

Facility Name & ID NumberGenerations Oakton Pavilion

#0052910Report Period Beginning:01/01/16Ending:12/31/16

III. STATISTICAL DATA

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

1234

Beds at Beginning of Report Period

Licensure Level of Care

Beds at End of Report Period

Licensed Bed Days During Report Period

1234567

294

Skilled (SNF)

294

107,604

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

294

TOTALS

294

107,604

7

B. Census-For the entire report period.

12345

Level of Care

Patient Days by Level of Care and Primary Source of Payment

Medicaid Recipient

Private Pay

Other

Total

891011121314

SNFSNF/PEDICFICF/DDSCDD 16 OR LESSTOTALS

12,744

8,939

27,916

49,599

891011121314

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

46.09%

D. How many bed-hold days during this year were paid by the Department?

0

(Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

N/A

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES

NO

X

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES

NO

X

I. On what date did you start providing long term care at this location?

Date started

01/20/80

J. Was the facility purchased or leased after January 1, 1978?

YES

X

Date

01/20/80

NO

K. Was the facility certified for Medicare during the reporting year?

YES

X

NO

If YES, enter number of beds certified

275

and days of care provided

3,984

Medicare Intermediary

National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL

X

MODIFIED CASH*

CASH*

Is your fiscal year identical to your tax year?

YES

X

NO

Tax Year:

12/31/16

Fiscal Year:

12/31/16

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

SEE ACCOUNTANTS' PREPARATION REPORT

HFS 3745 (N-4-99)

IL478-2471

Facility Name & ID Number Generations Oakton Pavilion # 0052910 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification	Reclassified Total	Adjust- ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	A. General Services	1	2	3	4	5	6	7	8			
1	Dietary	346,249	35,157	33,144	414,550		414,550	(16,832)	397,718			1
2	Food Purchase		345,044		345,044		345,044	(35,167)	309,877			2
3	Housekeeping	196,221	42,556		238,777		238,777	(3,502)	235,275			3
4	Laundry	100,412	30,060		130,472		130,472	(822)	129,650			4
5	Heat and Other Utilities			198,649	198,649		198,649	1,975	200,624			5
6	Maintenance	98,258	47,082	201,027	346,367		346,367	3,561	349,928			6
7	Other (specify):* See Supplemental							8,172	8,172			7
8	TOTAL General Services	741,140	499,899	432,820	1,673,859		1,673,859	(42,615)	1,631,244			8
	B. Health Care and Programs											
9	Medical Director			35,396	35,396		35,396	1,045	36,441			9
10	Nursing and Medical Records	2,809,494	233,835	227,111	3,270,440		3,270,440	(83,882)	3,186,558			10
10a	Therapy	125,909		21,697	147,606		147,606	(9,097)	138,509			10a
11	Activities	179,812	9,950	2,640	192,402		192,402	(950)	191,452			11
12	Social Services	54,996		18,432	73,428		73,428		73,428			12
13	CNA Training											13
14	Program Transportation			1,428	1,428		1,428		1,428			14
15	Other (specify):* See Supplemental							7,562	7,562			15
16	TOTAL Health Care and Programs	3,170,211	243,785	306,704	3,720,700		3,720,700	(85,322)	3,635,378			16
	C. General Administration											
17	Administrative	107,503		372,476	479,979		479,979	(262,600)	217,379			17
18	Directors Fees											18
19	Professional Services			422,403	422,403	(15,000)	407,403	(330,138)	77,265			19
20	Dues, Fees, Subscriptions & Promotions			98,845	98,845		98,845	(71,109)	27,736			20
21	Clerical & General Office Expenses	191,966	30,847	150,848	373,661		373,661	26,976	400,637			21
22	Employee Benefits & Payroll Taxes			528,832	528,832		528,832	(177)	528,655			22
23	Inservice Training & Education											23
24	Travel and Seminar			3,712	3,712		3,712	490	4,202			24
25	Other Admin. Staff Transportation			3,045	3,045		3,045	7,212	10,257			25
26	Insurance-Prop.Liab.Malpractice			203,074	203,074		203,074	25,914	228,988			26
27	Other (specify):* See Supplemental							33,265	33,265			27
28	TOTAL General Administration	299,469	30,847	1,783,235	2,113,551	(15,000)	2,098,551	(570,167)	1,528,384			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,210,820	774,531	2,522,759	7,508,110	(15,000)	7,493,110	(698,104)	6,795,006			29

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

Generations Oakton Pavilion
Medicaid Cost Report
01/01/16 - 12/31/16

Page 3 Supplemental Schedule

Description		Salaries		Supplies		Other		Total
Line 7 - Other General Services								
Alloc. - SIR Mgmt. / Generations								-
Employee Benefits						8,172		8,172
								-
								-
								-
								-
Sub-Total		-		-		8,172		8,172
Line 15 - Other Health Care Services								
Alloc. - SIR Mgmt. / Generations								-
Employee Benefits						7,562		7,562
								-
								-
								-
								-
Sub-Total		-		-		7,562		7,562
Line 27 - Other General Administration								
Alloc. - SIR Mgmt. / Generations								-
Employee Benefits						33,265		33,265
								-
								-
								-
								-
Sub-Total		-		-		33,265		33,265

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					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			21,108	21,108		21,108	748,012	769,120			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			23,362	23,362		23,362	999,815	1,023,177			32
33	Real Estate Taxes			456,000	456,000	15,000	471,000	27,459	498,459			33
34	Rent-Facility & Grounds			1,536,000	1,536,000		1,536,000	(1,536,000)				34
35	Rent-Equipment & Vehicles			4,947	4,947		4,947	5,328	10,275			35
36	Other (specify):* See Supplemental											36
37	TOTAL Ownership			2,041,417	2,041,417	15,000	2,056,417	244,614	2,301,031			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		133,025	513,908	646,933		646,933	(9,315)	637,618			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			436,178	436,178		436,178		436,178			42
43	Other (specify):* See Supplemental	92,253		39,780	132,033		132,033	(132,033)				43
44	TOTAL Special Cost Centers	92,253	133,025	989,866	1,215,144		1,215,144	(141,348)	1,073,796			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	4,303,073	907,556	5,554,042	10,764,671		10,764,671	(594,838)	10,169,833			45

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

SEE ACCOUNTANTS' PREPARATION REPORT

Generations Oakton Pavilion
Medicaid Cost Report
01/01/16 - 12/31/16

Page 4 Supplemental Schedule

Description	Salaries		Supplies		Other		Total	
Line 36 - Other Capital Costs								
								-
								-
								-
								-
								-
								-
Sub-Total		-		-		-		-
Line 43 - Other Special Cost Centers								
Marketing		92,253				39,780		132,033
								-
								-
								-
								-
								-
								-
Sub-Total		92,253		-		39,780		132,033

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(32,784)	02		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(4,972)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,383)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(3,751)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(84,239)	21		24
25	Fund Raising, Advertising and Promotional	(69,066)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(1,500)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Supplemental Schedule	(627,744)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (826,439)		\$	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)	231,601		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 231,601		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (594,838)		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

SEE ACCOUNTANTS' PREPARATION REPORT

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Activity Income	\$ (950)	11	1
2	Purchased Services - VA	(51,412)	10	2
3	Legal - Collections	(9,823)	19	3
4	Bank Fees	(7,310)	21	4
5	Theft and Damage	(579)	21	5
6	Marketing	(132,033)	43	6
7	Capitalized Assets < \$2,500	7,706	06	7
8				8
9				9
10	Generations HC Property of Des Plaines, LLC			10
11	Professional Fees	(11,585)	19	11
12	Dues and Subscriptions	(2,160)	20	12
13	Office and Clerical	(200)	21	13
14	Amortization	(26,169)	31	14
15	Oakton Arms	(393,229)	43	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(627,744)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Generations Oakton Pavilion

0052910

Report Period Beginning:

01/01/16

Ending:

12/31/16

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	(16,582)	(250)	0	0	0	0	0	0	(16,832)	1
2	Food Purchase	(35,167)	0	0	0	0	0	0	0	0	0	0	(35,167)	2
3	Housekeeping	0	0	0	0	(3,502)	0	0	0	0	0	0	(3,502)	3
4	Laundry	0	0	0	0	(822)	0	0	0	0	0	0	(822)	4
5	Heat and Other Utilities	0	0	0	1,975	0	0	0	0	0	0	0	1,975	5
6	Maintenance	7,706	8,041	(23,973)	11,979	(192)	0	0	0	0	0	0	3,561	6
7	Other (specify):*	0	0	0	8,172	0	0	0	0	0	0	0	8,172	7
8	TOTAL General Services	(27,461)	8,041	(23,973)	5,544	(4,766)	0	0	0	0	0	0	(42,615)	8
	B. Health Care and Programs													
9	Medical Director	0	0	1,045	0	0	0	0	0	0	0	0	1,045	9
10	Nursing and Medical Records	(51,412)	0	34,420	(53,454)	(9,523)	(3,913)	0	0	0	0	0	(83,882)	10
10a	Therapy	0	0	0	(9,057)	(40)	0	0	0	0	0	0	(9,097)	10a
11	Activities	(950)	0	0	0	0	0	0	0	0	0	0	(950)	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	4,566	2,996	0	0	0	0	0	0	0	7,562	15
16	TOTAL Health Care and Programs	(52,362)	0	40,031	(59,515)	(9,563)	(3,913)	0	0	0	0	0	(85,322)	16
	C. General Administration													
17	Administrative	0	0	(348,806)	86,206	0	0	0	0	0	0	0	(262,600)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(21,408)	11,585	(334,734)	14,419	0	0	0	0	0	0	0	(330,138)	19
20	Fees, Subscriptions & Promotions	(74,977)	2,160	1,708	0	0	0	0	0	0	0	0	(71,109)	20
21	Clerical & General Office Expenses	(93,828)	200	120,561	126	0	(83)	0	0	0	0	0	26,976	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(51)	(126)	0	0	0	0	0	(177)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	490	0	0	0	0	0	0	0	0	490	24
25	Other Admin. Staff Transportation	0	0	7,212	0	0	0	0	0	0	0	0	7,212	25
26	Insurance-Prop.Liab.Malpractice	0	23,987	1,752	175	0	0	0	0	0	0	0	25,914	26
27	Other (specify):*	0	0	12,159	21,106	0	0	0	0	0	0	0	33,265	27
28	TOTAL General Administration	(190,213)	37,932	(539,658)	122,032	(51)	(209)	0	0	0	0	0	(570,167)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(270,036)	45,973	(523,600)	68,061	(14,380)	(4,122)	0	0	0	0	0	(698,104)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Generations Oakton Pavilion # 0052910 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	0	741,798	0	6,214	0	0	0	0	0	0	0	748,012	30
31	Amortization of Pre-Op. & Org.	(26,169)	26,169	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(4,972)	1,002,872	(4,062)	5,977	0	0	0	0	0	0	0	999,815	32
33	Real Estate Taxes	0	20,045	0	7,414	0	0	0	0	0	0	0	27,459	33
34	Rent-Facility & Grounds	0	(1,536,000)	0	0	0	0	0	0	0	0	0	(1,536,000)	34
35	Rent-Equipment & Vehicles	0	0	5,328	0	0	0	0	0	0	0	0	5,328	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(31,141)	254,884	1,266	19,605	0	0	0	0	0	0	0	244,614	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	0	(9,315)	0	0	0	0	0	(9,315)	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):*	(525,262)	393,229	0	0	0	0	0	0	0	0	0	(132,033)	43
44	TOTAL Special Cost Centers	(525,262)	393,229	0	0	0	(9,315)	0	0	0	0	0	(141,348)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(826,439)	694,086	(522,334)	87,666	(14,380)	(13,437)	0	0	0	0	0	(594,838)	45

VII. RELATED PARTIES

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

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ 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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent	\$ 1,536,000	Generations Health Care Property of Des Plaines, LLC	100.00%	\$	\$ (1,536,000)	1
2	V	33	Real Estate Taxes	456,000	Generations Health Care Property of Des Plaines, LLC	100.00%		(456,000)	2
3	V	6	Maintenance		Generations Health Care Property of Des Plaines, LLC	100.00%	8,041	8,041	3
4	V	19	Professional Fees		Generations Health Care Property of Des Plaines, LLC	100.00%	11,585	11,585	4
5	V	20	Dues and Subscriptions		Generations Health Care Property of Des Plaines, LLC	100.00%	2,160	2,160	5
6	V	21	Office and Clerical		Generations Health Care Property of Des Plaines, LLC	100.00%	200	200	6
7	V	26	Insurance		Generations Health Care Property of Des Plaines, LLC	100.00%	23,987	23,987	7
8	V	30	Depreciation		Generations Health Care Property of Des Plaines, LLC	100.00%	741,798	741,798	8
9	V	31	Amortization		Generations Health Care Property of Des Plaines, LLC	100.00%	26,169	26,169	9
10	V	32	Interest		Generations Health Care Property of Des Plaines, LLC	100.00%	1,002,872	1,002,872	10
11	V	33	Real Estate Taxes		Generations Health Care Property of Des Plaines, LLC	100.00%	476,045	476,045	11
12	V	43	Oakton Arms		Generations Health Care Property of Des Plaines, LLC	100.00%	393,229	393,229	12
13	V								13
14	Total			\$ 1,992,000			\$ 2,686,086	\$ * 694,086	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Generations Oakton Pavilion

0052910

Report Period Beginning:

01/01/16

Ending:

12/31/16

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2	David Kozin	9.25%	Albany Care	Cook, IL	Generations Prop.	Lincolnwood, IL	Bldg. Company	2
3	Renee Kozin	9.25%	Generations at Applewood, LLC	Matteson, IL	Generations HC			3
4	Brian Barrish	14.035%	Bryn Mawr Care, Inc.	Chicago, IL	Transitions	Lincolnwood, IL	Mgmt. Company	4
5	Barrish Group	16.375%	Generations at Columbus Park, LLC	Chicago, IL	SIR Management	Lincolnwood, IL	Mgmt. Company	5
6	Ralph Gesualdo	8.188%	Decatur Manor Healthcare, LLC	Decatur, IL	SIR Properties	Lincolnwood, IL	Bldg. Company	6
7	Ralph Gesualdo Childrens Trust	8.188%	Generations at Elmwood Park, LLC	Elmwood Park, IL	Max RX, LLC	Des Plaines, IL	Pharmacy	7
8	United Trust #1	4.094%	Greenwood Care, Inc.	Evanston, IL	LTC Lab, LLC	Lincolnwood, IL	Ancillary Supplies	8
9	United Trust #2	4.094%	Maplewood Care, Inc.	Elgin, IL				9
10	LG Trust	4.094%	Generations at Neighbors, LLC	Byron, IL				10
11	BG Trust	4.094%	Generations at Oakton Pavilion, LLC	Des Plaines, IL				11
12	Burton Barrish	10.00%	Generations at Oakton Arms, LLC	Des Plaines, IL				12
13	Kirsten Barrish	1.00%	Generations at Regency, LLC	Niles, IL				13
14	Joey Abramchik	2.00%	Generations at Rock Island, LLC	Rock Island, IL				14
15	Louise Bergthold	2.00%	Auburn Village	Auburn, IL				15
16	Patrick Baalke	1.00%	Wilson Care, Inc.	Chicago, IL				16
17	Pat McDiarmid	0.34%						17
18	Thomas Winter	2.00%						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

SEE ACCOUNTANTS' PREPARATION REPORT

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Maintenance	\$ 29,471	SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	\$ 5,498	\$ (23,973)	15
16	V	9	Medical Director		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	1,045	1,045	16
17	V	10	Nursing		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	34,420	34,420	17
18	V	15	Emp. Ben. - Health Care		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	4,566	4,566	18
19	V	17	Administrative	372,476	SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	23,670	(348,806)	19
20	V	19	Professional Fees	338,880	SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	4,146	(334,734)	20
21	V	20	Dues, Fees, and Subscriptions		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	1,708	1,708	21
22	V	21	Office and Clerical		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	120,561	120,561	22
23	V	24	Education and Seminar		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	490	490	23
24	V	25	Other Admin. Staff Transportation		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	7,212	7,212	24
25	V	26	Insurance		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	1,752	1,752	25
26	V	27	Emp. Ben. - Gen. Administration		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	12,159	12,159	26
27	V	32	Interest		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	(4,062)	(4,062)	27
28	V	35	Rental - Auto		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	4,503	4,503	28
29	V	35	Rental - Equipment		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	825	825	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			\$ 740,827			\$ 218,493	\$ * (522,334)	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	\$ 23,400	SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	\$ 6,818	\$ (16,582)	15
16	V	7	Emp. Ben. - Gen. Services		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	1,194	1,194	16
17	V	10	Nursing	60,840	SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	7,386	(53,454)	17
18	V	15	Emp. Ben. - Health Care		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	1,288	1,288	18
19	V	17	Administration		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	86,206	86,206	19
20	V	19	Professional Fees		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	13,929	13,929	20
21	V	27	Emp. Ben. - Gen. Administration		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	21,106	21,106	21
22	V								22
23	V	10A	Rehab	18,720	SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	9,663	(9,057)	23
24	V	15	Emp. Ben. - Health Care		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	1,708	1,708	24
25	V								25
26	V	6	Maintenance	28,080	SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	39,284	11,204	26
27	V	7	Emp. Ben. - Gen. Services		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	6,978	6,978	27
28	V								28
29	V	5	Utilities		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	1,975	1,975	29
30	V	6	Maintenance		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	775	775	30
31	V	19	Professional Fees		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	490	490	31
32	V	21	Office and Cliercal		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	126	126	32
33	V	26	Insurance		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	175	175	33
34	V	30	Depreciation		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	6,214	6,214	34
35	V	32	Interst		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	5,977	5,977	35
36	V	33	Real Estate Taxes		SIR Mgmt. Inc. & Generations HC Network, LLC	100.00%	7,414	7,414	36
37	V								37
38	V								38
39	Total			\$ 131,040			\$ 218,706	\$ * 87,666	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	\$ 3,414	Big Ten Supply, LLC	100.00%	\$ 3,164	\$ (250)	15
16	V	3	Housekeeping	47,789	Big Ten Supply, LLC	100.00%	44,287	(3,502)	16
17	V	4	Laundry	11,223	Big Ten Supply, LLC	100.00%	10,401	(822)	17
18	V	6	Maintenance	2,623	Big Ten Supply, LLC	100.00%	2,431	(192)	18
19	V	10	Nursing	129,985	Big Ten Supply, LLC	100.00%	120,462	(9,523)	19
20	V	10A	Rehab	549	Big Ten Supply, LLC	100.00%	509	(40)	20
21	V	22	Employee Benefits	689	Big Ten Supply, LLC	100.00%	638	(51)	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			\$ 196,272			\$ 181,892	\$ * (14,380)	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10	Nursing	\$ 54,323	Max RC, LLC	100.00%	\$ 50,410	\$ (3,913)	15
16	V	21	Office and Clerical	1,142	Max RC, LLC	100.00%	1,059	(83)	16
17	V	22	Employee Benefits	1,750	Max RC, LLC	100.00%	1,624	(126)	17
18	V	39	Ancillary	129,334	Max RC, LLC	100.00%	120,019	(9,315)	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			\$ 186,549			\$ 173,112	\$ * (13,437)	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Generations Oakton Pavilion # 0052910 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Burton Barrish	Administrator	Administrative	10.000%	See Attachment	40	100.00%	Salary	\$ 107,503	17 - 1	1
2	Bryan Barrish	Shareholder	Administrative	16.370%	See Attachment	2.79	5.58%	Salary	13,929	17 - 7	2
3	Sarah Barrish	Relative	Administrative	0.0000%	See Attachment	3.48	6.97%	Salary	8,588	17 - 7	3
4	Kirsten Schloss	Shareholder	Administrative	1.000%	See Attachment	3.48	6.97%	Salary	6,652	6 - 7	4
5	Thomas Winter	Shareholder	Administrative	2.000%	See Attachment	4.18	6.97%	Salary	13,929	17 - 7	5
6	Thomas Bergthold	Relative	Administrative	0.000%	See Attachment	2.79	6.98%	Salary	41,728	17 - 7	6
7	Louise Bergthold	Shareholder	Administrative	2.000%	See Attachment	4.18	6.97%	Salary	13,929	17 - 7	7
8	Joey Abramchik	Shareholder	Administrative	2.000%	See Attachment	2.79	6.98%	Salary	13,929	17 - 7	8
9	Elka Abramchick	Relative	Administrative	0.000%	See Attachment	2.23	6.97%	Salary	3,190	17 - 7	9
10	Patricia McDiarmid	Relative	Administrative	0.000%	See Attachment	4.18	6.97%	Salary	11,595	17 - 7	10
11											11
12											12
13								TOTAL	\$ 234,972		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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Generations Oakton Pavilion # 0052910 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Generations Oakton Pavilion # 0052910 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization SIR Mgmt & 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	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	6	Maintenance	Patient Days	712,171	14	\$ 78,945	\$	49,599	\$ 5,498	1
2	9	Medical Director	Patient Days	712,171	14	15,000		49,599	1,045	2
3	10	Nursing	Patient Days	712,171	14	494,227	494,227	49,599	34,420	3
4	15	Emp. Ben. - Health Care	Patient Days	712,171	14	65,558		49,599	4,566	4
5	17	Administrative	Patient Days	712,171	14	339,874	339,874	49,599	23,670	5
6	19	Professional Fees	Patient Days	712,171	14	59,533		49,599	4,146	6
7	20	Dues, Fees, and Subscriptions	Patient Days	712,171	14	24,522		49,599	1,708	7
8	21	Office and Clerical	Patient Days	712,171	14	1,731,089	1,318,665	49,599	120,561	8
9	24	Education and Seminar	Patient Days	712,171	14	7,033		49,599	490	9
10	25	Other Admin. Staff Transp.	Patient Days	712,171	14	103,561		49,599	7,212	10
11	26	Insurance	Patient Days	712,171	14	25,150		49,599	1,752	11
12	27	Emp. Ben. - Gen. Admin.	Patient Days	712,171	14	174,591		49,599	12,159	12
13	32	Interest	Patient Days	712,171	14	(58,326)		49,599	(4,062)	13
14	35	Rental - Auto	Patient Days	712,171	14	64,663		49,599	4,503	14
15	35	Rental - Equipment	Patient Days	712,171	14	11,842		49,599	825	15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 3,137,262	\$ 2,152,766		\$ 218,493	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Generations Oakton Pavilion# 0052910

Report Period Beginning:

01/01/16Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

SIR Mgmt & 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	1	Dietary	Patient Days	712,171	14	\$ 97,898	\$ 97,898	49,599	\$ 6,818	1
2	7	Emp. Ben. - Gen. Services	Patient Days	712,171	14	17,139		49,599	1,194	2
3	10	Nursing	Patient Days	712,171	14	106,059	106,059	49,599	7,386	3
4	15	Emp. Ben. - Health Care	Patient Days	712,171	14	18,488		49,599	1,288	4
5	17	Administration	Patient Days	712,171	14	1,237,797	1,115,138	49,599	86,206	5
6	19	Professional Fees	Patient Days	712,171	14	200,000		49,599	13,929	6
7	27	Emp. Ben. - Gen. Admin.	Patient Days	712,171	14	303,056		49,599	21,106	7
8										8
9	10A	Rehab	Special Rehab	322,920	13	166,688	166,688	18,720	9,663	9
10	15	Emp. Ben. - Health Care	Special Rehab	322,920	13	29,469		18,720	1,708	10
11										11
12	6	Maintenance	Maintenance	335,151	14	446,742	446,742	29,471	39,284	12
13	7	Emp. Ben. - Gen. Services	Maintenance	335,151	14	79,358		29,471	6,978	13
14										14
15	5	Utilities	Alloc. Square Feet	12,878	14	28,358		897	1,975	15
16	6	Maintenance	Alloc. Square Feet	12,878	14	11,129		897	775	16
17	19	Professional Fees	Alloc. Square Feet	12,878	14	7,038		897	490	17
18	21	Office and Clerical	Alloc. Square Feet	12,878	14	1,812		897	126	18
19	26	Insurance	Alloc. Square Feet	12,878	14	2,507		897	175	19
20	30	Depreciation	Alloc. Square Feet	12,878	14	89,214		897	6,214	20
21	32	Interst	Alloc. Square Feet	12,878	14	85,804		897	5,977	21
22	33	Real Estate Taxes	Alloc. Square Feet	12,878	14	106,445		897	7,414	22
23										23
24										24
25	TOTALS					\$ 3,035,001	\$ 1,932,525		\$ 218,706	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Generations Oakton Pavilion # 0052910 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization 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	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost, Square Feet)	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference				Allocated Among	Allocated	in Column 6			
1	1	Dietary	Direct Allocation			\$	\$		3,164	1
2	3	Housekeeping	Direct Allocation						44,287	2
3	4	Laundry	Direct Allocation						10,401	3
4	6	Maintenance	Direct Allocation						2,431	4
5	10	Nursing	Direct Allocation						120,462	5
6	10A	Rehab	Direct Allocation						509	6
7	22	Employee Benefits	Direct Allocation						638	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					\$	\$		181,892	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Generations Oakton Pavilion # 0052910 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

- A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐
- B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization 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	Direct Allocation		\$	\$		\$ 50,410	1
	2	21	Office and Clerical	Direct Allocation					1,059	2
	3	22	Employee Benefits	Direct Allocation					1,624	3
	4	39	Ancillary	Direct Allocation					120,019	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				\$	\$		\$ 173,112	25

SEE ACCOUNTANTS' PREPARATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Lake Forest Bank & Trust		X	Mortgage		09/02/14	\$ 15,000,000	\$ 14,817,832	09/02/18	4.2000%	\$ 842,872	1	
2	Oakton Pavilion, Inc.	X		Mortgage		09/02/14	2,400,000	2,400,000		4.0000%	120,000	2	
3	Lake Forest Bank & Trust		X	Notes Payable				262,500			16,834	3	
4	1st Source		X	Notes Payable - Vehicle				59,754			902	4	
5												5	
	Working Capital												
6	Lake Forest Bank & Trust		X	Line of Credit				250,000			5,626	6	
7	Member	X									40,000	7	
8												8	
9	TOTAL Facility Related						\$ 17,400,000	\$ 17,790,086			\$ 1,026,234	9	
	B. Non-Facility Related*												
10	Alloc. - SIR / Generations	X									1,915	10	
11												11	
12												12	
13	Interest Income										(4,972)	13	
14	TOTAL Non-Facility Related						\$	\$			\$ (3,057)	14	
15	TOTALS (line 9+line14)						\$ 17,400,000	\$ 17,790,086			\$ 1,023,177	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 0 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.) SEE ACCOUNTANTS' PREPARATION REPORT

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

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2015 report.			Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	478,600	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.)					\$	473,059	2
3. Under or (over) accrual (line 2 minus line 1).					\$	(5,541)	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)					\$	489,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)					\$	15,000	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.					\$	498,459	7
Real Estate Tax History:							
Real Estate Tax Bill for Calendar Year:		2011	405,727	8	FOR BHF USE ONLY		
		2012	383,121	9			
		2013	444,478	10	13	FROM R. E. TAX STATEMENT FOR 2015	13
		2014	455,827	11			
		2015	465,645	12	14	PLUS APPEAL COST FROM LINE 5	14
Real Estate Tax Accrual = \$465,645 * 1.05 = \$489,000					15	LESS REFUND FROM LINE 6	15
Alloc. SIR Mgmt / Generations HCN = \$7,414					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.

SEE ACCOUNTANTS' PREPARATION REPORT

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME	<u>Generations Oakton Pavilion</u>	COUNTY	<u>Cook</u>
---------------	------------------------------------	--------	-------------

FACILITY IDPH LICENSE NUMBER 0052910

CONTACT PERSON REGARDING THIS REPORT Edward N. Slack, CPA

TELEPHONE (847) 628 - 8796 FAX #: (248) 327 - 8417

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. 09-29-106-006-000	Long Term Care Facility	\$ 465,645.12	\$ 465,645.12
2. Alloc. - SIR / Generations	Long Term Care Facility	\$ 96,859.26	\$ 6,746.60
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 562,504.38	\$ 472,391.72

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 92,000

B. General Construction Type: Exterior Brick Frame Steel

Number of Stories 4

C. Does the Operating Entity?

☐ (a) Own the Facility

☒ (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?

☒ (a) Own the Equipment

☒ (b) Rent equipment from a Related Organization.

☐ (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).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☒ 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	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility	74,998	1975	\$ 200,000	1
2					2
3	TOTALS	74,998		\$ 200,000	3

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Generations Oakton Pavilion

0052910

Report Period Beginning:

01/01/16

Ending:

12/31/16

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	294		1980	1980	\$ 4,171,968	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1981	955						9
10	Various			1983	30,266						10
11	Various			1985	10,972						11
12	Various			1986	6,905						12
13	Various			1987	24,076						13
14	Various			1988	12,905						14
15	Various			1989	7,282						15
16	Various			1990	3,609						16
17	Various			1991	41,760						17
18	Various			1992	4,590						18
19	Various			2001	277,723						19
20	Various			2003	18,438						20
21	Various			2004	41,892						21
22	Various			2005	122,248						22
23	Various			2006	11,911						23
24	Various			2006	244,384						24
25	Various			2007	46,834						25
26	Various			2009	19,153						26
27	Various			2010	73,193						27
28	Various			2011	1,659,265						28
29	Various			2012	52,263						29
30	Carpentry, Tiling, Ceiling, Plumbing, Electrical Work - 1-3 Flrs			2013							30
31	Generator Diesel Reserve Tank			2013	12,740						31
32	Valve For Heat Handler System			2013	6,729						32
33	Wander System for Dementia Parier			2013	9,481						33
34	Circuit Breaker for Electrical Room			2013	5,675						34
35	Fire Alarm System			2013	118,703						35
36	Tubes for Boilers			2013	20,852						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

SEE ACCOUNTANTS' PREPARATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Metal Roof in Ramp Area	2013	\$ 1,393	\$		\$	\$	\$	37
38	Miracle Plumbing - Recirculating Pump	2013	3,700						38
39	Albright - Rebuild Sewer	2014	3,510						39
40	Edwards Engineering - Evaporator Coil	2014	3,575						40
41	Edwards Engineering - Walk In Cooler Compressor	2014	3,450						41
42	Grainger - Sewer and Effluent Pumps	2014	3,477						42
43	Holland Electric - Magnetic Egress Locks / Keypads (Ext Doors)	2014	10,998						43
44	Lionheart Critical Power - Automatic Transfer Switches	2014	10,857						44
45	Pegasus Custom Furniture - Custom Cabinets (Hallways)	2014	3,700						45
46	Snapse Networks - Wireless System Installation	2014	15,425						46
47	Holland Electric - Nurse Call System (1st Floor)	2015	10,870						47
48	Julio Vargas Installation - Irrigation System	2015	5,250						48
49	North Shore Gardens - Landscaping	2015	45,791						49
50	John William Interiors - Carpeting (Room 205 and 218)	2015	3,917						50
51	Holland Electric / MBS - Security System and Cameras	2015	4,576						51
52	Nova Fire Protection - FD Connection Check Valve Repair	2015	4,349						52
53	Pegasus Custom Furniture - Custom Cabinets (Hallways)	2015	6,000						53
54	Sherwin Williams - Room Painting (Capitalized R & M)	2015	3,630						54
55	Hayes Mechanical - Boiler Installation	2016	4,496						55
56	Fox Valley Fire - Backflow Assembly / Kitchen Steamer	2016	6,998						56
57	John William Interiors - Window Treatments	2016	2,587						57
58	Edmonds, Inc. - Exterior and Rooftop Signage	2016	18,501						58
59	Edmonds, Inc. - Exterior and Rooftop Signage ***	2016	1,729						59
60	Rapco - Parking Lot Asphalt Work	2016	9,450						60
61	Digangi Plumbing - Hot Water Heater ***	2016	17,150						61
62	Miracle Plumbing - Replace Kitchen Pipes ***	2016	5,700						62
63	Fox Valley Fire - Backflow Assembly ***	2016	7,275						63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,275,126	\$		\$	\$	\$	70

SEE ACCOUNTANTS' PREPARATION REPORT

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

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		\$ 7,275,126	\$		\$	\$	\$	1
2									2
3	Generations Health Care Property of Des Plaines, LLC								3
4	Fine Line - Exterior Tuckpointing	2015	71,300						4
5	HD Supply - Panic Hardware on Stairwells	2015	26,966						5
6	Landmark Construction - 1st Floor Renovation Project	2016	1,184,390						6
7	Legat Architects - 1st Floor Renovation Project	2016	111,006						7
8	John Williams Interiors - Window Treatments (Roller Shades)	2016	5,870						8
9	Prints Unlimited - Art Wallwork	2016	5,969						9
10	Prints Unlimited - Art Wallwork ***	2016	3,203						10
11	John Williams Interiors - Window Treatments (Roller Shades) ***	2016	3,245						11
12	Pegasus Custom Furniture- Therapy Room Built in Cabinets ***	2016	6,000						12
13	Pegasus Custom Furniture- Resident Room Built in Cabinets ***	2016	54,730						13
14	Holland Electric - Wiring Outlets ***	2016	8,602						14
15	Legat Architects - 1st Floor Renovation Project ***	2016	(45,243)						15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32	*** - Amount not captured on 06/30/16 Medicaid Capital Report								32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,711,164	\$		\$	\$	\$	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,711,164	\$		\$	\$	\$	1
2									2
3	SIR Mgmt / Generations HC Network, LLC								3
4									4
5	Various	1993	7,994						5
6	Various	1994	25						6
7	Various	1995	183						7
8	Various	1997	12,283						8
9	Various	1999	966						9
10	Various	1999							10
11	Various	2000	1,140						11
12	Various	2007	3,664						12
13	Various	2008	10,097						13
14	Various	2009	25,090						14
15	Various	2009	34,827						15
16	Various	2011	621						16
17	Various	2012	1,986						17
18	Various	2014	279						18
19	Various	2016	362						19
20									20
21	SIR Mgmt / Generations HC Network, LLC								21
22									22
23	Various	1993	31,530						23
24	Various	1993	511						24
25	Various	1994	300						25
26	Various	1997	119						26
27	Various	1998	1,909						27
28	Various	1999	3,995						28
29	Various	2002	125						29
30	Various	2007	552						30
31	Various	2009	1,893						31
32	Various	2010	1,903						32
33	Various	2012	1,931						33
34	TOTAL (lines 1 thru 33)		\$ 8,855,449	\$		\$	\$	\$	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12C, Carried Forward		\$ 8,855,449	\$		\$	\$	\$	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30 FS Depreciation - Generations HCN of Oakton Pavilion, LLC			21,108		21,108		35,120	30
31 FS Depreciation - Generations HC Properties of Des Plaines, LLC			741,798		741,798		1,693,069	31
32 FS Depreciation = SIR Managent / Generations HCN, LLC			6,214		6,214		154,006	32
33								33
34 TOTAL (lines 1 thru 33)		\$ 8,855,449	\$ 769,120		\$ 769,120	\$	\$ 1,882,195	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

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	\$260,962	\$	\$	\$		\$	71
72	Current Year Purchases	121,125						72
73	Fully Depreciated Assets							73
74	Alloc - SIR / Generations	94,253						74
75	TOTALS	\$476,340	\$	\$	\$		\$	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	16 Ford Transit Bus	2016	\$61,897	\$	\$	\$		\$	76
77	Alloc. - SIR / Generations			2,449						77
78										78
79										79
80	TOTALS			\$64,346	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1	2	
	Reference	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)	\$9,596,135	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$769,120	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$769,120	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$1,882,195	85

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

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

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

		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	See Suppl				0			5
6								6
7	TOTAL				\$			7

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.	<u> </u> /2017	\$ <u> </u>
13.	<u> </u> /2018	\$ <u> </u>
14.	<u> </u> /2019	\$ <u> </u>

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: *

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: \$ 5,772 Description: See Supplemental Schedule
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Alloc -SIR/Generations		\$	\$ 4,503	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 4,503	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.

SEE ACCOUNTANTS' PREPARATION REPORT

Generations Oakton Pavilion
Medicaid Cost Report
01/01/16 - 12/31/16

Page 14 Supplemental Schedule

Description		Amount		Total
Building Rental				
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
		-		
Total		-		-
Equipment Rental				
Toshiba - Copier		4,381		4,381
De Lage - Copier		566		566
				-
				-
Alloc. - SIR Mgmt / Generations		825		825
				-
				-
				-
				-
				-
				-
				-
				-
				-
Total		5,772		5,772

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

☒ 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

C. CONTRACTUAL INCOME

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)	\$			

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.

SEE ACCOUNTANTS' PREPARATION REPORT

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

		1	2		3	4	5	6	7	8			
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)				
			Units of Service	Cost	Units	Cost							
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	196,330	\$		\$	196,330	1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				89,034				89,034	2	
3	Licensed Recreational Therapist		hrs									3	
4	Licensed Physical Therapist	39 - 03	hrs				220,365				220,365	4	
5	Physician Care		visits									5	
6	Dental Care		visits									6	
7	Work Related Program		hrs									7	
8	Habilitation		hrs									8	
9	Pharmacy	39 - 02	# of prescrpts					133,025			133,025	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10	
	Academic Education		hrs									11	
12	Other (specify): See Supplemental	39 - 02						0				12	
13	Other (specify): See Supplemental	39 - 03					8,179				8,179	13	
14	TOTAL				\$		\$	513,908	\$	133,025	\$	646,933	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.

SEE ACCOUNTANTS' PREPARATION REPORT

**Generations Oakton Pavilion
Medicaid Cost Report
01/01/16 - 12/31/16**

Page 16 Supplemental Schedule

[illegible]

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 3,924	\$ 245,367	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,739,463	1,739,463	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	57,653	63,635	6
7	Other Prepaid Expenses	4,142	149,442	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Supplemental Schedule			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,805,182	\$ 2,197,907	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		700,000	13
14	Buildings, at Historical Cost		15,899,064	14
15	Leasehold Improvements, at Historical Cost	187,963	1,829,191	15
16	Equipment, at Historical Cost	199,478	3,247,659	16
17	Accumulated Depreciation (book methods)	(35,120)	(1,728,189)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Supplemental Schedule	1,510,972	4,918,710	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,863,293	\$ 24,866,435	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,668,475	\$ 27,064,342	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,132,146	\$ 1,153,736	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	250,000	250,000	29
30	Accrued Salaries Payable	303,590	303,590	30
31	Accrued Taxes Payable (excluding real estate taxes)	15,768	15,768	31
32	Accrued Real Estate Taxes(Sch.IX-B)		489,000	32
33	Accrued Interest Payable		60,034	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	3,000	3,000	35
	Other Current Liabilities(specify):			
36	See Supplemental Schedule		6,706,903	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,704,504	\$ 8,982,031	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	322,254		39
40	Mortgage Payable		14,817,832	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Supplemental Schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 322,254	\$ 14,817,832	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,026,758	\$ 23,799,863	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,641,717	\$ 3,264,479	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,668,475	\$ 27,064,342	48

SEE ACCOUNTANTS' PREPARATION REPORT

*(See instructions.)

Generations Oakton Pavilion
Medicaid Cost Report
01/01/16 - 12/31/16

Page 17 Supplemental Schedule

Description		Operating		Building		Total
Line 9 - Other Current Assets						
						-
						-
						-
						-
						-
Sub-Total		-		-		-
Line 23 - Long Term Assets						
Due from GHC Property of Des Plaines		1,510,972		(1,510,972)		-
Loan Fees (Net of Amortization)				11,301		11,301
Transfer Fees (Net of Amortization)				19,389		19,389
Arms - Consolidated Assets				4,888,020		4,888,020
						-
Sub-Total		1,510,972		3,407,738		4,918,710
Line 36 - Other Current Liability						
Shareholder Loans				2,400,000		2,400,000
Arms - Consolidated Liabilities				4,306,903		4,306,903
						-
						-
						-
Sub-Total		-		6,706,903		6,706,903
Line 43 - Long term Liabilities						
						-
						-
						-
						-
						-
Sub-Total		-		-		-

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,153,850	1
2	Restatements (describe):		2
3	Rounding	(1)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,153,849	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	104,368	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	383,500	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)	\$ 487,868	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)	\$ 1,641,717	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Generations Oakton Pavilion

0052910

Report Period Beginning:

01/01/16

Ending:

12/31/16

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

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 10,635,311	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,635,311	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	178,700	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 178,700	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	32,784	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	16,322	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 49,106	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	4,972	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,972	26
	E. Other Revenue (specify).****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	950	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 950	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,869,039	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,673,859	31
32	Health Care	3,720,700	32
33	General Administration	2,113,551	33
	B. Capital Expense		
34	Ownership	2,041,417	34
	C. Ancillary Expense		
35	Special Cost Centers	778,966	35
36	Provider Participation Fee	436,178	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,764,671	40
41	Income before Income Taxes (line 30 minus line 40)**	104,368	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 104,368	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 2,144,926	44
45	Private Pay - Net Inpatient Revenue	1,894,770	45
46	Medicare - Net Inpatient Revenue	2,278,066	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	3,416,956	47
48	Other-(specify) <u>Veterans and Hospice - Net Inpatient Revenue</u>	900,593	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,635,311	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Final 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.

SEE ACCOUNTANTS' PREPARATION REPORT

**Generations Oakton Pavilion
Medicaid Cost Report
01/01/16 - 12/31/16**

Page 19 Supplemental Schedule

[illegible]

Facility Name & ID Number Generations Oakton Pavilion# 0052910

Report Period Beginning:

01/01/16

Ending:

12/31/16

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,985	2,091	\$ 93,405	\$ 44.67	1
2	Assistant Director of Nursing	1,891	2,043	74,175	36.31	2
3	Registered Nurses	27,329	29,618	872,752	29.47	3
4	Licensed Practical Nurses	17,578	18,587	481,515	25.91	4
5	CNAs & Orderlies	84,914	89,412	1,111,389	12.43	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,219	6,687	125,909	18.83	8
9	Activity Director					9
10	Activity Assistants	15,634	16,258	179,812	11.06	10
11	Social Service Workers	3,566	3,792	54,996	14.50	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	26,423	27,787	346,249	12.46	15
16	Dishwashers					16
17	Maintenance Workers	6,364	6,851	98,258	14.34	17
18	Housekeepers	18,789	19,808	196,221	9.91	18
19	Laundry	10,094	10,870	100,412	9.24	19
20	Administrator	1,963	2,091	107,503	51.41	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,664	11,372	191,966	16.88	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					31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	7,807	8,431	268,511	31.85	33
34	TOTAL (lines 1 - 33)	241,220	255,698	\$ 4,303,073 *	\$ 16.83	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$ 9,744	01 - 03	35
36	Medical Director		35,396	09 - 03	36
37	Medical Records Consultant		4,775	10 - 03	37
38	Nurse Consultant				38
39	Pharmacist Consultant		3,024	10 - 03	39
40	Physical Therapy Consultant		777	10A - 03	40
41	Occupational Therapy Consultant		792	10A - 03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant		1,408	10A - 03	43
44	Activity Consultant		2,640	11 - 03	44
45	Social Service Consultant		898	12 - 03	45
46	Other(specify)				46
47	<u>See Supplemental Schedule</u>		120,494		47
48					48
49	TOTAL (lines 35 - 48)		\$ 179,948		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	923	\$ 55,696	10 - 03	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	4,386	102,776	10 - 03	52
53	TOTAL (lines 50 - 52)	5,308	\$ 158,471		53

SEE ACCOUNTANTS' PREPARATION REPORT

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

** See instructions.

Generations Oakton Pavilion
Medicaid Cost Report
01/01/16 - 12/31/16

Page 20 Supplemental Schedule

Description	CC Reference	Hours Worked	Hours Paid	Salary	Average Rate	Hours Paid	Contracted Cost
Nursing Home Employees							
MDS Coordinator / Medical Records	10	5,807	6,351	176,258	27.75		
Marketing	43	2,000	2,080	92,253	44.35		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
Total		7,807	8,431	268,511	31.85		

Contracted Services							
Clergy	12						17,534
SIR Mgmt / Generationa HCN							
Dietary Consultant	01						23,400
Nurse Consultant	10						60,840
Rehab Consultant	10A						18,720
Total						-	120,494

XIX. SUPPORT SCHEDULES								
A. Administrative Salaries		Ownership	Amount	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%		Description	Amount		Description	Amount
Burton Barrish	Administrator	10.00%	\$ 107,503	Workers' Compensation Insurance	\$	61,098	IDPH License Fee	\$ 1,992
				Unemployment Compensation Insurance		30,641	Advertising: Employee Recruitment	3,204
				FICA Taxes		318,814	Health Care Worker Background Check	3,895
				Employee Health Insurance		94,207	(Indicate # of checks performed)	
				Employee Meals			Patient Background Checks	
				Illinois Municipal Retirement Fund (IMRF)*			Dues and Subscriptions	5,526
				401K Matching Contributions		3,131	Licenses and Permits	11,411
				Life Insurance		814	Advertising and Promotion	69,066
				Other Employee Benefits		20,127	Alloc. - SIR Mgmt / Generations HCN	1,708
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 107,503					
(List each licensed administrator separately.)								
B. Administrative - Other								
Description			Amount					
Generations HCN	Management Fees		\$ 372,476				Less: Public Relations Expense	()
							Non-allowable advertising	()
							Yellow page advertising	(69,066)
				TOTAL (agree to Schedule V,	\$	528,832	TOTAL (agree to Sch. V,	\$ 27,736
				line 22, col.8)			line 20, col. 8)	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 372,476	E. Schedule of Non-Cash Compensation Paid			G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)				to Owners or Employees				
C. Professional Services			Amount	Description	Line #	Amount	Description	Amount
Vendor/Payee	Type							
SIR Mgmt / Generations HCN	Bookkeeping Services	\$	102,720				Out-of-State Travel	\$
SIR Mgmt / Generations HCN	Administrative Services		56,160					
SIR Mgmt / Generations HCN	Financial Services		39,600					
SIR Mgmt / Generations HCN	Reimbursement		28,080				In-State Travel	
SIR Mgmt / Generations HCN	Regulatory Services		28,080					
SIR Mgmt / Generations HCN	Computer Support Charges		25,740					
SIR Mgmt / Generations HCN	IT Services		11,700					
SIR Mgmt / Generations HCN	Ancillary Admin Charges		46,800				Seminar Expense	3,712
Plante & Moran, PLLC	Accounting		20,275				Alloc. - SIR Mgmt / Generations HCN	490
Marcum, LLP	Accounting		1,705					
Paychex	Payroll Service		12,894					
See Supplemental			48,649				Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)			\$ 422,403	TOTAL		\$	(agree to Sch. V,	
(For legal fee disclosure, see page 39 of instructions)							line 24, col. 8)	\$ 4,202

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' PREPARATION REPORT

**See instructions.

**Generations Oakton Pavilion
Medicaid Cost Report
01/01/16 - 12/31/16**

Page 21 Supplemental Schedule - Other Professional Fees[illegible]

**Generations Oakton Pavilion
Medicaid Cost Report
01/01/16 - 12/31/16**

Page 21 Supplemental Schedule - Legal Invoice Detail

Vendor	Service Description	Invoice Date		Amount	Non-Allowable	Allowable
Lawrence Schwartz	General Corporate	03/28/16		880		880
Burke, Warren, MacKay, & Serritella PC	General Corporate	04/19/16		414		414
Lawrence Schwartz	General Corporate	06/14/16		120		120
Lawrence Schwartz	General Corporate	09/14/16		224		224
Thompson Coburn	Real Estate Tax Assessment - 2016	10/05/16		15,000		15,000
Lawrence Schwartz	General Corporate	12/12/16		68		68
Neal, Gerber, Eisenberg	General LabOr and Employment	12/12/16		98		98
						-
						-
						-
						-
						-
						-
						-
						-
						-
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						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
Total				16,804	-	16,804

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?

No

If YES, have these costs been properly adjusted out of the cost report?

N/A

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

No

If YES, what is the capacity?

N/A

(5) Have you properly capitalized all major repairs and equipment purchases?

Yes

What was the average life used for new equipment added during this period?

5 - 10 Yrs

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$57,917

Line10 - 02

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.

N/A

(9) Are you presently operating under a sublease agreement?

YESXNO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YESNOX

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.

\$436,178

This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

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

Yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$0

Has any meal income been offset against related costs?

Yes

Indicate the amount. \$32,784

(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?

Ln 14

d. Have vehicle usage logs been maintained?

Yes

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

Yes

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

Yes

g. Does the facility transport residents to and from day training?

No

Indicate the amount of income earned from providing such transportation during this reporting period. \$N/A

(17) Has an audit been performed by an independent certified public accounting firm?

No

Firm Name:

N/A

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

Yes

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details.

Yes

Attach invoices and a summary of services for all architect and appraisal fees

SEE ACCOUNTANTS' PREPARATION REPORT

HFS 3745 (N-4-99)

IL478-2471