		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.

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

I. IDPH License ID Number: 0054858

Facility Name: Generations at Lincoln

Address: 2202 N Kickapoo St (Number) Lincoln (City) 62656 (Zip Code)

County: Logan

Telephone Number: (217) 735-1538 **Fax #** (217) 732-3602

HFS ID Number:

Date of Initial License for Current Owners: 1/1/2018

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: Denise A. Leonard, CPA **Telephone Number:** (216) 274-6514
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 1/1/20 to 12/31/20 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider

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

Paid Preparer

(Signed) (Date)
(Print Name and Title) Denise A Leonard, CPA, Partner
(Firm Name & Address) Plante & Moran, PLLC, 1111 Superior Ave Suite 1250 Cleveland, OH 44114
(Telephone) (216) 274-6514 Fax # (248) 233-7349

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 Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

III. STATISTICAL DATA

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

	1 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	101	Skilled (SNF)	101	36,966	1
2		Skilled Pediatric (SNF/PED)			2
3	25	Intermediate (ICF)	25	9,150	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	126	TOTALS	126	46,116	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	3,555	192	5,631	9,378	8
9	SNF/PED					9
10	ICF	19,030	1,371	1,733	22,134	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	22,585	1,563	7,364	31,512	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.33%

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 01/01/2018

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 01/01/2018 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 99 and days of care provided 4,652

Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	258,971	48,155	14,404	321,530		321,530	3,269	324,799			1
2	Food Purchase		285,583		285,583		285,583	(1,897)	283,686			2
3	Housekeeping	188,959	880	24,928	214,767		214,767	(2,262)	212,505			3
4	Laundry	58,168		27,194	85,362		85,362	(1,421)	83,941			4
5	Heat and Other Utilities			137,208	137,208		137,208	(15,845)	121,363			5
6	Maintenance	56,685	144,717		201,402		201,402	42,762	244,164			6
7	Other (specify):*			2,411	2,411		2,411	9,006	11,417			7
8	**TOTAL General Services**	562,783	479,335	206,145	1,248,263		1,248,263	33,612	1,281,875			8
	B. Health Care and Programs											
9	Medical Director			51,000	51,000		51,000		51,000			9
10	Nursing and Medical Records	2,251,380	266,868	1,336,832	3,855,080		3,855,080	10,128	3,865,208			10
10a	Therapy			618,255	618,255		618,255		618,255			10a
11	Activities	53,826	4,328	1,997	60,151		60,151		60,151			11
12	Social Services	83,511		1,997	85,508		85,508		85,508			12
13	CNA Training											13
14	Program Transportation			41,128	41,128		41,128	(2,749)	38,379			14
15	Other (specify):*							7,741	7,741			15
16	**TOTAL Health Care and Programs**	2,388,717	271,196	2,051,209	4,711,122		4,711,122	15,120	4,726,242			16
	C. General Administration											
17	Administrative	90,321			90,321		90,321	92,443	182,764			17
18	Directors Fees											18
19	Professional Services			678,213	678,213		678,213	(402,237)	275,976			19
20	Dues, Fees, Subscriptions & Promotions			31,524	31,524		31,524	1,866	33,390			20
21	Clerical & General Office Expenses	76,865	38,768	62,231	177,864		177,864	154,280	332,144			21
22	Employee Benefits & Payroll Taxes			531,150	531,150		531,150	(160)	530,990			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,658	1,658		1,658	238	1,896			24
25	Other Admin. Staff Transportation			12,761	12,761		12,761	4,269	17,030			25
26	Insurance-Prop.Liab.Malpractice			187,483	187,483		187,483	1,357	188,840			26
27	Other (specify):*			13,243	13,243		13,243	19,225	32,468			27
28	**TOTAL General Administration**	167,186	38,768	1,518,263	1,724,217		1,724,217	(128,719)	1,595,498			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,118,686	789,299	3,775,617	7,683,602		7,683,602	(79,987)	7,603,615			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 Lincoln #0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			29,286	29,286		29,286	152,941	182,227			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			67,792	67,792		67,792	117,474	185,266			32
33	Real Estate Taxes			74,412	74,412		74,412	5,836	80,248			33
34	Rent-Facility & Grounds			246,000	246,000		246,000	(246,000)				34
35	Rent-Equipment & Vehicles			7,694	7,694		7,694	3,120	10,814			35
36	Other (specify):*			2,824	2,824		2,824	(2,824)				36
37	**TOTAL Ownership**			428,008	428,008		428,008	30,547	458,555			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	452,765	245,042	353,100	1,050,907		1,050,907	(27,192)	1,023,715			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			226,321	226,321		226,321		226,321			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**	452,765	245,042	579,421	1,277,228		1,277,228	(27,192)	1,250,036			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,571,451	1,034,341	4,783,046	9,388,838		9,388,838	(76,632)	9,312,206			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 Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(16,902)	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	11,308	30		9
10	Interest and Other Investment Income	(1,112)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(824)	36		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	(340)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(12,903)	27		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	(62,075)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (82,848)		$	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)	(496)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (496)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (83,344)		37

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

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

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

Generations at Lincoln

ID# 0054858

Report Period Beginning: 1/1/20

Ending: 12/31/20

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Collections Expense	$ (6,101)	19	1
2	Bank Fees	(2,578)	21	2
3	Credit Card Fees	(58)	21	3
4	Theft & Damage Loss	(1,567)	21	4
5	Non-Allowable Interest	(14,450)	32	5
6	Amortization of Finance Costs	(2,000)	36	6
7	Vending Income	(121)	02	7
8	Prior Period Transportation Costs	(2,749)	14	8
9	Prior Period Interest Costs	(2,704)	32	9
10	Capitalized R&M	(7,408)	06	10
11	Additional R&M	4,060	06	11
12	Non Allowable Legal	(1,818)	19	12
13	Website Costs	(2,011)	21	13
14		0		14
15		0		15
16		0		16
17	Generations HC Property of Lincoln	0		17
18	Fees & Office Expense	(577)	21	18
19	Accounting & Legal	(3,100)	19	19
20	Amortization of Finance Costs	(18,893)	31	20
21		0		21
22		0		22
23		0		23
24		0		24
25		0		25
26		0		26
27		0		27
28		0		28
29		0		29
30		0		30
31		0		31
32		0		32
33		0		33
34		0		34
35		0		35
36		0		36
37		0		37
38		0		38
39		0		39
40		0		40
41		0		41
42		0		42
43		0		43
44		0		44
45		0		45
46		0		46
47		0		47
48		0		48
49	**Total**	(62,075)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	3,932	0	(663)	0	0	0	0	0	3,269	1
2	Food Purchase	(121)	0	(1,776)	0	0	0	0	0	0	0	0	(1,897)	2
3	Housekeeping	0	0	0	0	0	(2,262)	0	0	0	0	0	(2,262)	3
4	Laundry	0	0	0	0	0	(1,421)	0	0	0	0	0	(1,421)	4
5	Heat and Other Utilities	(16,902)	0	0	1,057	0	0	0	0	0	0	0	(15,845)	5
6	Maintenance	(3,348)	0	8,645	37,899	0	(434)	0	0	0	0	0	42,762	6
7	Other (specify):*	0	0	1,090	7,916	0	0	0	0	0	0	0	9,006	7
8	**TOTAL General Services**	(20,371)	0	7,959	50,804	0	(4,780)	0	0	0	0	0	33,612	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	41,482	0	(6,084)	(25,270)	0	0	0	0	0	10,128	10
10a	Therapy	0	0	0	0	0	(6,712)	0	0	0	0	0	(6,712)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(2,749)	0	0	0	0	0	0	0	0	0	0	(2,749)	14
15	Other (specify):*	0	0	7,741	0	0	0	0	0	0	0	0	7,741	15
16	**TOTAL Health Care and Programs**	(2,749)	0	49,223	0	(6,084)	(31,982)	0	0	0	0	0	8,408	16
	C. General Administration													
17	Administrative	0	0	13,162	79,281	0	0	0	0	0	0	0	92,443	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(11,019)	3,100	(402,487)	8,169	0	0	0	0	0	0	0	(402,237)	19
20	Fees, Subscriptions & Promotions	0	0	1,866	0	0	0	0	0	0	0	0	1,866	20
21	Clerical & General Office Expenses	(6,791)	577	160,448	66	(20)	0	0	0	0	0	0	154,280	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(160)	0	0	0	0	0	0	(160)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	238	0	0	0	0	0	0	0	0	238	24
25	Other Admin. Staff Transportation	0	0	4,269	0	0	0	0	0	0	0	0	4,269	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,228	129	0	0	0	0	0	0	0	1,357	26
27	Other (specify):*	(13,243)	0	14,086	18,382	0	0	0	0	0	0	0	19,225	27
28	**TOTAL General Administration**	(31,053)	3,677	(207,190)	106,027	(180)	0	0	0	0	0	0	(128,719)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(54,173)	3,677	(150,008)	156,831	(6,264)	(36,762)	0	0	0	0	0	(86,699)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	11,308	138,936	0	2,697	0	0	0	0	0	0	0	152,941	30
31	Amortization of Pre-Op. & Org.	(18,893)	18,893	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(18,266)	134,839	(1,055)	1,956	0	0	0	0	0	0	0	117,474	32
33	Real Estate Taxes	0	1,146	0	4,690	0	0	0	0	0	0	0	5,836	33
34	Rent-Facility & Grounds	0	(246,000)	0	0	0	0	0	0	0	0	0	(246,000)	34
35	Rent-Equipment & Vehicles	0	0	3,120	0	0	0	0	0	0	0	0	3,120	35
36	Other (specify):*	(2,824)	0	0	0	0	0	0	0	0	0	0	(2,824)	36
37	**TOTAL Ownership**	(28,675)	47,814	2,065	9,343	0	0	0	0	0	0	0	30,547	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	(27,192)	0	0	0	0	0	0	(27,192)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	(27,192)	0	0	0	0	0	0	(27,192)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(82,848)	51,491	(147,943)	166,174	(33,456)	(36,762)	0	0	0	0	0	(83,344)	45

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

VII. RELATED PARTIES

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

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

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent	$ 246,000	Generations Healthcare Property of Lincoln, LLC	100.00%	$	$ (246,000)	1
2	V	33	Real Estate Taxes	74,412	Generations Healthcare Property of Lincoln, LLC	100.00%	75,558	1,146	2
3	V	21	Office Expenses & Fees		Generations Healthcare Property of Lincoln, LLC	100.00%	577	577	3
4	V	32	Interest Expense		Generations Healthcare Property of Lincoln, LLC	100.00%	134,839	134,839	4
5	V	19	Accounting & Legal		Generations Healthcare Property of Lincoln, LLC	100.00%	3,100	3,100	5
6	V	31	Amortizaton		Generations Healthcare Property of Lincoln, LLC	100.00%	18,893	18,893	6
7	V	30	Depreciation		Generations Healthcare Property of Lincoln, LLC	100.00%	138,936	138,936	7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 320,412			$ 371,903	$ * 51,491	14

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Atied Associates, LLC	33.33%	Albany Care, Inc	Evnaston, IL	Generations Prop.	Lincolnwood, IL	Bldg. Company	1
2	Barrish Group Limited Partnerhip	24.63%	Generations at Applewood, LLC	Matteson, IL	Generations HC			2
3	Juliana R Barrish Trust Dated 9/1/04	24.63%	Auburn Village	Auburn, IN	Transitions	Lincolnwood, IL	Mgmt. Company	3
4	Michael Giannini	8.70%	Bryn Mawr Care, Inc	Chicago, IL	SIR Management	Lincolnwood, IL	Mgmt. Company	4
5	Celeste Giannini	8.70%	Decatur Manor Healthcare, LLC	Decatur, IL	SIR Properties	Lincolnwood, IL	Bldg. Company	5
6			Generations at Elmwood Park, Inc.	Elmwood Park, IL	Max RX, LLC	Des Plaines, IL	Pharmacy	6
7			Greenwood Care, Inc	Evanston, IL	Big Ten Supply	Libertyville, IL	Ancillary Supplies	7
8			Wilson Care, Inc	Chicago, IL	Generations HC	Lincoln, IL	Building Co	8
9			Villa Clara Post Acute	Decatur, Il	Lincoln LLC			9
10			Prairie Creek Village	Decatur, IL				10
11			Generations at Neighbors, LLC	Byron, IL				11
12			Generations at Oakton Arms, LLC	Des Plaines, IL				12
13			Generations at Oakton Pavillion, LLC	Des Plaines, IL				13
14			Generations at Peoria	Peoria, IL				14
15			Generations at Regency, LLC	Niles, IL				15
16			Generations at Riverview, LLC	East Peoria, IL				16
17			Generations at Riverview Senior Living	East Peoria, IL				17
18			Generations at Rock Island, LLC	Rock Island, IL				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 Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	Dietary Other and Rebates	$	Generations Healthcare Network LLC	100.00%	$ (1,776)	$ (1,776)	15
16	V	6	Repairs & Maintanence		Generations Healthcare Network LLC	100.00%	8,645	8,645	16
17	V	7	Emp. Ben. - General Svc.		Generations Healthcare Network LLC	100.00%	1,090	1,090	17
18	V	9	Medical Director Consults		Generations Healthcare Network LLC	100.00%	0		18
19	V	10	Nursing		Generations Healthcare Network LLC	100.00%	41,482	41,482	19
20	V	15	Emp. Ben. - Health Care		Generations Healthcare Network LLC	100.00%	7,741	7,741	20
21	V	17	Administrative		Generations Healthcare Network LLC	100.00%	13,162	13,162	21
22	V	19	Professional Fees	407,742	Generations Healthcare Network LLC	100.00%	5,255	(402,487)	22
23	V	20	Fee, Subscriptions		Generations Healthcare Network LLC	100.00%	1,866	1,866	23
24	V	21	Clerical & General		Generations Healthcare Network LLC	100.00%	160,448	160,448	24
25	V	24	Education & Seminar		Generations Healthcare Network LLC	100.00%	238	238	25
26	V	25	Other Admin. Staff Transportation		Generations Healthcare Network LLC	100.00%	4,269	4,269	26
27	V	26	Insurance		Generations Healthcare Network LLC	100.00%	1,228	1,228	27
28	V	27	Emp. Ben. - Gen. Admin.		Generations Healthcare Network LLC	100.00%	14,086	14,086	28
29	V	32	Interest		Generations Healthcare Network LLC	100.00%	(1,055)	(1,055)	29
30	V	35	Auto Rental		Generations Healthcare Network LLC	100.00%	2,651	2,651	30
31	V	35	Equipment Rental		Generations Healthcare Network LLC	100.00%	469	469	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 407,742			$ 259,799	$ * (147,943)	39

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	$	Generations Healthcare Network LLC	100.00%	$ 1,057	$ 1,057	15
16	V	6	Repairs & Maintenance		Generations Healthcare Network LLC	100.00%	911	911	16
17	V	19	Professional Fees		Generations Healthcare Network LLC	100.00%	258	258	17
18	V	21	Clerical & General		Generations Healthcare Network LLC	100.00%	66	66	18
19	V	25	Auto & Travel		Generations Healthcare Network LLC	100.00%	0		19
20	V	26	Insurance		Generations Healthcare Network LLC	100.00%	129	129	20
21	V	30	Depreciation		Generations Healthcare Network LLC	100.00%	2,697	2,697	21
22	V	32	Interest		Generations Healthcare Network LLC	100.00%	1,956	1,956	22
23	V	33	Real Estate Taxes		Generations Healthcare Network LLC	100.00%	4,690	4,690	23
24	V								24
25	V	1	Dietary Salaries		Generations Healthcare Network LLC	100.00%	3,932	3,932	25
26	V	7	Emp. Ben. - Dietary		Generations Healthcare Network LLC	100.00%	735	735	26
27	V	10	Nursing Salaries		Generations Healthcare Network LLC	100.00%	0		27
28	V	15	Emp. Ben. - Nursing		Generations Healthcare Network LLC	100.00%	0		28
29	V	17	Admin./Legal Salaries		Generations Healthcare Network LLC	100.00%	79,281	79,281	29
30	V	19	Fin. Consult./Regl. Dir.		Generations Healthcare Network LLC	100.00%	7,911	7,911	30
31	V	27	Emp. Ben. - Administrative		Generations Healthcare Network LLC	100.00%	18,382	18,382	31
32	V								32
33	V	6	Maintenance Salaries		Generations Healthcare Network LLC	100.00%	36,988	36,988	33
34	V	7	Employee Benefits		Generations Healthcare Network LLC	100.00%	7,181	7,181	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 166,174	$ * 166,174	39

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	10	Nursing & Medical Records	$ 65,102	MAC Rx, LLC	100.00%	$ 59,018	$ (6,084)	15
16	V	21	Clerical & General Office Exp	213	MAC Rx, LLC	100.00%	193	(20)	16
17	V	22	Employee Benefits	1,713	MAC Rx, LLC	100.00%	1,553	(160)	17
18	V	39	Ancillary	290,955	MAC Rx, LLC	100.00%	263,763	(27,192)	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			$ 357,983			$ 324,527	$ * (33,456)	39

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	$ 6,893	Big Ten Supply LLC	100.00%	$ 6,230	$ (663)	15
16	V	3	Housekeeping	23,539	Big Ten Supply LLC	100.00%	21,277	(2,262)	16
17	V	4	Laundry	14,783	Big Ten Supply LLC	100.00%	13,362	(1,421)	17
18	V	6	R&M	4,514	Big Ten Supply LLC	100.00%	4,080	(434)	18
19	V	10	Nursing & Medical Records	262,917	Big Ten Supply LLC	100.00%	237,647	(25,270)	19
20	V	10A	Therapy	69,829	Big Ten Supply LLC	100.00%	63,117	(6,712)	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			$ 382,475			$ 345,713	$ * (36,762)	39

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Elka Abramchik	Relative	Clerical	0.00%	See Attachment	1.51	3.83%	Alloc Salary	$ 2,187	21-7	1
2	Joey Abramchik	Relative	Administrative	0.00%	See Attachment	1.51	3.79%	Alloc Fees	7,911	17-7	2
3	Bryan Barrish	Relative	Administrative	0.00%	See Attachment	1.33	3.31%	Alloc Salary	9,467	17-7	3
4	Sarah Barrish	Relative	Administrative	0.00%	See Attachment	1.89	3.79%	Alloc Salary	4,868	17-7	4
5	Louise Bergthold	Relative	Administrative	0.00%	See Attachment	2.27	3.79%	Alloc Salary	9,467	17-7	5
6	Thomas Bergthold	Relative	Clerical	0.00%	See Attachment	1.51	3.79%	Alloc Salary	2,293	21-7	6
7	Kristen Schloss	Relative	Maintenance	0.00%	See Attachment	1.51	3.79%	Alloc Salary	5,904	6-7	7
8	Kim Shelton	Relative	Clerical	0.00%	See Attachment	1.51	3.79%	Alloc Salary	3,355	21-7	8
9	Burton Barrish	Relative	Administrative	0.00%	See Attachment	1.51	3.79%	Alloc Salary	4,100	17-7	9
10	Lynn Ethell	Relative	Clerical	0.00%	See Attachment	1.51	3.79%	Alloc Salary	2,281	21-7	10
11	Michael Giannini	Owner	Administrative	8.70%	See Attachment	1.51	3.37%	Alloc Salary	6,837	17-7	11
12	Nenita Guzman	Relative	Dietary	0.00%	See Attachment	1.51	3.79%	Alloc Salary	3,932	1-7	12
13								TOTAL	$ 62,602		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 Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Jeff Oravec	Relative	Administrative	0.00%	See Attachment	1.51	3.79%	Alloc Salary	$ 3,695	17-7	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 3,695		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 Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: Generations HC Property of Lincoln LLC
Street Address: 6840 N. Lincoln
City / State / Zip Code: Lincolnwood, Illinois 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
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 Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: Generations HC Network, LLC
Street Address: 6840 N. Lincoln
City / State / Zip Code: Lincolnwood, Illinois 60712
Phone Number: (847) 675-7979
Fax Number: (847) 675-0555

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	2	Dietary Other and Rebates	Resident Days	832,144	19	$ (46,886)	$	31,512	$ (1,775)	1
2	6	Repairs & Maintanence	Resident Days	832,144	19	228,292	155,904	31,512	8,645	2
3	7	Emp. Ben. - General Svc.	Resident Days	832,144	19	28,781		31,512	1,090	3
4	9	Medical Director Consults	Resident Days	832,144	19			31,512		4
5	10	Nursing	Resident Days	832,144	19	1,095,433	1,094,370	31,512	41,482	5
6	15	Emp. Ben. - Health Care	Resident Days	832,144	19	204,429		31,512	7,741	6
7	17	Administrative	Resident Days	832,144	19	347,566	347,566	31,512	13,162	7
8	19	Professional Fees	Resident Days	832,144	19	138,762		31,512	5,255	8
9	20	Fee, Subscriptions	Resident Days	832,144	19	49,284		31,512	1,866	9
10	21	Clerical & General	Resident Days	832,144	19	4,236,976	3,850,828	31,512	160,448	10
11	24	Education & Seminar	Resident Days	832,144	19	6,287		31,512	238	11
12	25	Other Admin. Staff Transportatior	Resident Days	832,144	19	112,731		31,512	4,269	12
13	26	Insurance	Resident Days	832,144	19	32,419		31,512	1,228	13
14	27	Emp. Ben. - Gen. Admin.	Resident Days	832,144	19	371,977		31,512	14,086	14
15	32	Interest	Resident Days	832,144	19	(27,854)		31,512	(1,055)	15
16	35	Auto Rental	Resident Days	832,144	19	70,001		31,512	2,651	16
17	35	Equipment Rental	Resident Days	832,144	19	12,377		31,512	469	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 6,860,575	$ 5,448,668		$ 259,800	25

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: Generations HC Network, LLC
Street Address: 6840 N. Lincoln
City / State / Zip Code: Lincolnwood, Illinois 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	5	Utilities	Alloc Sqaure Footage	12,879	19	$ 27,900	$	488	$ 1,057	1
2	6	Repairs & Maintenance	Alloc Sqaure Footage	12,879	19	24,049		488	911	2
3	19	Professional Fees	Alloc Sqaure Footage	12,879	19	6,801		488	258	3
4	21	Clerical & General	Alloc Sqaure Footage	12,879	19	1,754		488	66	4
5	25	Auto & Travel	Alloc Sqaure Footage	12,879	19			488		5
6	26	Insurance	Alloc Sqaure Footage	12,879	19	3,403		488	129	6
7	30	Depreciation	Alloc Sqaure Footage	12,879	19	71,181		488	2,697	7
8	32	Interest	Alloc Sqaure Footage	12,879	19	51,631		488	1,956	8
9	33	Real Estate Taxes	Alloc Sqaure Footage	12,879	19	123,763		488	4,690	9
10										10
11	1	Dietary Salaries	Resident Days	832,144	19	103,820	103,820	31,512	3,932	11
12	7	Emp. Ben. - Dietary	Resident Days	832,144	19	19,413		31,512	735	12
13	10	Nursing Salaries	Resident Days	832,144	19			31,512		13
14	15	Emp. Ben. - Nursing	Resident Days	832,144	19			31,512		14
15	17	Admin./Legal Salaries	Resident Days	832,144	19	2,093,591	2,093,591	31,512	79,281	15
16	19	Fin. Consult./Regl. Dir.	Resident Days	832,144	19	208,920		31,512	7,911	16
17	27	Emp. Ben. - Administrative	Resident Days	832,144	19	485,424		31,512	18,382	17
18										18
19	6	Maintenance Salaries	Maint. Revenue	702,930	17	726,469	726,469	35,790	36,988	19
20	7	Employee Benefits	Maint. Revenue	702,930	17	141,032		35,790	7,181	20
21										21
22										22
23										23
24										24
25	TOTALS					$ 4,089,151	$ 2,923,880		$ 166,174	25

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10	Nursing & Medical Records	Direct Allocation			$	$		$ 59,018	1
2	21	Clerical & General Office Exp	Direct Allocation						193	2
3	22	Employee Benefits	Direct Allocation						1,553	3
4	39	Ancillary	Direct Allocation						263,763	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					$	$		$ 324,527	25

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: Big Ten Supply, LLC
Street Address: 15632 West Sprucewood Lane
City / State / Zip Code: Libertyville, Illinois 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				$	$		$ 6,230	1
2	3	Housekeeping							21,277	2
3	4	Laundry							13,362	3
4	6	R&M							4,080	4
5	10	Nursing & Medical Records							237,647	5
6	10A	Therapy							63,117	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					$	$		$ 345,713	25

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Republic Bank		X	Mortgage			$ 2,251,125	$ 2,151,027			$ 121,978	1
2	Republic Bank		X	Improvement Financing				361,875			12,861	2
3												3
4												4
5												5
	Working Capital											
6	Republic Bank		X	Line of Credit				1,400,000			40,302	6
7	Shareholder Loans	X		Working Capital							14,450	7
8	Allocated From Generations		X								901	8
9	TOTAL Facility Related						$ 2,251,125	$ 3,912,902			$ 190,492	9
	B. Non-Facility Related*											
10	Interest Income		X								(1,112)	10
11	VG Financial (Work Cap)		X	Vent Lease				149,294			10,336	11
12	Related Party Interest	X									(14,450)	12
13												13
14	TOTAL Non-Facility Related						$	$ 149,294			$ (5,226)	14
15	TOTALS (line 9+line14)						$ 2,251,125	$ 4,062,196			$ 185,266	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 Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	78,500	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.)	$	79,645	2
3. Under or (over) accrual (line 2 minus line 1).	$	1,145	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)	$	78,900	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.)**	$	203	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	80,248	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2015	73,661	8
	2016	74,211	9
	2017	74,701	10
	2018	74,578	11
	2019	75,158	12

2020 Accrual: $75,158 X 1.05 = $78,900

Allocated From Generations: $4,690

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

NOTES:

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

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Generations at Lincoln COUNTY Logan

FACILITY IDPH LICENSE NUMBER 0054858

CONTACT PERSON REGARDING THIS REPORT Denise A. Leonard, CPA

TELEPHONE (216) 274-6514 FAX #: (248) 233-7349

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

Enter the tax index number and real estate tax assessed for 2019 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2019.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	08-029-019-00	Long Term Care Facility	$ 46,650.46	$ 46,650.46
2.	08-029-019-50	Long Term Care Facility	$ 28,507.86	$ 28,507.86
3.	Alloc. - SIR Management	Home Office Allocation	$ 148,905.51	$ 4,418.72
4.	10-31-401-046-0000	Regency Allocation	$ 796,746.36	$ 366.80
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 1,020,810.19	$ 79,943.84

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

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

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 33,852 B. General Construction Type: Exterior Masonry Frame Steel/Wood 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		2018	$ 30,000	1
2					2
3	TOTALS			$ 30,000	3

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	126		2018		$ 2,328,000	$	40	$ 58,200	$ 58,200	$ 174,600	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Fleshman plumbing - water heaters (2)			2018	23,407		20	1,170	1,170	3,511	9
10	Fleshman plumbing - water heaters			2018	11,703		20	585	585	1,755	10
11	Automatic Fire Sprinkler - replaced head			2018	19,871		20	994	994	2,981	11
12	Automatic Fire Sprinkler - replaced air compressor			2018	2,811		20	141	141	422	12
13	EMT Connector,Conduit/Coupling,Switches-Air Curtain-Hallway			2019	3,855		20	193	193	385	13
14	Conduit Wire-Walk-in Freezer- Mechanical Room to Kitchen			2019	6,731		20	337	337	673	14
15	Install of Walk In Cooler/Freezer with Condensing Unit-Kitchen			2019	36,831		20	1,842	1,842	3,683	15
16	Water Softener for Water Systems			2019	3,942		20	197	197	394	16
17	Install of Mop Sink and D-9 Backflow-Across from Ice Machine			2019	11,236		20	562	562	1,124	17
18	Mop Sink,Backflow Preventor,Hot Water Lines-Kitchen/Closet			2019	9,264		20	463	463	926	18
19	Removal of Clinical Sink- On Floor near Rooms			2019	2,635		20	132	132	264	19
20	Sewer Installation - Throughout Facility/Out to Exterior			2019	29,800		20	1,490	1,490	2,980	20
21	Landscaping- Front Entrance and Sides- Sodding, Raised Beds			2019	3,099		20	155	155	310	21
22	Repair-Shower Valve & Water Softener feeding This Water Line			2019	3,141		20	157	157	314	22
23	AC Unit 12000 BTU- Resistance Heating System			2020	3,533		20	177	177	177	23
24	Remove & Replace Flat Roof- Exterior of Facility			2020	3,714		20	186	186	186	24
25	Expansion Tanks/Fitting/Copper Pipe for Water Heater			2020	6,735		20	337	337	337	25
26	Installation of Doors on South Side with Keypad Access			2020	3,262		20	163	163	163	26
27	Installation of Doors on North Side with Keypad Access			2020	2,949		20	147	147	147	27
28	Plan & Construction Documents for Dialysis Unit- Architect Fees			2020	8,516		20	426	426	426	28
29	Phone System Upgrade-3 Line LCD,Control Unit,Ext Cards			2020	4,025		20	201	201	201	29
30											30
31											31
32	FS Depreciation - Generations at Lincoln, LLC					29,286			(29,286)		32
33	FS Depreciation - Generations Healthcare Property of Lincoln, LLC					138,936			(138,936)		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 Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39	Generations Healthcare Property of Lincoln, LLC								39
40	Architects Fees- Interior Renovation- Electrical/Plumbing/Fire	2019	67,127		20	3,356	3,356	6,713	40
41	Flooring in Corridors- Vinyl Base & Millwork	2019	66,993		20	3,350	3,350	6,699	41
42	Landscaping - Beds & Signage- NW/SE Corners Of Parking Lot	2019	17,599		20	880	880	1,760	42
43	Flooring- Corridors- Millwork Base	2019	7,000		20	350	350	700	43
44	Flooring in Dining Room- Plank/Milwood	2019	26,593		20	1,330	1,330	2,659	44
45	Tiling Work- Common Areas- Ceramic Tiles/Mudpan	2019	4,183		20	209	209	418	45
46	Parking Lot Resurfacing - Pavement & Surfacing	2019	142,700		20	7,135	7,135	14,270	46
47	Main Entrance Sign- Posts, Panels, LED Lighting	2019	23,612		20	1,181	1,181	2,361	47
48	Quarry Floor Tiling & Base W/ Corners & Transitions-Kitchen	2020	13,422		20	671	671	671	48
49	Floor & Wall Tiling + Waterproofing-Bathrooms (All Floors)	2020	56,345		20	2,817	2,817	2,817	49
50	Dining/Resident Rooms/Bathrooms-Supplies & Labor-	2020	39,222		20	1,961	1,961	1,961	50
51	Related to Flooring, Wall Work, Plumbing, Corner Guards								51
52	Wall Protection Materials- Bethrooms, Resident Rooms, Dining Are	2020	53,681		20	2,684	2,684	2,684	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									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 3,047,537	$ 168,222		$ 94,177	$ (74,045)	$ 239,673	70

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 3,047,537	$ 168,222		$ 94,177	$ (74,045)	$ 239,673	1
2	Related Party Allocations								2
3									3
4	Training Building Allocation- Generations HC	2009	18,946	506	39	486	(20)	5,364	4
5	Building- Allocated From SIR Properties/Generations HC	1993	17,152	545	35	490	(55)	12,986	5
6									6
7	Allocated From Generations Healthcare	1993	4,349	121	20		(121)	4,349	7
8	Allocated From Generations Healthcare	1994	14		20			14	8
9	Allocated From Generations Healthcare	1995	99		20			99	9
10	Allocated From Generations Healthcare	1997	6,682	150	20		(150)	6,682	10
11	Allocated From Generations Healthcare	1999	525		20	20	20	525	11
12	Allocated From Generations Healthcare	1999	11,357		20			11,357	12
13	Allocated From Generations Healthcare	2000	620		20	14	14	620	13
14	Allocated From Generations Healthcare	2007	1,993		20	100	100	1,315	14
15	Allocated From Generations Healthcare	2008	5,493		20	203	203	4,017	15
16	Allocated From Generations Healthcare	2009	13,649		20	682	682	7,674	16
17	Allocated From Generations Healthcare	2011	338	34	20	34		318	17
18	Allocated From Generations Healthcare	2012	1,081	54	20	54		401	18
19	Allocated From Generations Healthcare	2014	152	15	20	8	(7)	50	19
20	Allocated From Generations Healthcare	2016	197	10	20	10		43	20
21	Allocated From Generations Healthcare	2019	983	48	20	48		61	21
22	Allocated From Generations Healthcare	2020	801	17	20	17		17	22
23									23
24	Allocated From SIR Properties/Generations HC	2012	1,051		20	53	53	368	24
25	Allocated From SIR Properties/Generations HC	2010	1,035		20	52	52	483	25
26	Allocated From SIR Properties/Generations HC	2009	1,030		20	51	51	556	26
27	Allocated From SIR Properties/Generations HC	2007	101	6	20	5	(1)	66	27
28	Allocated From SIR Properties/Generations HC	2002	68		20	3	3	60	28
29	Allocated From SIR Properties/Generations HC	1999	2,173		20	54	54	2,173	29
30	Allocated From SIR Properties/Generations HC	1998			20				30
31	Allocated From SIR Properties/Generations HC	1997			20				31
32	Allocated From SIR Properties/Generations HC	1994	163	4	20		(4)	163	32
33	Allocated From SIR Properties/Generations HC	1993	278	1	20		(1)	278	33
34	TOTAL (lines 1 thru 33)		$ 3,137,867	$ 169,733		$ 96,561	$ (73,172)	$ 299,712	34

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 3,137,867	$ 169,733		$ 96,561	$ (73,172)	$ 299,712	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,137,867	$ 169,733		$ 96,561	$ (73,172)	$ 299,712	34

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 3,137,867	$ 169,733		$ 96,561	$ (73,172)	$ 299,712	1
2									2
3									3
4									4
5									5
6									6
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,137,867	$ 169,733		$ 96,561	$ (73,172)	$ 299,712	34

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 3,137,867	$ 169,733		$ 96,561	$ (73,172)	$ 299,712	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,137,867	$ 169,733		$ 96,561	$ (73,172)	$ 299,712	34

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 3,137,867	$ 169,733		$ 96,561	$ (73,172)	$ 299,712	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,137,867	$ 169,733		$ 96,561	$ (73,172)	$ 299,712	34

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 3,137,867	$ 169,733		$ 96,561	$ (73,172)	$ 299,712	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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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)		$ 3,137,867	$ 169,733		$ 96,561	$ (73,172)	$ 299,712	34

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		$ 3,137,867	$ 169,733		$ 96,561	$ (73,172)	$ 299,712	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)		$ 3,137,867	$ 169,733		$ 96,561	$ (73,172)	$ 299,712	34

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 3,137,867	$ 169,733		$ 96,561	$ (73,172)	$ 299,712	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,137,867	$ 169,733		$ 96,561	$ (73,172)	$ 299,712	34

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 178,850	$	$ 17,885	$ 17,885	10	$ 37,411	71
72	Current Year Purchases	11,537				10		72
73	Fully Depreciated Assets					10		73
74	Se Attached	697,889	815	64,834	64,019	10	245,063	74
75	TOTALS	$ 888,276	$ 815	$ 82,719	$ 81,904		$ 282,474	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	Facility	2015 Ford T350HD	2020	$ 11,372	$	$ 2,274	$ 2,274	5	$ 2,274	76
77	Allocated From Generations			4,468	373	675	302		2,394	77
78										78
79										79
80	TOTALS			$ 15,840	$ 373	$ 2,949	$ 2,576		$ 4,668	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)	$	4,071,983	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$	170,921	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$	182,229	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	11,308	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$	586,854	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	TVs,Vinyl Plank,Landscaping	$ 405,274	92
93	Millwork,Tiling,Walls,Signs		93
94	Parking Lot Resurface,Resid		94
95	Rooms, Common Rms, Corrido	$ 405,274	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 Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

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

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

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ 2,646 Description: $2,177 Copier/Printer; $469 Allocated From Generations
(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	Faciltiy	2015 Ford T350HD	$ 919.49	$ 5,517	17
18	Allocated From Generations			2,651	18
19					19
20					20
21	TOTAL		$ 919.49	$ 8,168	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 Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

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

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

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

		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	V10A	hrs	$	2,990	$ 245,985	$	2,990	$ 245,985	1
2	Licensed Speech and Language Development Therapist	V10A	hrs		1,097	104,723		1,097	104,723	2
3	Licensed Recreational Therapist	V10A	hrs							3
4	Licensed Physical Therapist	V10A	hrs		3,431	267,547		3,431	267,547	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation	V39	hrs	53,596					53,596	8
9	Pharmacy	V39	# of prescrpts				335,685		335,685	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): LAB/RADIOLOGY	V39					17,415		17,415	12
13	Other (specify): BILLABLE SUPPLIES	V39					245,042		245,042	13
14	TOTAL			$ 53,596	7,517	$ 618,255	$ 598,142	7,517	$ 1,269,993	14

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

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

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 408,482	$ 416,819	1
2	Cash-Patient Deposits	49,995	49,995	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,850,761	1,850,761	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	131,159	131,159	6
7	Other Prepaid Expenses	47,831	47,831	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	669,627	697,628	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,157,855	$ 3,194,193	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		30,000	13
14	Buildings, at Historical Cost		2,328,000	14
15	Leasehold Improvements, at Historical Cost	187,263	705,739	15
16	Equipment, at Historical Cost	219,134	863,899	16
17	Accumulated Depreciation (book methods)	(49,207)	(439,662)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		69,411	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(49,371)	20
21	Restricted Funds			21
22	Other Long-Term Assets (spe See Attached	338,627	405,274	22
23	Other(specify): See Attached	8,752	388,752	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 704,569	$ 4,302,043	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,862,424	$ 7,496,235	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 391,199	$ 435,333	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	50,006	50,006	28
29	Short-Term Notes Payable	1,438,501	1,438,501	29
30	Accrued Salaries Payable	98,613	98,613	30
31	Accrued Taxes Payable (excluding real estate taxes)	176,430	176,430	31
32	Accrued Real Estate Taxes(Sch.IX-B)		78,900	32
33	Accrued Interest Payable		9,396	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	15,187	15,187	35
	Other Current Liabilities(specify):			
36	See Attached			36
37	See Attached	1,623,992	1,623,992	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,793,928	$ 3,926,358	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	110,793	472,668	39
40	Mortgage Payable		2,151,027	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached		338,627	43
44	See Attached			44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 110,793	$ 2,962,323	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,904,721	$ 6,888,681	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (42,297)	$ 607,555	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,862,424	$ 7,496,235	48

***(See instructions.)**

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ (158,242)	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (158,242)	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	115,945	7	
8	Aquisitions of Pooled Companies		8	
9	Proceeds from Sale of Stock		9	
10	Stock Options Exercised		10	
11	Contributions and Grants		11	
12	Expenditures for Specific Purposes		12	
13	Dividends Paid or Other Distributions to Owners	( )	13	
14	Donated Property, Plant, and Equipment		14	
15	Other (describe)		15	
16	Other (describe)		16	
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 115,945	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)**	$ (42,297)	24	*

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 7,839,186	1
2	Discounts and Allowances for all Levels	(2,177,899)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,661,287	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,301,578	6
7	Oxygen	2,500	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,304,078	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	295,149	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	5,189	19
20	Radiology and X-Ray	12,348	20
21	Other Medical Services	42,159	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 354,845	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	1,112	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 1,112	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a		1,183,461	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,183,461	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 9,504,783	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,248,263	31
32	Health Care	4,711,122	32
33	General Administration	1,724,217	33
	B. Capital Expense		
34	Ownership	428,008	34
	C. Ancillary Expense		
35	Special Cost Centers	1,050,907	35
36	Provider Participation Fee	226,321	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 9,388,838	40
41	**Income before Income Taxes (line 30 minus line 40)****	115,945	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 115,945	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 4,291,710	44
45	Private Pay - Net Inpatient Revenue	350,393	45
46	Medicare - Net Inpatient Revenue	2,814,049	46
47	Other-(specify) ALL OTHER SNF/SCF IP REVENUE	871,083	47
48	Other-(specify) C/A ANCILLARY ACCOUNTS	(2,665,948)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 5,661,287	49

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

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

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

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

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

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	1,991	2,091	$ 99,876	$ 47.76	1
2	Assistant Director of Nursing	3,858	3,974	147,221	37.05	2
3	Registered Nurses	6,695	7,102	266,039	37.46	3
4	Licensed Practical Nurses	24,416	26,333	814,447	30.93	4
5	CNAs & Orderlies	40,835	43,134	751,098	17.41	5
6	CNA Trainees					6
7	Licensed Therapist	11,087	11,597	399,169	34.42	7
8	Rehab/Therapy Aides	2,745	2,897	53,596	18.50	8
9	Activity Director					9
10	Activity Assistants	4,161	4,361	53,826	12.34	10
11	Social Service Workers	3,350	3,509	83,511	23.80	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	18,867	19,612	258,971	13.20	15
16	Dishwashers					16
17	Maintenance Workers	2,649	2,649	56,685	21.40	17
18	Housekeepers	15,223	15,900	188,959	11.88	18
19	Laundry	5,235	5,432	58,168	10.71	19
20	Administrator	1,906	1,974	90,321	45.76	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,814	1,930	35,681	18.49	23
24	Clerical	2,096	2,227	41,184	18.49	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	6,127	6,461	172,699	26.73	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	153,055	161,183	$ 3,571,451 *	$ 22.16	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 Fees	$ 14,404	V01-03	35
36	Medical Director	Monthly Fees	51,000	V09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly Fees	7,891	V10-03	39
40	Physical Therapy Consultant	Monthly Fees	23,126	V10A-03	40
41	Occupational Therapy Consultant	Monthly Fees	23,288	V10A-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	Monthly Fees	9,634	V10A-03	43
44	Activity Consultant	Monthly Fees	1,997	V11-03	44
45	Social Service Consultant	Monthly Fees	1,997	V12-03	45
46	Other(specify)				46
47	Chief Medical Officer	Monthly Fees	49,140	V10-03	47
48	Restorative Nursing	Monthly Fees	1,140	V10-03	48
49	TOTAL (lines 35 - 48)		$ 183,617		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	7,396	$ 474,867	V10-03	50
51	Licensed Practical Nurses	424	29,900	V10-03	51
52	Certified Nurse Assistants/Aides	20,338	773,894	V10-03	52
53	TOTAL (lines 50 - 52)	28,158	$ 1,278,661		53

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Michelle Arnold (July-Dec)	Administrator	0.00%	$ 42,482
Ryan Mehaffy (Jan-Mar)	Administrator	0.00%	21,963
Jeremy Woodle (April-July)	Administrator	0.00%	25,876
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 90,321

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Mack Communications	Telecommunications Consult	$ 1,291
Personnel Planners	Unemployment Tax Consultant	1,260
Patient Ping	Resident Management	4,375
Generations HC Network	Book Keeping	176,040
See Attached	Legal Fees	17,913
Plante Moran	Accounting Fees	22,140
Generations HC Network	Director of Food Service	18,144
Generations HC Network	Dir. of Financial Services	40,824
Generations HC Network	Dir. of Business Development	107,352
Generations HC Network	Dir. of Reimbursement	27,216
Generations HC Network	Dir. of Administrative Services	52,920
See Supplemental page 21		208,737
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 678,213

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 70,618
Unemployment Compensation Insurance	32,331
FICA Taxes	267,572
Employee Health Insurance	129,810
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
COVID and Other Employee Benefits	29,463
401K Matching Expense	1,196
TOTAL (agree to Schedule V, line 22, col.8)	$ 530,990

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 8,442
Advertising: Employee Recruitment	17,731
Health Care Worker Background Check	3,366
(Indicate # of checks performed 337)	
Patient Background Checks	
Licenses & Fees	1,119
Dues & Subscriptions	866
Allocation From Generations	1,866
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 33,390

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	1,658
Allocation From Generations	238
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,896

**See instructions.

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

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

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Generations HC Network	Dir. of Information Technolc	$ 9,072
Generations HC Network	Ancillary Administrative Charge	37,800
Generations HC Network	Director of Environment Service	13,608
Generations HC Network	Clinical Consultant	46,872
Healthspring Providigm	Quality Consultant	3,300
Access One	Telecommunications	5,593
Marcum	401K Audit	1,100
On-Shift	Professional Fee	2,268
Paylocity	Payroll	10,199
Playbook Communicate	Communications Consultant	2,960
Ability Data	Scheduling/Risk Mgmt	3,000
See Supplemental page 21		72,965
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 208,737

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$
Unemployment Compensation Insurance	
FICA Taxes	
Employee Health Insurance	
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
TOTAL (agree to Schedule V, line 22, col.8)	$

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Patient Background Checks	
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$

**See instructions.

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

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

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
E Health Data	Scheduling	$ 3,413
Go Daddy	Website (Adjusted)	2,011
Reside Admissions	Admissions Consultant	3,740
Generations HC Network	Outside Labor	5,550
Health Technology	Software	520
Navi-Health	Risk Management	1,413
Legat Architects	Architecture	3,638
HK Services	Financial Services/Payroll Tax	30
iSolved HCM	Human Capital Mgmt (WOTC)	1,069
Care/Risk Ability Data	Risk Management	3,197
Generations HC Network	Dir. of Regulatory Services	15,120
Generations HC Network	Computer Support Charges	33,264
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 72,965

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$
Unemployment Compensation Insurance	
FICA Taxes	
Employee Health Insurance	
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
TOTAL (agree to Schedule V, line 22, col.8)	$

* Attach copy of IMRF notifications

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	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Patient Background Checks	
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$

**See instructions.

Facility Name & ID Number Generations at Lincoln # 0054858 Report Period Beginning: 1/1/20 Ending: 12/31/20

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? **No**
If YES, give association name and amount. **N/A**

(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. $ **27,274** Line **10-2**

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

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

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

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

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **226,321**
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? **No** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**
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? **Yes**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

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

(18) Have all costs which do not relate to the provision of long term care been adjusted out 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.