FOR BHF USE

LL1

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

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

I. IDPH License ID Number: 0049973

Facility Name: Generations at Neighbors

Address: 811 West 2nd Street (Number) Byron (City) 61010 (Zip Code)

County: Ogle

Telephone Number: (815) 234-2511 **Fax #** (815) 234-3114

HFS ID Number:

Date of Initial License for Current Owners: 07/10/08

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 Neighbors # 0049973 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	131	Skilled (SNF)	131	47,946	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	131	TOTALS	131	47,946	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	21,728	4,780	9,518	36,026	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	21,728	4,780	9,518	36,026	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.14%

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 06/12/2008

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 06/12/2008 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 131 and days of care provided 5,860

Medicare Intermediary Wisconsin Physicans 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 Neighbors # 0049973 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	409,620	47,442	20,586	477,648		477,648	3,938	481,586			1
2	Food Purchase		261,858		261,858		261,858	(2,626)	259,232			2
3	Housekeeping	290,279		31,734	322,013		322,013	(2,652)	319,361			3
4	Laundry	119,114		34,659	153,773		153,773	(523)	153,250			4
5	Heat and Other Utilities			137,328	137,328		137,328	(18,040)	119,288			5
6	Maintenance	45,709	116,405		162,114		162,114	20,792	182,906			6
7	Other (specify):*			19,541	19,541		19,541	3,928	23,469			7
8	**TOTAL General Services**	864,722	425,705	243,848	1,534,275		1,534,275	4,817	1,539,092			8
	B. Health Care and Programs											
9	Medical Director			19,200	19,200		19,200		19,200			9
10	Nursing and Medical Records	2,809,505	105,987	1,121,377	4,036,869		4,036,869	25,260	4,062,129			10
10a	Therapy			612,702	612,702		612,702		612,702			10a
11	Activities	203,406	8,517	840	212,763		212,763		212,763			11
12	Social Services	84,736		2,010	86,746		86,746		86,746			12
13	CNA Training											13
14	Program Transportation			30,948	30,948		30,948		30,948			14
15	Other (specify):*							8,850	8,850			15
16	**TOTAL Health Care and Programs**	3,097,647	114,504	1,787,077	4,999,228		4,999,228	34,110	5,033,338			16
	C. General Administration											
17	Administrative	104,521			104,521		104,521	105,685	210,206			17
18	Directors Fees											18
19	Professional Services			221,992	221,992		221,992	(98,257)	123,735			19
20	Dues, Fees, Subscriptions & Promotions			54,864	54,864		54,864	(6,176)	48,688			20
21	Clerical & General Office Expenses	89,526	24,230	32,213	145,969		145,969	172,870	318,839			21
22	Employee Benefits & Payroll Taxes			696,966	696,966		696,966	(276)	696,690			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,131	1,131		1,131	272	1,403			24
25	Other Admin. Staff Transportation			105	105		105	4,880	4,985			25
26	Insurance-Prop.Liab.Malpractice			87,201	87,201		87,201	1,551	88,752			26
27	Other (specify):*			6,483	6,483		6,483	30,636	37,119			27
28	**TOTAL General Administration**	194,047	24,230	1,100,955	1,319,232		1,319,232	211,185	1,530,417			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,156,416	564,439	3,131,880	7,852,735		7,852,735	250,112	8,102,847			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 Neighbors #0049973 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			57,392	57,392		57,392	665,567	722,959			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			241,904	241,904		241,904	371,783	613,687			32
33	Real Estate Taxes			211,200	211,200		211,200	32,176	243,376			33
34	Rent-Facility & Grounds			954,000	954,000		954,000	(954,000)				34
35	Rent-Equipment & Vehicles			1,705	1,705		1,705	3,567	5,272			35
36	Other (specify):*			2,074	2,074		2,074	(2,074)				36
37	**TOTAL Ownership**			1,468,275	1,468,275		1,468,275	117,019	1,585,294			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	122,077	190,885	376,401	689,363		689,363	(23,723)	665,640			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			250,577	250,577		250,577		250,577			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**	122,077	190,885	626,978	939,940		939,940	(23,723)	916,217			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,278,493	755,324	5,227,133	10,260,950		10,260,950	343,408	10,604,358			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 Neighbors # 0049973 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	(596)	02		4
5	Telephone, TV & Radio in Resident Rooms	(19,249)	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	263,608	30		9
10	Interest and Other Investment Income	(726)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,074)	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				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	(6,483)	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	(315,538)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (81,058)		$	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)	424,466		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 424,466		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 343,408		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 Neighbors

ID# 0049973

Report Period Beginning: 1/1/20

Ending: 12/31/20

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Collections Expense	$ (4,028)	19	1
2	Bank Fees	(9,673)	21	2
3	Credit Card Fees	(432)	21	3
4	Theft & Damage Loss	(526)	21	4
5	Non-Allowable Interest	(218,550)	32	5
6	Prior Period Dues	(8,233)	20	6
7	Capitalized R&M	(5,671)	06	7
8	Additional R&M	6,666	06	8
9	Annual Report	(77)	20	9
10	Non Allowable Legal	(6,576)	19	10
11	Website Expenses	(2,011)	19	11
12		0		12
13		0		13
14	Neighbors Property LLC	0		14
15	Professional Fees	(16,237)	19	15
16	Dues & Fees	(77)	20	16
17	Amortization	(50,113)	31	17
18		0		18
19		0		19
20		0		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**	(315,538)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Generations at Neighbors # 0049973 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	4,495	0	(557)	0	0	0	0	0	3,938	1
2	Food Purchase	(596)	0	(2,030)	0	0	0	0	0	0	0	0	(2,626)	2
3	Housekeeping	0	0	0	0	0	(2,652)	0	0	0	0	0	(2,652)	3
4	Laundry	0	0	0	0	0	(523)	0	0	0	0	0	(523)	4
5	Heat and Other Utilities	(19,249)	0	0	1,209	0	0	0	0	0	0	0	(18,040)	5
6	Maintenance	995	0	9,883	10,529	0	(615)	0	0	0	0	0	20,792	6
7	Other (specify):*	0	0	1,246	2,682	0	0	0	0	0	0	0	3,928	7
8	**TOTAL General Services**	(18,850)	0	9,099	18,915	0	(4,347)	0	0	0	0	0	4,817	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	47,425	0	(2,063)	(20,102)	0	0	0	0	0	25,260	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	8,850	0	0	0	0	0	0	0	0	8,850	15
16	**TOTAL Health Care and Programs**	0	0	56,275	0	(2,063)	(20,102)	0	0	0	0	0	34,110	16
	C. General Administration													
17	Administrative	0	0	15,047	90,638	0	0	0	0	0	0	0	105,685	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(28,852)	21,292	(100,037)	9,340	0	0	0	0	0	0	0	(98,257)	19
20	Fees, Subscriptions & Promotions	(8,387)	77	2,134	0	0	0	0	0	0	0	0	(6,176)	20
21	Clerical & General Office Expenses	(10,631)	0	183,431	76	(6)	0	0	0	0	0	0	172,870	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(276)	0	0	0	0	0	0	(276)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	272	0	0	0	0	0	0	0	0	272	24
25	Other Admin. Staff Transportation	0	0	4,880	0	0	0	0	0	0	0	0	4,880	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,404	147	0	0	0	0	0	0	0	1,551	26
27	Other (specify):*	(6,483)	0	16,104	21,015	0	0	0	0	0	0	0	30,636	27
28	**TOTAL General Administration**	(54,353)	21,369	123,235	121,216	(282)	0	0	0	0	0	0	211,185	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(73,203)	21,369	188,609	140,131	(2,345)	(24,449)	0	0	0	0	0	250,112	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Generations at Neighbors # 0049973 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	263,608	398,875	0	3,084	0	0	0	0	0	0	0	665,567	30
31	Amortization of Pre-Op. & Org.	(50,113)	50,113	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(219,276)	590,028	(1,206)	2,237	0	0	0	0	0	0	0	371,783	32
33	Real Estate Taxes	0	26,814	0	5,362	0	0	0	0	0	0	0	32,176	33
34	Rent-Facility & Grounds	0	(954,000)	0	0	0	0	0	0	0	0	0	(954,000)	34
35	Rent-Equipment & Vehicles	0	0	3,567	0	0	0	0	0	0	0	0	3,567	35
36	Other (specify):*	(2,074)	0	0	0	0	0	0	0	0	0	0	(2,074)	36
37	**TOTAL Ownership**	(7,855)	111,830	2,361	10,683	0	0	0	0	0	0	0	117,019	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	(23,723)	0	0	0	0	0	0	(23,723)	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	(23,723)	0	0	0	0	0	0	(23,723)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(81,058)	133,199	190,970	150,814	(26,068)	(24,449)	0	0	0	0	0	343,408	45

Facility Name & ID Number Generations at Neighbors # 0049973 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 - Supp		See Page 6 - Supp		See Page 6 - Supp		

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	$ 954,000	Neighbors Property, LLC	100.00%	$	$ (954,000)	1
2	V	33	Real Estate Taxes	211,200	Neighbors Property, LLC	100.00%	238,014	26,814	2
3	V	19	Professional Fees		Neighbors Property, LLC	100.00%	21,292	21,292	3
4	V	20	Dues and Fees		Neighbors Property, LLC	100.00%	77	77	4
5	V	30	Depreciation		Neighbors Property, LLC	100.00%	398,875	398,875	5
6	V	31	Amortization		Neighbors Property, LLC	100.00%	50,113	50,113	6
7	V	32	Interest		Neighbors Property, LLC	100.00%	590,028	590,028	7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 1,165,200			$ 1,298,399	$ * 133,199	14

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

Facility Name & ID Number Generations at Neighbors # 0049973 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	36.28%	Albany Care, Inc	Evanston, IL	Generations Prop.	Lincolnwood, IL	Bldg. Company	1
2	Barrish Group Limited Partnership	12.75%	Generations at Applewood, LLC	Matteson, IL	Generations HC			2
3	Bryan Barrish	12.75%	Auburn Village	Auburn, IN	Transitions	Lincolnwood, IL	Mgmt. Company	3
4	Michael Giannini	10.79%	Bryn Mawr Care, Inc	Chicago, IL	SIR Management	Lincolnwood, IL	Mgmt. Company	4
5	Ralph Gesualdo	12.75%	Decatur Manor Healthcare, LLC	Decatur, IL	SIR Properties	Lincolnwood, IL	Bldg. Company	5
6	Ralph Gesualdo Children Trust	12.75%	Generations at Elmwood Park, Inc.	Elmwood Park, IL	Max RX, LLC	Des Plaines, IL	Pharmacy	6
7	Thomas Winter	1.94%	Greenwood Care, Inc	Evanston, IL	LTC Lab, LLC	Lincolnwood, IL	Ancillary Supplies	7
8			Generations at Lincoln, LLC	Lincoln, IL	Neighbors Property LL	Byron, IL	Bldg. Company	8
9			Villa Clara Post Acute	Decatur, Il				9
10			Prairie Creek Village	Decatur, IL				10
11			Wilson Care, Inc	Chicago, 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 Neighbors # 0049973 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 Health Care Network	100.00%	$ (2,030)	$ (2,030)	15
16	V	6	Repairs & Maintanence		Generations Health Care Network	100.00%	9,883	9,883	16
17	V	7	Emp. Ben. - General Svc.		Generations Health Care Network	100.00%	1,246	1,246	17
18	V	9	Medical Director Consults		Generations Health Care Network	100.00%	0		18
19	V	10	Nursing		Generations Health Care Network	100.00%	47,425	47,425	19
20	V	15	Emp. Ben. - Health Care		Generations Health Care Network	100.00%	8,850	8,850	20
21	V	17	Administrative		Generations Health Care Network	100.00%	15,047	15,047	21
22	V	19	Professional Fees	106,044	Generations Health Care Network	100.00%	6,007	(100,037)	22
23	V	20	Fee, Subscriptions		Generations Health Care Network	100.00%	2,134	2,134	23
24	V	21	Clerical & General		Generations Health Care Network	100.00%	183,431	183,431	24
25	V	24	Education & Seminar		Generations Health Care Network	100.00%	272	272	25
26	V	25	Other Admin. Staff Transportation		Generations Health Care Network	100.00%	4,880	4,880	26
27	V	26	Insurance		Generations Health Care Network	100.00%	1,404	1,404	27
28	V	27	Emp. Ben. - Gen. Admin.		Generations Health Care Network	100.00%	16,104	16,104	28
29	V	32	Interest		Generations Health Care Network	100.00%	(1,206)	(1,206)	29
30	V	35	Auto Rental		Generations Health Care Network	100.00%	3,031	3,031	30
31	V	35	Equipment Rental		Generations Health Care Network	100.00%	536	536	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 106,044			$ 297,014	$ * 190,970	39

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

Facility Name & ID Number Generations at Neighbors # 0049973 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 Health Care Network	100.00%	$ 1,209	$ 1,209	15
16	V	6	Repairs & Maintenance		Generations Health Care Network	100.00%	1,042	1,042	16
17	V	19	Professional Fees		Generations Health Care Network	100.00%	295	295	17
18	V	21	Clerical & General		Generations Health Care Network	100.00%	76	76	18
19	V	25	Auto & Travel		Generations Health Care Network	100.00%	0		19
20	V	26	Insurance		Generations Health Care Network	100.00%	147	147	20
21	V	30	Depreciation		Generations Health Care Network	100.00%	3,084	3,084	21
22	V	32	Interest		Generations Health Care Network	100.00%	2,237	2,237	22
23	V	33	Real Estate Taxes		Generations Health Care Network	100.00%	5,362	5,362	23
24	V								24
25	V	1	Dietary Salaries		Generations Health Care Network	100.00%	4,495	4,495	25
26	V	7	Emp. Ben. - Dietary		Generations Health Care Network	100.00%	840	840	26
27	V	10	Nursing Salaries		Generations Health Care Network	100.00%	0		27
28	V	15	Emp. Ben. - Nursing		Generations Health Care Network	100.00%	0		28
29	V	17	Admin./Legal Salaries		Generations Health Care Network	100.00%	90,638	90,638	29
30	V	19	Fin. Consult./Regl. Dir.		Generations Health Care Network	100.00%	9,045	9,045	30
31	V	27	Emp. Ben. - Administrative		Generations Health Care Network	100.00%	21,015	21,015	31
32	V								32
33	V	6	Maintenance Salaries		Generations Health Care Network	100.00%	9,487	9,487	33
34	V	7	Employee Benefits		Generations Health Care Network	100.00%	1,842	1,842	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 150,814	$ * 150,814	39

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

Facility Name & ID Number Generations at Neighbors # 0049973 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	$ 22,072	MAC Rx, LLC	100.00%	$ 20,009	$ (2,063)	15
16	V	21	Clerical & Office Exp	61	MAC Rx, LLC	100.00%	55	(6)	16
17	V	22	Employee Benefits	2,948	MAC Rx, LLC	100.00%	2,672	(276)	17
18	V	39	Ancillary	253,832	MAC Rx, LLC	100.00%	230,109	(23,723)	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			$ 278,913			$ 252,845	$ * (26,068)	39

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

Facility Name & ID Number Generations at Neighbors # 0049973 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	$ 5,795	Big Ten Supply, LLC	100.00%	$ 5,238	$ (557)	15
16	V	3	Housekeeping	27,598	Big Ten Supply, LLC	100.00%	24,946	(2,652)	16
17	V	4	Laundry	5,438	Big Ten Supply, LLC	100.00%	4,915	(523)	17
18	V	6	R&M	6,399	Big Ten Supply, LLC	100.00%	5,784	(615)	18
19	V	10	Nursing & Medical Records	209,147	Big Ten Supply, LLC	100.00%	189,045	(20,102)	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			$ 254,377			$ 229,928	$ * (24,449)	39

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

Facility Name & ID Number Generations at Neighbors # 0049973 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	1.07	2.70%	Alloc Salary	$ 2,500	21-7	1
2	Joey Abramchik	Relative	Administrative	0.00%	See Attachment	1.73	4.33%	Alloc Fees	9,045	17-7	2
3	Bryan Barrish	Owner	Administrative	12.75%	See Attachment	1.52	3.79%	Alloc Salary	10,823	17-7	3
4	Sarah Barrish	Relative	Administrative	0.00%	See Attachment	2.16	4.33%	Alloc Salary	5,565	17-7	4
5	Louise Bergthold	Relative	Administrative	0.00%	See Attachment	2.60	4.33%	Alloc Salary	10,823	17-7	5
6	Thomas Bergthold	Relative	Clerical	0.00%	See Attachment	1.73	4.33%	Alloc Salary	2,621	21-7	6
7	Thomas Winter	Owner	Administrative	1.94%	See Attachment	1.73	4.33%	Alloc Salary	10,823	17-7	7
8	Burton Barrish	Relative	Administrative	0.00%	See Attachment	1.73	4.33%	Alloc Salary	4,687	17-7	8
9	David Winter	Relative	Clerical	0.00%	See Attachment	1.73	4.33%	Alloc Salary	2,242	21-7	9
10	Lynn Ethell	Relative	Clerical	0.00%	See Attachment	1.73	4.33%	Alloc Salary	2,608	21-7	10
11	Michael Giannini	Owner	Administrative	10.79%	See Attachment	1.73	3.85%	Alloc Salary	7,816	17-7	11
12	Nenita Guzman	Relative	Dietary	0.00%	See Attachment	1.73	4.33%	Alloc Salary	4,495	1-7	12
13								TOTAL	$ 74,048		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 Neighbors # 0049973 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	1.73	4.33%	Alloc Salary	$ 4,224	17-7	1
2	Kristen Schloss	Relative	Maintenance	0.00%	See Attachment	1.73	4.33%	Alloc Salary	6,750	6-7	2
3	Kim Shelton	Relative	Clerical	0.00%	See Attachment	1.73	4.33%	Alloc Salary	3,836	21-7	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 14,810		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 Neighbors # 0049973 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: Neighbors Property, 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 Neighbors # 0049973 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)	$	36,026	$ (2,030)	1
2	6	Repairs & Maintanence	Resident Days	832,144	19	228,292	155,904	36,026	9,883	2
3	7	Emp. Ben. - General Svc.	Resident Days	832,144	19	28,781		36,026	1,246	3
4	9	Medical Director Consults	Resident Days	832,144	19			36,026		4
5	10	Nursing	Resident Days	832,144	19	1,095,433	1,094,370	36,026	47,425	5
6	15	Emp. Ben. - Health Care	Resident Days	832,144	19	204,429		36,026	8,850	6
7	17	Administrative	Resident Days	832,144	19	347,566	347,566	36,026	15,047	7
8	19	Professional Fees	Resident Days	832,144	19	138,762		36,026	6,007	8
9	20	Fee, Subscriptions	Resident Days	832,144	19	49,284		36,026	2,134	9
10	21	Clerical & General	Resident Days	832,144	19	4,236,976	3,850,828	36,026	183,431	10
11	24	Education & Seminar	Resident Days	832,144	19	6,287		36,026	272	11
12	25	Other Admin. Staff Transportatior	Resident Days	832,144	19	112,731		36,026	4,880	12
13	26	Insurance	Resident Days	832,144	19	32,419		36,026	1,404	13
14	27	Emp. Ben. - Gen. Admin.	Resident Days	832,144	19	371,977		36,026	16,104	14
15	32	Interest	Resident Days	832,144	19	(27,854)		36,026	(1,206)	15
16	35	Auto Rental	Resident Days	832,144	19	70,001		36,026	3,031	16
17	35	Equipment Rental	Resident Days	832,144	19	12,377		36,026	536	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 6,860,575	$ 5,448,668		$ 297,014	25

Facility Name & ID Number Generations at Neighbors # 0049973 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 Square Footage	12,879	19	$ 27,900	$	558	$ 1,209	1
2	6	Repairs & Maintenance	Alloc Square Footage	12,879	19	24,049		558	1,042	2
3	19	Professional Fees	Alloc Square Footage	12,879	19	6,801		558	295	3
4	21	Clerical & General	Alloc Square Footage	12,879	19	1,754		558	76	4
5	25	Auto & Travel	Alloc Square Footage	12,879	19			558		5
6	26	Insurance	Alloc Square Footage	12,879	19	3,403		558	147	6
7	30	Depreciation	Alloc Square Footage	12,879	19	71,181		558	3,084	7
8	32	Interest	Alloc Square Footage	12,879	19	51,631		558	2,237	8
9	33	Real Estate Taxes	Alloc Square Footage	12,879	19	123,763		558	5,362	9
10										10
11	1	Dietary Salaries	Resident Days	832,144	19	103,820	103,820	36,026	4,495	11
12	7	Emp. Ben. - Dietary	Resident Days	832,144	19	19,413		36,026	840	12
13	10	Nursing Salaries	Resident Days	832,144	19			36,026		13
14	15	Emp. Ben. - Nursing	Resident Days	832,144	19			36,026		14
15	17	Admin./Legal Salaries	Resident Days	832,144	19	2,093,591	2,093,591	36,026	90,638	15
16	19	Fin. Consult./Regl. Dir.	Resident Days	832,144	19	208,920		36,026	9,045	16
17	27	Emp. Ben. - Administrative	Resident Days	832,144	19	485,424		36,026	21,015	17
18										18
19	6	Maintenance Salaries	Maint Revenues	702,930	17	726,469	726,469	9,180	9,487	19
20	7	Employee Benefits	Maint Revenues	702,930	17	141,032		9,180	1,842	20
21										21
22										22
23										23
24										24
25	TOTALS					$ 4,089,151	$ 2,923,880		$ 150,814	25

Facility Name & ID Number Generations at Neighbors # 0049973 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, Illnois 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			$	$		$ 20,009	1
2	21	Clerical & Office Exp	Direct Allocation						55	2
3	22	Employee Benefits	Direct Allocation						2,672	3
4	39	Ancillary	Direct Allocation						230,109	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					$	$		$ 252,845	25

Facility Name & ID Number Generations at Neighbors # 0049973 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	Direct Allocation			$	$		$ 5,238	1
2	3	Housekeeping	Direct Allocation						24,946	2
3	4	Laundry	Direct Allocation						4,915	3
4	6	R&M	Direct Allocation						5,784	4
5	10	Nursing & Medical Records	Direct Allocation						189,045	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					$	$		$ 229,928	25

Facility Name & ID Number Generations at Neighbors # 0049973 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	Private Bank		X	Mortgage		12/1/2016	$ 11,635,822	$ 10,126,800		6.3495	$ 590,028	1
2												2
3												3
4												4
5												5
	Working Capital											
6	CIBC		X	Line of Credit				388,000			22,668	6
7	Shareholder Loans	X		Line of Credit				5,990,000			218,550	7
8												8
9	TOTAL Facility Related						$ 11,635,822	$ 16,504,800			$ 831,246	9
	B. Non-Facility Related*											
10	Interest Income		X								(726)	10
11	Alloc- Generations		X								1,031	11
12	Related Party Interest	X									(218,550)	12
13	Miscellaneous Interest		X								686	13
14	TOTAL Non-Facility Related						$	$			$ (217,559)	14
15	TOTALS (line 9+line14)						$ 11,635,822	$ 16,504,800			$ 613,687	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 Neighbors # 0049973 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.**	$ 185,700	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.)		$ 212,788	2
3. Under or (over) accrual (line 2 minus line 1).		$ 27,088	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 211,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		$ 5,288	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.		$ 243,376	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2015	64,236	8
	2016	67,798	9
	2017	63,497	10
	2018	185,622	11
	2019	211,131	12

2020 Accrual = 2019 Tax (Rounded)
Appeal Costs Included in Schedule V-C (Attached)
Allocated From Generations: $5,362

	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 Neighbors COUNTY Ogle

FACILITY IDPH LICENSE NUMBER 0049973

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.	05-31-201-006	Long Term Care Property	$ 211,130.94	$ 211,130.94
2.	Alloc- SIR Management	Home Office Allocation	$ 148,905.51	$ 5,052.56
3.	10-31-401-046-0000	Allocation From Regency	$ 796,746.36	$ 419.42
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 1,156,782.81	$ 216,602.92

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 Neighbors # 0049973 Report Period Beginning: 1/1/20 Ending: 12/31/20

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,195 B. General Construction Type: Exterior Brick Frame Concrete 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).

N/A

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		2008	$ 170,000	1
2					2
3	TOTALS			$ 170,000	3

Facility Name & ID Number Generations at Neighbors # 0049973 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	131		2008	1971	$ 2,175,000	$	40	$ 54,375	$ 54,375	$ 706,875	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2008	30,221		20	1,511	1,511	19,644	9
10	Various			2009	31,966		20	1,598	1,598	19,180	10
11	Various			2010	29,530		20	1,477	1,477	16,242	11
12	Various			2011	286,651		20	14,333	14,333	143,326	12
13	Various			2012	83,020		20	4,151	4,151	37,359	13
14	Anti Freeze Loop Sprinkler			2013	3,397		20	170	170	1,359	14
15	HVAC Roof Top Units			2013	9,471		20	474	474	3,788	15
16	Door Holders and Alarm Devices			2013	2,653		20	133	133	1,061	16
17	Security System			2013	5,790		20	290	290	2,316	17
18	Seal Coating & Asphalt Repairs			2013	3,778		20	189	189	1,511	18
19	Plumbing Backflow Device			2013	2,716		20	136	136	1,086	19
20	10 Air Conditioners			2013	5,525		20	276	276	2,210	20
21	Drainage Tile Installation & Gutter Repair			2013	2,627		20	131	131	1,051	21
22	Backflow Device			2014	3,198		20	160	160	1,119	22
23	Parking Lot Paving			2014	14,321		20	716	716	5,012	23
24	Doors			2014	2,549		20	127	127	892	24
25	Boiler Repair - New Valve, Pump, and Bearing Assembly			2015	3,401		20	170	170	1,020	25
26	Northern Mechanical - Hot Water Heater			2016	9,506		20	475	475	2,377	26
27	Landmark Construction - Skylight Smoke Detector			2017	8,800		20	440	440	1,760	27
28	Shower room tiles			2018	35,327		20	1,766	1,766	5,299	28
29	Landscaping			2018	5,095		20	255	255	764	29
30	Kitchen Tile			2018	14,167		20	708	708	2,125	30
31	Sec. System- Magnetic Door Locks, Sirens, Hallway 100			2019	4,462		20	223	223	446	31
32	2 Grease Traps & Hand Sink Installed Into The Kitchen			2019	7,150		20	358	358	715	32
33	Delay Exit Hardware For Exterior Door For 100 Wing End Door			2019	2,923		20	146	146	292	33
34	Replacement Of 100 Gallon Water Heater			2019	9,425		20	471	471	943	34
35	Repairs to Door Locking System- Ports on POE Switch, Circuits			2019	2,675		20	134	134	268	35
36	Repairs to HVAC/AC-Belts,Blower,Float Sticks,Thermostat,Board			2019	6,435		20	322	322	644	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 Neighbors # 0049973 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	Control Unit and Process Cards for Phone System	2019	$ 2,639	$	20	$ 132	$ 132	$ 264	37
38	Landscaping on Exterior of Building- Planting of New Trees	2020	3,025		20	151	151	151	38
39	Custom Cabinets,Quartz Counters,Wall, Sink in Dialysis Room	2020	7,900		20	395	395	395	39
40	Vinyl Plank & Base Flooring in Dialysis room	2020	8,718		20	436	436	436	40
41	Monument & Illuminated Signs W/Brick Work- Exterior of Bldg	2020	34,725		20	1,736	1,736	1,736	41
42	Dialysis Room- Partition Walls, Paint, Install Plumbing, New	2020	106,649		20	5,332	5,332	5,332	42
43	Outlets & Lighting, Roller Shades, Duct Work/HVAC System								43
44	Architecture and Construction Oversight- Dialysis Room	2020	29,009		20	1,450	1,450	1,450	44
45	Replace Condensor Coil For RTU (HVAC System)	2020	5,448		20	272	272	272	45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53	Neighbors Property, LLC								53
54	Drywall / Hallways 100 & 400	2014	44,751		20	2,238	2,238	15,663	54
55	Drywall / Hallways 200 & 300	2015	43,700		20	2,185	2,185	13,110	55
56	Construction - Bed Addition (30) Building Demolition and Rebuild	2016	10,179,462		20	508,973	508,973	2,544,866	56
57	Landmark Construction - Additional project work	2017	84,052		20	4,203	4,203	16,810	57
58									58
59									59
60									60
61									61
62									62
63	Financial Statement Depreciation- Generations at Neighbors			57,392			(57,392)		63
64	Financial Statement Depreciation- Neighbors Property LLC			398,875			(398,875)		64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 13,351,857	$ 456,267		$ 613,218	$ 156,951	$ 3,581,169	70

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

Facility Name & ID Number Generations at Neighbors # 0049973 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		$ 13,351,857	$ 456,267		$ 613,218	$ 156,951	$ 3,581,169	1
2	Related Party Allocations								2
3									3
4	Training Center Building- Allocated From Generations HC	2009	21,663	578	39	555	(23)	6,133	4
5	Building- Allocated From SIR Properties/Generations HC	1993	19,612	623	35	560	(63)	14,849	5
6									6
7	Allocated From Generations Health Care	1993	4,972	138	20		(138)	4,972	7
8	Allocated From Generations Health Care	1994	16		20			16	8
9	Allocated From Generations Health Care	1995	114		20			114	9
10	Allocated From Generations Health Care	1997	7,640	171	20		(171)	7,640	10
11	Allocated From Generations Health Care	1999	601		20	23	23	601	11
12	Allocated From Generations Health Care	1999			20				12
13	Allocated From Generations Health Care	2000	709		20	16	16	709	13
14	Allocated From Generations Health Care	2007	2,279		20	114	114	1,503	14
15	Allocated From Generations Health Care	2008	6,281		20	232	232	4,594	15
16	Allocated From Generations Health Care	2009	15,606		20	780	780	8,774	16
17	Allocated From Generations Health Care	2011	386	39	20	39		364	17
18	Allocated From Generations Health Care	2012	1,236	62	20	62		458	18
19	Allocated From Generations Health Care	2014	173	17	20	9	(8)	57	19
20	Allocated From Generations Health Care	2016	225	11	20	11		50	20
21	Allocated From Generations Health Care	2019	1,124	55	20	55		70	21
22	Allocated From Generations Health Care	2020	916	19	20	19		19	22
23									23
24	Allocated From SIR Properties/Generations HC	2012	1,201		20	60	60	421	24
25	Allocated From SIR Properties/Generations HC	2010	1,183		20	59	59	552	25
26	Allocated From SIR Properties/Generations HC	2009	1,178		20	59	59	636	26
27	Allocated From SIR Properties/Generations HC	2007	116	7	20	6	(1)	75	27
28	Allocated From SIR Properties/Generations HC	2002	78		20	4	4	68	28
29	Allocated From SIR Properties/Generations HC	1999	2,485		20	62	62	2,485	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	187	5	20		(5)	187	32
33	Allocated From SIR Properties/Generations HC	1993	318	2	20		(2)	318	33
34	TOTAL (lines 1 thru 33)		$ 13,442,156	$ 457,994		$ 615,943	$ 157,949	$ 3,636,834	34

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

Facility Name & ID Number Generations at Neighbors # 0049973 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		$ 13,442,156	$ 457,994		$ 615,943	$ 157,949	$ 3,636,834	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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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)		$ 13,442,156	$ 457,994		$ 615,943	$ 157,949	$ 3,636,834	34

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

Facility Name & ID Number Generations at Neighbors # 0049973 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		$ 13,442,156	$ 457,994		$ 615,943	$ 157,949	$ 3,636,834	1
2									2
3									3
4									4
5									5
6									6
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8									8
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 13,442,156	$ 457,994		$ 615,943	$ 157,949	$ 3,636,834	34

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

Facility Name & ID Number Generations at Neighbors # 0049973 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		$ 13,442,156	$ 457,994		$ 615,943	$ 157,949	$ 3,636,834	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 13,442,156	$ 457,994		$ 615,943	$ 157,949	$ 3,636,834	34

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

Facility Name & ID Number Generations at Neighbors # 0049973 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		$ 13,442,156	$ 457,994		$ 615,943	$ 157,949	$ 3,636,834	1
2									2
3									3
4									4
5									5
6									6
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27									27
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 13,442,156	$ 457,994		$ 615,943	$ 157,949	$ 3,636,834	34

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

Facility Name & ID Number Generations at Neighbors # 0049973 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		$ 13,442,156	$ 457,994		$ 615,943	$ 157,949	$ 3,636,834	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 13,442,156	$ 457,994		$ 615,943	$ 157,949	$ 3,636,834	34

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

Facility Name & ID Number Generations at Neighbors # 0049973 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		$ 13,442,156	$ 457,994		$ 615,943	$ 157,949	$ 3,636,834	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 13,442,156	$ 457,994		$ 615,943	$ 157,949	$ 3,636,834	34

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

Facility Name & ID Number Generations at Neighbors # 0049973 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		$ 13,442,156	$ 457,994		$ 615,943	$ 157,949	$ 3,636,834	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)		$ 13,442,156	$ 457,994		$ 615,943	$ 157,949	$ 3,636,834	34

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

Facility Name & ID Number Generations at Neighbors # 0049973 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	$ 963,610	$	$ 96,361	$ 96,361	10	$ 501,730	71
72	Current Year Purchases	17,524		1,752	1,752	10	1,752	72
73	Fully Depreciated Assets	471,455				10	471,455	73
74	See Attached	358,496	931	8,132	7,201	10	318,171	74
75	TOTALS	$ 1,811,085	$ 931	$ 106,245	$ 105,314		$ 1,293,108	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	2012 Dodge Minivan	2012	$ 19,000	$	$	$		$ 19,000	76
77	Allocated From Generations		2020	5,109	426	771	345		2,737	77
78										78
79										79
80	TOTALS			$ 24,109	$ 426	$ 771	$ 345		$ 21,737	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)	$ 15,447,350	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 459,351	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 722,959	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 263,608	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 4,951,680	85	

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Generations at Neighbors # 0049973 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: $ 2,241 Description: $1,705 Copier/Printers; $536 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	Allocated From Generations		$	$ 3,031	17
18					18
19					19
20					20
21	TOTAL		$	$ 3,031	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 Neighbors # 0049973 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	$	3,305	$ 239,948	$	3,305	$ 239,948	1
2	Licensed Speech and Language Development Therapist	V10A	hrs		973	70,624		973	70,624	2
3	Licensed Recreational Therapist	V10A	hrs							3
4	Licensed Physical Therapist	V10A	hrs		4,160	302,131		4,160	302,131	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation	V39	hrs	122,077			15,921		137,998	8
9	Pharmacy	V39	# of prescrpts				298,165		298,165	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): LAB/RADIOLOGY	V39					62,316		62,316	12
13	Other (specify): BILLABLE SUPPLIES	V39					190,885		190,885	13
14	TOTAL			$ 122,077	8,438	$ 612,703	$ 567,287	8,438	$ 1,302,067	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 Neighbors # 0049973 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	$ 702,114	$ 1,717,285	1
2	Cash-Patient Deposits	32,364	32,364	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,406,433	2,406,433	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	35,033	35,033	6
7	Other Prepaid Expenses	12,174	12,174	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	260,249	330,649	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,448,367	$ 4,533,938	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		170,000	13
14	Buildings, at Historical Cost		2,480,000	14
15	Leasehold Improvements, at Historical Cost	767,992	11,178,792	15
16	Equipment, at Historical Cost	378,078	1,150,470	16
17	Accumulated Depreciation (book methods)	(428,785)	(3,395,309)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		490,725	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(242,212)	20
21	Restricted Funds			21
22	Other Long-Term Assets (spe See Attached	1,939,586	2,597,086	22
23	Other(specify): See Attached	930,000	1,130,000	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,586,871	$ 15,559,552	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 7,035,238	$ 20,093,489	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 344,379	$ 344,379	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	32,374	32,374	28
29	Short-Term Notes Payable	388,000	388,000	29
30	Accrued Salaries Payable	245,971	245,971	30
31	Accrued Taxes Payable (excluding real estate taxes)	217,937	217,937	31
32	Accrued Real Estate Taxes(Sch.IX-B)		211,000	32
33	Accrued Interest Payable		46,415	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	12,395	12,395	35
	Other Current Liabilities(specify):			
36	See Attached			36
37	See Attached	7,643,923	10,513,509	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 8,884,979	$ 12,011,980	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,126,800	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached		1,000,000	43
44	See Attached			44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 11,126,800	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 8,884,979	$ 23,138,780	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (1,849,741)	$ (3,045,291)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 7,035,238	$ 20,093,489	48

*(See instructions.)

Facility Name & ID Number Generations at Neighbors # 0049973 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**	$ (1,889,351)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (1,889,351)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	39,610	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)**	$ 39,610	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)**	$ (1,849,741)	24 *

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

Facility Name & ID Number Generations at Neighbors # 0049973 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	$ 8,692,573	1
2	Discounts and Allowances for all Levels	(1,681,819)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,010,754	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,469,090	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,469,090	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	596	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	282,937	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	26,227	19
20	Radiology and X-Ray	16,803	20
21	Other Medical Services	12,931	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 339,494	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	726	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 726	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28			28
28a		1,480,496	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,480,496	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,300,560	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,534,275	31
32	Health Care	4,999,228	32
33	General Administration	1,319,232	33
	B. Capital Expense		
34	Ownership	1,468,275	34
	C. Ancillary Expense		
35	Special Cost Centers	689,363	35
36	Provider Participation Fee	250,577	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 10,260,950	40
41	**Income before Income Taxes (line 30 minus line 40)****	39,610	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 39,610	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 3,621,648	44
45	Private Pay - Net Inpatient Revenue	1,117,149	45
46	Medicare - Net Inpatient Revenue	3,101,587	46
47	Other-(specify) ALL OTHER SNF/SCF IP REVENUE	947,558	47
48	Other-(specify) C/A ANCILLARY ACCOUNTS	(1,777,187)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 7,010,754	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 Neighbors # 0049973 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	1,562	1,745	$ 86,877	$ 49.79	1
2	Assistant Director of Nursing	3,542	3,725	141,960	38.11	2
3	Registered Nurses	11,091	11,645	424,651	36.47	3
4	Licensed Practical Nurses	26,458	29,066	1,031,704	35.50	4
5	CNAs & Orderlies	49,198	53,024	960,708	18.12	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,863	5,181	122,077	23.56	8
9	Activity Director					9
10	Activity Assistants	12,102	13,010	203,406	15.63	10
11	Social Service Workers	3,860	4,274	84,736	19.83	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	23,882	25,644	409,620	15.97	15
16	Dishwashers					16
17	Maintenance Workers	2,002	2,095	45,709	21.82	17
18	Housekeepers	16,742	18,358	290,279	15.81	18
19	Laundry	6,375	7,381	119,114	16.14	19
20	Administrator	2,041	2,095	104,521	49.89	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	2,466	2,652	35,242	13.29	23
24	Clerical	3,822	4,085	54,284	13.29	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	5,678	6,143	163,606	26.63	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	175,684	190,123	$ 4,278,494 *	$ 22.50	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	$ 20,586	V01-03	35
36	Medical Director	Monthly Fees	19,200	V09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly Fees	7,763	V10-03	39
40	Physical Therapy Consultant	Monthly Fees	1,117	V10A-03	40
41	Occupational Therapy Consultant	Monthly Fees	1,191	V10A-03	41
42	Respiratory Therapy Consultant	Monthly Fees	15,921	V39-03	42
43	Speech Therapy Consultant	Monthly Fees	63	V10A-03	43
44	Activity Consultant	Monthly Fees	840	V11-03	44
45	Social Service Consultant	Monthly Fees	2,010	V12-03	45
46	Other(specify)				46
47	Chief Medical Officer	Monthly Fees	49,140	V10-03	47
48	Restorative Nursing	Monthly Fees	150	V10-03	48
49	TOTAL (lines 35 - 48)		$ 117,981		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	194	$ 12,107	V10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	29,228	1,052,217	V10-3	52
53	TOTAL (lines 50 - 52)	29,422	$ 1,064,324		53

Facility Name & ID Number Generations at Neighbors # 0049973 Report Period Beginning: 1/1/20 Ending: 12/31/20

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Monica Plymale	Administrator	0.00%	$ 104,521
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 104,521

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	Outside Labor	$ 9,180
Generations HC Network	Bookkeeping-Other	70,200
Generations HC Network	Computer Support Charges	26,664
Plante Moran	Accounting Fees	19,900
See Attached	Legal Fees	21,312
Playbook Communicate	Communications Consultant	2,960
Personnel Planners	Unemployment Tax Consultant	855
Achieve Accreditation	Accreditation Services	11,286
Paylocity	Payroll Processing	15,774
Pinnacle	Customer Satisfaction	1,865
Access One	Telecommuinications Consult	10,199
See Supplemental page 21		31,797
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 221,992

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 63,409
Unemployment Compensation Insurance	28,332
FICA Taxes	318,959
Employee Health Insurance	250,292
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Life Insurance	1,611
401K Matching Expense	10,666
COVID and Other Employee Benefits	23,420
TOTAL (agree to Schedule V, line 22, col.8)	$ 696,690

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,982
Advertising: Employee Recruitment	19,794
Health Care Worker Background Check	3,631
(Indicate # of checks performed 363)	
Patient Background Checks	
Dues & Subscriptions	13,821
Licenses & Fees	7,326
Allocated From Generations	2,134
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 48,688

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	1,131
Allocated From Generations	272
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,403

**See instructions.

Facility Name & ID Number Generations at Neighbors # 0049973 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
Patient Ping	Resident Management	$ 7,500
OnShift	HR Consulting	1,278
E-Health Data	Risk Mgmt/Scheduling	9,035
HealthSpring Providigm	Quality Improvement	3,300
Go Daddy	Website (Adjusted)	2,011
Reside Admissions	Admissions Consultant	3,740
Mack Communications	Telecommunications Consult	120
Health Technologies	Software Costs	320
Pension Specialist	Pension Consultant	4,133
iSolved	HR Consultant	360
See Supplemental page 21		
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 31,797

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 368,323
Unemployment Compensation Insurance	28,332
FICA Taxes	429,386
Employee Health Insurance	250,292
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Life Insurance	1,611
401K Matching Expense	10,666
COVID and Other Employee Benefits	23,696
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,112,307

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 Neighbors # 0049973 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? **Yes**
If YES, give association name and amount. **HCCI $9,170**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(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? **5-10 yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **28,947** 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. $ **250,577**
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. $ **0** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **596**

(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.