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.

2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2017)

I. IDPH License ID Number: 0051359

Facility Name: Generations At Applewood Llc

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

County: Cook

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

HFS ID Number:

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

Type of Ownership:

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

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 01/01/17 to 12/31/17 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, 9 Parkway North, Suite 200 Deerfield, IL 60015
(Telephone) (847) 282-6300 Fax # (847) 282-6301

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

III. STATISTICAL DATA

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

	1 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	115	Skilled (SNF)	115	41,975	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	115	TOTALS	115	41,975	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	7,306	2,387	21,369	31,062	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	7,306	2,387	21,369	31,062	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 74.00%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 3-1-2011

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 3-1-2011 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 115 and days of care provided 3,235

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

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

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

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

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	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	251,031	21,120	22,752	294,903		294,903	(9,625)	285,278			1
2	Food Purchase		193,873		193,873		193,873	(149)	193,724			2
3	Housekeeping	194,981	31,805		226,786		226,786	(2,501)	224,285			3
4	Laundry	24,301	8,930	79,940	113,171		113,171		113,171			4
5	Heat and Other Utilities			135,550	135,550		135,550	(17,361)	118,189			5
6	Maintenance	70,771	39,510	112,515	222,796		222,796	(14,353)	208,443			6
7	Other (specify):*							5,227	5,227			7
8	**TOTAL General Services**	541,084	295,238	350,757	1,187,079		1,187,079	(38,763)	1,148,316			8
	B. Health Care and Programs											
9	Medical Director			28,000	28,000		28,000	3,670	31,670			9
10	Nursing and Medical Records	1,820,707	235,058	187,606	2,243,371		2,243,371	(18,196)	2,225,175			10
10a	Therapy	168,281		28,141	196,422		196,422	(5,150)	191,272			10a
11	Activities	108,608	3,275	848	112,731		112,731		112,731			11
12	Social Services	95,876		800	96,676		96,676		96,676			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*							5,193	5,193			15
16	**TOTAL Health Care and Programs**	2,193,472	238,333	245,395	2,677,200		2,677,200	(14,484)	2,662,716			16
	C. General Administration											
17	Administrative	120,350		62,592	182,942		182,942	16,201	199,143			17
18	Directors Fees											18
19	Professional Services			251,610	251,610	(15,369)	236,241	(158,336)	77,905			19
20	Dues, Fees, Subscriptions & Promotions			66,164	66,164		66,164	(21,276)	44,888			20
21	Clerical & General Office Expenses	157,452	18,113	142,047	317,612		317,612	(16,087)	301,525			21
22	Employee Benefits & Payroll Taxes			462,952	462,952		462,952	(143)	462,809			22
23	Inservice Training & Education											23
24	Travel and Seminar			449	449		449	103	552			24
25	Other Admin. Staff Transportation			18,724	18,724		18,724	6,274	24,998			25
26	Insurance-Prop.Liab.Malpractice			158,178	158,178		158,178	1,167	159,345			26
27	Other (specify):*							23,844	23,844			27
28	**TOTAL General Administration**	277,802	18,113	1,162,716	1,458,631	(15,369)	1,443,262	(148,253)	1,295,009			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,012,358	551,684	1,758,868	5,322,910	(15,369)	5,307,541	(201,499)	5,106,042			29

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

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

Facility Name & ID Number Generations At Applewood Llc #0051359 **Report Period Beginning:** 01/01/17 **Ending:** 12/31/17

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			77,986	77,986		77,986	32,364	110,350			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			52,095	52,095		52,095	(19,321)	32,774			32
33	Real Estate Taxes			471,600	471,600	15,369	486,969	5,065	492,034			33
34	Rent-Facility & Grounds			750,303	750,303		750,303	(750,303)				34
35	Rent-Equipment & Vehicles			2,343	2,343		2,343	2,829	5,172			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,354,327	1,354,327	15,369	1,369,696	(729,366)	640,330			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		105,861	588,870	694,731		694,731	(8,262)	686,469			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			232,365	232,365		232,365		232,365			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		105,861	821,235	927,096		927,096	(8,262)	918,834			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,012,358	657,545	3,934,430	7,604,333		7,604,333	(939,128)	6,665,205			45

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(18,513)	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	(64,367)	30		9
10	Interest and Other Investment Income	(2,346)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(149)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(1,000)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(75,377)	21		24
25	Fund Raising, Advertising and Promotional	(12,959)	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	(60,105)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (234,816)		$	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)	(704,312)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (704,312)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (939,128)		37

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

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

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

STATE OF ILLINOIS

Generations At Applewood Llc

ID# **0051359**

Report Period Beginning: **01/01/17**

Ending: **12/31/17**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Bank Fees	$ (5,634)	21	1
2	Theft and Damage Loss	(707)	21	2
3	Non-allowable Interest	(17,820)	32	3
4	Additional R&M	1,246	06	4
5	Capitalized R&M	(7,776)	06	5
6	PAC Dues	(6,987)	20	6
7	Building Co - Management Fee	(5,750)	21	7
8	Building Co - Accounting	(800)	19	8
9	Building Co. - Bank Charge	(232)	21	9
10	Building Co. - Filing Fee	(250)	21	10
11	Building Co. - Miscellaneous Expense	(750)	21	11
12	Non-allowable Legal	(14,145)	19	12
13	Licenses and Permits	(500)	20	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**	(60,105)		49

Generations At Applewood Llc

ID# 0051359

Report Period Beginning: 01/01/17

Ending: 12/31/17

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Generations At Applewood Llc # 0051359 **Report Period Beginning:** 01/01/17 **Ending:** 12/31/17

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary				(9,619)		(6)						(9,625)	1
2	Food Purchase	(149)											(149)	2
3	Housekeeping						(2,501)						(2,501)	3
4	Laundry													4
5	Heat and Other Utilities	(18,513)			1,152								(17,361)	5
6	Maintenance	(6,530)		(8,954)	1,239		(108)						(14,353)	6
7	Other (specify):*			744	4,483								5,227	7
8	**TOTAL General Services**	(25,192)		(8,210)	(2,746)		(2,615)						(38,763)	8
	B. Health Care and Programs													
9	Medical Director			3,670									3,670	9
10	Nursing and Medical Records			(10,193)	4,809	(1,375)	(11,437)						(18,196)	10
10a	Therapy				(5,150)								(5,150)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*			3,289	1,904								5,193	15
16	**TOTAL Health Care and Programs**			(3,234)	1,563	(1,375)	(11,437)						(14,484)	16
	C. General Administration													
17	Administrative			(47,413)	63,614								16,201	17
18	Directors Fees													18
19	Professional Services	(14,945)	800	(153,194)	9,003								(158,336)	19
20	Fees, Subscriptions & Promotions	(21,446)		170									(21,276)	20
21	Clerical & General Office Expenses	(88,700)	6,982	65,591	92	(24)	(28)						(16,087)	21
22	Employee Benefits & Payroll Taxes					(143)							(143)	22
23	Inservice Training & Education													23
24	Travel and Seminar			103									103	24
25	Other Admin. Staff Transportation			6,274									6,274	25
26	Insurance-Prop.Liab.Malpractice			1,047	120								1,167	26
27	Other (specify):*			8,175	15,669								23,844	27
28	**TOTAL General Administration**	(125,091)	7,782	(119,247)	88,498	(167)	(28)						(148,253)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(150,283)	7,782	(130,691)	87,315	(1,542)	(14,080)						(201,499)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Generations At Applewood Llc # 0051359 **Report Period Beginning:** 01/01/17 **Ending:** 12/31/17

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(64,367)	92,665		4,066								32,364	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(20,166)		(2,544)	3,389								(19,321)	32
33	Real Estate Taxes				5,065								5,065	33
34	Rent-Facility & Grounds		(750,303)										(750,303)	34
35	Rent-Equipment & Vehicles			2,829									2,829	35
36	Other (specify):*													36
37	**TOTAL Ownership**	(84,533)	(657,638)	285	12,520								(729,366)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers					(8,262)							(8,262)	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**					(8,262)							(8,262)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(234,816)	(649,856)	(130,406)	99,835	(9,805)	(14,080)						(939,128)	45

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VII. RELATED PARTIES

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

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

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent	$ 750,303	Applewood Property, LLC		$	$ (750,303)	1
2	V	33	Real Estate Taxes	453,267	Applewood Property, LLC		453,267		2
3	V	21	Management Fee		Applewood Property, LLC		5,750	5,750	3
4	V	19	Accounting Fee		Applewood Property, LLC		800	800	4
5	V	21	Bank Service Charge		Applewood Property, LLC		232	232	5
6	V	21	Filing Fee		Applewood Property, LLC		250	250	6
7	V	30	Depreciation		Applewood Property, LLC		92,665	92,665	7
8	V	21	Other Admin Expenses		Applewood Property, LLC		750	750	8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 1,203,570			$ 553,714	$ * (649,856)	14

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

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.	$ 16,908	GENERATIONS HC NETWORK, LLC	100.00%	$ 7,954	$ (8,954)	15
16	V	7	EMP. BEN.-GEN. SERV.		GENERATIONS HC NETWORK, LLC	100.00%	744	744	16
17	V	9	MEDICAL DIRECTOR CONSULTS		GENERATIONS HC NETWORK, LLC	100.00%	3,670	3,670	17
18	V	10	NURSING	36,576	GENERATIONS HC NETWORK, LLC	100.00%	26,383	(10,193)	18
19	V	15	EMP. BEN.-H.C.		GENERATIONS HC NETWORK, LLC	100.00%	3,289	3,289	19
20	V	17	ADMINISTRATIVE	62,592	GENERATIONS HC NETWORK, LLC	100.00%	15,179	(47,413)	20
21	V	19	PROFESSIONAL FEES	154,152	GENERATIONS HC NETWORK, LLC	100.00%	958	(153,194)	21
22	V	20	FEES,SUBSCRIPTIONS		GENERATIONS HC NETWORK, LLC	100.00%	170	170	22
23	V	21	CLERICAL & GENERAL	16,908	GENERATIONS HC NETWORK, LLC	100.00%	82,499	65,591	23
24	V	24	EDUCATION & SEMINAR		GENERATIONS HC NETWORK, LLC	100.00%	103	103	24
25	V	25	OTHER ADMIN. STAFF TRANS.		GENERATIONS HC NETWORK, LLC	100.00%	6,274	6,274	25
26	V	26	INSURANCE		GENERATIONS HC NETWORK, LLC	100.00%	1,047	1,047	26
27	V	27	EMP. BEN.-GEN. ADMIN.		GENERATIONS HC NETWORK, LLC	100.00%	8,175	8,175	27
28	V	32	INTEREST		GENERATIONS HC NETWORK, LLC	100.00%	(2,544)	(2,544)	28
29	V	35	AUTO RENTAL		GENERATIONS HC NETWORK, LLC	100.00%	2,320	2,320	29
30	V	35	EQUIPMENT RENTAL		GENERATIONS HC NETWORK, LLC	100.00%	509	509	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			$ 287,136			$ 156,730	$ * (130,406)	39

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	$ 14,076	GENERATIONS HC NETWORK, LLC	100.00%	$ 4,457	$ (9,619)	15
16	V	7	EMP. BEN.-DIETARY		GENERATIONS HC NETWORK, LLC	100.00%	772	772	16
17	V	10	NURSING SALARIES		GENERATIONS HC NETWORK, LLC	100.00%	4,809	4,809	17
18	V	15	EMP. BEN.-NURSING		GENERATIONS HC NETWORK, LLC	100.00%	830	830	18
19	V	17	ADMIN./LEGAL SALARIES		GENERATIONS HC NETWORK, LLC	100.00%	63,614	63,614	19
20	V	19	FIN. CONSULT./REGL. DIR.		GENERATIONS HC NETWORK, LLC	100.00%	8,952	8,952	20
21	V	27	EMP. BEN.-ADMINISTRATIVE		GENERATIONS HC NETWORK, LLC	100.00%	15,669	15,669	21
22	V								22
23	V								23
24	V	10A	DIRECTOR OF SPECIAL REHAB	11,316	GENERATIONS HC NETWORK, LLC	100.00%	6,166	(5,150)	24
25	V	15	EMPLOYEE BENFITS		GENERATIONS HC NETWORK, LLC	100.00%	1,074	1,074	25
26	V								26
27	V	6	MAINTENANCE SALARIES	19,912	GENERATIONS HC NETWORK, LLC	100.00%	20,430	518	27
28	V	7	EMPLOYEE BENEFITS		GENERATIONS HC NETWORK, LLC	100.00%	3,711	3,711	28
29	V								29
30	V	5	UTILITIES		GENERATIONS HC NETWORK, LLC	100.00%	1,152	1,152	30
31	V	6	REPAIRS AND MAINT.		GENERATIONS HC NETWORK, LLC	100.00%	721	721	31
32	V	19	PROFESSIONAL FEES		GENERATIONS HC NETWORK, LLC	100.00%	51	51	32
33	V	21	CLERICAL & GENERAL		GENERATIONS HC NETWORK, LLC	100.00%	92	92	33
34	V	26	INSURANCE		GENERATIONS HC NETWORK, LLC	100.00%	120	120	34
35	V	30	DEPRECIATION		GENERATIONS HC NETWORK, LLC	100.00%	4,066	4,066	35
36	V	32	INTEREST		GENERATIONS HC NETWORK, LLC	100.00%	3,389	3,389	36
37	V	33	REAL ESTATE TAXES		GENERATIONS HC NETWORK, LLC	100.00%	5,065	5,065	37
38	V								38
39	Total			$ 45,304			$ 145,139	$ * 99,835	39

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	06	Maintenance	$	MAC Rx, LLC	100.00%	$	$	15
16	V	10	Nursing and Medical Records	16,651	MAC Rx, LLC	100.00%	15,276	(1,375)	16
17	V	10A	Therapy		MAC Rx, LLC	100.00%			17
18	V	19	Professional Services		MAC Rx, LLC	100.00%			18
19	V	21	Clerical & General Office Expenses	293	MAC Rx, LLC	100.00%	268	(24)	19
20	V	22	Employee Benefits	1,730	MAC Rx, LLC	100.00%	1,587	(143)	20
21	V	39	Ancillary	100,028	MAC Rx, LLC	100.00%	91,765	(8,262)	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			$ 118,701			$ 108,897	$ * (9,805)	39

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	$ 71	Big Ten Supply, LLC	100.00%	$ 64	$ (6)	15
16	V	3	Housekeeping	28,851	Big Ten Supply, LLC	100.00%	26,350	(2,501)	16
17	V	4	Laundry		Big Ten Supply, LLC	100.00%			17
18	V	6	Repairs & Maintenance	1,246	Big Ten Supply, LLC	100.00%	1,138	(108)	18
19	V	10	Nursing And Medical Records	131,941	Big Ten Supply, LLC	100.00%	120,504	(11,437)	19
20	V	10A	Therapy		Big Ten Supply, LLC	100.00%			20
21	V	21	Clerical & General	324	Big Ten Supply, LLC	100.00%	296	(28)	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			$ 162,432			$ 148,352	$ * (14,080)	39

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VII. RELATED PARTIES (continued)

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

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

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

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	ATIED ASSOCIATES	30.60%	ALBANY CARE INC	EVANSTON	APPLEWOOD PROPERTY LLC	MATTESON	BUILDING CO.	1
2	B.G. TRUST	4.00%	BRYN MAWR CARE INC.	CHICAGO	SIR PROPERTIES	LINCOLNWOOD	BUILDING CO.	2
3	BARRISH GROUP LIMITED PARTNERSHIP	11.35%	GENERATIONS AT COLUMBUS PARK, INC.	CHICAGO	BIG TEN SUPPLY, LLC	LIBERTYVILLE	SUPPLY CO.	3
4	BRYAN BARRISH TRUST DTD 09/01/2004	11.35%	DECATUR MANOR HEALTHCARE, LLC	DECATUR	OAKTON ARMS	DES PLAINES	ASSISTED LIVING	4
5	JOEY ABRAMCIK REVOCABLE TRUST	1.60%	GENERATIONS AT ELMWOOD PARK, LLC	ELMWOOD PARK	MAC Rx LLC	DES PLAINES	PHARMACY	5
6	L.G. TRUST	4.00%	GENERATIONS AT OAKTON, LLC	DES PLAINES	GENERATIONS HEALTH NETW	LINCOLNWOOD	CONSULTING CO.	6
7	LOUISE BERGTHOLD	1.60%	GREENWOOD CARE, INC.	EVANSTON				7
8	PATRICIA McDIARMID	1.60%	WESLEY REHABILITATION CENTER	AUBURN, IN				8
9	RALPH GESUALDO	11.35%	GENERATIONS AT NEIGHBORS, LLC	BYRON				9
10	RALPH GESUALDO CHILDREN'S TRUST	11.35%	GENERATIONS AT REGENCY, LLC	NILES				10
11	SARAH BARRISH	1.60%	GENERATIONS AT ROCK ISLAND, LLC	ROCK ISLAND				11
12	THOMAS & STEPHANIE WINTER REVOC TRUST	1.60%	WILSON CARE, INC.	CHICAGO				12
13	UNITED TRUST #1	4.00%						13
14	UNITED TRUST #2	4.00%						14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VII. RELATED PARTIES

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

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week Hours	6 Percent	7 Compensation Included in Costs for this Reporting Period** Description	7 Amount	8 Schedule V. Line & Column Reference	
1	Elka Abramchick	Relative	Clerical		See Attached	1.43	4.47%	Alloc. Salary	$ 2,040	21-7	1
2	Joey Abramchik	Relative	Administrative		See Attached	1.79	4.48%	Alloc. Salary	8,952	17-7	2
3	Bryan Barrish	Relative	Administrative		See Attached	1.57	3.93%	Alloc. Salary	8,952	17-7	3
4	Kirsten Schloss	Relative	Maintenance		See Attached	2.24	4.48%	Alloc. Salary	4,258	6-7	4
5	Sarah Barrish	Owner	Administrative	1.60%	See Attached	2.24	4.48%	Alloc. Salary	5,585	17-7	5
6	Louise Bergthold	Owner	Administrative	1.60%	See Attached	2.69	4.48%	Alloc. Salary	8,952	17-7	6
7	Michael Giannini	Relative	Administrative		See Attached	1.57	3.93%	Alloc. Salary	7,609	17-7	7
8	Nenita Guzman	Relative	Dietary		See Attached	2.44	4.88%	Alloc. Salary	4,457	1-7	8
9	Patricia Mcdiarmid	Owner	Administrative	1.60%	See Attached	2.24	4.48%	Alloc. Salary	5,959	17-7	9
10	See Supplemental Schedule								14,336		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	$ 71,100		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [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 Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6	REPAIRS AND MAINT.	PATIENT DAYS	693,985	14	$ 177,702	$ 95,737	31,062	$ 7,954	1
2	7	EMP. BEN.-GEN. SERV.	PATIENT DAYS	693,985	14	16,617		31,062	744	2
3	9	MEDICAL DIRECTOR CONSUL	PATIENT DAYS	693,985	14	82,000		31,062	3,670	3
4	10	NURSING	PATIENT DAYS	693,985	14	589,441	589,441	31,062	26,383	4
5	15	EMP. BEN.-H.C.	PATIENT DAYS	693,985	14	73,484		31,062	3,289	5
6	17	ADMINISTRATIVE	PATIENT DAYS	693,985	14	339,126	339,126	31,062	15,179	6
7	19	PROFESSIONAL FEES	PATIENT DAYS	693,985	14	21,409		31,062	958	7
8	20	FEES,SUBSCRIPTIONS	PATIENT DAYS	693,985	14	3,801		31,062	170	8
9	21	CLERICAL & GENERAL	PATIENT DAYS	693,985	14	1,843,191	1,656,700	31,062	82,499	9
10	24	EDUCATION & SEMINAR	PATIENT DAYS	693,985	14	2,295		31,062	103	10
11	25	OTHER ADMIN. STAFF TRANS	PATIENT DAYS	693,985	14	140,164		31,062	6,274	11
12	26	INSURANCE	PATIENT DAYS	693,985	14	23,394		31,062	1,047	12
13	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	693,985	14	182,645		31,062	8,175	13
14	32	INTEREST	PATIENT DAYS	693,985	14	(56,845)		31,062	(2,544)	14
15	35	AUTO RENTAL	PATIENT DAYS	693,985	14	51,827		31,062	2,320	15
16	35	EQUIPMENT RENTAL	PATIENT DAYS	693,985	14	11,377		31,062	509	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 3,501,628	$ 2,681,003		$ 156,730	25

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	DIETARY SALARIES	PATIENT DAYS	693,985	14	$ 99,579	$ 99,579	117,151	$ 4,457	1
2	7	EMP. BEN.-DIETARY	PATIENT DAYS	693,985	14	17,250		117,151	772	2
3	10	NURSING SALARIES	PATIENT DAYS	693,985	14	107,435	107,435	117,151	4,809	3
4	15	EMP. BEN.-NURSING	PATIENT DAYS	693,985	14	18,544		117,151	830	4
5	17	ADMIN./LEGAL SALARIES	PATIENT DAYS	693,985	14	1,421,258	1,421,258	117,151	63,614	5
6	19	FIN. CONSULT./REGL. DIR.	PATIENT DAYS	693,985	14	200,000		117,151	8,952	6
7	27	EMP. BEN.-ADMINISTRATIVE	PATIENT DAYS	693,985	14	350,079		117,151	15,669	7
8										8
9										9
10	10A	DIRECTOR OF SPECIAL REHA	SPECIAL REHAB INC.	329,142	13	179,343	179,343	11,316	6,166	10
11	15	EMPLOYEE BENFITS	SPECIAL REHAB INC.	329,142	13	31,236		11,316	1,074	11
12										12
13	6	MAINTENANCE SALARIES	MAINTENANCE INC.	366,497	14	376,026	376,026	19,912	20,430	13
14	7	EMPLOYEE BENEFITS	MAINTENANCE INC.	366,497	14	68,296		19,912	3,711	14
15										15
16	5	UTILITIES	ALLOCATED SQ FT	12,877	14	25,758		576	1,152	16
17	6	REPAIRS AND MAINT.	ALLOCATED SQ FT	12,877	14	16,130		576	721	17
18	19	PROFESSIONAL FEES	ALLOCATED SQ FT	12,877	14	1,139		576	51	18
19	21	CLERICAL & GENERAL	ALLOCATED SQ FT	12,877	14	2,063		576	92	19
20	26	INSURANCE	ALLOCATED SQ FT	12,877	14	2,682		576	120	20
21	30	DEPRECIATION	ALLOCATED SQ FT	12,877	14	90,892		576	4,066	21
22	32	INTEREST	ALLOCATED SQ FT	12,877	14	75,767		576	3,389	22
23	33	REAL ESTATE TAXES	ALLOCATED SQ FT	12,877	14	113,223		576	5,065	23
24										24
25	TOTALS					$ 3,196,700	$ 2,183,641		$ 145,139	25

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [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	06	Maintenance	Direct Allocation			$	$		$	1
2	10	Nursing And Medical Records	Direct Allocation						15,276	2
3	10A	Therapy	Direct Allocation							3
4	19	Professional Services	Direct Allocation							4
5	21	Clerical & General Office Expense	Direct Allocation						268	5
6	22	Employee Benefits	Direct Allocation						1,587	6
7	39	Ancillary	Direct Allocation						91,765	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					$	$		$ 108,897	25

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [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			$	$		$ 64	1
2	3	Housekeeping	Direct Allocation						26,350	2
3	4	Laundry	Direct Allocation							3
4	6	Repairs & Maintenance	Direct Allocation						1,138	4
5	10	Nursing And Medical Records	Direct Allocation						120,504	5
6	10A	Therapy	Direct Allocation							6
7	21	Clerical & General	Direct Allocation						296	7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 148,352	25

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Lake Forest Bank		X	Line of Credit				900,000			34,275	6
7												7
8												8
9	TOTAL Facility Related						$	$ 900,000			$ 34,275	9
	B. Non-Facility Related*											
10	Interest Income		X								(2,346)	10
11	Alloc from Generations Healthcare Network										845	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (1,501)	14
15	TOTALS (line 9+line14)						$	$ 900,000			$ 32,774	15

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

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

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

Facility Name & ID Number Generations At Applewood Llc **#** 0051359 **Report Period Beginning:** 01/01/17 **Ending:** 12/31/17

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2016 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 222,650	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.)		$ 454,251	2
3. Under or (over) accrual (line 2 minus line 1).		$ 231,601	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 224,594	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.)**		$ 15,369	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** $ 33,271 **For** 13 **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.		$ 471,564	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2012	342,196	8
	2013	398,288	9
	2014	431,351	10
	2015	445,300	11
	2016	449,186	12

2017 Accrual: 449,186 x 1.05 = $471,645 - 247,051 (1st Installment of 2017 tax) = $224,594

2016 RE taxes are 449,186, however the facility paid the 2nd installment of the 2016 and the 1st installment of the 2017 in 2017.

This is the reason for the variance on line 7 above, and line 33 on page 4.

Allocated from Generations Healthcare Network $5065

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

NOTES:

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.

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Generations At Applewood Llc COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0051359

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 282-6300 FAX #: (847) 282-6301

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

Enter the tax index number and real estate tax assessed for 2016 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 2016.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	31-22-114-023-0000	Long Term Care Property	$ 13,739.87	$ 13,739.87
2.	31-22-114-024-0000	Long Term Care Property	$ 412,565.72	$ 412,565.72
3.	31-22-114-025-0000	Long Term Care Property	$ 6,063.22	$ 6,063.22
4.	31-22-114-026-0000	Long Term Care Property	$ 16,817.43	$ 16,817.43
5.	See Attached	Alloc from Regency Property	$ 848,963.00	$ 230.70
6.	See Attached	Alloc from SIR Prop/GHN	$ 131,017.00	$ 4,589.68
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 1,429,166.24	$ 454,006.62

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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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 Applewood Llc COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0051359

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 282-6300 FAX #: (847) 282-6301

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 Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	191,644	2003	$ 223,625	1
2					2
3	TOTALS	191,644		$ 223,625	3

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	115		2003	1967	$ 1,977,857	$ 92,665	39	$	$ (92,665)	1,977,857	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2003	17,645		20	199	199	17,079	9
10	Various			2004	30,750		20	1,140	1,140	23,149	10
11	Various			2005	46,763		20	2,338	2,338	28,818	11
12	Various			2006	295,584		20	14,934	14,934	171,856	12
13	Various			2007	154,735		20	3,663	3,663	134,397	13
14	Various			2008	4,000		20	333	333	3,222	14
15	Various			2009	15,494		20	775	775	6,564	15
16	Various			2010	3,500		20	175	175	1,385	16
17	Various			2011	175,218		20	11,132	11,132	72,855	17
18	Various			2012	50,790		20	2,540	2,540	13,191	18
19	Various			2013	45,986		20	2,300	2,300	10,749	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 Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12F & 12G)								67
68	Related Party Allocations (Pages 12H & 12I)		79,939	2,433		2,846	413	47,680	68
69	Financial Statement Depreciation			77,986			(77,986)		69
70	TOTAL (lines 4 thru 69)		$ 2,898,261	$ 173,084		$ 42,375	$ (130,709)	$ 2,508,802	70

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 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		$ 2,898,261	$ 173,084		$ 42,375	$ (130,709)	$ 2,508,802	1
2	Condensing Unit	2014	3,525		20	176	176	705	2
3	Dvr - Security System	2014	3,119		20	156	156	585	3
4	Wi-Fi Wiring Upgrade	2014	12,230		20	612	612	2,293	4
5	Concrete Sidewalk & Asphalt Work	2014	17,416		20	871	871	3,193	5
6	Sprinkler System (263 Heads)	2014	15,345		20	767	767	2,621	6
7	Annuciator Panel For Fire Alarm	2014	3,845		20	192	192	657	7
8	Carpeting - Various Offices	2014	9,228		20	461	461	1,423	8
9	Asphalt Work	2015	7,281		20	364	364	1,001	9
10	Cooling System (2 Units)	2015	5,245		20	262	262	699	10
11	Carrier Roof-Top Unit	2015	6,825		20	341	341	938	11
12	Video Camera & Monitors	2015	2,792		20	279	279	582	12
13	Handrails Installation - All Halls	2015	100,886		20	5,044	5,044	12,190	13
14	Installed Rigid Vinly Flooring	2015	2,731		20	137	137	353	14
15	Installed Wood Tile Flooring In Front Lobby Lounge	2015	3,135		20	157	157	327	15
16	Prime/Paint All Hallways, Install New Drywall	2015	72,380		20	3,619	3,619	7,540	16
17	Wood-Look Tile-Hallways, Nurse Stations, 64 Resident Rooms, Di	2016	361,767		20	18,088	18,088	36,177	17
18	Water Heater	2016	9,594		20	480	480	720	18
19	Hvac Air Handler/Condensing Unit	2017	7,866		20	229	229	229	19
20	Booster Heater 6 Gl	2017	2,945		20	74	74	74	20
21	Walk In Freezer Repair	2017	2,635		20	132	132	132	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,549,051	$ 173,084		$ 74,816	$ (98,268)	$ 2,581,241	34

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 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		$ 3,549,051	$ 173,084		$ 74,816	$ (98,268)	$ 2,581,241	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)		$ 3,549,051	$ 173,084		$ 74,816	$ (98,268)	$ 2,581,241	34

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 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		$ 3,549,051	$ 173,084		$ 74,816	$ (98,268)	$ 2,581,241	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
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19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,549,051	$ 173,084		$ 74,816	$ (98,268)	$ 2,581,241	34

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 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		$ 3,549,051	$ 173,084		$ 74,816	$ (98,268)	$ 2,581,241	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
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,549,051	$ 173,084		$ 74,816	$ (98,268)	$ 2,581,241	34

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Building Company		$	$		$	$	$	1
2									2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$	$		$	$	$	34

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$	$		$	$	$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$	$		$	$	$	34

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 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. from Generations Healthcare Network-Training Center	2009	11,183	297	39	287	(10)	2,306	3
4	Alloc. from SIR Properties/Generations Healthcare Network	1993	20,248	643	35	579	(64)	14,173	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from Generations Healthcare Network	1993	5,134	143	20		(143)	5,134	9
10	Allocated from Generations Healthcare Network	1994	16		20			16	10
11	Allocated from Generations Healthcare Network	1995	117		20			117	11
12	Allocated from Generations Healthcare Network	1997	7,888	353	20	132	(221)	7,888	12
13	Allocated from Generations Healthcare Network	1999	620		20	31	31	566	13
14	Allocated from Generations Healthcare Network	2000	732		20	37	37	642	14
15	Allocated from Generations Healthcare Network	2007	2,353		20	118	118	1,199	15
16	Allocated from Generations Healthcare Network	2008	6,484	648	20	409	(239)	4,023	16
17	Allocated from Generations Healthcare Network	2009	16,112	147	20	806	659	6,642	17
18	Allocated from Generations Healthcare Network	2011	399	40	20	40		256	18
19	Allocated from Generations Healthcare Network	2012	1,276	64	20	64		354	19
20	Allocated from Generations Healthcare Network	2014	179	18	20	9	(9)	32	20
21	Allocated from Generations Healthcare Network	2016	233	12	20	12		16	21
22	Alloc. from SIR Properties/Generations Healthcare Network	2012	1,240	54	20	62	8	311	22
23	Alloc. from SIR Properties/Generations Healthcare Network	2010	1,222		20	61	61	448	23
24	Alloc. from SIR Properties/Generations Healthcare Network	2009	1,216		20	61	61	535	24
25	Alloc. from SIR Properties/Generations Healthcare Network	2007	120	7	20	6	(1)	66	25
26	Alloc. from SIR Properties/Generations Healthcare Network	2002	80		20	4	4	62	26
27	Alloc. from SIR Properties/Generations Healthcare Network	1999	2,566		20	128	128	2,373	27
28	Alloc. from SIR Properties/Generations Healthcare Network	1994	193	5	20		(5)	193	28
29	Alloc. from SIR Properties/Generations Healthcare Network	1993	328	2	20		(2)	328	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 79,939	$ 2,433		$ 2,846	$ 413	$ 47,680	34

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 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		$ 79,939	$ 2,433		$ 2,846	$ 413	$ 47,680	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)		$ 79,939	$ 2,433		$ 2,846	$ 413	$ 47,680	34

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 337,270	$ 1,496	$ 34,215	$ 32,719	10	$ 163,899	71
72	Current Year Purchases	5,141		514	514	10	514	72
73	Fully Depreciated Assets	847,629		701	701	10	847,629	73
74								74
75	TOTALS	$ 1,190,040	$ 1,496	$ 35,430	$ 33,934		$ 1,012,042	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		Alloc from Generations Healthcare Network		$ 1,572	$ 137	$ 104	$ (33)	5	$ 1,313	76
77										77
78										78
79										79
80	TOTALS			$ 1,572	$ 137	$ 104	$ (33)		$ 1,313	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)	$ 4,964,288	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 174,717	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 110,350	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (64,367)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 3,594,596	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	Construction Project	$ 1,176,665	92
93			93
94			94
95		$	95

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

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

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

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.	/2018	$
13.	/2019	$
14.	/2020	$

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: $ 2,852 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 Generations Healthcare Network		$	$ 2,320	17
18					18
19					19
20					20
21	TOTAL		$	$ 2,320	21

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

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

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.

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	$		$ 226,873	$		$ 226,873	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			112,098			112,098	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			230,851			230,851	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				100,028		100,028	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					19,048	5,833		24,881	13
14	TOTAL			$		$ 588,870	$ 105,861		$ 694,731	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.

STATE OF ILLINOIS

Facility Name & ID Number Generations At Applewood Llc **#** 0051359 **Report Period Beginning:** 01/01/17 **Ending:** 12/31/17

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/17 **(last day of reporting year)**

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 55,848	$ 200,065	1
2	Cash-Patient Deposits	34,583	34,583	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,352,135	1,702,653	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	68,922	68,922	6
7	Other Prepaid Expenses	6,758	6,758	7
8	Accounts Receivable (owners or related parties)		1,000,000	8
9	Other(specify): See Attached Schedule		120,909	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,518,246	$ 3,133,890	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		223,625	13
14	Buildings, at Historical Cost		3,036,861	14
15	Leasehold Improvements, at Historical Cost	842,856	842,856	15
16	Equipment, at Historical Cost	388,333	388,333	16
17	Accumulated Depreciation (book methods)	(294,658)	(2,413,109)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	1,751,665	9,560,903	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 2,688,196	$ 11,639,469	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,206,442	$ 14,773,359	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 208,010	$ 208,008	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	34,608	34,608	28
29	Short-Term Notes Payable	900,000	900,000	29
30	Accrued Salaries Payable	203,648	203,648	30
31	Accrued Taxes Payable (excluding real estate taxes)	12,357	12,357	31
32	Accrued Real Estate Taxes(Sch.IX-B)		224,594	32
33	Accrued Interest Payable		34,619	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	831,080	1,999,047	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,189,703	$ 3,616,881	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule		7,216,271	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 7,216,271	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,189,703	$ 10,833,152	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,016,739	$ 3,940,207	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,206,442	$ 14,773,359	48

***(See instructions.)**

Facility Name & ID Number Generations At Applewood Llc **#** 0051359 **Report Period Beginning:** 01/01/17 **Ending:** 12/31/17

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,205,884	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)**	$ 2,205,885	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(151,646)	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	(37,500)	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)**	$ (189,146)	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)**	$ 2,016,739	24 *

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

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 6,908,955	1
2	Discounts and Allowances for all Levels	(1,512,855)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,396,100	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,889,566	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,889,566	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	101,606	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	9,041	19
20	Radiology and X-Ray	3,112	20
21	Other Medical Services	17,645	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 131,404	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	2,346	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 2,346	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	33,271	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 33,271	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,452,687	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,187,079	31
32	Health Care	2,677,200	32
33	General Administration	1,458,631	33
	B. Capital Expense		
34	Ownership	1,354,327	34
	C. Ancillary Expense		
35	Special Cost Centers	694,731	35
36	Provider Participation Fee	232,365	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 7,604,333	40
41	**Income before Income Taxes (line 30 minus line 40)****	(151,646)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (151,646)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 1,270,623	44
45	Private Pay - Net Inpatient Revenue	443,545	45
46	Medicare - Net Inpatient Revenue	417,563	46
47	Other-(specify) Managed Care / Insurance	2,996,601	47
48	Other-(specify) Hospice	267,768	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 5,396,100	49

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

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

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

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

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,611	1,669	$ 74,230	$ 44.48	1
2	Assistant Director of Nursing	1,249	1,327	47,425	35.74	2
3	Registered Nurses	10,468	11,936	388,287	32.53	3
4	Licensed Practical Nurses	18,161	18,975	482,129	25.41	4
5	CNAs & Orderlies	53,148	55,388	667,128	12.04	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,851	8,603	168,281	19.56	8
9	Activity Director					9
10	Activity Assistants	9,465	10,160	108,608	10.69	10
11	Social Service Workers	5,315	5,878	95,876	16.31	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	18,182	20,018	251,031	12.54	15
16	Dishwashers					16
17	Maintenance Workers	2,662	2,849	70,771	24.84	17
18	Housekeepers	14,761	15,883	194,981	12.28	18
19	Laundry	1,574	1,774	24,301	13.70	19
20	Administrator	1,868	2,093	120,350	57.50	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,413	8,762	157,452	17.97	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	4,854	5,473	161,508	29.51	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	159,582	170,788	$ 3,012,358 *	$ 17.64	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	$ 22,752	01-03	35
36	Medical Director	Monthly	28,000	09-03	36
37	Medical Records Consultant	Monthly	2,400	10-03	37
38	Nurse Consultant	Monthly	36,576	10-03	38
39	Pharmacist Consultant	Monthly	6,268	10-03	39
40	Physical Therapy Consultant	154	7,185	10a-03	40
41	Occupational Therapy Consultant	100	7,490	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	54	2,150	10a-03	43
44	Activity Consultant	Monthly	848	11-03	44
45	Social Service Consultant	Monthly	800	12-03	45
46	Other(specify)				46
47	Specialized Rehab Consultant	Monthly	11,316	10a-03	47
48					48
49	TOTAL (lines 35 - 48)	308	$ 125,785		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	6,080	142,362	10-03	52
53	TOTAL (lines 50 - 52)	6,080	$ 142,362		53

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Diane O'Connor	Administrator	0.0	$ 120,350
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 120,350

B. Administrative - Other

Description	Amount
Generations Healthcare Network - Dir. Of Admin Services	$ 33,816
Generations Healthcare Network - Ancillary Admin Charges	28,776
TOTAL (agree to Schedule V, line 17, col. 3)	$ 62,592
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Marcum LLP	Accounting	$ 15,320
Plante Moran	Accounting	5,501
Generations Healthcare Network	Dir. Of Regulatory Service	16,908
Generations Healthcare Network	Bookkeeping	60,240
Generations Healthcare Network	Dir. Of Financial Svc	46,500
Generations Healthcare Network	Dir of Admissions	23,460
Generations Healthcare Network	Director of IT	7,044
Generations Healthcare Network	Computer Support Charges	15,528
Ability Network, Inc.	MDS Software	3,432
Pinnacle Consulting	Customer Satisfaction	2,897
See Attached	Legal	15,523
See Supplemental Schedule		39,258
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 251,611

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 73,127
Unemployment Compensation Insurance	42,267
FICA Taxes	224,337
Employee Health Insurance	109,705
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401(k) Match	5,500
Other Employee Benefits	7,872
TOTAL (agree to Schedule V, line 22, col.8)	$ 462,808

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	$ 1,982
Advertising: Employee Recruitment	17,272
Health Care Worker Background Check	310
(Indicate # of checks performed 31)	
Patient Background Checks 143	1,430
Dues and Subscriptions	17,014
Licenses and Permits	6,710
Alloc. Generations Healthcare Network	170
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 44,888

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	449
Alloc. Generations Healthcare Network	103
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 552

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Generations At Applewood Llc # 0051359 Report Period Beginning: 01/01/17 Ending: 12/31/17

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **IL Council on LTC $13,974**

(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. $ **40,790** Line **10-02**

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

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

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

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

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **232,365**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ Has any meal income been offset against related costs? **None** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **100% Ln 14**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **Yes**
Attach invoices and a summary of services for all architect and appraisal fees