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: 0055129

Facility Name: Generations at Peoria

Address: 5600 N Glen Elm Dr (Number) Peoria (City) 61614 (Zip Code)

County: Peoria

Telephone Number: (309) 693-8777 **Fax #** (309) 693-8794

HFS ID Number:

Date of Initial License for Current Owners: 11/1/2018

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 Peoria # 0055129 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	144	Skilled (SNF)	144	52,704	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	144	TOTALS	144	52,704	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	31,574	1,706	6,988	40,268	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	31,574	1,706	6,988	40,268	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.40%

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 11/1/2018

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 11/1/2018 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 144 and days of care provided 3,448

Medicare Intermediary Novitas Solutions

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 Peoria # 0055129 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	319,536	41,775	41,888	403,199		403,199	4,110	407,309			1
2	Food Purchase		277,071		277,071		277,071	(2,269)	274,802			2
3	Housekeeping	193,288		30,799	224,087		224,087	(2,787)	221,300			3
4	Laundry	35,882		43,535	79,417		79,417	(2,702)	76,715			4
5	Heat and Other Utilities			204,413	204,413		204,413	(848)	203,565			5
6	Maintenance	60,846	167,826		228,672		228,672	36,195	264,867			6
7	Other (specify):*			35,263	35,263		35,263	10,855	46,118			7
8	**TOTAL General Services**	609,552	486,672	355,898	1,452,122		1,452,122	42,554	1,494,676			8
	B. Health Care and Programs											
9	Medical Director			31,200	31,200		31,200		31,200			9
10	Nursing and Medical Records	3,170,275	161,028	194,118	3,525,421		3,525,421	26,308	3,551,729			10
10a	Therapy			691,180	691,180		691,180		691,180			10a
11	Activities	88,583	10,225	2,514	101,322		101,322		101,322			11
12	Social Services	168,672			168,672		168,672		168,672			12
13	CNA Training											13
14	Program Transportation	34,262		21,178	55,440		55,440		55,440			14
15	Other (specify):*							9,892	9,892			15
16	**TOTAL Health Care and Programs**	3,461,792	171,253	940,190	4,573,235		4,573,235	36,200	4,609,435			16
	C. General Administration											
17	Administrative	99,483			99,483		99,483	118,129	217,612			17
18	Directors Fees											18
19	Professional Services			832,488	832,488		832,488	(711,547)	120,941			19
20	Dues, Fees, Subscriptions & Promotions			51,352	51,352		51,352	2,155	53,507			20
21	Clerical & General Office Expenses	73,684	49,495	52,714	175,893		175,893	194,451	370,344			21
22	Employee Benefits & Payroll Taxes			806,735	806,735		806,735	(303)	806,432			22
23	Inservice Training & Education											23
24	Travel and Seminar			4,097	4,097		4,097	304	4,401			24
25	Other Admin. Staff Transportation			5,961	5,961		5,961	5,455	11,416			25
26	Insurance-Prop.Liab.Malpractice			457,539	457,539		457,539	1,734	459,273			26
27	Other (specify):*			11,114	11,114		11,114	30,377	41,491			27
28	**TOTAL General Administration**	173,167	49,495	2,222,000	2,444,662		2,444,662	(359,245)	2,085,417			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,244,511	707,420	3,518,088	8,470,019		8,470,019	(280,491)	8,189,528			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 Peoria #0055129 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			35,242	35,242		35,242	154,594	189,836			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			113,102	113,102		113,102	59,135	172,237			32
33	Real Estate Taxes			128,262	128,262		128,262	6,001	134,263			33
34	Rent-Facility & Grounds			585,285	585,285		585,285	(585,285)				34
35	Rent-Equipment & Vehicles			1,166	1,166		1,166	3,986	5,152			35
36	Other (specify):*			19,783	19,783		19,783	(19,783)				36
37	**TOTAL Ownership**			882,840	882,840		882,840	(381,352)	501,488			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	114,314	201,927	318,085	634,326		634,326	(18,394)	615,932			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			289,490	289,490		289,490		289,490			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**	114,314	201,927	607,575	923,816		923,816	(18,394)	905,422			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,358,825	909,347	5,008,503	10,276,675		10,276,675	(680,237)	9,596,438			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 Peoria # 0055129 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 Reference	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(2,198)	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	(43,619)	30		9
10	Interest and Other Investment Income	(1,143)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(743)	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	(87)	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	(11,026)	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	(259,949)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (318,765)		$	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)	(361,507)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (361,507)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (680,272)		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 Peoria

ID# 0055129

Report Period Beginning: 1/1/20

Ending: 12/31/20

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Collections Expense	$ (5,739)	19	1
2	Bank Fees	(10,090)	21	2
3	Credit Card Fees	(298)	21	3
4	Theft & Damage Loss	(235)	21	4
5	Non-Allowable Interest Expense	(148,833)	32	5
6	Amortization of Finance Costs	(19,040)	36	6
7	Additional R&M	1,477	06	7
8	Capitalized R&M	(21,141)	06	8
9	Non-Allowable Legal	(16,461)	19	9
10	Annual Reports	(230)	20	10
11	Website Expenses	(2,011)	19	11
12	Service Fees	(22)	19	12
13	Public Relations	(2,960)	19	13
14	Paradox Peoria Property- Admin Fees	(14,400)	17	14
15	Paradox Peoria Property- Audit Fees	(11,706)	19	15
16	Paradox Peoria Property- A&G Exp	(340)	21	16
17	Paradox Peoria Property- Amortization	(7,920)	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**	(259,949)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Generations at Peoria # 0055129 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	5,024	0	(914)	0	0	0	0	0	4,110	1
2	Food Purchase	0	0	(2,269)	0	0	0	0	0	0	0	0	(2,269)	2
3	Housekeeping	0	0	0	0	0	(2,787)	0	0	0	0	0	(2,787)	3
4	Laundry	0	0	0	0	0	(2,702)	0	0	0	0	0	(2,702)	4
5	Heat and Other Utilities	(2,198)	0	0	1,350	0	0	0	0	0	0	0	(848)	5
6	Maintenance	(19,664)	0	11,047	45,066	0	(254)	0	0	0	0	0	36,195	6
7	Other (specify):*	0	0	1,393	9,462	0	0	0	0	0	0	0	10,855	7
8	**TOTAL General Services**	(21,862)	0	10,171	60,901	0	(6,657)	0	0	0	0	0	42,553	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	53,009	0	(2,797)	(23,904)	0	0	0	0	0	26,308	10
10a	Therapy	0	0	0	0	0	(35)	0	0	0	0	0	(35)	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	9,892	0	0	0	0	0	0	0	0	9,892	15
16	**TOTAL Health Care and Programs**	0	0	62,901	0	(2,797)	(23,939)	0	0	0	0	0	36,165	16
	C. General Administration													
17	Administrative	(14,400)	14,400	16,819	101,310	0	0	0	0	0	0	0	118,129	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(38,899)	11,706	(694,793)	10,439	0	0	0	0	0	0	0	(711,547)	19
20	Fees, Subscriptions & Promotions	(230)	0	2,385	0	0	0	0	0	0	0	0	2,155	20
21	Clerical & General Office Expenses	(10,963)	340	205,030	85	(41)	0	0	0	0	0	0	194,451	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(303)	0	0	0	0	0	0	(303)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	304	0	0	0	0	0	0	0	0	304	24
25	Other Admin. Staff Transportation	0	0	5,455	0	0	0	0	0	0	0	0	5,455	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,569	165	0	0	0	0	0	0	0	1,734	26
27	Other (specify):*	(11,113)	0	18,000	23,490	0	0	0	0	0	0	0	30,377	27
28	**TOTAL General Administration**	(75,605)	26,446	(445,231)	135,489	(344)	0	0	0	0	0	0	(359,245)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(97,467)	26,446	(372,159)	196,390	(3,141)	(30,596)	0	0	0	0	0	(280,527)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Generations at Peoria # 0055129 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	(43,619)	194,770	0	3,443	0	0	0	0	0	0	0	154,594	30
31	Amortization of Pre-Op. & Org.	(7,920)	7,920	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(149,976)	207,961	(1,348)	2,498	0	0	0	0	0	0	0	59,135	32
33	Real Estate Taxes	0	14	0	5,987	0	0	0	0	0	0	0	6,001	33
34	Rent-Facility & Grounds	0	(585,285)	0	0	0	0	0	0	0	0	0	(585,285)	34
35	Rent-Equipment & Vehicles	0	0	3,986	0	0	0	0	0	0	0	0	3,986	35
36	Other (specify):*	(19,783)	0	0	0	0	0	0	0	0	0	0	(19,783)	36
37	**TOTAL Ownership**	(221,298)	(174,620)	2,638	11,928	0	0	0	0	0	0	0	(381,352)	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	(18,394)	0	0	0	0	0	0	(18,394)	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	(18,394)	0	0	0	0	0	0	(18,394)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(318,765)	(148,174)	(369,521)	208,318	(21,535)	(30,596)	0	0	0	0	0	(680,273)	45

Facility Name & ID Number Generations at Peoria # 0055129 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	Rental Income	$ 585,285	Paradox Peoria Property	100.00%	$	$ (585,285)	1
2	V	33	Real Estate Taxes	124,390	Paradox Peoria Property	100.00%	124,404	14	2
3	V	17	Admin Fees		Paradox Peoria Property	100.00%	14,400	14,400	3
4	V	19	Professional Fees		Paradox Peoria Property	100.00%	11,706	11,706	4
5	V	21	A&G Expenses		Paradox Peoria Property	100.00%	340	340	5
6	V	30	Depreciation		Paradox Peoria Property	100.00%	194,770	194,770	6
7	V	31	Amortization		Paradox Peoria Property	100.00%	7,920	7,920	7
8	V	32	Interest		Paradox Peoria Property	100.00%	207,961	207,961	8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 709,675			$ 561,501	$ * (148,174)	14

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

Facility Name & ID Number Generations at Peoria # 0055129 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.	Evanston, IL	Paradox Peoria Prop	Evanston, IL	Bldg. Company	1
2	Barrish Group Limited Partnership	24.63%	Generations at Applewood, LLC	Matteson, IL	Generations HC			2
3	Juliana R. Barrish	24.63%	Auburn Village	Auburn, IN	Transitions	Lincolnwood, IL	Mgmt. Company	3
4	Michael Giannini	8.70%	Bryan Mawr Care, Inc.	Chicago, IL	SIR Management	Lincolnwood, IL	Mgmt. Company	4
5	Celeste Gianini	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			Generations at Lincoln, LLC	Lincoln, IL				8
9			Villa Clare Post Acute	Decatur, IL				9
10			Prairie Creek Manor	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			Wilson Care, Inc.	Chicago, 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 Peoria # 0055129 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%	$ (2,269)	$ (2,269)	15
16	V	6	Repairs & Maintanence		Generations Healthcare Network, LLC	100.00%	11,047	11,047	16
17	V	7	Emp. Ben. - General Svc.		Generations Healthcare Network, LLC	100.00%	1,393	1,393	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%	53,009	53,009	19
20	V	15	Emp. Ben. - Health Care		Generations Healthcare Network, LLC	100.00%	9,892	9,892	20
21	V	17	Administrative		Generations Healthcare Network, LLC	100.00%	16,819	16,819	21
22	V	19	Professional Fees	701,508	Generations Healthcare Network, LLC	100.00%	6,715	(694,793)	22
23	V	20	Fee, Subscriptions		Generations Healthcare Network, LLC	100.00%	2,385	2,385	23
24	V	21	Clerical & General		Generations Healthcare Network, LLC	100.00%	205,030	205,030	24
25	V	24	Education & Seminar		Generations Healthcare Network, LLC	100.00%	304	304	25
26	V	25	Other Admin. Staff Transportation		Generations Healthcare Network, LLC	100.00%	5,455	5,455	26
27	V	26	Insurance		Generations Healthcare Network, LLC	100.00%	1,569	1,569	27
28	V	27	Emp. Ben. - Gen. Admin.		Generations Healthcare Network, LLC	100.00%	18,000	18,000	28
29	V	32	Interest		Generations Healthcare Network, LLC	100.00%	(1,348)	(1,348)	29
30	V	35	Auto Rental		Generations Healthcare Network, LLC	100.00%	3,387	3,387	30
31	V	35	Equipment Rental		Generations Healthcare Network, LLC	100.00%	599	599	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 701,508			$ 331,987	$ * (369,521)	39

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

Facility Name & ID Number Generations at Peoria # 0055129 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%	$ 1,350	$ 1,350	15
16	V	6	Repairs & Maintenance		Generations Healthcare Network, LLC	100.00%	1,163	1,163	16
17	V	19	Professional Fees		Generations Healthcare Network, LLC	100.00%	329	329	17
18	V	21	Clerical & General		Generations Healthcare Network, LLC	100.00%	85	85	18
19	V	25	Auto & Travel		Generations Healthcare Network, LLC	100.00%	0		19
20	V	26	Insurance		Generations Healthcare Network, LLC	100.00%	165	165	20
21	V	30	Depreciation		Generations Healthcare Network, LLC	100.00%	3,443	3,443	21
22	V	32	Interest		Generations Healthcare Network, LLC	100.00%	2,498	2,498	22
23	V	33	Real Estate Taxes		Generations Healthcare Network, LLC	100.00%	5,987	5,987	23
24	V								24
25	V	1	Dietary Salaries		Generations Healthcare Network, LLC	100.00%	5,024	5,024	25
26	V	7	Emp. Ben. - Dietary		Generations Healthcare Network, LLC	100.00%	939	939	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%	101,310	101,310	29
30	V	19	Fin. Consult./Regl. Dir.		Generations Healthcare Network, LLC	100.00%	10,110	10,110	30
31	V	27	Emp. Ben. - Administrative		Generations Healthcare Network, LLC	100.00%	23,490	23,490	31
32	V								32
33	V	6	Maintenance Salaries		Generations Healthcare Network, LLC	100.00%	43,903	43,903	33
34	V	7	Employee Benefits		Generations Healthcare Network, LLC	100.00%	8,523	8,523	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 208,318	$ * 208,318	39

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

Facility Name & ID Number Generations at Peoria # 0055129 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	$ 29,930	MAC Rx, LLC	100.00%	$ 27,133	$ (2,797)	15
16	V	21	Clerical & General Expense	433	MAC Rx, LLC	100.00%	392	(41)	16
17	V	22	Employee Benefits	3,239	MAC Rx, LLC	100.00%	2,936	(303)	17
18	V	39	Ancillary	196,813	MAC Rx, LLC	100.00%	178,419	(18,394)	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			$ 230,415			$ 208,880	$ * (21,535)	39

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

Facility Name & ID Number Generations at Peoria # 0055129 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	$ 9,513	Big Ten Supply, LLC	100.00%	$ 8,599	$ (914)	15
16	V	3	Housekeeping	28,996	Big Ten Supply, LLC	100.00%	26,209	(2,787)	16
17	V	4	Laundry	28,115	Big Ten Supply, LLC	100.00%	25,413	(2,702)	17
18	V	6	R&M	2,647	Big Ten Supply, LLC	100.00%	2,393	(254)	18
19	V	10	Nursing & Medical Records	248,709	Big Ten Supply, LLC	100.00%	224,805	(23,904)	19
20	V	10A	Therapy	369	Big Ten Supply, LLC	100.00%	334	(35)	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			$ 318,349			$ 287,753	$ * (30,596)	39

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

Facility Name & ID Number Generations at Peoria # 0055129 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	0.82	2.08%	Alloc Salary	$ 2,794	21-7	1
2	Joey Abramchik	Relative	Administrative	0.00%	See Attachment	1.94	4.84%	Alloc Fees	10,110	17-7	2
3	Bryan Barrish	Relative	Administrative	0.00%	See Attachment	1.69	4.23%	Alloc Salary	12,098	17-7	3
4	Sarah Barrish	Relative	Administrative	0.00%	See Attachment	2.42	4.84%	Alloc Salary	6,220	17-7	4
5	Louise Bergthold	Relative	Administrative	0.00%	See Attachment	2.90	4.84%	Alloc Salary	12,098	17-7	5
6	Thomas Bergthold	Relative	Clerical	0.00%	See Attachment	1.94	4.84%	Alloc Salary	2,930	21-7	6
7	Kristen Schloss	Relative	Maintenance	0.00%	See Attachment	1.94	4.84%	Alloc Salary	7,544	6-7	7
8	Kim Shelton	Relative	Clerical	0.00%	See Attachment	1.94	4.84%	Alloc Salary	4,288	21-7	8
9	Burton Barrish	Relative	Administrative	0.00%	See Attachment	1.94	4.84%	Alloc Salary	5,239	17-7	9
10	Lynn Ethell	Relative	Clerical	0.00%	See Attachment	1.94	4.84%	Alloc Salary	2,915	21-7	10
11	Michael Giannini	Owner	Administrative	8.70%	See Attachment	1.94	4.30%	Alloc Salary	8,736	17-7	11
12	Nenita Guzman	Relative	Dietary	0.00%	See Attachment	1.94	4.84%	Alloc Salary	5,024	1-7	12
13								TOTAL	$ 79,996		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 Peoria # 0055129 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	1.94	4.84%	Alloc Salary	$ 4,721	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	$ 4,721		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 Peoria # 0055129 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: Paradox Peoria Property
Street Address: 2201 Main Street
City / State / Zip Code: Evanston, Illinois 60202
Phone Number: (847) 905-3000
Fax Number: ( )

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

Facility Name & ID Number Generations at Peoria # 0055129 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)	$	40,268	$ (2,269)	1
2	6	Repairs & Maintanence	Resident Days	832,144	19	228,292	155,904	40,268	11,047	2
3	7	Emp. Ben. - General Svc.	Resident Days	832,144	19	28,781		40,268	1,393	3
4	9	Medical Director Consults	Resident Days	832,144	19			40,268		4
5	10	Nursing	Resident Days	832,144	19	1,095,433	1,094,370	40,268	53,009	5
6	15	Emp. Ben. - Health Care	Resident Days	832,144	19	204,429		40,268	9,892	6
7	17	Administrative	Resident Days	832,144	19	347,566	347,566	40,268	16,819	7
8	19	Professional Fees	Resident Days	832,144	19	138,762		40,268	6,715	8
9	20	Fee, Subscriptions	Resident Days	832,144	19	49,284		40,268	2,385	9
10	21	Clerical & General	Resident Days	832,144	19	4,236,976	3,850,828	40,268	205,030	10
11	24	Education & Seminar	Resident Days	832,144	19	6,287		40,268	304	11
12	25	Other Admin. Staff Transportatior	Resident Days	832,144	19	112,731		40,268	5,455	12
13	26	Insurance	Resident Days	832,144	19	32,419		40,268	1,569	13
14	27	Emp. Ben. - Gen. Admin.	Resident Days	832,144	19	371,977		40,268	18,000	14
15	32	Interest	Resident Days	832,144	19	(27,854)		40,268	(1,348)	15
16	35	Auto Rental	Resident Days	832,144	19	70,001		40,268	3,387	16
17	35	Equipment Rental	Resident Days	832,144	19	12,377		40,268	599	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 6,860,575	$ 5,448,668		$ 331,987	25

Facility Name & ID Number Generations at Peoria # 0055129 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	$	623	$ 1,350	1
2	6	Repairs & Maintenance	Alloc Square Footage	12,879	19	24,049		623	1,163	2
3	19	Professional Fees	Alloc Square Footage	12,879	19	6,801		623	329	3
4	21	Clerical & General	Alloc Square Footage	12,879	19	1,754		623	85	4
5	25	Auto & Travel	Alloc Square Footage	12,879	19			623		5
6	26	Insurance	Alloc Square Footage	12,879	19	3,403		623	165	6
7	30	Depreciation	Alloc Square Footage	12,879	19	71,181		623	3,443	7
8	32	Interest	Alloc Square Footage	12,879	19	51,631		623	2,498	8
9	33	Real Estate Taxes	Alloc Square Footage	12,879	19	123,763		623	5,987	9
10										10
11	1	Dietary Salaries	Resident Days	832,144	19	103,820	103,820	40,268	5,024	11
12	7	Emp. Ben. - Dietary	Resident Days	832,144	19	19,413		40,268	939	12
13	10	Nursing Salaries	Resident Days	832,144	19			40,268		13
14	15	Emp. Ben. - Nursing	Resident Days	832,144	19			40,268		14
15	17	Admin./Legal Salaries	Resident Days	832,144	19	2,093,591	2,093,591	40,268	101,310	15
16	19	Fin. Consult./Regl. Dir.	Resident Days	832,144	19	208,920		40,268	10,110	16
17	27	Emp. Ben. - Administrative	Resident Days	832,144	19	485,424		40,268	23,490	17
18										18
19	6	Maintenance Salaries	Maint Revenues	702,930	17	726,469	726,469	42,480	43,903	19
20	7	Employee Benefits	Maint Revenues	702,930	17	141,032		42,480	8,523	20
21										21
22										22
23										23
24										24
25	TOTALS					$ 4,089,151	$ 2,923,880		$ 208,319	25

Facility Name & ID Number Generations at Peoria # 0055129 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			$	$		$ 27,133	1
2	21	Clerical & General Expense	Direct Allocation						392	2
3	22	Employee Benefits	Direct Allocation						2,936	3
4	39	Ancillary	Direct Allocation						178,419	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					$	$		$ 208,880	25

Facility Name & ID Number Generations at Peoria # 0055129 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			$	$		$ 8,599	1
2	3	Housekeeping	Direct Allocation						26,209	2
3	4	Laundry	Direct Allocation						25,413	3
4	6	R&M	Direct Allocation						2,393	4
5	10	Nursing & Medical Records	Direct Allocation						224,805	5
6	10A	Therapy	Direct Allocation						334	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					$	$		$ 287,753	25

Facility Name & ID Number Generations at Peoria # 0055129 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	M&T		X	Mortgage			$	$ 2,312,776			$ 149,429	1
2												2
3												3
4												4
5												5
	Working Capital											
6	CIBC		X	Line of Credit				429,000			22,802	6
7	Shareholder Loan	X		Working Capital				697,432			148,833	7
8	Allocated From Generations		X								1,150	8
9	TOTAL Facility Related						$	$ 3,439,208			$ 322,214	9
	B. Non-Facility Related*											
10	Interest Income		X								(1,143)	10
11	Related Party Interest	X									(148,833)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (149,976)	14
15	TOTALS (line 9+line14)						$	$ 3,439,208			$ 172,238	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 Peoria # 0055129 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.**	$ 124,510	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.)		$ 131,682	2
3. Under or (over) accrual (line 2 minus line 1).		$ 7,172	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 126,335	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.)		$ 756	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.		$ 134,263	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2015	124,690	8
	2016	127,307	9
	2017	128,262	10
	2018	128,279	11
	2019	126,329	12

2020 Accrual = 2019 Tax (Rounded); Beginning Accrual Adjusted

Allocated From Generations: $5,987

	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 Peoria COUNTY Peoria

FACILITY IDPH LICENSE NUMBER 0055129

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.	14-16-451-008	Long Term Care Property	$ 125,068.46	$ 125,068.46
2.	14-16-451-009	Long Term Care Property	$ 21.92	$ 21.92
3.	14-16-451-011	Long Term Care Property	$ 376.58	$ 376.58
4.	14-16-451-018	Long Term Care Property	$ 427.38	$ 427.38
5.	14-16-451-019	Long Term Care Property	$ 434.36	$ 434.36
6.	Allocated- SIR Management	Home Office Allocation	$ 148,905.51	$ 5,641.11
7.	10-31-401-046-0000	Allocated From Regency	$ 796,746.36	$ 468.28
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 1,071,980.57	$ 132,438.09

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 Peoria # 0055129 Report Period Beginning: 1/1/20 Ending: 12/31/20

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 33,022 B. General Construction Type: Exterior Masonry Frame Steel 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	$ 304,025	1
2					2
3	TOTALS			$ 304,025	3

Facility Name & ID Number Generations at Peoria # 0055129 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	144		2018		$ 2,006,567	$	35	$ 57,330	$ 57,330	$ 171,990	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Installation Of New Hot Water Heater Pump			2019	3,420		20	171	171	342	9
10	Hot Water Heater Pump- Piping/Flange/Coupling			2019	3,295		20	165	165	330	10
11	Installation Of Front Door Fabric Marque Style Awning			2019	7,600		20	380	380	760	11
12	Water Main Line Repair-Ductile,Clamp-Under Parking Lot			2019	10,864		20	543	543	1,086	12
13	Utility Room Door Replacement-Brackets,Hinges,Kickplates			2019	6,267		20	313	313	627	13
14	HVAC Repairs- Burner,Blower Belt,Ignition Control,Thermostat			2019	2,877		20	144	144	288	14
15	Asphalt Repair-Above Water Main			2020	10,400		20	520	520	1,040	15
16	Installed 2 Boiler Pumps- Boiler Room			2020	6,650		20	333	333	333	16
17	Elevator Repair - Packing Seal, Oil Line, & Door Switch			2020	6,480		20	324	324	324	17
18	Water Main Leak Repair			2020	5,151		20	258	258	258	18
19	Installation of Vinyl Plank Flooring & Base in Corridors			2020	96,400		20	4,820	4,820	4,820	19
20	Installation of Security System Throughout Facility			2020	24,205		20	1,210	1,210	1,210	20
21	1st Fl:Rms/Recep/Admiss:Walls,Lights,Plumbing,Electrical,Doors			2020	42,039		20	2,102	2,102	2,102	21
22	Vinyl/Ceramic Tile Floors:Common Rooms,Shower/Bathrooms			2020	100,000		20	5,000	5,000	5,000	22
23	6 Resident Rms-Wallpaper,Built-In Cabinets,Doors,Sink,Paint			2020	13,090		20	654	654	654	23
24	Main Front Door- Locking System with Security Camera			2020	3,842		20	192	192	192	24
25	Repair to Water Main- Beneath Hallway			2020	5,039		20	252	252	252	25
26	Custon Built-In Cabinets W/Quartz Tops in Bistro Area			2020	13,490		20	675	675	675	26
27	Custom Signage On Exterior Of Facility And Parking Lot			2020	7,454		20	373	373	373	27
28	Roller Shade/Window Treatments-Resident Rms Entire Facility			2020	44,354		20	2,218	2,218	2,218	28
29	Repair to Water Main-Beneath Hallway-With Concrete Work			2020	8,315		20	416	416	416	29
30	Carpet Tiles & New Base in Conference Room			2020	3,250		20	163	163	163	30
31	Custom Built In Cabinetry/Closets in Resident Rooms 301-311			2020	8,844		20	442	442	442	31
32	Corner Guards/Bead Boards/Door Frames-Corridors/Dining/Activity/Resid			2020	126,909		20	6,345	6,345	6,345	32
33	Corridors/Dining Area/Activity Room/Resident Rooms										33
34	Dialysis Room Renovation-Custom Built-in Cabinets/Booster			2020	135,432		20	6,772	6,772	6,772	34
35	Pump/Electrical Connection/Plumbing into Room/Architect										35
36	Tiling on Floors and Walls of Large Shower Room			2020	26,728		20	1,336	1,336	1,336	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 Peoria # 0055129 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	Renovation on Common Areas and Corridors- Plumbing	2020	$ 42,152	$	20	$ 2,108	$ 2,108	$ 2,108	37
38	Upgrade/Install LED Lighting/Ceiling Tiles/Supplies & Labor								38
39	Through-Wall Air Conditioning System- Resident Rooms	2020	6,264		20	313	313	313	39
40	Flooring Repairs-Plank Flooring Patch in the Corridor	2020	2,860		20	143	143	143	40
41	Phone System Wiring/System- Housekeeping and Admissions	2020	3,700		20	185	185	185	41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64	Financial Statement Depreciation- Generations at Peoria			35,242			(35,242)		64
65	Financial Statement Depreciation-Peoria Paradox			194,770			(194,770)		65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 2,783,938	$ 230,012		$ 96,199	$ (133,813)	$ 213,095	70

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

Facility Name & ID Number Generations at Peoria # 0055129 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		$ 2,783,938	$ 230,012		$ 96,199	$ (133,813)	$ 213,095	1
2	Related Party Allocations								2
3									3
4	Training Building Allocation- Generations Health Care	2009	24,187	646	39	620	(26)	6,848	4
5	Building Allocation- SIR Properties/Generations	1993	21,897	695	35	626	(69)	16,579	5
6									6
7	Allocated From SIR Properties/Generations Health Care	2012	1,341		20	67	67	470	7
8	Allocated From SIR Properties/Generations Health Care	2010	1,321		20	66	66	617	8
9	Allocated From SIR Properties/Generations Health Care	2009	1,315		20	66	66	710	9
10	Allocated From SIR Properties/Generations Health Care	2007	130	8	20	6	(2)	84	10
11	Allocated From SIR Properties/Generations Health Care	2002	87		20	4	4	76	11
12	Allocated From SIR Properties/Generations Health Care	1999	2,775		20	69	69	2,775	12
13	Allocated From SIR Properties/Generations Health Care	1998			20				13
14	Allocated From SIR Properties/Generations Health Care	1997			20				14
15	Allocated From SIR Properties/Generations Health Care	1994	209	5	20		(5)	209	15
16	Allocated From SIR Properties/Generations Health Care	1993	355	2	20		(2)	355	16
17									17
18	Alocated From Generations Health Care	1993	5,552	155	20		(155)	5,552	18
19	Alocated From Generations Health Care	1994	17		20			17	19
20	Alocated From Generations Health Care	1995	127		20			127	20
21	Alocated From Generations Health Care	1997	8,530	191	20		(191)	8,530	21
22	Alocated From Generations Health Care	1999	671		20	25	25	671	22
23	Alocated From Generations Health Care	1999			20				23
24	Alocated From Generations Health Care	2000	792		20	18	18	792	24
25	Alocated From Generations Health Care	2007	2,544		20	127	127	1,679	25
26	Alocated From Generations Health Care	2008	7,012		20	259	259	5,129	26
27	Alocated From Generations Health Care	2009	17,424		20	871	871	9,796	27
28	Alocated From Generations Health Care	2011	431	43	20	43		406	28
29	Alocated From Generations Health Care	2012	1,380	69	20	69		512	29
30	Alocated From Generations Health Care	2014	193	19	20	10	(9)	64	30
31	Alocated From Generations Health Care	2016	252	13	20	13		56	31
32	Alocated From Generations Health Care	2019	1,255	62	20	62		78	32
33	Alocated From Generations Health Care	2020	1,022	21	20	21		21	33
34	TOTAL (lines 1 thru 33)		$ 2,884,757	$ 231,941		$ 99,241	$ (132,700)	$ 275,248	34

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

Facility Name & ID Number Generations at Peoria # 0055129 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		$ 2,884,757	$ 231,941		$ 99,241	$ (132,700)	$ 275,248	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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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)		$ 2,884,757	$ 231,941		$ 99,241	$ (132,700)	$ 275,248	34

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

Facility Name & ID Number Generations at Peoria # 0055129 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		$ 2,884,757	$ 231,941		$ 99,241	$ (132,700)	$ 275,248	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)		$ 2,884,757	$ 231,941		$ 99,241	$ (132,700)	$ 275,248	34

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

Facility Name & ID Number Generations at Peoria # 0055129 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		$ 2,884,757	$ 231,941		$ 99,241	$ (132,700)	$ 275,248	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)		$ 2,884,757	$ 231,941		$ 99,241	$ (132,700)	$ 275,248	34

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

Facility Name & ID Number Generations at Peoria # 0055129 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		$ 2,884,757	$ 231,941		$ 99,241	$ (132,700)	$ 275,248	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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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,884,757	$ 231,941		$ 99,241	$ (132,700)	$ 275,248	34

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

Facility Name & ID Number Generations at Peoria # 0055129 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		$ 2,884,757	$ 231,941		$ 99,241	$ (132,700)	$ 275,248	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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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)		$ 2,884,757	$ 231,941		$ 99,241	$ (132,700)	$ 275,248	34

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

Facility Name & ID Number Generations at Peoria # 0055129 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		$ 2,884,757	$ 231,941		$ 99,241	$ (132,700)	$ 275,248	1
2									2
3									3
4									4
5									5
6									6
7									7
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20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,884,757	$ 231,941		$ 99,241	$ (132,700)	$ 275,248	34

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

Facility Name & ID Number Generations at Peoria # 0055129 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		$ 2,884,757	$ 231,941		$ 99,241	$ (132,700)	$ 275,248	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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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,884,757	$ 231,941		$ 99,241	$ (132,700)	$ 275,248	34

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

Facility Name & ID Number Generations at Peoria # 0055129 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	$ 37,844	$	$ 3,784	$ 3,784	10	$ 9,192	71
72	Current Year Purchases	125,298		12,530	12,530	10	12,530	72
73	Fully Depreciated Assets					10		73
74	See Attached	797,483	1,040	73,422	72,382	10	284,816	74
75	TOTALS	$ 960,625	$ 1,040	$ 89,736	$ 88,696		$ 306,538	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Allocated From Generations		2020	$ 5,704	$ 476	$ 861	$ 385	5	$ 3,056	76
77										77
78										78
79										79
80	TOTALS			$ 5,704	$ 476	$ 861	$ 385		$ 3,056	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)	$ 4,155,110	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 233,457	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 189,838	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (43,619)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 584,842	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	Plank Flooring, Cabinets	$ 140,806	92
93	Shower Room, Furniture,		93
94	Lighting, Ceiling Tiles,		94
95	Complete Renovation	$ 140,806	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 Peoria # 0055129 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: $ 1,765 Description: $1,166 Copier/Printer; $599 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		$	$ 3,387	17
18					18
19					19
20					20
21	TOTAL		$	$ 3,387	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 Peoria # 0055129 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	$	3,632	$ 277,418	$	3,632	$ 277,418	1
2	Licensed Speech and Language Development Therapist	V10A	hrs		765	59,689		765	59,689	2
3	Licensed Recreational Therapist	V10A	hrs							3
4	Licensed Physical Therapist	V10A	hrs		4,647	354,073		4,647	354,073	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation	V39	hrs	114,314					114,314	8
9	Pharmacy	V39	# of prescrpts				251,101		251,101	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): LAB/RADIOLOGY	V39					66,984		66,984	12
13	Other (specify): BILLABLE SUPPLIES	V39					201,927		201,927	13
14	TOTAL			$ 114,314	9,045	$ 691,180	$ 520,012	9,045	$ 1,325,506	14

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

STATE OF ILLINOIS

Facility Name & ID Number Generations at Peoria # 0055129 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	$ 591,160	$ 591,160	1
2	Cash-Patient Deposits	26,521	26,521	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,886,810	1,886,810	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	151,180	151,180	6
7	Other Prepaid Expenses	4,786	4,786	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	247,314	373,649	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,907,771	$ 3,034,106	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		304,025	13
14	Buildings, at Historical Cost		2,006,567	14
15	Leasehold Improvements, at Historical Cost	680,186	680,186	15
16	Equipment, at Historical Cost	141,656	871,317	16
17	Accumulated Depreciation (book methods)	(43,931)	(463,816)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	29,800	85,242	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(29,800)	(46,960)	20
21	Restricted Funds			21
22	Other Long-Term Assets (spe See Attached	140,806	140,806	22
23	Other(specify): See Attached	99,188	1,354,200	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,017,905	$ 4,931,567	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,925,676	$ 7,965,672	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 476,445	$ 476,441	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	26,551	26,551	28
29	Short-Term Notes Payable	429,000	429,000	29
30	Accrued Salaries Payable	179,508	179,508	30
31	Accrued Taxes Payable (excluding real estate taxes)	214,702	214,702	31
32	Accrued Real Estate Taxes(Sch.IX-B)		126,335	32
33	Accrued Interest Payable		13,025	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	18,228	18,228	35
	Other Current Liabilities(specify):			
36	See Attached			36
37	See Attached	4,105,522	4,320,416	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 5,449,956	$ 5,804,205	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		697,432	39
40	Mortgage Payable		2,312,776	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached		250,000	43
44	See Attached			44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 3,260,208	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 5,449,956	$ 9,064,414	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (1,524,280)	$ (1,098,742)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,925,676	$ 7,965,672	48

*(See instructions.)

Facility Name & ID Number Generations at Peoria # 0055129 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**	$ (1,015,770)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (1,015,770)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(508,510)	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)**	$ (508,510)	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)**	$ (1,524,280)	24 *

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

Facility Name & ID Number Generations at Peoria # 0055129 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	$ 8,796,199	1
2	Discounts and Allowances for all Levels	(2,173,247)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 6,622,952	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,882,837	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,882,837	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	213,901	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	18,920	19
20	Radiology and X-Ray	8,276	20
21	Other Medical Services	14,066	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 255,163	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	1,143	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 1,143	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a		1,006,070	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,006,070	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 9,768,165	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,452,122	31
32	Health Care	4,573,235	32
33	General Administration	2,444,662	33
	B. Capital Expense		
34	Ownership	882,840	34
	C. Ancillary Expense		
35	Special Cost Centers	634,326	35
36	Provider Participation Fee	289,490	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 10,276,675	40
41	**Income before Income Taxes (line 30 minus line 40)****	(508,510)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (508,510)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 5,477,720	44
45	Private Pay - Net Inpatient Revenue	487,257	45
46	Medicare - Net Inpatient Revenue	1,877,594	46
47	Other-(specify) ALL OTHER SNF/SCF IP REVENUE	947,681	47
48	Other-(specify) C/A ANCILLARY ACCOUNTS	(2,167,301)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 6,622,952	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 Peoria # 0055129 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	1,721	1,943	$ 94,246	$ 48.51	1
2	Assistant Director of Nursing	3,298	3,630	136,452	37.59	2
3	Registered Nurses	16,188	17,680	640,712	36.24	3
4	Licensed Practical Nurses	24,788	26,820	809,344	30.18	4
5	CNAs & Orderlies	74,662	79,735	1,319,417	16.55	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,063	4,629	114,314	24.70	8
9	Activity Director					9
10	Activity Assistants	4,931	5,542	88,583	15.98	10
11	Social Service Workers	6,070	6,770	168,672	24.91	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	20,888	22,556	319,536	14.17	15
16	Dishwashers					16
17	Maintenance Workers	2,008	2,221	60,846	27.40	17
18	Housekeepers	14,395	15,598	193,288	12.39	18
19	Laundry	3,233	3,532	35,882	10.16	19
20	Administrator	1,910	2,049	99,483	48.55	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,660	1,844	33,067	17.93	23
24	Clerical	2,048	2,265	40,617	17.93	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	5,255	5,872	170,104	28.97	31
32	Other Health Care(specify)	1,719	1,910	34,262	17.94	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	188,837	204,596	$ 4,358,825 *	$ 21.30	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	$ 41,888	V01-03	35
36	Medical Director	Monthly Fees	31,200	V09-03	36
37	Medical Records Consultant	Monthly Fees	3,447	V10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly Fees	8,805	V10-03	39
40	Physical Therapy Consultant	Monthly Fees	12,075	V10A-03	40
41	Occupational Therapy Consultant	Monthly Fees	6,130	V10A-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	Monthly Fees	2,137	V10A-03	43
44	Activity Consultant	Monthly Fees	2,514	V11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Chief Medical Officer	Monthly Fees	49,140	V10-03	47
48	Restorative Nursing	Monthly Fees	1,350	V10-03	48
49	TOTAL (lines 35 - 48)		$ 158,686		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	1,744	$ 129,165	V10-03	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	55	2,211	V10-03	52
53	TOTAL (lines 50 - 52)	1,799	$ 131,376		53

Facility Name & ID Number Generations at Peoria # 0055129 Report Period Beginning: 1/1/20 Ending: 12/31/20

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Becky Hubbard (Jan-Jun)	Administrator	0.00%	$ 47,489
Janice Tabor (Jun-Nov)	Administrator	0.00%	41,728
Jeremy Woodle (Nov-Dec)	Administrator	0.00%	10,266
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 99,483

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	Consultant-Clinical	$ 53,568
Generations HC Network	Dir. of Environment Services	15,552
Generations HC Network	Outside Labor	14,700
Generations HC Network	Director of Food Service	20,736
Generations HC Network	Dir. of Financial Services	46,656
Generations HC Network	Dir. of Business Development	122,688
Generations HC Network	Dir. of Reimbursement	31,104
Generations HC Network	Dir. of Administrative Services	60,480
Generations HC Network	Dir. of Regulatory Services	17,280
Generations HC Network	Dir. of Information Tech.	10,368
Generations HC Network	Ancillary Admin Charges	43,200
See Supplemental Page 21		396,156
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 832,488

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 86,432
Unemployment Compensation Insurance	69,670
FICA Taxes	324,765
Employee Health Insurance	294,225
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Life Insurance	1,207
Other Benefits and COVID Related	29,083
401K Matching	1,050
TOTAL (agree to Schedule V, line 22, col.8)	$ 806,432

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	$ 1,988
Advertising: Employee Recruitment	31,675
Health Care Worker Background Check	3,819
(Indicate # of checks performed 382)	
Patient Background Checks	
Dues & Subscriptions	1,205
Licenses & Permits	12,435
Allocated From Generations	2,385
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 53,507

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	4,097
Allocated From Generations	304
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,401

**See instructions.

Facility Name & ID Number Generations at Peoria # 0055129 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	Bookkeeping Services	$ 120,960
Generations HC Network	Bookkeeping-Other	106,200
Generations HC Network	Computer Support Charges	38,016
Plante Moran	Accounting Services	22,040
Marcum	401K Audit	500
See Attached	Legal Services	32,212
On-Shift	HR Consulting	1,224
Mack Communications	Telecommunications	12,673
Paylocity	Payroll Processing	15,351
Pinnacle	Customer Satisfaction	745
I-Solved HCM	WOTC Credits	4,364
See Supplemental Page 21 (2)		41,871
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 396,156

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 Peoria # 0055129 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
Legat Architects	Architecture Services	$ 323
Crane & Norcross	Real Estate Appeal	496
MPRO	Mediation	1,437
Personnel Planners	Unemployment Tax Consult	1,950
Go Daddy	Website Costs (Adjusted)	2,011
Reside Admissions	Admissions Consultant	3,740
Ability	Risk Mgmt/Scheduling	10,174
Health Technologies	Healthcare Consulting	320
Health Spring Providigm	Quality Consultant	3,300
Patient Ping	Resident Management	7,500
Access 1	Telecommunications	7,660
Playbook Communicate	Public Relations (Adjusted)	2,960
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 41,871

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 Peoria # 0055129 Report Period Beginning: 1/1/20 Ending: 12/31/20

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? **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? **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. $ **53,376** 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. $ **289,490**
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? **ln14-100%**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

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

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