FOR BHF USE

LL1

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

2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

I. IDPH License ID Number: 0049866

Facility Name: Generations at Rock Island

Address: 2545 24th Street (Number) Rock Island (City) 61201 (Zip Code)

County: Rock Island

Telephone Number: (309) 788-0458 **Fax #** (309) 788-5234

HFS ID Number:

Date of Initial License for Current Owners: 3/6/1997

Type of Ownership:

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

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/16 to 12/31/16 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) * (Date)
** Subject to the attached Accountants Consulting Report*
(Print Name and Title)
(Firm Name & Address) Marcum, LLP, 111 Pfingsten Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 282-6300 Fax # (847) 282-6301

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001
Phone # (217) 782-1630

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	177	Skilled (SNF)	177	64,782	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	177	TOTALS	177	64,782	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	853		6,533	7,386	8
9	SNF/PED					9
10	ICF	25,848	1,750	3,484	31,082	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	26,701	1,750	10,017	38,468	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 59.38%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 03/06/1997

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 03/06/1997 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 177 and days of care provided 4,112

Medicare Intermediary CGS Administrators

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	218,208	40,160	43,548	301,916		301,916	(18,391)	283,525			1
2	Food Purchase		286,910		286,910	(23,365)	263,545	(360)	263,185			2
3	Housekeeping	162,236	45,937		208,173		208,173	(3,085)	205,088			3
4	Laundry	84,294	30,606		114,900		114,900	10,892	125,792			4
5	Heat and Other Utilities			206,678	206,678		206,678	(25,684)	180,994			5
6	Maintenance	58,048	35,384	159,547	252,979		252,979	(15,786)	237,193			6
7	Other (specify):*							2,716	2,716			7
8	TOTAL General Services	522,786	438,997	409,773	1,371,556	(23,365)	1,348,191	(49,698)	1,298,492			8
	B. Health Care and Programs											
9	Medical Director			66,250	66,250		66,250	810	67,060			9
10	Nursing and Medical Records	2,030,476	233,837	192,523	2,456,836		2,456,836	(44,394)	2,412,442			10
10a	Therapy	90,784		17,317	108,101		108,101	(12,168)	95,933			10a
11	Activities	105,780	11,927		117,707		117,707		117,707			11
12	Social Services	138,151		2,111	140,262		140,262		140,262			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*							6,091	6,091			15
16	TOTAL Health Care and Programs	2,365,191	245,764	278,201	2,889,156		2,889,156	(49,661)	2,839,495			16
	C. General Administration											
17	Administrative	99,451		93,456	192,907		192,907	(8,238)	184,669			17
18	Directors Fees											18
19	Professional Services			287,374	287,374	(323)	287,051	(211,969)	75,082			19
20	Dues, Fees, Subscriptions & Promotions			66,059	66,059		66,059	(25,470)	40,589			20
21	Clerical & General Office Expenses	193,172	28,273	320,960	542,405		542,405	(208,141)	334,264			21
22	Employee Benefits & Payroll Taxes			475,743	475,743	23,365	499,108		499,108			22
23	Inservice Training & Education											23
24	Travel and Seminar			3,745	3,745		3,745	380	4,125			24
25	Other Admin. Staff Transportation			9,232	9,232		9,232	5,594	14,826			25
26	Insurance-Prop.Liab.Malpractice			148,011	148,011		148,011	8,858	156,869			26
27	Other (specify):*							25,801	25,801			27
28	TOTAL General Administration	292,623	28,273	1,404,580	1,725,476	23,042	1,748,518	(413,185)	1,335,333			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,180,600	713,034	2,092,554	5,986,188	(323)	5,985,865	(512,544)	5,473,321			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 Rock Island #0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			111,368	111,368		111,368	173,267	284,635			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			58,601	58,601		58,601	162,608	221,209			32
33	Real Estate Taxes					323	323	118,396	118,719			33
34	Rent-Facility & Grounds			480,000	480,000		480,000	(480,000)				34
35	Rent-Equipment & Vehicles			9,629	9,629		9,629	4,133	13,762			35
36	Other (specify):*							23,355	23,355			36
37	**TOTAL Ownership**			659,598	659,598	323	659,921	1,759	661,680			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	250,033	414,386	615,909	1,280,328		1,280,328	(1,453)	1,278,875			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			306,209	306,209		306,209		306,209			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**	250,033	414,386	922,118	1,586,537		1,586,537	(1,453)	1,585,084			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,430,633	1,127,420	3,674,270	8,232,323		8,232,323	(512,237)	7,720,086			45

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(229)	02		4
5	Telephone, TV & Radio in Resident Rooms	(27,217)	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	(22,998)	30		9
10	Interest and Other Investment Income	(597)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(131)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(1,251)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(269,316)	21		24
25	Fund Raising, Advertising and Promotional	(19,192)	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	(50,342)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (391,273)		$	30

BHF USE ONLY								
48		49		50		51		52	

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(120,964)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (120,964)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (512,237)		37

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

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

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

Generations at Rock Island

ID# 0049866

Report Period Beginning: 01/01/16

Ending: 12/31/16

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Bank Fees	$ (6,940)	21	1
2	Interest Expense Related	(5,600)	32	2
3	Prior Period Expense	(14,223)	10	3
4	Capitalized R&M	(8,735)	06	4
5	Legal Collections	(7,467)	19	5
6	PAC Dues	(6,352)	20	6
7	Building Co. Fees	(250)	21	7
8	Bldg Co. Prof Fees	(8,700)	19	8
9	Bldg Co. Amort	(2,582)	36	9
10	Additional R&M	11,116	06	10
11	Non Allowable Legal	(609)	19	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				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**	(50,342)		49

Generations at Rock Island

ID# 0049866

Report Period Beginning: 01/01/16

Ending: 12/31/16

	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 Rock Island **#** 0049866 **Report Period Beginning:** 01/01/16 **Ending:** 12/31/16

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary				(15,952)	(2,439)							(18,391)	1
2	Food Purchase	(360)											(360)	2
3	Housekeeping					(3,085)							(3,085)	3
4	Laundry		10,892										10,892	4
5	Heat and Other Utilities	(27,217)			1,533								(25,684)	5
6	Maintenance	2,381		(21,224)	3,118	(61)							(15,786)	6
7	Other (specify):*				2,716								2,716	7
8	**TOTAL General Services**	(25,196)	10,892	(21,224)	(8,585)	(5,585)							(49,698)	8
	B. Health Care and Programs													
9	Medical Director			810									810	9
10	Nursing and Medical Records	(14,223)		(28,528)	5,729	(7,326)	(45)						(44,394)	10
10a	Therapy				(8,221)	(3,947)							(12,168)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			3,541	2,550								6,091	15
16	**TOTAL Health Care and Programs**	(14,223)		(24,177)	58	(11,273)	(45)						(49,661)	16
	C. General Administration													
17	Administrative			(75,098)	66,860								(8,238)	17
18	Directors Fees													18
19	Professional Services	(16,776)	8,700	(215,076)	11,183								(211,969)	19
20	Fees, Subscriptions & Promotions	(26,795)		1,325									(25,470)	20
21	Clerical & General Office Expenses	(276,506)	250	68,017	98								(208,141)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			380									380	24
25	Other Admin. Staff Transportation			5,594									5,594	25
26	Insurance-Prop.Liab.Malpractice		7,365	1,358	135								8,858	26
27	Other (specify):*			9,431	16,370								25,801	27
28	**TOTAL General Administration**	(320,077)	16,315	(204,069)	94,646								(413,185)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(359,496)	27,207	(249,470)	86,119	(16,858)	(45)						(512,544)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Generations at Rock Island # 0049866 **Report Period Beginning:** 01/01/16 **Ending:** 12/31/16

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	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(22,998)	191,443		4,822								173,267	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(6,197)	167,319	(3,151)	4,637								162,608	32
33	Real Estate Taxes		112,643		5,753								118,396	33
34	Rent-Facility & Grounds		(480,000)										(480,000)	34
35	Rent-Equipment & Vehicles			4,133									4,133	35
36	Other (specify):*	(2,582)	25,937										23,355	36
37	**TOTAL Ownership**	(31,777)	17,342	982	15,212								1,759	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(1,453)						(1,453)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	**TOTAL Special Cost Centers**						(1,453)						(1,453)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(391,273)	44,549	(248,488)	101,331	(16,858)	(1,498)						(512,237)	45

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES

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

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

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	$ 480,000	Rock Island Real Estate, LLC	100.00%	$	$ (480,000)	1
2	V	21	Fees		Rock Island Real Estate, LLC	100.00%	250	250	2
3	V	32	Interest Expense & Income	368	Rock Island Real Estate, LLC	100.00%	167,687	167,319	3
4	V	04	Linen Replacement		Rock Island Real Estate, LLC	100.00%	10,892	10,892	4
5	V	36	Mortgage Insurance		Rock Island Real Estate, LLC	100.00%	23,355	23,355	5
6	V	19	Professional Fees		Rock Island Real Estate, LLC	100.00%	8,700	8,700	6
7	V	26	Property Insurance		Rock Island Real Estate, LLC	100.00%	7,365	7,365	7
8	V	33	Real Estate Tax	1,357	Rock Island Real Estate, LLC	100.00%	114,000	112,643	8
9	V	36	Amort-HUD Fees		Rock Island Real Estate, LLC	100.00%	2,582	2,582	9
10	V	30	Depreciation		Rock Island Real Estate, LLC	100.00%	191,443	191,443	10
11	V								11
12	V								12
13	V								13
14	Total			$ 481,725			$ 526,274	$ * 44,549	14

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	REPAIRS AND MAINT.	$ 25,488	SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	$ 4,264	$ (21,224)	15
16	V	9	MEDICAL DIRECTOR CONSULTS		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	810	810	16
17	V	10	NURSING	55,224	SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	26,696	(28,528)	17
18	V	15	EMP. BEN.-H.C.		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	3,541	3,541	18
19	V	17	ADMINISTRATIVE	93,456	SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	18,358	(75,098)	19
20	V	19	PROFESSIONAL FEES	218,292	SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	3,216	(215,076)	20
21	V	20	FEES,SUBSCRIPTIONS		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	1,325	1,325	21
22	V	21	CLERICAL & GENERAL	25,488	SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	93,505	68,017	22
23	V	24	EDUCATION & SEMINAR		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	380	380	23
24	V	25	OTHER ADMIN. STAFF TRANS.		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	5,594	5,594	24
25	V	26	INSURANCE		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	1,358	1,358	25
26	V	27	EMP. BEN.-GEN. ADMIN.		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	9,431	9,431	26
27	V	32	INTEREST		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	(3,151)	(3,151)	27
28	V	35	AUTO RENTAL		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	3,493	3,493	28
29	V	35	EQUIPMENT RENTAL				640	640	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			$ 417,948			$ 169,460	$ * (248,488)	39

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	DIETARY SALARIES	$ 21,240	SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	$ 5,288	$ (15,952)	15
16	V	7	EMP. BEN.-DIETARY		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	926	926	16
17	V	10	NURSING SALARIES		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	5,729	5,729	17
18	V	15	EMP. BEN.-NURSING		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	999	999	18
19	V	17	ADMIN./LEGAL SALARIES		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	66,860	66,860	19
20	V	19	FIN. CONSULT./REGL. DIR.		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	10,803	10,803	20
21	V	27	EMP. BEN.-ADMINISTRATIVE		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	16,370	16,370	21
22	V								22
23	V								23
24	V	10A	DIRECTOR OF SPECIAL REHAB	16,992	SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	8,771	(8,221)	24
25	V	15	EMPLOYEE BENFITS		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	1,551	1,551	25
26	V								26
27	V	6	MAINTENANCE SALARIES	7,560	SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	10,077	2,517	27
28	V	7	EMPLOYEE BENEFITS		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	1,790	1,790	28
29	V								29
30	V	5	UTILITIES		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	1,533	1,533	30
31	V	6	REPAIRS AND MAINT.		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	601	601	31
32	V	19	PROFESSIONAL FEES		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	380	380	32
33	V	21	CLERICAL & GENERAL		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	98	98	33
34	V	26	INSURANCE		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	135	135	34
35	V	30	DEPRECIATION		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	4,822	4,822	35
36	V	32	INTEREST		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	4,637	4,637	36
37	V	33	REAL ESTATE TAXES		SIR MGMT.INC & GENERATIONS HC NETWORK, LLC	100.00%	5,753	5,753	37
38	V								38
39	Total			$ 45,792			$ 147,123	$ * 101,331	39

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	$ 33,294	Big Ten Supply, LLC	100.00%	$ 30,855	$ (2,439)	15
16	V	3	Housekeeping	42,110	Big Ten Supply, LLC	100.00%	39,025	(3,085)	16
17	V	4	Laundry		Big Ten Supply, LLC	100.00%			17
18	V	6	Repairs & Maintenance	829	Big Ten Supply, LLC	100.00%	768	(61)	18
19	V	10	Nursing And Medical Records	99,992	Big Ten Supply, LLC	100.00%	92,666	(7,326)	19
20	V	10A	Therapy	53,868	Big Ten Supply, LLC	100.00%	49,922	(3,947)	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			$ 230,094			$ 213,236	$ * (16,858)	39

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	10	Nursing and Medical Records	$ 632	MAC Rx, LLC	100.00%	$ 586	$ (45)	15
16	V	21	Clerical & General Office Expenses		MAC Rx, LLC	100.00%			16
17	V	22	Employee Benefits		MAC Rx, LLC	100.00%			17
18	V	39	Ancillary	20,168	MAC Rx, LLC	100.00%	18,716	(1,453)	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			$ 20,800			$ 19,302	$ * (1,498)	39

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Atied Associates	28.44%	ALBANY CARE INC	EVANSTON	ROCK ISLAND REAL ESTATE	ROCK ISLAND	BUILDING CO.	1
2	Barrish Bryan G. Trust 09/01/04	9.48%	GENERATIONS AT APPLEWOOD, LLC	MATTESON	SIR MANAGEMENT	LINCOLNWOOD	MANAGEMENT CO.	2
3	Barrish Group Limited Partnership	9.48%	BRYN MAWR CARE INC.	CHICAGO	SIR PROPERTIES	LINCOLNWOOD	BUILDING CO.	3
4	United Trust #1	4.74%	GENERATIONS AT COLUMBUS PARK, INC	CHICAGO	BIG TEN SUPPLY, LLC	LIBERTYVILLE	SUPPLY CO.	4
5	United Trust #2	4.74%	DECATUR MANOR HEALTHCARE,LLC	DECATUR	OAKTON ARMS	DES PLAINES	ASSISTED LIVING	5
6	Ralph Gesualdo Childrens Trust	9.48%	GENERATIONS AT ELMWOOD PARK, INC	ELMWOOD PARK	MAC Rx LLC	DES PLAINES	PHARMACY	6
7	Gesualdo Ralph	9.48%	GREENWOOD CARE, INC.	EVANSTON	GENERATIONS HEALTH NETW	LINCOLNWOOD	CONSULTING CO.	7
8	Bergthold Louise	1.13%	GENERATIONS AT NEIGHBORS, LLC	BYRON				8
9	Chin Fay	1.13%	GENERATIONS AT REGENCY, LLC	NILES				9
10	Ethell Lynn	1.13%	WILSON CARE, INC.	CHICAGO				10
11	Guzman, Nenita	1.13%	WESLEY REHABILITATION CENTER	AUBURN, IN				11
12	McDiarmid Patricia	1.13%	GENERATIONS AT OAKTON, LLC	DES PLAINES				12
13	Nunziato Ron	1.13%						13
14	Oravec Jeff	1.13%						14
15	Shelton Kim	1.13%						15
16	Thomas & Stephanie Winter Revocable Trust	5.65%						16
17	B.G. Trust	4.74%						17
18	L.G. Trust	4.74%						18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Bryan Barrish	Relative	Administrative		See Attached	2.16	4.80%	Alloc. Salary	$ 10,803	17-7	1
2	Sarah Barrish	Relative	Administrative		See Attached	2.7	5.40%	Alloc. Salary	6,661	17-7	2
3	Louise Bergthold	Shareholder	Administrative	1.13%	See Attached	3.24	5.40%	Alloc. Salary	10,803	17-7	3
4	Thomas Bergthold	Relative	Clerical		See Attached	2.16	5.40%	Alloc. Salary	2,254	21-7	4
5	Andrew Chin	Relative	Clerical		See Attached	2.16	5.40%	Alloc. Salary	4,298	21-7	5
6	Fay Chin	Shareholder	Nursing	1.13%	See Attached	2.16	5.40%	Alloc. Salary	5,729	10-7	6
7	Clark Collins	Relative	Administrative		See Attached	3.79	9.48%	Alloc. Salary	4,734	Var.	7
8	Mike Giannini	Relative	Administrative		See Attached	1.89	4.73%	Alloc. Salary	9,183	17-7	8
9	Nenita Guzman	Shareholder	Dietary	1.13%	See Attached	2.7	5.40%	Alloc. Salary	5,288	1-7	9
10											10
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts										11
12	anticipated to be considered allowable by the IL. Dept. of HFS.										12
13								TOTAL	$ 59,753		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 Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 [X]

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

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

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: SIR MGMT.INC & GENERATIONS HC NETW
Street Address: 6840 N. LINCOLN
City / State / Zip Code: LINCOLNWOOD, IL. 60712
Phone Number: (847) 675 -7979
Fax Number: (847) 675 -0555

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6	REPAIRS AND MAINT.	PATIENT DAYS	712,171	14	$ 78,945	$	38,468	$ 4,264	1
2	9	MEDICAL DIRECTOR CONSUL	PATIENT DAYS	712,171	14	15,000		38,468	810	2
3	10	NURSING	PATIENT DAYS	712,171	14	494,227		38,468	26,696	3
4	15	EMP. BEN.-H.C.	PATIENT DAYS	712,171	14	65,558	494,227	38,468	3,541	4
5	17	ADMINISTRATIVE	PATIENT DAYS	712,171	14	339,874	339,874	38,468	18,358	5
6	19	PROFESSIONAL FEES	PATIENT DAYS	712,171	14	59,533		38,468	3,216	6
7	20	FEES,SUBSCRIPTIONS	PATIENT DAYS	712,171	14	24,522		38,468	1,325	7
8	21	CLERICAL & GENERAL	PATIENT DAYS	712,171	14	1,731,089	1,318,665	38,468	93,505	8
9	24	EDUCATION & SEMINAR	PATIENT DAYS	712,171	14	7,033		38,468	380	9
10	25	OTHER ADMIN. STAFF TRANS	PATIENT DAYS	712,171	14	103,561		38,468	5,594	10
11	26	INSURANCE	PATIENT DAYS	712,171	14	25,150		38,468	1,358	11
12	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	712,171	14	174,591		38,468	9,431	12
13	32	INTEREST	PATIENT DAYS	712,171	14	(58,326)		38,468	(3,150)	13
14	35	AUTO RENTAL	PATIENT DAYS	712,171	14	64,663		38,468	3,493	14
15	35	EQUIPMENT RENTAL	PATIENT DAYS	712,171	14	11,842		38,468	640	15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 3,137,262	$ 2,152,767		$ 169,461	25

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: SIR MGMT.INC & GENERATIONS HC NETW
Street Address: 6840 N. LINCOLN
City / State / Zip Code: LINCOLNWOOD, IL. 60712
Phone Number: (847) 675 -7979
Fax Number: (847) 675 -0555

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	DIETARY SALARIES	PATIENT DAYS	712,171	14	$ 97,898	$ 97,898	38,468	$ 5,288	1
2	7	EMP. BEN.-DIETARY	PATIENT DAYS	712,171	14	17,139		38,468	926	2
3	10	NURSING SALARIES	PATIENT DAYS	712,171	14	106,059	106,059	38,468	5,729	3
4	15	EMP. BEN.-NURSING	PATIENT DAYS	712,171	14	18,488		38,468	999	4
5	17	ADMIN./LEGAL SALARIES	PATIENT DAYS	712,171	14	1,237,797	1,115,138	38,468	66,860	5
6	19	FIN. CONSULT./REGL. DIR.	PATIENT DAYS	712,171	14	200,000		38,468	10,803	6
7	27	EMP. BEN.-ADMINISTRATIVE	PATIENT DAYS	712,171	14	303,056		38,468	16,370	7
8										8
9										9
10	10A	DIRECTOR OF SPECIAL REHA	SPECIAL REHAB INC.	322,920	13	166,688	166,688	16,992	8,771	10
11	15	EMPLOYEE BENFITS	SPECIAL REHAB INC.	322,920	13	29,469		16,992	1,551	11
12										12
13	6	MAINTENANCE SALARIES	MAINTENANCE INC.	335,151	14	446,742	446,742	7,560	10,077	13
14	7	EMPLOYEE BENEFITS	MAINTENANCE INC.	335,151	14	79,358		7,560	1,790	14
15										15
16	5	UTILITIES	ALLOCATED SQ FT	12,878	14	28,358		696	1,533	16
17	6	REPAIRS AND MAINT.	ALLOCATED SQ FT	12,878	14	11,129		696	601	17
18	19	PROFESSIONAL FEES	ALLOCATED SQ FT	12,878	14	7,038		696	380	18
19	21	CLERICAL & GENERAL	ALLOCATED SQ FT	12,878	14	1,812		696	98	19
20	26	INSURANCE	ALLOCATED SQ FT	12,878	14	2,507		696	135	20
21	30	DEPRECIATION	ALLOCATED SQ FT	12,878	14	89,214		696	4,822	21
22	32	INTEREST	ALLOCATED SQ FT	12,878	14	85,804		696	4,637	22
23	33	REAL ESTATE TAXES	ALLOCATED SQ FT	12,878	14	106,445		696	5,753	23
24										24
25	TOTALS					$ 3,035,001	$ 1,932,526		$ 147,123	25

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Direct Allocation			$	$		$ 30,855	1
2	3	Housekeeping	Direct Allocation						39,025	2
3	4	Laundry	Direct Allocation							3
4	6	Repairs & Maintenance	Direct Allocation						768	4
5	10	Nursing And Medical Records	Direct Allocation						92,666	5
6	10A	Therapy	Direct Allocation						49,922	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					$	$		$ 213,236	25

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10	Nursing And Medical Records	Direct Allocation			$	$		$ 586	1
2	21	Clerical & General Office Expense	Direct Allocation							2
3	22	Employee Benefits	Direct Allocation							3
4	39	Ancillary	Direct Allocation						18,716	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					$	$		$ 19,302	25

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	Centrue Bank		X	Mortgage Payable			$	$ 4,619,232			$ 167,687	1
2												2
3												3
4												4
5					-							5
	Working Capital											
6	Lake Forest Bank & Trust		X	Shareholder Loan				300,000				6
7	Lake Forest Bank & Trust		X	Line of Credit				1,120,000			53,001	7
8					-							8
9	TOTAL Facility Related						$	$ 6,039,232			$ 220,688	9
	B. Non-Facility Related*											
10	Interest Income		X								(597)	10
11	Interest Income-Bldg Co		X								(368)	11
12	Alloc from SIR/Generations HN	X									1,486	12
13					-							13
14	TOTAL Non-Facility Related						$	$			$ 521	14
15	TOTALS (line 9+line14)						$	$ 6,039,232			$ 221,209	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 23,355 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.)

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
6												6
7	TOTAL Long-Term											7
	Working Capital											
8							$	$			$	8
9												9
10												10
11												11
12												12
13												13
14	TOTAL Working Capital											14
	B. Non-Facility Related*											
15							$	$			$	15
16												16
17												17
18												18
19												19
20	TOTAL Non-Facility Related											20

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Generations at Rock Island # 0049866 **Report Period Beginning:** 01/01/16 **Ending:** 12/31/16

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2015 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	110,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	114,396	2
3. Under or (over) accrual (line 2 minus line 1).	$	4,396	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)	$	114,000	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.)**	$	323	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.	$	118,719	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2011	105,189	8
	2012	104,415	9
	2013	105,125	10
	2014	104,628	11
	2015	108,643	12

2016 Accrual = $108,643 x 1.05=114,000 (Rounded)
Allocated from SIR/Generations HN = $5,753

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2015	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

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

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Generations at Rock Island COUNTY Rock Island

FACILITY IDPH LICENSE NUMBER 0049866

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-6300 FAX #: (847) 236-6301

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

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

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	10-341-78-00	Long Term Care Property	$ 107,117.32	$ 107,117.32
2.	10-341-79-00	Long Term Care Property	$ 1,525.60	$ 1,525.60
3.	10-31-401-046	Allocated from Regency	$ 890,957.88	$ 585.05
4.	See Attached	Allocated from SIR/Generations HN	$ 123,678.12	$ 5,234.82
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 1,123,278.92	$ 114,462.79

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2015 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2015 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2015.

Please complete the Real Estate Tax Statement below and include it in the 2016 cost report along with a copy of your 2015 real estate tax bill.

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

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Generations at Rock Island COUNTY Rock Island

FACILITY IDPH LICENSE NUMBER 0049866

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-6300 FAX #: (847) 236-6301

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

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

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

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

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

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 54,494 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 4 & Basement

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

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	224,770	1997	$ 420,000	1
2					2
3	TOTALS	224,770		$ 420,000	3

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	177			1975	$ 3,579,244	$ 191,443	39	$ 92,209	$ (99,234)	$ 1,778,890	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2002	10,887		20	396	396	5,571	9
10	Various			2003	5,954		20	216	216	2,829	10
11	Various			2004	9,240		20	336	336	4,214	11
12	Various			2005	48,760		20	2,139	2,139	24,511	12
13	Various			2006	39,068		20	1,421	1,421	15,306	13
14	Various			2008	539,334		20	48,755	48,755	454,623	14
15	Various			2009	265,059		20	15,135	15,135	114,596	15
16	Various			2010	21,670		20	674	674	12,775	16
17	Various			2011	22,411		20	1,277	1,277	6,949	17
18	Various			2012	2,524		20	126	126	557	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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12F & 12G)		432,273			22,729	22,729	167,976	67
68	Related Party Allocations (Pages 12H & 12I)		111,955	2,882		4,171	1,289	58,209	68
69	Financial Statement Depreciation			111,368			(111,368)		69
70	TOTAL (lines 4 thru 69)		$ 5,088,379	$ 305,693		$ 189,584	$ (116,109)	$ 2,647,007	70

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 5,088,379	$ 305,693		$ 189,584	$ (116,109)	$ 2,647,007	1
2	Installed 8' X 12' Greenhouse	2013	3,550		20	178	178	666	2
3	Dialysis Room Architect Work	2013	4,870		20	244	244	873	3
4	Therapy Room Window Treatments	2013	6,901		20	345	345	1,150	4
5	Lobby Window Treatments	2013	6,602		20	330	330	1,073	5
6	Installed Flooring & Wall Base On 4Th Floor Alzheimer Activity I	2013	26,569		20	1,328	1,328	5,314	6
7	Handrails	2013	2,923		20	146	146	451	7
8	Elevator Door Operator Board	2014	4,538		20	227	227	662	8
9	Flooring Adm And Front Office	2014	6,766		20	338	338	761	9
10	Flooring Adm And Front Office	2014	3,369		20	168	168	379	10
11	Crashrails- 1St Floor Dining Room	2014	2,762		20	138	138	322	11
12	Crashrails- 1St Floor Dining Room	2014	2,577		20	129	129	301	12
13	Crashrails- 1St Floor Dining Room	2014	2,616		20	131	131	305	13
14	Crashrails- 1St Floor Dining Room	2014	4,934		20	247	247	576	14
15	Custom Built In - Front Reception	2014	9,000		20	450	450	1,088	15
16	Hand Rail Repairs At Nurses Station	2016	3,344		20	167	167	167	16
17	Chiller Repair	2016	2,595		20	130	130	130	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)		$ 5,182,295	$ 305,693		$ 194,280	$ (111,413)	$ 2,661,222	34

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 5,182,295	$ 305,693		$ 194,280	$ (111,413)	$ 2,661,222	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)		$ 5,182,295	$ 305,693		$ 194,280	$ (111,413)	$ 2,661,222	34

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 5,182,295	$ 305,693		$ 194,280	$ (111,413)	$ 2,661,222	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)		$ 5,182,295	$ 305,693		$ 194,280	$ (111,413)	$ 2,661,222	34

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 5,182,295	$ 305,693		$ 194,280	$ (111,413)	$ 2,661,222	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)		$ 5,182,295	$ 305,693		$ 194,280	$ (111,413)	$ 2,661,222	34

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company		$	$		$	$	$	1
2									2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Flooring, Wallcovering, Window Treatment, Doord	1997	50,964		20	3,310	3,310	46,157	9
10	Windows	1998	2,278		20	114	114	1,519	10
11	Walk in Freezer Compressor	2000	2,097		20			2,097	11
12	Electrical Work	2001	1,854		20	93	93	1,220	12
13	Water Heater	2008	6,570		20	329	329	4,277	13
14	Handrails	2008	100,904		20	5,045	5,045	65,585	14
15	Electrical Work-Resident Rooms	2010	7,985		20	399	399	2,394	15
16	Wall Removal - 4th Floor Dining	2010	7,000		20	405	405	2,430	16
17	Outdoor Fence	2010	6,570		20	329	329	1,974	17
18	Kitchen Lighting	2010	8,026		20	803	803	4,818	18
19	Flooring- Carpert and Tile	2011	7,869		20	393	393	1,965	19
20	Fire-Sprinkler Heads	2011	2,790		20	140	140	700	20
21	Outdoor Facility Light sign	2012	10,113		20	506	506	2,024	21
22	Compressor for Walk in Freezer	2012	5,820		20	291	291	1,164	22
23	Dialysis Room- New: Construction, plumbing, HVAC & Electrical	2012	42,518		20	2,126	2,126	8,504	23
24	Nurse Call System	2012	7,800		20	390	390	1,560	24
25	Installed Amtico Flooring on 1st Floor Therapy Room	2013	9,999		20	500	500	1,500	25
26	Installed Cabintery, Countertop Finish & Molding in Physical	2013	12,400		20	620	620	1,860	26
27	Installed Nurse Station	2013	25,000		20	1,250	1,250	3,750	27
28	Installed Elevator Panel	2013	8,000		20	400	400	1,200	28
29	Installed Cabintery	2013	5,000		20	250	250	750	29
30	Replacment Windows	2013	9,133		20	457	457	1,370	30
31	Install Flooring & Walls in Break Room & Adjoining Bathroom	2014	4,330		20	216	216	432	31
32	Kitchen Floor Tile	2015	17,653		20	883	883	1,766	32
33	Asphalt & Concrete Work	2015	69,600		20	3,480	3,480	6,960	33
34	TOTAL (lines 1 thru 33)		$ 432,273	$		$ 22,729	$ 22,729	$ 167,976	34

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 432,273	$		$ 22,729	$ 22,729	$ 167,976	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)		$ 432,273	$		$ 22,729	$ 22,729	$ 167,976	34

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party		$	$		$	$	$	1
2	Buildings:								2
3	Alloc. - S.I.R. / Generations HN	2009	27,023	693	39	693		4,879	3
4	Alloc.- S.I.R. Properties-S.I.R. / Generations HN	1993	24,465	777	35	699	(78)	16,426	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Alloc. - S.I.R. Management / Generations HN	1993	6,203	173	20		(173)	6,203	9
10	Alloc. - S.I.R. Management / Generations HN	1994	19		20			19	10
11	Alloc. - S.I.R. Management / Generations HN	1995	142		20			142	11
12	Alloc. - S.I.R. Management / Generations HN	1997	9,531		20	465	465	9,371	12
13	Alloc. - S.I.R. Management / Generations HN	1999	749		20	38	38	646	13
14	Alloc. - S.I.R. Management / Generations HN	2000	885			44	44	732	14
15	Alloc. - S.I.R. Management / Generations HN	2007	2,843		20	142	142	1,307	15
16	Alloc. - S.I.R. Management / Generations HN	2008	7,835	783	20	494	(289)	4,368	16
17	Alloc. - S.I.R. Management / Generations HN	2009	19,468	178	20	973	795	7,052	17
18	Alloc. - S.I.R. Management / Generations HN	2011	482	48	20	48		261	18
19	Alloc. - S.I.R. Management / Generations HN	2012	1,541	77	20	77		340	19
20	Alloc. - S.I.R. Management / Generations HN	2014	216	22	20	11	(11)	28	20
21	Alloc. - S.I.R. Management / Generations HN	2016	281	6	20	6		6	21
22									22
23	Alloc.- S.I.R. Properties-S.I.R. / Generations HN	2012	1,499	75	20	75		300	23
24	Alloc.- S.I.R. Properties-S.I.R. / Generations HN	2010	1,476		20	74	74	467	24
25	Alloc.- S.I.R. Properties-S.I.R. / Generations HN	2009	1,469	33	20	73	40	573	25
26	Alloc.- S.I.R. Properties-S.I.R. / Generations HN	2007	428	9	20	21	12	214	26
27	Alloc.- S.I.R. Properties-S.I.R. / Generations HN	2002	97		20	5	5	71	27
28	Alloc.- S.I.R. Properties-S.I.R. / Generations HN	1999	3,100		20	155	155	2,712	28
29	Alloc.- S.I.R. Properties-S.I.R. / Generations HN	1998	1,481		20	74	74	1,370	29
30	Alloc.- S.I.R. Properties-S.I.R. / Generations HN	1997	92		20	4	4	92	30
31	Alloc.- S.I.R. Properties-S.I.R. / Generations HN	1994	233	6	20		(6)	233	31
32	Alloc.- S.I.R. Properties-S.I.R. / Generations HN	1993	397	2	20		(2)	397	32
33									33
34	TOTAL (lines 1 thru 33)		$ 111,955	$ 2,882		$ 4,171	$ 1,289	$ 58,209	34

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 111,955	$ 2,882		$ 4,171	$ 1,289	$ 58,209	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)		$ 111,955	$ 2,882		$ 4,171	$ 1,289	$ 58,209	34

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	$ 885,072	$ 1,757	$ 89,095	$ 87,338	10	$ 545,682	71
72	Current Year Purchases	38,876	18	1,080	1,062	10	1,080	72
73	Fully Depreciated Assets	508,363		17	17	10	508,363	73
74								74
75	TOTALS	$ 1,432,311	$ 1,775	$ 90,192	$ 88,417		$ 1,055,125	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Allocated from SIR Management	2016	$ 1,900	$ 166	$ 164	$ (2)	5	$ 1,462	76
77										77
78										78
79										79
80	TOTALS			$ 1,900	$ 166	$ 164	$ (2)		$ 1,462	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)	$ 7,036,506	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 307,634	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 284,636	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (22,998)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 3,717,809	85	

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

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.	/2017	$
13.	/2018	$
14.	/2019	$

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: $ 10,269 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	Allocated from SIR Management & Generations HC		$	$ 3,493	17
18					18
19					19
20					20
21	TOTAL		$ -	$ 3,493	21

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

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

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

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 241,375	$		$ 241,375	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			6,344			6,344	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			262,367			262,367	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				211,893		211,893	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Supplemental			250,033		105,823	202,493		558,349	13
14	TOTAL			$ 250,033		$ 615,909	$ 414,386		$ 1,280,328	14

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

Facility Name & ID Number Generations at Rock Island **#** 0049866 **Report Period Beginning:** 01/01/16 **Ending:** 12/31/16

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/16 **(last day of reporting year)**

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 13,639	$ 45,264	1
2	Cash-Patient Deposits	40,849	40,849	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,807,370	1,807,370	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	32,285	32,899	6
7	Other Prepaid Expenses	59,464	59,464	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached Schedule	332	366,697	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,953,939	$ 2,352,543	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		420,000	13
14	Buildings, at Historical Cost		3,483,607	14
15	Leasehold Improvements, at Historical Cost	789,994	1,313,827	15
16	Equipment, at Historical Cost	607,952	1,383,950	16
17	Accumulated Depreciation (book methods)	(871,294)	(1,999,243)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		25,719	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(25,719)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):		1,064,348	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 526,652	$ 5,666,489	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,480,591	$ 8,019,032	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 398,146	$ 398,146	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	40,849	40,849	28
29	Short-Term Notes Payable	1,420,000	1,420,000	29
30	Accrued Salaries Payable	129,573	129,573	30
31	Accrued Taxes Payable (excluding real estate taxes)	6,938	6,938	31
32	Accrued Real Estate Taxes(Sch.IX-B)		114,000	32
33	Accrued Interest Payable		13,819	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	122,844	122,844	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,118,350	$ 2,246,169	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		4,619,232	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 4,619,232	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,118,350	$ 6,865,401	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 362,241	$ 1,153,631	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,480,591	$ 8,019,032	48

***(See instructions.)**

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 678,888	1
2	Restatements (describe):		2
3	**Rounding**	1	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 678,889	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(316,648)	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)**	$ (316,648)	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)**	$ 362,241	24 *

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

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 7,551,625	1
2	Discounts and Allowances for all Levels	(1,533,586)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 6,018,039	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,589,519	6
7	Oxygen	60,971	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,650,490	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	229	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	194,935	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	21,625	19
20	Radiology and X-Ray	2,042	20
21	Other Medical Services	20,600	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 239,431	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	597	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 597	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	7,118	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 7,118	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,915,675	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,371,556	31
32	Health Care	2,889,156	32
33	General Administration	1,725,476	33
	B. Capital Expense		
34	Ownership	659,598	34
	C. Ancillary Expense		
35	Special Cost Centers	1,280,328	35
36	Provider Participation Fee	306,209	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,232,323	40
41	**Income before Income Taxes (line 30 minus line 40)****	(316,648)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (316,648)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 4,007,279	44
45	Private Pay - Net Inpatient Revenue	279,870	45
46	Medicare - Net Inpatient Revenue	746,332	46
47	Other-(specify) Managed Care/Insurance	808,841	47
48	Other-(specify) Hospice	175,717	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 6,018,039	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 Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,727	2,193	$ 76,641	$ 34.95	1
2	Assistant Director of Nursing	172	228	6,765	29.67	2
3	Registered Nurses	6,792	7,293	197,120	27.03	3
4	Licensed Practical Nurses	33,937	35,907	741,303	20.65	4
5	CNAs & Orderlies	75,132	79,455	904,414	11.38	5
6	CNA Trainees					6
7	Licensed Therapist	9,184	9,603	250,033	26.04	7
8	Rehab/Therapy Aides	6,479	7,194	90,784	12.62	8
9	Activity Director					9
10	Activity Assistants	7,786	8,624	105,780	12.27	10
11	Social Service Workers	9,050	9,799	136,975	13.98	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	20,947	21,938	218,208	9.95	15
16	Dishwashers					16
17	Maintenance Workers	3,383	3,630	58,048	15.99	17
18	Housekeepers	16,448	17,057	162,236	9.51	18
19	Laundry	7,928	8,534	84,294	9.88	19
20	Administrator	1,969	2,091	99,451	47.56	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,334	11,145	193,172	17.33	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	5,171	5,782	104,233	18.03	31
32	Other Health Care(specify)					32
33	Other(specify)	285	285	1,176	4.13	33
34	TOTAL (lines 1 - 33)	216,724	230,758	$ 3,430,633 *	$ 14.87	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 43,548	01-03	35
36	Medical Director	Monthly	66,250	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	55,224	10-03	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	Monthly	30	10a-03	40
41	Occupational Therapy Consultant	Monthly	230	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	2	65	10a-03	43
44	Activity Consultant				44
45	Social Service Consultant	Monthly	2,111	12-03	45
46	Other(specify) Specialized Rehab	Monthly	16,992	10a-03	46
47					47
48					48
49	TOTAL (lines 35 - 48)	2	$ 184,450		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	1,205	$ 59,417	10-03	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	3,077	77,882	10-03	52
53	TOTAL (lines 50 - 52)	4,282	$ 137,299		53

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Elizabeth Webster	Administrator	0	$ 99,451
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 99,451

B. Administrative - Other

Description	Amount
Director of Administrative Services- SIR/Generation HN	$ 50,976
Ancillary Administrative Charges- SIR/Generations HN	42,480
TOTAL (agree to Schedule V, line 17, col. 3)	$ 93,456
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
SIR/Generations HN	Dir. Of Financial Svc	$ 42,000
SIR/Generations HN	Dir. Of Marketing & Admissioin	36,108
SIR/Generations HN	Dir. Of Regulatory Svc	25,488
Marcum LLP	Accounting	15,915
SIR/Generations HN	Bookkeeping	91,332
SIR/Generations HN	Computer Support	23,364
Legal Fees	See Attached	11,279
Personnel Planners	Unemployment Tax Consult	2,274
Achieve Accreditation	Accreditation	10,252
HK Payroll	Payroll	3,394
Pinnacle	Customer Satisfaction	2,989
See Supplemental Schedule		22,980
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 287,375

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 69,569
Unemployment Compensation Insurance	47,477
FICA Taxes	256,880
Employee Health Insurance	89,084
Employee Meals	23,365
Illinois Municipal Retirement Fund (IMRF)*	
401K	1,200
Other Employee Benefits	11,533
TOTAL (agree to Schedule V, line 22, col.8)	$ 499,108

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,992
Advertising: Employee Recruitment	10,376
Health Care Worker Background Check	2,999
(Indicate # of checks performed 300)	
Patient Background Checks	
Dues & Subscriptions	20,617
Licenses & Permits	3,280
Allocated from SIR/Generations HN	1,325
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 40,589

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	3,745
Allocated from SIR/Generations HN	380
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,125

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Generations at Rock Island # 0049866 Report Period Beginning: 01/01/16 Ending: 12/31/16

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. **ILCLTC-$19427.28**

(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. $ **17,195** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? **X** YES _____ NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES **X** NO _____ If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
River Park Healthcare Center #0042549

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **306,209**
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. $ **23,365** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **229**

(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? **No**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **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. **N/A**
Attach invoices and a summary of services for all architect and appraisal fees