	18.42	23
24	Clerical	6,258	6,934	122,656	17.69	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	5,641	6,248	177,485	28.41	31
32	Other Health Care(specify)					32
33	Other(specify) See Attached	1,066	1,146	20,098	17.54	33
34	TOTAL (lines 1 - 33)	185,543	202,354	$ 4,049,810 *	$ 20.01	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 29,254	01-03	35
36	Medical Director	Monthly	90,090	09-03	36
37	Medical Records Consultant	Monthly	2,800	10-03	37
38	Nurse Consultant	Monthly	51,618	10-03	38
39	Pharmacist Consultant	Monthly	8,564	10-03	39
40	Physical Therapy Consultant	112	5,274	10a-03	40
41	Occupational Therapy Consultant	115	8,628	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	80	3,182	10a-03	43
44	Activity Consultant	Monthly	621	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	307	$ 200,031		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	2,055	$ 132,995	10-03	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	497	18,347	10-03	52
53	TOTAL (lines 50 - 52)	2,552	$ 151,342		53

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Debbie Massey	Administrator		$ 8,120
Regina Ruiz	Administrator		95,702
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 103,822

B. Administrative - Other

Description	Amount
Generations HC Network - Dir. of Admin Services	$ 56,280
Generations HC Network - Ancillary Administrative Charges	40,200
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 96,480

C. Professional Services

Vendor/Payee	Type	Amount
Marcum LLP	Accounting Fees	$ 16,200
Plante Moran	Accounting Fees	4,940
Generations Healthcare Network	Dir. of Financial Services	43,416
Generations Healthcare Network	Dir. of Business Development	114,168
Generations Healthcare Network	Dir. of Regulatory Services	16,080
Generations Healthcare Network	Dir. of Information Technology	9,648
Generations Healthcare Network	Computer Support Charges	35,376
Generations Healthcare Network	Bookkeeping Services	212,760
Paylocity	Payroll Processing	16,166
PayChex	Payroll Processing	1,107
See Attached	Legal	17,650
See Supplemental Schedule		66,141
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 553,653

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 62,436
Unemployment Compensation Insurance	44,520
FICA Taxes	309,811
Employee Health Insurance	143,701
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Benefits - Other	23,112
401K Matching Contr.	1,375
TOTAL (agree to Schedule V, line 22, col.8)	$ 584,955

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,992
Advertising: Employee Recruitment	19,603
Health Care Worker Background Check (Indicate # of checks performed 256.8)	2,568
Patient Background Checks 70	698
Dues & Subscriptions	6,980
Licenses & Fees	28,870
See Supplemental Schedule	2,172
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 62,883

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	1,883
See Supplemental Schedule	277
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 2,160

**See instructions.

Facility Name & ID Number **Generations at Applewood** **#** **0051359** **Report Period Beginning:** **01/01/20** **Ending:** **12/31/20**

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **No**
If YES, give association name and amount. **HCCI - $8,050**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **44,980** Line **10-02**

(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. $ **279,071**
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. $ ____ Has any meal income been offset against related costs? **N/A** Indicate the amount. $ ____

(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? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
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 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.