

Facility Name & ID Number Generations At Regency Llc

0049841 Report Period Beginning: 01/01/17 Ending: 12/31/17

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	300	Skilled (SNF)	300	109,500	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	300	TOTALS	300	109,500	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	17,659	6,418	46,799	70,876	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	17,659	6,418	46,799	70,876	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 64.73%

D. How many bed reserve days during this year were paid by the Department? None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

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

I. On what date did you start providing long term care at this location?
Date started 01/01/2008

J. Was the facility purchased or leased after January 1, 1978?
YES Date 01/01/2008 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 300 and days of care provided 7,063

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Generations At Regency Llc # 0049841 Report Period Beginning: 01/01/17 Ending: 12/31/17

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclassification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	539,022	59,102	69,553	667,677		667,677	(26,900)	640,777		1
2	Food Purchase		543,857		543,857	(38,763)	505,094	(490)	504,604		2
3	Housekeeping	373,650	66,950		440,600		440,600	(5,544)	435,056		3
4	Laundry	82,268	33,490	156,775	272,533		272,533	(340)	272,193		4
5	Heat and Other Utilities			250,726	250,726		250,726	(5,720)	245,006		5
6	Maintenance	164,660	62,959	219,902	447,521		447,521	(10,603)	436,918		6
7	Other (specify):*							5,341	5,341		7
8	TOTAL General Services	1,159,600	766,358	696,956	2,622,914	(38,763)	2,584,151	(44,256)	2,539,895		8
	B. Health Care and Programs										
9	Medical Director			90,750	90,750		90,750	8,375	99,125		9
10	Nursing and Medical Records	4,383,666	291,880	726,356	5,401,902		5,401,902	(45,747)	5,356,155		10
10a	Therapy	172,374		47,499	219,873		219,873	(13,435)	206,438		10a
11	Activities	251,712	12,480	5,952	270,144		270,144		270,144		11
12	Social Services	234,287		7,885	242,172		242,172		242,172		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							12,200	12,200		15
16	TOTAL Health Care and Programs	5,042,039	304,360	878,442	6,224,841		6,224,841	(38,607)	6,186,234		16
	C. General Administration										
17	Administrative	198,777		162,000	360,777		360,777	17,787	378,564		17
18	Directors Fees										18
19	Professional Services			496,854	496,854		496,854	(358,213)	138,641		19
20	Dues, Fees, Subscriptions & Promotions			119,576	119,576		119,576	(51,308)	68,268		20
21	Clerical & General Office Expenses	178,381	23,711	164,590	366,682		366,682	59,344	426,026		21
22	Employee Benefits & Payroll Taxes			1,134,217	1,134,217	38,763	1,172,980		1,172,980		22
23	Inservice Training & Education										23
24	Travel and Seminar			7,378	7,378		7,378	234	7,612		24
25	Other Admin. Staff Transportation			3,592	3,592		3,592	14,315	17,907		25
26	Insurance-Prop.Liab.Malpractice			281,072	281,072		281,072	24,888	305,960		26
27	Other (specify):*							54,406	54,406		27
28	TOTAL General Administration	377,158	23,711	2,369,279	2,770,148	38,763	2,808,911	(238,547)	2,570,364		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,578,797	1,094,429	3,944,677	11,617,903		11,617,903	(321,410)	11,296,493		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 Regency Llc

#0049841

Report Period Beginning:

01/01/17

Ending:

12/31/17

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			167,385	167,385		167,385	902,582	1,069,967			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			115,840	115,840		115,840	843,239	959,079			32
33	Real Estate Taxes							797,068	797,068			33
34	Rent-Facility & Grounds			3,060,000	3,060,000		3,060,000	(3,060,000)				34
35	Rent-Equipment & Vehicles			2,698	2,698		2,698	6,455	9,153			35
36	Other (specify):*							157,332	157,332			36
37	TOTAL Ownership			3,345,923	3,345,923		3,345,923	(353,324)	2,992,599			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		433,729	1,424,881	1,858,610		1,858,610	(32,957)	1,825,653			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			552,518	552,518		552,518		552,518			42
43	Other (specify):*	37,650			37,650		37,650	(37,650)				43
44	TOTAL Special Cost Centers	37,650	433,729	1,977,399	2,448,778		2,448,778	(70,607)	2,378,171			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,616,447	1,528,158	9,267,999	17,412,604		17,412,604	(745,341)	16,667,263			45

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

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(11,090)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	208,119	30		9
10	Interest and Other Investment Income	(8,636)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(490)	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	(7,200)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(66,319)	21		24
25	Fund Raising, Advertising and Promotional	(33,469)	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	(134,908)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (53,993)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(691,348)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (691,348)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (745,341)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.			\$	38
39					39
40	Gift and Coffee Shops				40
41	Barber and Beauty Shops				41
42	Laboratory and Radiology				42
43	Prescription Drugs				43
44					44
45	Other-Attach Schedule				45
46	Other-Attach Schedule				46
47	TOTAL (C): (sum of lines 38-46)			\$	47

BHF USE ONLY

48		49		50		51		52
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Generations At Regency Llc

ID# 0049841

Report Period Beginning: 01/01/17

Ending: 12/31/17

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Building Company Capitalized R&M	\$ (12,441)	06	1
2	Bank Fees	(7,165)	21	2
3	Theft & Damage Loss	(2,585)	21	3
4	Prior Year Oxygen Expense	(4,041)	10	4
5	Miscellaneous Income	(1,500)	21	5
6	Jury Duty Income	(103)	10	6
7	PAC Dues	(18,227)	20	7
8	Non-Allowable Interest	(9,150)	32	8
9	Non-Care Depreciation	(13,151)	30	9
10	Capitalized R&M	(2,500)	06	10
11	Collections Expense	(13,360)	19	11
12	Non-Allowable Legal	(2,721)	19	12
13	Marketing Salary	(37,650)	43	13
14	Non-Care RE Expense	(10,314)	33	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(134,908)		49

Generations At Regency Llc

ID# 0049841
 Report Period Beginning: 01/01/17
 Ending: 12/31/17

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Generations At Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending:

12/31/17

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary				(26,550)		(350)						(26,900)	1
2	Food Purchase	(490)											(490)	2
3	Housekeeping						(5,544)						(5,544)	3
4	Laundry						(340)						(340)	4
5	Heat and Other Utilities	(11,090)	2,740		2,630								(5,720)	5
6	Maintenance	(14,941)	28,697	(25,951)	1,910		(317)						(10,603)	6
7	Other (specify):*			1,697	3,644								5,341	7
8	TOTAL General Services	(26,521)	31,437	(24,254)	(18,367)		(6,551)						(44,256)	8
	B. Health Care and Programs													
9	Medical Director			8,375									8,375	9
10	Nursing and Medical Records	(4,144)		(35,201)	10,972	(2,440)	(14,934)						(45,747)	10
10a	Therapy				(13,435)								(13,435)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			7,505	4,695								12,200	15
16	TOTAL Health Care and Programs	(4,144)		(19,321)	2,232	(2,440)	(14,934)						(38,607)	16
	C. General Administration													
17	Administrative			(127,365)	145,152								17,787	17
18	Directors Fees													18
19	Professional Services	(16,081)		(362,674)	20,542								(358,213)	19
20	Fees, Subscriptions & Promotions	(51,696)		388									(51,308)	20
21	Clerical & General Office Expenses	(84,769)		144,143	211	(213)	(28)						59,344	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			234									234	24
25	Other Admin. Staff Transportation			14,315									14,315	25
26	Insurance-Prop.Liab.Malpractice		22,225	2,389	274								24,888	26
27	Other (specify):*			18,653	35,753								54,406	27
28	TOTAL General Administration	(152,546)	22,225	(309,917)	201,932	(213)	(28)						(238,547)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(183,211)	53,662	(353,492)	185,798	(2,653)	(21,513)						(321,410)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Generations At Regency Llc # 0049841 Report Period Beginning: 01/01/17 Ending: 12/31/17

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	194,968	698,332		9,282								902,582	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(17,786)	859,094	(5,806)	7,737								843,239	32
33	Real Estate Taxes	(10,314)	795,820		11,562								797,068	33
34	Rent-Facility & Grounds		(3,060,000)										(3,060,000)	34
35	Rent-Equipment & Vehicles			6,455									6,455	35
36	Other (specify):*		157,332										157,332	36
37	TOTAL Ownership	166,868	(549,422)	649	28,581								(353,324)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers					(32,957)							(32,957)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(37,650)											(37,650)	43
44	TOTAL Special Cost Centers	(37,650)				(32,957)							(70,607)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(53,993)	(495,760)	(352,843)	214,379	(35,610)	(21,513)						(745,341)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6 Supplemental		See Page 6 Supplemental		See Page 6 Supplemental		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental Income	\$ 3,060,000	Regency Property, LLC	100.00%	\$	(3,060,000)	1
2	V	30 Depreciation		Regency Property, LLC	100.00%	698,332	698,332	2
3	V	32 Interest	248	Regency Property, LLC	100.00%	859,342	859,094	3
4	V	36 MIP Expense		Regency Property, LLC	100.00%	157,332	157,332	4
5	V	26 Property Insurance		Regency Property, LLC	100.00%	22,225	22,225	5
6	V	33 Real Estate Taxes		Regency Property, LLC	100.00%	795,820	795,820	6
7	V	06 Repairs and Maintenance		Regency Property, LLC	100.00%	22,215	22,215	7
8	V	06 Other Maintenance Expense		Regency Property, LLC	100.00%	6,482	6,482	8
9	V	05 Utilities		Regency Property, LLC	100.00%	2,740	2,740	9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 3,060,248			\$ 2,564,488	\$ * (495,760)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 REPAIRS AND MAINT.	\$ 44,100	GENERATIONS HC NETWORK, LLC	100.00%	\$ 18,149	\$ (25,951)
16	V	7 EMP. BEN.-GEN. SERV.		GENERATIONS HC NETWORK, LLC	100.00%	1,697	1,697
17	V	9 MEDICAL DIRECTOR CONSULTS		GENERATIONS HC NETWORK, LLC	100.00%	8,375	8,375
18	V	10 NURSING	95,400	GENERATIONS HC NETWORK, LLC	100.00%	60,199	(35,201)
19	V	15 EMP. BEN.-H.C.		GENERATIONS HC NETWORK, LLC	100.00%	7,505	7,505
20	V	17 ADMINISTRATIVE	162,000	GENERATIONS HC NETWORK, LLC	100.00%	34,635	(127,365)
21	V	19 PROFESSIONAL FEES	364,860	GENERATIONS HC NETWORK, LLC	100.00%	2,186	(362,674)
22	V	20 FEES,SUBSCRIPTIONS		GENERATIONS HC NETWORK, LLC	100.00%	388	388
23	V	21 CLERICAL & GENERAL	44,100	GENERATIONS HC NETWORK, LLC	100.00%	188,243	144,143
24	V	24 EDUCATION & SEMINAR		GENERATIONS HC NETWORK, LLC	100.00%	234	234
25	V	25 OTHER ADMIN. STAFF TRANS.		GENERATIONS HC NETWORK, LLC	100.00%	14,315	14,315
26	V	26 INSURANCE		GENERATIONS HC NETWORK, LLC	100.00%	2,389	2,389
27	V	27 EMP. BEN.-GEN. ADMIN.		GENERATIONS HC NETWORK, LLC	100.00%	18,653	18,653
28	V	32 INTEREST		GENERATIONS HC NETWORK, LLC	100.00%	(5,806)	(5,806)
29	V	35 AUTO RENTAL		GENERATIONS HC NETWORK, LLC	100.00%	5,293	5,293
30	V	35 EQUIPMENT RENTAL		GENERATIONS HC NETWORK, LLC	100.00%	1,162	1,162
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 710,460			\$ 357,617	\$ * (352,843)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	1	DIETARY SALARIES	\$ 36,720	GENERATIONS HC NETWORK, LLC	100.00%	\$ 10,170	\$ (26,550)	15
16	V	7	EMP. BEN.-DIETARY		GENERATIONS HC NETWORK, LLC	100.00%	1,762	1,762	16
17	V	10	NURSING SALARIES		GENERATIONS HC NETWORK, LLC	100.00%	10,972	10,972	17
18	V	15	EMP. BEN.-NURSING		GENERATIONS HC NETWORK, LLC	100.00%	1,894	1,894	18
19	V	17	ADMIN./LEGAL SALARIES		GENERATIONS HC NETWORK, LLC	100.00%	145,152	145,152	19
20	V	19	FIN. CONSULT./REGL. DIR.		GENERATIONS HC NETWORK, LLC	100.00%	20,426	20,426	20
21	V	27	EMP. BEN.-ADMINISTRATIVE		GENERATIONS HC NETWORK, LLC	100.00%	35,753	35,753	21
22	V								22
23	V								23
24	V	10A	DIRECTOR OF SPECIAL REHAB	29,520	GENERATIONS HC NETWORK, LLC	100.00%	16,085	(13,435)	24
25	V	15	EMPLOYEE BENFITS		GENERATIONS HC NETWORK, LLC	100.00%	2,801	2,801	25
26	V								26
27	V	6	MAINTENANCE SALARIES	10,098	GENERATIONS HC NETWORK, LLC	100.00%	10,361	263	27
28	V	7	EMPLOYEE BENEFITS		GENERATIONS HC NETWORK, LLC	100.00%	1,882	1,882	28
29	V								29
30	V	5	UTILITIES		GENERATIONS HC NETWORK, LLC	100.00%	2,630	2,630	30
31	V	6	REPAIRS AND MAINT.		GENERATIONS HC NETWORK, LLC	100.00%	1,647	1,647	31
32	V	19	PROFESSIONAL FEES		GENERATIONS HC NETWORK, LLC	100.00%	116	116	32
33	V	21	CLERICAL & GENERAL		GENERATIONS HC NETWORK, LLC	100.00%	211	211	33
34	V	26	INSURANCE		GENERATIONS HC NETWORK, LLC	100.00%	274	274	34
35	V	30	DEPRECIATION		GENERATIONS HC NETWORK, LLC	100.00%	9,282	9,282	35
36	V	32	INTEREST		GENERATIONS HC NETWORK, LLC	100.00%	7,737	7,737	36
37	V	33	REAL ESTATE TAXES		GENERATIONS HC NETWORK, LLC	100.00%	11,562	11,562	37
38	V								38
39	Total		\$ 76,338				\$ 290,717	\$ * 214,379	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	06 Maintenance	\$	MAC Rx, LLC	100.00%	\$		15
16	V	10 Nursing and Medical Records	29,537	MAC Rx, LLC	100.00%	27,097	(2,440)	16
17	V	10A Therapy		MAC Rx, LLC	100.00%			17
18	V	19 Professional Services		MAC Rx, LLC	100.00%			18
19	V	21 Clerical & General Office Expenses	2,581	MAC Rx, LLC	100.00%	2,368	(213)	19
20	V	22 Employee Benefits		MAC Rx, LLC	100.00%			20
21	V	39 Ancillary	398,991	MAC Rx, LLC	100.00%	366,035	(32,957)	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		\$ 431,109			\$ 395,500	\$ * (35,610)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary	\$ 4,039	Big Ten Supply, LLC	100.00%	\$ 3,689	\$ (350)
16	V	3 Housekeeping	63,954	Big Ten Supply, LLC	100.00%	58,411	(5,544)
17	V	4 Laundry	3,920	Big Ten Supply, LLC	100.00%	3,580	(340)
18	V	6 Repairs & Maintenance	3,661	Big Ten Supply, LLC	100.00%	3,343	(317)
19	V	10 Nursing And Medical Records	172,288	Big Ten Supply, LLC	100.00%	157,353	(14,934)
20	V	10A Therapy		Big Ten Supply, LLC	100.00%		
21	V	21 Clerical & General	324	Big Ten Supply, LLC	100.00%	296	(28)
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 248,185			\$ 226,672	\$ * (21,513)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

Facility Name & ID Number

Generations At Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending:

12/31/17

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference		
						Hours	Percent	Description	Amount			
1	Bryan Barrish	Relative	Administrative	0.00%	See Attached	3.57	8.93%	Alloc Salary	\$ 20,426	17-7	1	
2	Sarah Barrish	Relative	Administrative	0.00%	See Attached	5.11	10.22%	Alloc Salary	12,744	17-7	2	
3	Clark Collins	Relative	Administrative	0.00%	See Attached	4.3	10.75%	Alloc Salary	5,376	Various	3	
4	Michael Giannini	Relative	Administrative	0.00%	See Attached	3.57	8.93%	Alloc Salary	17,362	17-7	4	
5	Nenita Guzman	Relative	Dietary	0.00%	See Attached	5.11	10.22%	Alloc Salary	10,170	1-7	5	
6	Kirsten Schloss	Relative	Maintenance	0.00%	See Attached	5.11	10.22%	Alloc Salary	9,717	6-7	6	
7	Tom Winter	Relative	Administrative	0.00%	See Attached	6.13	10.22%	Alloc Salary	20,426	17-7	7	
8											8	
9											9	
10											10	
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts											11
12	anticipated to be considered allowable by the IL. Dept. of HFS.											12
13								TOTAL	\$ 96,221		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 Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Generations At Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	6	REPAIRS AND MAINT.	PATIENT DAYS	693,985	14	\$ 177,702	\$ 95,737	70,876	\$ 18,149	1
2	7	EMP. BEN.-GEN. SERV.	PATIENT DAYS	693,985	14	16,617		70,876	1,697	2
3	9	MEDICAL DIRECTOR CONSUM	PATIENT DAYS	693,985	14	82,000		70,876	8,375	3
4	10	NURSING	PATIENT DAYS	693,985	14	589,441	589,441	70,876	60,199	4
5	15	EMP. BEN.-H.C.	PATIENT DAYS	693,985	14	73,484		70,876	7,505	5
6	17	ADMINISTRATIVE	PATIENT DAYS	693,985	14	339,126	339,126	70,876	34,635	6
7	19	PROFESSIONAL FEES	PATIENT DAYS	693,985	14	21,409		70,876	2,186	7
8	20	FEES,SUBSCRIPTIONS	PATIENT DAYS	693,985	14	3,801		70,876	388	8
9	21	CLERICAL & GENERAL	PATIENT DAYS	693,985	14	1,843,191	1,656,700	70,876	188,243	9
10	24	EDUCATION & SEMINAR	PATIENT DAYS	693,985	14	2,295		70,876	234	10
11	25	OTHER ADMIN. STAFF TRANS	PATIENT DAYS	693,985	14	140,164		70,876	14,315	11
12	26	INSURANCE	PATIENT DAYS	693,985	14	23,394		70,876	2,389	12
13	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	693,985	14	182,645		70,876	18,653	13
14	32	INTEREST	PATIENT DAYS	693,985	14	(56,845)		70,876	(5,806)	14
15	35	AUTO RENTAL	PATIENT DAYS	693,985	14	51,827		70,876	5,293	15
16	35	EQUIPMENT RENTAL	PATIENT DAYS	693,985	14	11,377		70,876	1,162	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 3,501,628	\$ 2,681,003		\$ 357,617	25

Facility Name & ID Number Generations At Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	1	DIETARY SALARIES	PATIENT DAYS	693,985	14	\$ 99,579	\$ 99,579	70,876	\$ 10,170	1
2	7	EMP. BEN.-DIETARY	PATIENT DAYS	693,985	14	17,250		70,876	1,762	2
3	10	NURSING SALARIES	PATIENT DAYS	693,985	14	107,435	107,435	70,876	10,972	3
4	15	EMP. BEN.-NURSING	PATIENT DAYS	693,985	14	18,544		70,876	1,894	4
5	17	ADMIN./LEGAL SALARIES	PATIENT DAYS	693,985	14	1,421,258	1,421,258	70,876	145,152	5
6	19	FIN. CONSULT./REGL. DIR.	PATIENT DAYS	693,985	14	200,000		70,876	20,426	6
7	27	EMP. BEN.-ADMINISTRATIVE	PATIENT DAYS	693,985	14	350,079		70,876	35,753	7
8										8
9										9
10	10A	DIRECTOR OF SPECIAL REHA	SPECIAL REHAB INC.	329,142	13	179,343	179,343	29,520	16,085	10
11	15	EMPLOYEE BENEFITS	SPECIAL REHAB INC.	329,142	13	31,236		29,520	2,801	11
12										12
13	6	MAINTENANCE SALARIES	MAINTENANCE INC.	366,497	14	376,026	376,026	10,098	10,361	13
14	7	EMPLOYEE BENEFITS	MAINTENANCE INC.	366,497	14	68,296		10,098	1,882	14
15										15
16	5	UTILITIES	ALLOCATED SQ FT	12,877	14	25,758		1,315	2,630	16
17	6	REPAIRS AND MAINT.	ALLOCATED SQ FT	12,877	14	16,130		1,315	1,647	17
18	19	PROFESSIONAL FEES	ALLOCATED SQ FT	12,877	14	1,139		1,315	116	18
19	21	CLERICAL & GENERAL	ALLOCATED SQ FT	12,877	14	2,063		1,315	211	19
20	26	INSURANCE	ALLOCATED SQ FT	12,877	14	2,682		1,315	274	20
21	30	DEPRECIATION	ALLOCATED SQ FT	12,877	14	90,892		1,315	9,282	21
22	32	INTEREST	ALLOCATED SQ FT	12,877	14	75,767		1,315	7,737	22
23	33	REAL ESTATE TAXES	ALLOCATED SQ FT	12,877	14	113,223		1,315	11,562	23
24										24
25	TOTALS					\$ 3,196,700	\$ 2,183,641		\$ 290,717	25

Facility Name & ID Number Generations At Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	06	Maintenance	Direct Allocation		\$	\$		\$	1
2	10	Nursing And Medical Records	Direct Allocation					27,097	2
3	10A	Therapy	Direct Allocation						3
4	19	Professional Services	Direct Allocation						4
5	21	Clerical & General Office Expense	Direct Allocation					2,368	5
6	22	Employee Benefits	Direct Allocation						6
7	39	Ancillary	Direct Allocation					366,035	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				\$	\$		\$ 395,500	25

Facility Name & ID Number Generations At Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary	Direct Allocation		\$	\$		\$ 3,689	1
2	3	Housekeeping	Direct Allocation					58,411	2
3	4	Laundry	Direct Allocation					3,580	3
4	6	Repairs & Maintenance	Direct Allocation					3,343	4
5	10	Nursing And Medical Records	Direct Allocation					157,353	5
6	10A	Therapy	Direct Allocation						6
7	21	Clerical & General	Direct Allocation					296	7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 226,672	25

Facility Name & ID Number Generations At Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number (_____

Fax Number (_____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Generations At Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Generations At Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Generations At Regency Llc

0049841 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Generations At Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Generations At Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending:

12/31/17

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	HUD		X	Mortgage			\$	24,404,282		\$	859,342	1								
2												2								
3												3								
4												4								
5												5								
Working Capital																				
6	Lake Forest Bank		X	Line of Credit				2,000,000			105,002	6								
7	1st Source Bank		X	Vehicle Note				27,825			1,688	7								
8	See Supplemental Schedule							250,000			7,737	8								
9	TOTAL Facility Related						\$	26,682,107		\$	973,769	9								
B. Non-Facility Related*																				
10	Interest Income		X								(8,636)	10								
11	Interest Income- Bldg Co		X								(248)	11								
12	Allocated From Generations HN		X								(5,806)	12								
13												13								
14	TOTAL Non-Facility Related						\$			\$	(14,690)	14								
15	TOTALS (line 9+line14)						\$	26,682,107		\$	959,079	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 157,332 Line # 36

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

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

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

B. Real Estate Taxes

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

1. Real Estate Tax accrual used on 2016 report.		\$	945,142	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.)		\$	850,210	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(94,932)	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	892,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		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.		\$	797,068	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2012	783,781	8
	2013	849,760	9
	2014	852,472	10
	2015	880,133	11
	2016	838,648	12

2017 Accrual: \$838,648 X 1.06 = \$892,000 (Rounded)

Beginning Accrual Adjusted

Allocated From Generations: \$11,562

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

NOTES:

- Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.**
- If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity. This denial must be no more than four years old at the time the cost report is filed.**

Facility Name & ID Number Generations At Regency Llc

0049841 Report Period Beginning:

01/01/17 Ending:

12/31/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 89,951 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 5

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

Generations Healthcare Network Training Center- Separate Building

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

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

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: Facility, 2009, \$950,000. Row 2: (blank). Row 3: TOTALS, \$950,000.

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	300		1976	\$ 13,150,000	\$ 698,332	39	\$ 337,179	\$ (361,153)	\$ 2,604,210	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various		2008	252,676		20	11,834	11,834	133,392	9
10	Various		2009	547,020		20	45,333	45,333	214,326	10
11	Various		2010	392,518		20	20,023	20,023	151,733	11
12	Various		2011	827,017		20	40,638	40,638	291,344	12
13	Various		2012	124,944		20	6,457	6,457	34,912	13
14	Various		2013	276,905		20	13,845	13,845	64,591	14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		8,347,853			417,392	417,392	2,947,081	67
68		182,498	5,553		6,494	941	108,857	68
69			154,234			(154,234)		69
70		\$ 24,101,431	\$ 858,119		\$ 899,197	\$ 41,078	\$ 6,550,446	70

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

Facility Name & ID Number Generations At Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending:

12/31/17

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 24,101,431	\$ 858,119		\$ 899,197	\$ 41,078	\$ 6,550,446	1
2	Sprinkler System Work	2014	7,681		20	384	384	1,504	2
3	Air Conditioner Cut Outs	2014	3,600		20	180	180	705	3
4	Custom Cabinets - 3 Rms And Patient	2014	16,200		20	810	810	3,240	4
5	Fire Sprinkler Line Valve	2014	9,350		20	468	468	1,714	5
6	Front Door Access Control	2014	4,859		20	243	243	749	6
7	Masonry Infills	2014	3,460		20	173	173	649	7
8	10 Air Conditioners	2014	6,199		20	310	310	1,136	8
9	Video Camera & Monitors	2015	2,792		20	140	140	291	9
10	Freight Elevator - Replace Defective Board	2015	2,971		20	149	149	359	10
11	Hvac Coiled Replacement	2016	16,785		20	839	839	979	11
12	Elevator-Pump Unit	2016	13,790		20	690	690	747	12
13	Parking Lot - Install/Compact 2 Traffic Control Bumps	2016	3,150		20	158	158	184	13
14	Underground Plumbing Repair To Sanitary Drain For Dietary Ar	2016	2,500		20	125	125	125	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)		\$ 24,194,768	\$ 858,119		\$ 903,864	\$ 45,745	\$ 6,562,829	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 24,194,768	\$ 858,119		\$ 903,864	\$ 45,745	\$ 6,562,829	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)	\$ 24,194,768	\$ 858,119		\$ 903,864	\$ 45,745	\$ 6,562,829	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 24,194,768	\$ 858,119		\$ 903,864	\$ 45,745	\$ 6,562,829	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		\$ 24,194,768	\$ 858,119		\$ 903,864	\$ 45,745	\$ 6,562,829	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 24,194,768	\$ 858,119		\$ 903,864	\$ 45,745	\$ 6,562,829	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)	\$ 24,194,768	\$ 858,119		\$ 903,864	\$ 45,745	\$ 6,562,829	34

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

Facility Name & ID Number Generations At Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending:

12/31/17

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Building Company		\$	\$		\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Various	2009	93,046		20	4,652	4,652	41,872	9
10	Drapes, Cubicles, Coverlets	2010	166,306		20	8,315	8,315	66,522	10
11	Handrails	2010	59,608		20	2,980	2,980	23,843	11
12	Dialysis Room Piping	2010	19,324		20	966	966	7,729	12
13	Painting- 2nd Floor	2010	35,410		20	1,771	1,771	14,165	13
14	Painting- 4th Floor	2009	52,610		20	2,631	2,631	23,675	14
15	Pegasus- Nursing Stations	2009	165,000		20	8,250	8,250	74,250	15
16	Built In Furniture	2009	299,000		20	14,950	14,950	134,550	16
17	Flooring	2009	208,860		20	10,443	10,443	93,987	17
18	Flooring	2010	116,064		20	5,803	5,803	46,425	18
19	Window Treatments	2010	7,202		20	360	360	2,881	19
20	Corner Gaurds	2010	5,103		20	255	255	2,041	20
21	Flooring	2010	15,532		20	777	777	6,213	21
22	Telephone System	2010	42,428		20	2,121	2,121	16,971	22
23	Overbed Lights	2010	5,573		20	279	279	2,230	23
24	Overbed Lights	2010	9,240		20	462	462	3,696	24
25	Interior Signage	2010	5,424		20	271	271	2,169	25
26	Interior Signage	2010	4,305		20	215	215	1,722	26
27	Lighting	2010	26,692		20	1,335	1,335	10,677	27
28	1st Floor Resident Room Work	2011	4,500		20	225	225	1,575	28
29	PT Recovery Room	2011	4,000		20	200	200	1,400	29
30	Dialysis Water Purification	2011	6,385		20	319	319	2,235	30
31	Custom Cabinets	2011	4,000		20	200	200	1,400	31
32	Grocery Cabinets	2011	7,900		20	395	395	2,765	32
33	Outdoor Iron Gates and Fencing	2011	9,245		20	462	462	3,236	33
34	TOTAL (lines 1 thru 33)		\$ 1,372,757	\$		\$ 68,638	\$ 68,638	\$ 588,229	34

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

Facility Name & ID Number Generations At Regency Llc# 0049841

Report Period Beginning:

01/01/17

Ending:

12/31/17**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 1,372,757	\$		\$ 68,638	\$	\$ 588,229	1
2	Sump Pump	2011	7,342		20	367	367	2,570	2
3	Landscape Improvements - Trees & Plants	2011	11,340		20	567	567	3,969	3
4	1st Floor Suites - Cabinets & Granite Tops	2011	28,700		20	1,435	1,435	10,045	4
5	Cabinetry	2011	8,600		20	430	430	3,010	5
6	Window Treatment	2011	11,587		20	579	579	4,055	6
7	Window Treatment	2011	19,302		20	965	965	6,756	7
8	Window Treatments	2011	3,003		20	150	150	1,051	8
9	Cubicle Curtains - Dialysis	2011	7,051		20	353	353	2,468	9
10	Install Corner Guards	2011	3,840		20	192	192	1,344	10
11	Kitchen Dishwasher Install	2011	5,306		20	265	265	1,857	11
12	Family Room Wall Prep & Paint	2011	2,700		20	135	135	945	12
13	Mason Wall for Garbage Enclosure	2011	6,500		20	325	325	2,275	13
14	Dialysis, Therapy, & Dining Rooms & 1st Flr & Basement Remodel	2011	5,662,788		20	283,139	283,139	1,981,975	14
15	Architect Fees-Dialysis, Therapy&Dining Rooms& 1st Flr&Basement	2011	479,093		20	23,955	23,955	167,683	15
16	Fees Dialysis, Therapy & Dining Rooms & 1st Flr & Basement Remod	2011	299,630		20	14,982	14,982	104,871	16
17	Contractor Fee - Dialysis, Therapy & Dining Rooms & 1st Flr & Base	2011	36,491		20	1,825	1,825	12,772	17
18	Administrative Offices	2009	250,000		20	12,500	12,500	37,500	18
19	Walk-in Freezer Work	2015	8,484		20	424	424	1,272	19
20	Door to Walk-in Freezer	2015	4,767		20	238	238	715	20
21	Wireless Network Upgrade	2015	15,589		20	779	779	2,338	21
22	Custom Elevator Pit Ladder	2015	10,665		20	533	533	1,600	22
23	Parking Lot Re-Stripe	2015	7,400		20	370	370	1,110	23
24	Stairwell Safety Signs	2015	2,591		20	130	130	389	24
25	Thru Wall Air Conditioners	2015	4,207		20	210	210	631	25
26	LED Lighting	2016	24,258		20	1,213	1,213	2,426	26
27	Outdoor Sign	2016	7,655		20	383	383	766	27
28	Privacy Curtains 3rd and 4th floors	2016	2,974		20	149	149	297	28
29	100 Amp Sub Panels- Basement Electrical Room and Linen Closet	2017	11,800		20	590	590	590	29
30	Elevator- Control Boards/Selector Replacement	2017	4,184		20	209	209	209	30
31	ATS Switch on GeneratorRetrofit Power Panel and Controller	2017	9,368		20	468	468	468	31
32	Tuckpointing/Lintel/Flashing Repair-Floors 1-4 North Facing Bldg (\$2	2017	13,240		20	662	662	662	32
33	Freight Elevator- Repair Detector Edge and Control Panel	2017	4,641		20	232	232	232	33
34	TOTAL (lines 1 thru 33)		\$ 8,347,853	\$		\$ 417,392	\$ 348,755	\$ 2,947,081	34

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

Facility Name & ID Number Generations At Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending:

12/31/17

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Related Party		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated From Generations Healthcare Network	2009	25,530	677	39	655	(22)	5,264	3
4	Allocated From SIR Properties	1993	46,226	1,467	35	1,321	(146)	32,358	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated From Generations Healthcare Network	1993	11,720	326	20		(326)	11,720	9
10	Allocated From Generations Healthcare Network	1994	37		20			37	10
11	Allocated From Generations Healthcare Network	1995	268		20			268	11
12	Allocated From Generations Healthcare Network	1997	18,008	807	20	302	(505)	18,008	12
13	Allocated From Generations Healthcare Network	1999	1,416		20	71	71	1,292	13
14	Allocated From Generations Healthcare Network	2000	1,672		20	84	84	1,466	14
15	Allocated From Generations Healthcare Network	2007	5,372		20	269	269	2,738	15
16	Allocated From Generations Healthcare Network	2008	14,803	1,480	20	933	(547)	9,185	16
17	Allocated From Generations Healthcare Network	2009	36,784	336	20	1,839	1,503	15,163	17
18	Allocated From Generations Healthcare Network	2011	910	91	20	91		584	18
19	Allocated From Generations Healthcare Network	2012	2,912	146	20	146		809	19
20	Allocated From Generations Healthcare Network	2014	408	41	20	20	(21)	73	20
21	Allocated From Generations Healthcare Network	2016	531	27	20	27		38	21
22									22
23	Allocated From SIR Properties	2012	2,832	124	20	142	18	709	23
24	Allocated From SIR Properties	2010	2,789		20	139	139	1,023	24
25	Allocated From SIR Properties	2009	2,776		20	139	139	1,221	25
26	Allocated From SIR Properties	2007	274	16	20	14	(2)	150	26
27	Allocated From SIR Properties	2002	183		20	9	9	143	27
28	Allocated From SIR Properties	1999	5,857		20	293	293	5,418	28
29	Allocated From SIR Properties	1994	440	11	20		(11)	440	29
30	Allocated From SIR Properties	1993	750	4	20		(4)	750	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 182,498	\$ 5,553		\$ 6,494	\$ 941	\$ 108,857	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1		\$ 182,498	\$ 5,553		\$ 6,494	\$ 941	\$ 108,857
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34		\$ 182,498	\$ 5,553		\$ 6,494	\$ 941	\$ 108,857

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,556,535	\$ 3,415	\$ 156,766	\$ 153,351	10	\$ 1,133,608	71
72	Current Year Purchases	11,450		993	993	10	993	72
73	Fully Depreciated Assets	122,951		1,600	1,600	10	122,951	73
74								74
75	TOTALS	\$ 1,690,936	\$ 3,415	\$ 159,359	\$ 155,944		\$ 1,257,552	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		2016 T150 Transit Van	2016	\$ 46,901	\$	\$ 6,508	\$ 6,508	5	\$ 10,025	76
77		Allocated From Generations	2017	3,590	314	237	(77)	5	2,999	77
78										78
79										79
80	TOTALS			\$ 50,491	\$ 314	\$ 6,745	\$ 6,431		\$ 13,024	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)	\$ 26,886,195	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 861,848	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 1,069,967	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 208,119	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,833,405	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	Office Building - 2009	\$ 500,000	\$	\$ 148,568	86
87	Land- Vacant Parcel - 2009	400,000			87
88	Land- Office Buidling - 2009	150,000			88
89	Tuckpointing/Linel/Flashing - 2017	6,620			89
90					90
91	TOTALS	\$ 1,056,620	\$	\$ 148,568	91

G. Construction-in-Progress

	Description	Cost	
92	Resident Communication	\$ 88,353	92
93	System		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 Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending:

12/31/17

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.

YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

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

12.	/2018	\$	_____
13.	/2019	\$	_____
14.	/2020	\$	_____

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

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

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

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 3,860

Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Allocated From Generations Healthcare Network</u>		\$	\$ <u>5,293</u>	17
18					18
19					19
20					20
21	TOTAL		\$	\$ <u>5,293</u>	21

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	463,376	\$		\$	463,376	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				136,803				136,803	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				537,152				537,152	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescripts					398,991			398,991	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): _____											12
13	Other (specify): _____						287,550	34,738			322,288	13
14	TOTAL			\$		\$	1,424,881	\$	433,729	\$	1,858,610	14

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

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/17**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 5,458	\$ 103,107	1
2	Cash-Patient Deposits	79,229	79,229	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	3,012,274	3,012,274	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	106,151	226,370	6
7	Other Prepaid Expenses	826	826	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached Schedule		851,086	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,203,938	\$ 4,272,892	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,500,000	13
14	Buildings, at Historical Cost		19,842,535	14
15	Leasehold Improvements, at Historical Cost	2,267,988	3,926,440	15
16	Equipment, at Historical Cost	630,341	1,726,603	16
17	Accumulated Depreciation (book methods)	(1,153,022)	(6,313,082)	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): See Attached Schedule	88,353	8,444,096	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,833,660	\$ 29,126,592	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,037,598	\$ 33,399,484	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,599,624	\$ 1,599,624	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	79,229	79,229	28
29	Short-Term Notes Payable	2,277,825	2,277,825	29
30	Accrued Salaries Payable	363,388	363,388	30
31	Accrued Taxes Payable (excluding real estate taxes)	13,699	13,699	31
32	Accrued Real Estate Taxes(Sch.IX-B)		892,000	32
33	Accrued Interest Payable		72,196	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	89,897	89,897	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,423,662	\$ 5,387,858	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		24,404,282	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule		2,850,000	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 27,254,282	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,423,662	\$ 32,642,140	46
47	TOTAL EQUITY(page 18, line 24)	\$ 613,936	\$ 757,344	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,037,598	\$ 33,399,484	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,418,093	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,418,093	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(804,157)	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)	\$ (804,157)	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)	\$ 613,936	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Generations At Regency Llc

0049841

Report Period Beginning: 01/01/17

Ending:

12/31/17

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 15,470,505	1
2	Discounts and Allowances for all Levels	(3,479,589)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,990,916	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,145,723	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 4,145,723	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	368,890	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	36,182	19
20	Radiology and X-Ray	15,494	20
21	Other Medical Services	41,003	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 461,569	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	8,636	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 8,636	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	1,603	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,603	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,608,447	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,622,914	31
32	Health Care	6,224,841	32
33	General Administration	2,770,148	33
B. Capital Expense			
34	Ownership	3,345,923	34
C. Ancillary Expense			
35	Special Cost Centers	1,896,260	35
36	Provider Participation Fee	552,518	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,412,604	40
41	Income before Income Taxes (line 30 minus line 40)**	(804,157)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (804,157)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 3,015,483	44
45	Private Pay - Net Inpatient Revenue	1,389,777	45
46	Medicare - Net Inpatient Revenue	678,677	46
47	Other-(specify) <u>Insurance, Managed Care</u>	6,405,562	47
48	Other-(specify) <u>Hospice</u>	501,417	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,990,916	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Generations At Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending:

12/31/17

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,924	2,086	\$ 116,118	\$ 55.67	1
2	Assistant Director of Nursing	1,900	2,077	81,828	39.40	2
3	Registered Nurses	50,647	54,266	1,713,207	31.57	3
4	Licensed Practical Nurses	31,642	33,779	907,258	26.86	4
5	CNAs & Orderlies	90,773	98,379	1,260,347	12.81	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,710	8,535	172,374	20.20	8
9	Activity Director					9
10	Activity Assistants	20,999	22,454	251,712	11.21	10
11	Social Service Workers	12,838	13,522	234,287	17.33	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	42,269	45,514	539,022	11.84	15
16	Dishwashers					16
17	Maintenance Workers	6,963	7,775	164,660	21.18	17
18	Housekeepers	32,206	35,165	373,650	10.63	18
19	Laundry	7,535	8,128	82,268	10.12	19
20	Administrator	1,547	1,622	94,618	58.33	20
21	Assistant Administrator	2,999	3,351	104,159	31.08	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,876	10,583	178,381	16.86	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	6,607	7,164	192,428	26.86	31
32	Other Health Care(specify)					32
33	Other(specify)	6,643	7,215	150,129	20.81	33
34	TOTAL (lines 1 - 33)	335,078	361,615	\$ 6,616,446 *	\$ 18.30	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 69,553	01-03	35
36	Medical Director	Monthly	90,750	09-03	36
37	Medical Records Consultant	Monthly	4,800	10-03	37
38	Nurse Consultant	Monthly	95,400	10-03	38
39	Pharmacist Consultant	Monthly	15,152	10-03	39
40	Physical Therapy Consultant	175	8,771	10a-03	40
41	Occupational Therapy Consultant	138	6,831	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	49	2,377	10a-03	43
44	Activity Consultant	Monthly	5,952	11-03	44
45	Social Service Consultant	Monthly	5,485	12-03	45
46	Other(specify)				46
47	Psychiatric	Monthly	2,400	12-03	47
48	Special Rehab	Monthly	29,520	10a-03	48
49	TOTAL (lines 35 - 48)	362	\$ 336,991		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	22	\$ 763	10-03	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	25,602	610,241	10-03	52
53	TOTAL (lines 50 - 52)	25,624	\$ 611,004		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Loirie Butler	Administrator	0.00%	\$ 71,372	Workers' Compensation Insurance	\$ 139,633	IDPH License Fee	\$ 1,992	
Joseph Javier	Administrator	0.00%	23,246	Unemployment Compensation Insurance	41,736	Advertising: Employee Recruitment	23,515	
Sirka Goode	Asst. Admin	0.00%	19,990	FICA Taxes	494,086	Health Care Worker Background Check (Indicate # of checks performed <u>353</u>)	3,525	
Lea Radunsky	Asst. Admin	0.00%	84,169	Employee Health Insurance	449,166	Patient Background Checks		
				Employee Meals	38,763	Dues and Subscriptions	25,219	
				Illinois Municipal Retirement Fund (IMRF)*		Licenses & Permits	13,629	
				401 K Contributins and Life Insurance	4,655	Allocated From Generations	388	
				Other Employee Benefits	4,941			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 198,777			Less: Public Relations Expense	()	
B. Administrative - Other						Non-allowable advertising	()	
Description			Amount			Yellow page advertising	()	
Generations Healthcare Network-Ancillary Administrative Charge			\$ 73,800					
Generations Healthcare Network-Director of Administrative Services			88,200					
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 162,000	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,172,980	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 68,268	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Generations Healthcare Network	Bookkeeping		\$ 157,140				Out-of-State Travel	\$
Generations Healthcare Network	Computer Support Services		40,500					
See Attached	Legal Fees		8,238				In-State Travel	
Markoff	Collection Fees- Adj- Pg 5A		13,361					
Paychex	Payroll Processing		18,339				Seminar Expense	7,378
Personnel Planners	Unemployment Consulting		1,485				Allocated From Generations	234
Generations Healthcare Network	Director of Financial Services		51,300					
Generations Healthcare Network	Dir. of Marketing/Admissions		62,460				Entertainment Expense	()
Generations Healthcare Network	Director- Regulatory Services		44,100				(agree to Sch. V, line 24, col. 8)	
Generations Healthcare Network	Director of IT/Dir Bus Dev		49,860				TOTAL	\$ 7,612
Plante Moran	Accounting		5,501					
See Supplemental Schedule			44,570					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 496,854	TOTAL		\$		

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Generations At Regency Llc

0049841

Report Period Beginning:

01/01/17

Ending:

12/31/17

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IL Council LTC \$36,453
- (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. \$ 47,042 Line 10-2
- (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. \$ 552,518
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. \$ 38,763 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees