

		FOR BHF USE					

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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: <u>0052910</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																																																	
Facility Name: <u>Generations Oakton Pavillion</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/20</u> to <u>12/31/20</u> 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.																																																	
Address: <u>1660 Oakton Place</u> <u>Des Plaines</u> <u>60018</u> Number City Zip Code																																																			
County: <u>Cook</u>																																																			
Telephone Number: <u>(847) 299-5588</u> Fax # <u>(847) 493-6525</u>																																																			
HFS ID Number: _____																																																			
Date of Initial License for Current Owners: <u>9/1/2014</u>		Officer or Administrator of Provider (Signed) _____ (Date) _____ (Type or Print Name) _____ (Title) _____																																																	
Type of Ownership:																																																			
<table><tr><td>☐</td><td>VOLUNTARY, NON-PROFIT</td><td>☒</td><td>PROPRIETARY</td><td>☐</td><td>GOVERNMENTAL</td></tr><tr><td>☐</td><td>Charitable Corp.</td><td>☐</td><td>Individual</td><td>☐</td><td>State</td></tr><tr><td>☐</td><td>Trust</td><td>☐</td><td>Partnership</td><td>☐</td><td>County</td></tr><tr><td colspan="2">IRS Exemption Code _____</td><td>☐</td><td>Corporation</td><td>☐</td><td>Other _____</td></tr><tr><td></td><td></td><td>☒</td><td>"Sub-S" Corp.</td><td></td><td>_____</td></tr><tr><td></td><td></td><td>☐</td><td>Limited Liability Co.</td><td></td><td>_____</td></tr><tr><td></td><td></td><td>☐</td><td>Trust</td><td></td><td></td></tr><tr><td></td><td></td><td>☐</td><td>Other</td><td></td><td>_____</td></tr></table>		☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL	☐	Charitable Corp.	☐	Individual	☐	State	☐	Trust	☐	Partnership	☐	County	IRS Exemption Code _____		☐	Corporation	☐	Other _____			☒	"Sub-S" Corp.		_____			☐	Limited Liability Co.		_____			☐	Trust					☐	Other		_____	Paid Preparer (Signed) _____ (Date) _____ (Print Name and Title) <u>Denise A. Leonard, CPA</u> <u>Partner</u> (Firm Name & Address) <u>Plante & Moran, PLLC</u> <u>1111 Superior Ave, Suite 1250 Cleveland, OH 44114</u> (Telephone) <u>(216) 274-6514</u> Fax # <u>(248) 233-7349</u>	
☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL																																														
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		☐	Trust																																																
		☐	Other		_____																																														
In the event there are further questions about this report, please contact: Name: <u>Denise A. Leonard, CPA</u> Telephone Number: <u>(216) 274-6514</u> Email Address: _____		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																																																	

#	0052910	Report Period Beginning:	01/01/20	Ending:	12/31/20
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D. How many bed reserve days during this year were paid by the Department?

None (Do not include bed reserve days in Section B.)

N/A

None

Yes

YES ☐ NO ☒

YES ☐ NO ☒

Date started 01/20/1980

YES ☒ Date 01/20/1980 NO ☐

YES ☒ NO ☐ If YES, enter number

of beds certified **275** **and days of care provided** **3,704**

IV. ACCOUNTING BASIS

MODIFIED

ACCRUAL	☒	CASH*	☐	CASH*	☐
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Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/20 **Fiscal Year:** 12/31/20

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

	1 Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	18,728	6,883	10,423	36,034	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	18,728	6,883	10,423	36,034	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) **33.49%**

Facility Name & ID Number Generations Oakton Pavillion # 0052910 Report Period Beginning: 01/01/20 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 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	424,227	48,912	8,640	481,779		481,779	4,130	485,909			1
2	Food Purchase		296,344		296,344		296,344	(2,030)	294,314			2
3	Housekeeping	269,596		33,841	303,437		303,437	(3,745)	299,692			3
4	Laundry	117,178		26,211	143,389		143,389	(37)	143,352			4
5	Heat and Other Utilities			209,514	209,514		209,514	(16,626)	192,888			5
6	Maintenance	113,747	144,585		258,332		258,332	4,112	262,444			6
7	Other (specify):*			27,209	27,209		27,209	2,099	29,308			7
8	TOTAL General Services	924,748	489,841	305,415	1,720,004		1,720,004	(12,097)	1,707,907			8
	B. Health Care and Programs											
9	Medical Director			35,004	35,004		35,004	(14,000)	21,004			9
10	Nursing and Medical Records	3,476,483	83,098	222,266	3,781,847		3,781,847	30,830	3,812,677			10
10a	Therapy			621,736	621,736		621,736		621,736			10a
11	Activities	182,289	8,189	5,330	195,808		195,808		195,808			11
12	Social Services	113,197		4,172	117,369		117,369		117,369			12
13	CNA Training											13
14	Program Transportation			5,029	5,029		5,029		5,029			14
15	Other (specify):*							8,852	8,852			15
16	TOTAL Health Care and Programs	3,771,969	91,287	893,537	4,756,793		4,756,793	25,682	4,782,475			16
	C. General Administration											
17	Administrative	117,222			117,222		117,222	105,709	222,931			17
18	Directors Fees											18
19	Professional Services			200,837	200,837		200,837	(82,640)	118,197			19
20	Dues, Fees, Subscriptions & Promotions			30,373	30,373		30,373	2,134	32,507			20
21	Clerical & General Office Expenses	111,581	52,666	31,036	195,283		195,283	171,096	366,379			21
22	Employee Benefits & Payroll Taxes			717,243	717,243		717,243	(273)	716,970			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,391	1,391		1,391	272	1,663			24
25	Other Admin. Staff Transportation							4,882	4,882			25
26	Insurance-Prop.Liab.Malpractice			308,363	308,363		308,363	28,537	336,900			26
27	Other (specify):*			35,074	35,074		35,074	2,054	37,128			27
28	TOTAL General Administration	228,803	52,666	1,324,317	1,605,786		1,605,786	231,771	1,837,557			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,925,520	633,794	2,523,269	8,082,583		8,082,583	245,356	8,327,939			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.

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			53,451	53,451		53,451	467,399	520,850			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			79,557	79,557		79,557	840,972	920,529			32
33	Real Estate Taxes			444,000	444,000		444,000	(45,733)	398,267			33
34	Rent-Facility & Grounds			1,668,000	1,668,000		1,668,000	(1,668,000)				34
35	Rent-Equipment & Vehicles			5,210	5,210		5,210	5,727	10,937			35
36	Other (specify):*			4,222	4,222		4,222	(4,222)				36
37	TOTAL Ownership			2,254,440	2,254,440		2,254,440	(403,857)	1,850,583			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	130,209	134,334	281,864	546,407		546,407	(100,660)	445,747			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			364,418	364,418		364,418		364,418			42
43	Other (specify):*			10,336	10,336		10,336	(10,336)				43
44	TOTAL Special Cost Centers	130,209	134,334	656,618	921,161		921,161	(110,996)	810,165			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,055,729	768,128	5,434,327	11,258,184		11,258,184	(269,497)	10,988,687			45

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(17,835)	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	(291,656)	30		9
10	Interest and Other Investment Income	(7,730)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,222)	36		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(35,074)	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	(394,721)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (751,238)		\$	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)	481,691		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 481,691		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (269,547)		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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Legal Collections Expense	\$ (7,400)	19	1
2	Bank Fees	(11,691)	21	2
3	Credit Card Fees	(389)	21	3
4	Theft & Damage Loss	(323)	21	4
5	Non-Allowable Interest	(42,500)	32	5
6	Jury Duty Income	(17)	10	6
7	Advisory Board Income- Prior Year	(14,000)	09	7
8	Capitalized R&M	(8,014)	06	8
9	Building Company- Non Allowable Interest	(201,000)	32	9
10	Building Company- Fees	(62)	20	10
11	Building Company Amortization	(1,666)	31	11
12	Building Company Professional Fees	(2,400)	19	12
13	Veterans Pharmacy & Infusion Expense	(81,865)	39	13
14	Other Veterans Expenses- Lab/X-Ray	(10,336)	43	14
15	Non-Allowable Legal Expense	(10,002)	19	15
16	Public Relations Expense	(1,489)	19	16
17	Communications Expense	(2,960)	19	17
18	Additional R&M	1,393	06	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	(394,721)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Generations Oakton Pavillion# 0052910

Report Period Beginning:

01/01/20

Ending:

12/31/20

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	4,496	0	(366)	0	0	0	0	0	4,130	1
2	Food Purchase	0	0	(2,030)	0	0	0	0	0	0	0	0	(2,030)	2
3	Housekeeping	0	0	0	0	0	(3,745)	0	0	0	0	0	(3,745)	3
4	Laundry	0	0	0	0	0	(37)	0	0	0	0	0	(37)	4
5	Heat and Other Utilities	(17,835)	0	0	1,209	0	0	0	0	0	0	0	(16,626)	5
6	Maintenance	(6,621)	0	9,886	1,104	0	(257)	0	0	0	0	0	4,112	6
7	Other (specify):*	0	0	1,246	853	0	0	0	0	0	0	0	2,099	7
8	TOTAL General Services	(24,456)	0	9,102	7,662	0	(4,405)	0	0	0	0	0	(12,097)	8
	B. Health Care and Programs													
9	Medical Director	(14,000)	0	0	0	0	0	0	0	0	0	0	(14,000)	9
10	Nursing and Medical Records	(17)	0	47,435	0	(1,776)	(14,812)	0	0	0	0	0	30,830	10
10a	Therapy	0	0	0	0	0	(50)	0	0	0	0	0	(50)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	8,852	0	0	0	0	0	0	0	0	8,852	15
16	TOTAL Health Care and Programs	(14,017)	0	56,287	0	(1,776)	(14,862)	0	0	0	0	0	25,632	16
	C. General Administration													
17	Administrative	0	0	15,051	90,658	0	0	0	0	0	0	0	105,709	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(24,251)	17,400	(85,131)	9,342	0	0	0	0	0	0	0	(82,640)	19
20	Fees, Subscriptions & Promotions	(62)	62	2,134	0	0	0	0	0	0	0	0	2,134	20
21	Clerical & General Office Expenses	(12,403)	0	183,472	76	(49)	0	0	0	0	0	0	171,096	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(273)	0	0	0	0	0	0	(273)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	272	0	0	0	0	0	0	0	0	272	24
25	Other Admin. Staff Transportation	0	0	4,882	0	0	0	0	0	0	0	0	4,882	25
26	Insurance-Prop.Liab.Malpractice	0	26,986	1,404	147	0	0	0	0	0	0	0	28,537	26
27	Other (specify):*	(35,074)	0	16,108	21,020	0	0	0	0	0	0	0	2,054	27
28	TOTAL General Administration	(71,790)	44,448	138,192	121,243	(322)	0	0	0	0	0	0	231,771	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(110,263)	44,448	203,581	128,905	(2,098)	(19,267)	0	0	0	0	0	245,306	29

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	
30	Depreciation	(291,656)	755,971	0	3,084	0	0	0	0	0	0	0	467,399	30
31	Amortization of Pre-Op. & Org.	(1,666)	1,666	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(251,230)	1,091,171	(1,206)	2,237	0	0	0	0	0	0	0	840,972	32
33	Real Estate Taxes	0	(51,095)	0	5,362	0	0	0	0	0	0	0	(45,733)	33
34	Rent-Facility & Grounds	0	(1,668,000)	0	0	0	0	0	0	0	0	0	(1,668,000)	34
35	Rent-Equipment & Vehicles	0	2,160	3,567	0	0	0	0	0	0	0	0	5,727	35
36	Other (specify):*	(4,222)	0	0	0	0	0	0	0	0	0	0	(4,222)	36
37	TOTAL Ownership	(548,774)	131,873	2,361	10,683	0	0	0	0	0	0	0	(403,857)	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	(81,865)	0	0	0	(18,795)	0	0	0	0	0	0	(100,660)	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):*	(10,336)	0	0	0	0	0	0	0	0	0	0	(10,336)	43
44	TOTAL Special Cost Centers	(92,201)	0	0	0	(18,795)	0	0	0	0	0	0	(110,996)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(751,238)	176,321	205,942	139,588	(20,893)	(19,267)	0	0	0	0	0	(269,547)	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.

1OWNERS		2RELATED NURSING HOMES		3OTHER 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.

1Schedule V		2Line	3Cost Per General LedgerItem	4Amount	5Cost to Related OrganizationName of Related Organization	6Percent of Ownership	7Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	\$ 1,668,000	Generations Health Care Property of Des Plaines, LLC	100.00%	\$	(1,668,000)	1
2	V	33	Real Estate Taxes	444,000	Generations Health Care Property of Des Plaines, LLC	100.00%	392,905	(51,095)	2
3	V	32	Interest Expense		Generations Health Care Property of Des Plaines, LLC	100.00%	1,091,171	1,091,171	3
4	V	19	Professional Fees		Generations Health Care Property of Des Plaines, LLC	100.00%	17,400	17,400	4
5	V	26	Insurance		Generations Health Care Property of Des Plaines, LLC	100.00%	26,986	26,986	5
6	V	20	Fees		Generations Health Care Property of Des Plaines, LLC	100.00%	62	62	6
7	V	31	Amortization		Generations Health Care Property of Des Plaines, LLC	100.00%	1,666	1,666	7
8	V	30	Depreciation		Generations Health Care Property of Des Plaines, LLC	100.00%	755,971	755,971	8
9	V	35	Equipment Rental		Generations Health Care Property of Des Plaines, LLC	100.00%	2,160	2,160	9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 2,112,000			\$ 2,288,321	\$ * 176,321	14

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

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	David & Renee Kozin JTWROS	18.56%	Albany Care, Inc.	Evanston, IL	Generations HC Despla	Des Plaines	Bldg. Company	1
2	Juliana R Barrish Trust Dated 9/1/04	14.08%	Generations at Applewood, LLC	Matteson, IL	Generations Prop.	Lincolnwood, IL	Bldg. Company	2
3	Barrish Group Limited Partnership	16.43%	Auburn Village	Auburn, IN	Generations HC			3
4	Ralph Gesualdo	8.22%	Bryan Mawr Care, Inc.	Chicago, IL	Transitions	Lincolnwood, IL	Mgmt. Company	4
5	Ralph Gesualdo Childrens Trust	8.22%	Decatur Manor Healthcare, LLC	Decatur, IL	SIR Management	Lincolnwood, IL	Mgmt. Company	5
6	United Trust #1	4.11%	Generations at Elmwood Park, Inc.	Elmwood Park, IL	SIR Properties	Lincolnwood, IL	Bldg. Company	6
7	United Trust #2	4.11%	Greenwood Care, Inc.	Evanston, IL	Max RX, LLC	Des Plaines, IL	Pharmacy	7
8	LG Trust	4.11%	Generations at Lincoln, LLC	Lincoln, IL	Big Ten Supply	Libertyville IL	Ancillary Supplies	8
9	BG Trust	4.11%	Villa Clara Post Acute	Decatur, IL				9
10	Burton Barrish	10.03%	Prairie Creek Village	Decatur, IL				10
11	Kirsten Schloss	1.00%	Generations at Neighbors, LLC	Byron, IL				11
12	Elka Abramchik Revocable Trust 11/22/15	2.01%	Generations at Oakton Arms, LLC	Des Plaines, IL				12
13	Louise Bergthold	2.01%	Generations at Oakton Pavillion, LLC	Des Plaines, IL				13
14	Patrick Baalke	1.00%	Generations at Peoria	Peoria, IL				14
15	Thomas & Stephanie Winter Revocable Tru	2.01%	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			Wilson Care, Inc.	Chicago, IL				19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	2 Dietary Other and Rebates	\$	Generations HC Network	100.00%	\$ (2,030)	\$ (2,030)	15
16	V	6 Repairs & Maintenance		Generations HC Network	100.00%	9,886	9,886	16
17	V	7 Emp. Ben. - General Svc.		Generations HC Network	100.00%	1,246	1,246	17
18	V	9 Medical Director Consults		Generations HC Network	100.00%	0		18
19	V	10 Nursing		Generations HC Network	100.00%	47,435	47,435	19
20	V	15 Emp. Ben. - Health Care		Generations HC Network	100.00%	8,852	8,852	20
21	V	17 Administrative		Generations HC Network	100.00%	15,051	15,051	21
22	V	19 Professional Fees	91,140	Generations HC Network	100.00%	6,009	(85,131)	22
23	V	20 Fee, Subscriptions		Generations HC Network	100.00%	2,134	2,134	23
24	V	21 Clerical & General		Generations HC Network	100.00%	183,472	183,472	24
25	V	24 Education & Seminar		Generations HC Network	100.00%	272	272	25
26	V	25 Other Admin. Staff Transportation		Generations HC Network	100.00%	4,882	4,882	26
27	V	26 Insurance		Generations HC Network	100.00%	1,404	1,404	27
28	V	27 Emp. Ben. - Gen. Admin.		Generations HC Network	100.00%	16,108	16,108	28
29	V	32 Interest		Generations HC Network	100.00%	(1,206)	(1,206)	29
30	V	35 Auto Rental		Generations HC Network	100.00%	3,031	3,031	30
31	V	35 Equipment Rental		Generations HC Network	100.00%	536	536	31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 91,140			\$ 297,082	\$ * 205,942	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

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

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	5 Utilities	\$	Generations HC Network	100.00%	\$ 1,209	\$ 1,209	15
16	V	6 Repairs & Maintenance		Generations HC Network	100.00%	1,042	1,042	16
17	V	19 Professional Fees		Generations HC Network	100.00%	295	295	17
18	V	21 Clerical & General		Generations HC Network	100.00%	76	76	18
19	V	25 Auto & Travel		Generations HC Network	100.00%	0		19
20	V	26 Insurance		Generations HC Network	100.00%	147	147	20
21	V	30 Depreciation		Generations HC Network	100.00%	3,084	3,084	21
22	V	32 Interest		Generations HC Network	100.00%	2,237	2,237	22
23	V	33 Real Estate Taxes		Generations HC Network	100.00%	5,362	5,362	23
24	V							24
25	V	1 Dietary Salaries		Generations HC Network	100.00%	4,496	4,496	25
26	V	7 Emp. Ben. - Dietary		Generations HC Network	100.00%	841	841	26
27	V	10 Nursing Salaries		Generations HC Network	100.00%	0		27
28	V	15 Emp. Ben. - Nursing		Generations HC Network	100.00%	0		28
29	V	17 Admin./Legal Salaries		Generations HC Network	100.00%	90,658	90,658	29
30	V	19 Fin. Consult./Regl. Dir.		Generations HC Network	100.00%	9,047	9,047	30
31	V	27 Emp. Ben. - Administrative		Generations HC Network	100.00%	21,020	21,020	31
32	V							32
33	V	6 Maintenance Salaries		Generations HC Network	100.00%	62	62	33
34	V	7 Employee Benefits		Generations HC Network	100.00%	12	12	34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$ 139,588	\$ * 139,588	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	10 Nursing & Medical Records	\$ 19,001	MAC Rx, LLC	100.00%	\$ 17,225	\$ (1,776)	15
16	V	21 Clerical & General Office Exp	519	MAC Rx, LLC	100.00%	470	(49)	16
17	V	22 Employee Benefits	2,917	MAC Rx, LLC	100.00%	2,644	(273)	17
18	V	39 Ancillary	201,108	MAC Rx, LLC	100.00%	182,313	(18,795)	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		\$ 223,545			\$ 202,652	\$ * (20,893)	39

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

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	\$ 3,810	Big Ten Supply, LLC	100.00%	\$ 3,444	\$ (366)	15
16	V	3	Housekeeping	38,965	Big Ten Supply, LLC	100.00%	35,220	(3,745)	16
17	V	4	Laundry	393	Big Ten Supply, LLC	100.00%	356	(37)	17
18	V	6	R&M	2,675	Big Ten Supply, LLC	100.00%	2,418	(257)	18
19	V	10	Nursing & Medical Records	154,115	Big Ten Supply, LLC	100.00%	139,303	(14,812)	19
20	V	10A	Therapy	525	Big Ten Supply, LLC	100.00%	475	(50)	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			\$ 200,483			\$ 181,216	\$ * (19,267)	39

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

Facility Name & ID Number Generations Oakton Pavillion # 0052910 Report Period Beginning: 01/01/20 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 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	Elka Abramchik	Relative	Clerical	0.00%	See Attachment	1.73	4.38%	Alloc Salary	\$ 2,500	21-7	1
2	Joey Abramchik	Relative	Administrative	0.00%	See Attachment	1.73	4.33%	Alloc Fees	9,047	17-7	2
3	Bryan Barrish	Relative	Administrative	0.00%	See Attachment	1.52	3.79%	Alloc Salary	10,826	17-7	3
4	Sarah Barrish	Relative	Administrative	0.00%	See Attachment	2.17	4.33%	Alloc Salary	5,566	17-7	4
5	Louise Bergthold	Owner	Administrative	2.01%	See Attachment	2.6	4.33%	Alloc Salary	10,826	17-7	5
6	Thomas Bergthold	Relative	Clerical	0.00%	See Attachment	1.73	4.33%	Alloc Salary	2,622	21-7	6
7	David Winter	Relative	Clerical	0.00%	See Attached	1.73	4.33%	Alloc. Salary	2,242	21-7	7
8	Jeff Oravec	Relative	Administrative	0.00%	See Attached	1.73	4.33%	Alloc. Salary	4,225	17-7	8
9	Kim Shelton	Relative	Clerical	0.00%	See Attached	1.73	4.33%	Alloc. Salary	3,837	21-7	9
10	Lynn Ethell	Relative	Clerical	0.00%	See Attachment	1.73	4.33%	Alloc Salary	2,608	21-7	10
11	Michael Giannini	Relative	Administrative	0.00%	See Attachment	1.73	3.85%	Alloc Salary	7,818	17-7	11
12	Nenita Guzman	Relative	Dietary	0.00%	See Attachment	1.73	4.33%	Alloc Salary	4,496	1-7	12
13								TOTAL	\$ 66,613		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.

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	Kirsten Schloss	Owner	Maintenance	1.00%	See Attached	1.73	4.33%	Alloc. Salary	\$ 6,751	6-7	1
2	Burton Barrish	Owner	Administrative	10.03%	See Attached	1.73	4.33%	Alloc. Salary	4,688	17-7	2
3	Tom Winter	Relative	Administrative	0.00%	See Attached	1.73	4.33%	Alloc. Salary	10,826	17-7	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 22,265		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 Oakton Pavillion # 0052910 Report Period Beginning: 01/01/20 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 ☒

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

Facility Name & ID Number Generations Oakton Pavillion# 0052910 Report Period Beginning: 01/01/20 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 ☐

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	2	3	4	5	6	7	8	9	
Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
Line		(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
Reference	Item	Square Feet)		Allocated Among	Allocated	in Column 6			
1	2	Dietary Other and Rebates	Resident Days	19	\$ (46,886)	\$	36,034	\$ (2,030)	1
2	6	Repairs & Maintenance	Resident Days	19	228,292	155,904	36,034	9,886	2
3	7	Emp. Ben. - General Svc.	Resident Days	19	28,781		36,034	1,246	3
4	9	Medical Director Consults	Resident Days	19			36,034		4
5	10	Nursing	Resident Days	19	1,095,433	1,094,370	36,034	47,435	5
6	15	Emp. Ben. - Health Care	Resident Days	19	204,429		36,034	8,852	6
7	17	Administrative	Resident Days	19	347,566	347,566	36,034	15,051	7
8	19	Professional Fees	Resident Days	19	138,762		36,034	6,009	8
9	20	Fee, Subscriptions	Resident Days	19	49,284		36,034	2,134	9
10	21	Clerical & General	Resident Days	19	4,236,976	3,850,828	36,034	183,472	10
11	24	Education & Seminar	Resident Days	19	6,287		36,034	272	11
12	25	Other Admin. Staff Transportation	Resident Days	19	112,731		36,034	4,882	12
13	26	Insurance	Resident Days	19	32,419		36,034	1,404	13
14	27	Emp. Ben. - Gen. Admin.	Resident Days	19	371,977		36,034	16,108	14
15	32	Interest	Resident Days	19	(27,854)		36,034	(1,206)	15
16	35	Auto Rental	Resident Days	19	70,001		36,034	3,031	16
17	35	Equipment Rental	Resident Days	19	12,377		36,034	536	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 6,860,575	\$ 5,448,668		\$ 297,082	25

Facility Name & ID Number Generations Oakton Pavillion# 0052910 Report Period Beginning: 01/01/20 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 ☐

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	Allocated Sq. Footage	12,879	19	\$ 27,900	\$	558	\$ 1,209	1
2	6	Repairs & Maintenance	Allocated Sq. Footage	12,879	19	24,049		558	1,042	2
3	19	Professional Fees	Allocated Sq. Footage	12,879	19	6,801		558	295	3
4	21	Clerical & General	Allocated Sq. Footage	12,879	19	1,754		558	76	4
5	25	Auto & Travel	Allocated Sq. Footage	12,879	19			558		5
6	26	Insurance	Allocated Sq. Footage	12,879	19	3,403		558	147	6
7	30	Depreciation	Allocated Sq. Footage	12,879	19	71,181		558	3,084	7
8	32	Interest	Allocated Sq. Footage	12,879	19	51,631		558	2,237	8
9	33	Real Estate Taxes	Allocated Sq. Footage	12,879	19	123,763		558	5,362	9
10										10
11	1	Dietary Salaries	Resident Days	832,144	19	103,820	103,820	36,034	4,496	11
12	7	Emp. Ben. - Dietary	Resident Days	832,144	19	19,413		36,034	841	12
13	10	Nursing Salaries	Resident Days	832,144	19			36,034		13
14	15	Emp. Ben. - Nursing	Resident Days	832,144	19			36,034		14
15	17	Admin./Legal Salaries	Resident Days	832,144	19	2,093,591	2,093,591	36,034	90,658	15
16	19	Fin. Consult./Regl. Dir.	Resident Days	832,144	19	208,920		36,034	9,047	16
17	27	Emp. Ben. - Administrative	Resident Days	832,144	19	485,424		36,034	21,020	17
18										18
19	6	Maintenance Salaries	Maintenance Income	702,930	17	726,469	726,469	60	62	19
20	7	Employee Benefits	Maintenance Income	702,930	17	141,032		60	12	20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 4,089,151	\$ 2,923,880		\$ 139,588	25

Facility Name & ID Number Generations Oakton Pavillion # 0052910 Report Period Beginning: 01/01/20 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 ☐

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	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	10	Nursing & Medical Records	Direct Allocation			\$	\$		17,225	1
2	21	Clerical & General Office Exp	Direct Allocation						470	2
3	22	Employee Benefits	Direct Allocation						2,644	3
4	39	Ancillary	Direct Allocation						182,313	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					\$	\$		202,652	25

Facility Name & ID Number Generations Oakton Pavillion # 0052910 Report Period Beginning: 01/01/20 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 ☐

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 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	Dietary	Direct Allocation			\$	\$		3,444	1
2	3	Housekeeping	Direct Allocation						35,220	2
3	4	Laundry	Direct Allocation						356	3
4	6	R&M	Direct Allocation						2,418	4
5	10	Nursing & Medical Records	Direct Allocation						139,303	5
6	10A	Therapy	Direct Allocation						475	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					\$	\$		181,216	25

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	\$ 13,184,035		6.3002	\$ 890,171	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Lake Forest Bank & Trust		X	Line of Credit				500,000			35,586	6
7	Member/Shareholder Loans	X						600,000			42,500	7
8	1st Source		X	Note Payable- Vehicle				8,918			1,471	8
9	TOTAL Facility Related						\$ 15,000,000	\$ 14,292,953			\$ 969,728	9
	B. Non-Facility Related*											
10	Interest Income		X								(7,730)	10
11	Non-Allowable Interest	X									(42,500)	11
12	Allocated From Generations		X								1,031	12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (49,199)	14
15	TOTALS (line 9+line14)						\$ 15,000,000	\$ 14,292,953			\$ 920,529	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.)

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2019 report.		\$	421,000	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.)		\$	381,099	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	(39,901)	3	
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	413,000	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.)		\$	25,169	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.		\$	398,267	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2015	465,645	8	
		2016	492,800	9	
		2017	449,651	10	
		2018	408,312	11	
		2019	400,904	12	
2020 Accrual = \$400,904 X 1.03 = \$413,000 (Rounded)					
Allocated From SIR/Generations = \$5,362					

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

NOTES:

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

FACILITY NAME Generations Oakton Pavillion COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0052910

CONTACT PERSON REGARDING THIS REPORT Denise A. Leonard, CPA

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

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.

B. Real Estate Tax Cost Allocations

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.)

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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 92,000

B. General Construction Type: Exterior BrickFrame SteelNumber of Stories 4

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

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

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

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

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

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES (X) NO

If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.	1	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

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	294		1980	1980	\$ 4,171,968	\$	40	\$	\$	\$ 4,171,968	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1981	955		20			955	9
10	Various			1983	30,266		20			30,266	10
11	Various			1985	10,972		20			10,972	11
12	Various			1986	6,905		20			6,905	12
13	Various			1987	24,076		20			24,076	13
14	Various			1988	12,905		20			12,905	14
15	Various			1989	7,282		20			7,282	15
16	Various			1990	3,609		20			3,609	16
17	Various			1991	41,760		20			41,760	17
18	Various			1992	4,590		20			4,590	18
19	Various			2001	277,723		20	13,886	13,886	277,723	19
20	Various			2003	18,438		20	922	922	16,594	20
21	Various			2004	41,892		20	2,095	2,095	35,608	21
22	Various			2005	122,248		20	6,112	6,112	97,798	22
23	Various			2006	11,911		20	596	596	8,933	23
24	Various			2006	244,384		20	12,219	12,219	183,288	24
25	Various			2007	46,834		20	2,342	2,342	32,784	25
26	Various			2009	19,153		20	958	958	11,492	26
27	Various			2010	73,193		20	3,660	3,660	40,256	27
28	Various			2011	1,659,265		20	82,963	82,963	829,633	28
29	Various			2012	52,263		20	2,613	2,613	23,518	29
30	Carpentry, Tiling, Ceiling, Plumbing, Electrical Work - 1-3 Flrs			2013			20				30
31	Generator Diesel Reserve Tank			2013	12,740		20	637	637	5,096	31
32	Valve For Heat Handler System			2013	6,729		20	336	336	2,692	32
33	Wander System for Dementia Parier			2013	9,481		20	474	474	3,792	33
34	Circuit Breaker for Electrical Room			2013	5,675		20	284	284	2,270	34
35	Fire Alarm System			2013	118,703		20	5,935	5,935	47,481	35
36	Tubes for Boilers			2013	20,852		20	1,043	1,043	8,341	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 Oakton Pavillion

0052910

Report Period Beginning:

01/01/20

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	2	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	\$	20	\$ 70	\$ 70	\$ 557	37
38	Miracle Plumbing - Recirculating Pump	2013	3,700		20	185	185	1,480	38
39	Albright - Rebuild Sewer	2014	3,510		20	176	176	1,229	39
40	Edwards Engineering - Evaporator Coil	2014	3,575		20	179	179	1,251	40
41	Edwards Engineering - Walk In Cooler Compressor	2014	3,450		20	173	173	1,208	41
42	Grainger - Sewer and Effluent Pumps	2014	3,477		20	174	174	1,217	42
43	Holland Electric - Magnetic Egress Locks / Keypads (Ext Doors)	2014	10,998		20	550	550	3,849	43
44	Lionheart Critical Power - Automatic Transfer Switches	2014	10,857		20	543	543	3,800	44
45	Pegasus Custom Furniture - Custom Cabinets (Hallways)	2014	3,700		20	185	185	1,295	45
46	Snapse Networks - Wireless System Installation	2014	15,425		20	771	771	5,399	46
47	Holland Electric - Nurse Call System (1st Floor)	2015	10,870		20	544	544	3,261	47
48	Julio Vargas Installation - Irrigation System	2015	5,250		20	263	263	1,575	48
49	North Shore Gardens - Landscaping	2015	45,791		20	2,290	2,290	13,737	49
50	John William Interiors - Carpeting (Room 205 and 218)	2015	3,917		20	196	196	1,175	50
51	Holland Electric / MBS - Security System and Cameras	2015	4,576		20	229	229	1,373	51
52	Nova Fire Protection - FD Connection Check Valve Repair	2015	4,349		20	217	217	1,305	52
53	Pegasus Custom Furniture - Custom Cabinets (Hallways)	2015	6,000		20	300	300	1,800	53
54	Sherwin Williams - Room Painting (Capitalized R & M)	2015	3,630		20	182	182	1,089	54
55	Hayes Mechanical - Boiler Installation	2016	4,496		20	225	225	1,124	55
56	Fox Valley Fire - Backflow Assembly / Kitchen Steamer	2016	6,998		20	350	350	1,750	56
57	John William Interiors - Window Treatments	2016	2,587		20	129	129	647	57
58	Edmonds, Inc. - Exterior and Rooftop Signage	2016	18,501		20	925	925	4,625	58
59	Edmonds, Inc. - Exterior and Rooftop Signage ***	2016	1,729		20	86	86	432	59
60	Rapco - Parking Lot Ashphalt Work	2016	9,450		20	473	473	2,363	60
61	Digangi Plumbing - Hot Water Heater ***	2016	17,150		20	858	858	4,288	61
62	Miracle Plumbing - Replace Kitchen Pipes ***	2016	5,700		20	285	285	1,425	62
63	Fox Valley Fire - Backflow Assembly ***	2016	7,275		20	364	364	1,819	63
64	Holland Electric - Replace Electrical Panels	2017	11,800		20	590	590	2,360	64
65	Jose Roque Inc - Replace Kitchen Cast Iron Pipe	2017	7,500		20	375	375	1,500	65
66	J Pegasus Custom - Cabinetry & Counter Tops	2017	4,900		20	245	245	980	66
67	Jose Roque Inc - Additional Kitchen Cast Iron Pipe Work	2017	7,500		20	375	375	1,500	67
68	Edwards Engineering - Replace HVAC Blower Motor	2017	6,655		20	333	333	1,331	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,313,481	\$		\$ 149,910	\$ 149,910	\$ 6,015,330	70

**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	2	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 12A, Carried Forward		\$ 7,313,481	\$		\$ 149,910	\$ 149,910	\$ 6,015,330	1
2	Carpet Tiles/Vinyl Straight Cove Base-Rooms 222-230	2019	13,048		20	652	652	1,305	2
3	Carpet/Vinyl Base/Ceramic Tile-Bathrooms/Nurses Stations	2019	2,910		20	146	146	291	3
4	Roller Shades for 2nd Floor Rooms 221-227 & Lounge	2019	5,283		20	264	264	528	4
5	Cabinets/Quartz Tops:Nursing Station-2nd Fl,Lounge,Shower Room	2019	36,800		20	1,840	1,840	3,680	5
6	Wall Protection & Painting-Rooms, Lounge, Nursing Stations	2019	8,265		20	413	413	827	6
7	Painting/Wall Covering - Hospice Unit 2nd Floor	2019	4,800		20	240	240	480	7
8	Labor Charges for Hospice unit 2nd floor	2019	4,500		20	225	225	450	8
9	HVAC Repairs-Cooling Tower Fan,Water Feed,Chiller	2019	5,336		20	267	267	534	9
10	Rec. Light Fixtures/LED Trims/Conduit-Dining Room/Nurse St	2019	5,190		20	260	260	519	10
11	Landscaping-Trees/Shrubs-Front Parking Lot Planting Bed	2019	3,069		20	153	153	307	11
12	Labor Charges for Hospice unit 2nd floor	2019	5,000		20	250	250	500	12
13	Labor Charges for Hospice unit 2nd floor	2019	5,000		20	250	250	500	13
14	Labor Charges for Hospice unit 2nd floor	2019	3,000		20	150	150	300	14
15	Labor Charges for Hospice unit 2nd floor	2019	6,000		20	300	300	600	15
16	Anchoring/Grinding/Caulking-Capstones-On North Elevation.	2019	30,400		20	1,520	1,520	3,040	16
17	Architecture Consulting Services for 2nd Floor Hospice	2019	25,669		20	1,283	1,283	2,567	17
18	Two 4" Check Valves for Industrial Sewer Pumps	2020	2,700		20	135	135	135	18
19	Controller and Motor Gear Box for Front Door	2020	2,526		20	126	126	126	19
20	Combination Boiler & Tank System (Water Heater)	2020	29,627		20	1,481	1,481	1,481	20
21	Flush Mount Security Keypad- 4th Floor Hallway	2020	3,950		20	198	198	198	21
22	Fire Alarm Power Supply/Electrical Panels- Ground Level	2020	9,305		20	465	465	465	22
23									23
24									24
25									25
26									26
27									27
28	FS Depreciation- Generations HCN of Oakton Pavilion, LLC			53,451			(53,451)		28
29	FS Depreciation- Generations HC Properties of Des Plaines LLC			755,971			(755,971)		29
30	FS Depreciation- SIR Management/Generations HCN, LLC								30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,525,859	\$ 809,422		\$ 160,529	\$ (648,893)	\$ 6,034,162	34

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

Facility Name & ID Number Generations Oakton Pavillion

0052910

Report Period Beginning:

01/01/20

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		\$ 7,525,859	\$ 809,422		\$ 160,529	\$ (648,893)	\$ 6,034,162	1
2	<u>Related party Allocations</u>								2
3	<u>Training Building -Allocated From Generations</u>	2009	21,663	578	39	555	(23)	6,133	3
4	<u>Building- Allocated From SIR Properties/Generations</u>	1993	19,612	623	35	560	(63)	14,849	4
5									5
6	<u>Allocated From Generations</u>	1993	4,972	138	20		(138)	4,972	6
7	<u>Allocated From Generations</u>	1994	16		20			16	7
8	<u>Allocated From Generations</u>	1995	114		20			114	8
9	<u>Allocated From Generations</u>	1997	7,640	171	20		(171)	7,640	9
10	<u>Allocated From Generations</u>	1999	601		20	23	23	601	10
11	<u>Allocated From Generations</u>	1999			20				11
12	<u>Allocated From Generations</u>	2000	709		20	16	16	709	12
13	<u>Allocated From Generations</u>	2007	2,279		20	114	114	1,503	13
14	<u>Allocated From Generations</u>	2008	6,281		20	232	232	4,594	14
15	<u>Allocated From Generations</u>	2009	15,606		20	780	780	8,774	15
16	<u>Allocated From Generations</u>	2011	386	39	20	39		364	16
17	<u>Allocated From Generations</u>	2012	1,236	62	20	62		458	17
18	<u>Allocated From Generations</u>	2014	173	17	20	9	(8)	57	18
19	<u>Allocated From Generations</u>	2016	225	11	20	11		50	19
20	<u>Allocated From Generations</u>	2019	1,124	55	20	55		70	20
21	<u>Allocated From Generations</u>	2020	916	19	20	19		19	21
22									22
23	<u>Allocated From SIR Properties/Generations</u>	2012	1,201		20	60	60	421	23
24	<u>Allocated From SIR Properties/Generations</u>	2010	1,183		20	59	59	552	24
25	<u>Allocated From SIR Properties/Generations</u>	2009	1,178		20	59	59	636	25
26	<u>Allocated From SIR Properties/Generations</u>	2007	116	7	20	6	(1)	75	26
27	<u>Allocated From SIR Properties/Generations</u>	2002	78		20	4	4	68	27
28	<u>Allocated From SIR Properties/Generations</u>	1999	2,485		20	62	62	2,485	28
29	<u>Allocated From SIR Properties/Generations</u>	1998			20				29
30	<u>Allocated From SIR Properties/Generations</u>	1997			20				30
31	<u>Allocated From SIR Properties/Generations</u>	1994	187	5	20		(5)	187	31
32	<u>Allocated From SIR Properties/Generations</u>	1993	318	2	20		(2)	318	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,616,158	\$ 811,149		\$ 163,254	\$ (647,895)	\$ 6,089,827	34

**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 12C, Carried Forward		\$7,616,158	\$811,149		\$163,254	\$ (647,895)	\$6,089,827	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$7,616,158	\$811,149		\$163,254	\$ (647,895)	\$6,089,827	34

**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 12D, Carried Forward		\$7,616,158	\$811,149		\$163,254	\$ (647,895)	\$6,089,827	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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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$7,616,158	\$811,149		\$163,254	\$ (647,895)	\$6,089,827	34

**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 12E, Carried Forward		\$ 7,616,158	\$ 811,149		\$ 163,254	\$ (647,895)	\$ 6,089,827	1
2									2
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4									4
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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)		\$ 7,616,158	\$ 811,149		\$ 163,254	\$ (647,895)	\$ 6,089,827	34

**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 12F, Carried Forward		\$ 7,616,158	\$ 811,149		\$ 163,254	\$ (647,895)	\$ 6,089,827	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,616,158	\$ 811,149		\$ 163,254	\$ (647,895)	\$ 6,089,827	34

**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 12G, Carried Forward		\$7,616,158	\$811,149		\$163,254	\$ (647,895)	\$6,089,827	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$7,616,158	\$811,149		\$163,254	\$ (647,895)	\$6,089,827	34

**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 12H, Carried Forward		\$7,616,158	\$811,149		\$163,254	\$ (647,895)	\$6,089,827	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$7,616,158	\$811,149		\$163,254	\$ (647,895)	\$6,089,827	34

**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	\$473,343	\$	\$47,334	\$47,334	10	\$258,099	71
72	Current Year Purchases	9,561		956	956	10	956	72
73	Fully Depreciated Assets					10		73
74	See Attached	3,018,225	931	296,156	295,225	10	1,849,302	74
75	TOTALS	\$3,501,129	\$931	\$344,446	\$343,515		\$2,108,357	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	2016 Ford Transit Bus	2016	\$61,897	\$	\$12,379	\$12,379	5	\$61,897	76
77	Allocated From Generations		2020	5,109	426	771	345		2,737	77
78										78
79										79
80	TOTALS			\$67,006	\$426	\$13,150	\$12,724		\$64,634	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)	\$11,384,293	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$812,506	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$520,850	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(291,656)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$8,262,818	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	Millwork, Plumbing, HVAC,	\$1,510,972	92
93	Electric, Flooring, Fire		93
94	Protection, Signage		94
95		\$1,510,972	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.

Generations Oakton Pavillion
0052910
12/31/20
Supplemental Schedule of Related Party Equipment

Current Year Purchases	Cost	Book Depreciation	SL Depreciation	Accumulated Depreciation
Generations HC Network	182	12	12	12
Generations HC Property- Des Plaines				
Prior Year Purchases				
Generations HC Network	3,849	919	396	2,313
Generations HC Property- Des Plaines	2,957,480	-	295,748	1,790,263
Fully Depreciated Equipment				
Generations HC Network	56,714			56,714
Generations HC Property- Des Plaines				
Total Equipment				
Generations HC Network	60,745	931	408	59,039
Generations HC Property- Des Plaines	2,957,480	-	295,748	1,790,263
	-	-	-	-
	3,018,225	931	296,156	1,849,302

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: *

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: \$ 7,906 Description: Copier/Printers \$5,210; \$2,160 Sign Rental (Bldg Co.); \$536 Alloc From Generations
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Allocated From Generations		\$	\$ 3,031	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 3,031	21

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

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

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

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)	\$			

(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.

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		

(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.)

12345678										
	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	\$	3,823	\$ 227,287	\$	3,823	\$ 227,287	1
2	Licensed Speech and Language Development Therapist	V10A	hrs		1,909	113,503		1,909	113,503	2
3	Licensed Recreational Therapist	V10A	hrs							3
4	Licensed Physical Therapist	V10A	hrs		4,725	280,946		4,725	280,946	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation	V39	hrs	130,209					130,209	8
9	Pharmacy	V39	# of prescripts				245,465		245,465	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): LAB/RADIOLOGY	V39					36,399		36,399	12
13	Other (specify): BILLABLE SUPPLIES	V39					134,334		134,334	13
14	TOTAL			\$ 130,209	10,456	\$ 621,736	\$ 416,198	10,456	\$ 1,168,143	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.

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	\$ 1,384,045	\$ 1,478,479	1
2	Cash-Patient Deposits	43,906	43,906	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,382,023	1,382,023	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	66,950	69,235	6
7	Other Prepaid Expenses	9,393	9,393	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	378,794	378,794	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,265,111	\$ 3,361,830	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost		19,860,000	14
15	Leasehold Improvements, at Historical Cost	436,289	1,774,061	15
16	Equipment, at Historical Cost	334,804	425,504	16
17	Accumulated Depreciation (book methods)	(199,712)	(4,916,667)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		116,751	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(116,751)	20
21	Restricted Funds			21
22	Other Long-Term Assets (spe See Attached	1,510,972	1,510,972	22
23	Other(specify): See Attached			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,082,353	\$ 18,653,870	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,347,464	\$ 22,015,700	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 448,074	\$ 448,074	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	43,936	43,936	28
29	Short-Term Notes Payable	1,108,918	1,108,918	29
30	Accrued Salaries Payable	203,253	203,253	30
31	Accrued Taxes Payable (excluding real estate taxes)	235,653	235,653	31
32	Accrued Real Estate Taxes(Sch.IX-B)		413,000	32
33	Accrued Interest Payable		145,190	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	12,996	12,996	35
	Other Current Liabilities(specify):			
36	See Attached			36
37	See Attached	3,373,249	3,373,249	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,426,079	\$ 5,984,269	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		13,184,035	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached		3,448,778	43
44	See Attached			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 16,632,813	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,426,079	\$ 22,617,082	46
47	TOTAL EQUITY (page 18, line 24)	\$ (78,615)	\$ (601,382)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,347,464	\$ 22,015,700	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (120,775)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (120,775)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	42,160	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)	\$ 42,160	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)	\$ (78,615)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Generations Oakton Pavillion

0052910

Report Period Beginning: 01/01/20

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.

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 8,827,900	1
2	Discounts and Allowances for all Levels	(1,562,991)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,264,909	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,209,465	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,209,465	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	150,674	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	28,847	19
20	Radiology and X-Ray	6,093	20
21	Other Medical Services	3,261	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 188,875	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	7,730	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 7,730	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a		1,629,365	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,629,365	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,300,344	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,720,004	31
32	Health Care	4,756,793	32
33	General Administration	1,605,786	33
	B. Capital Expense		
34	Ownership	2,254,440	34
	C. Ancillary Expense		
35	Special Cost Centers	556,743	35
36	Provider Participation Fee	364,418	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,258,184	40
41	Income before Income Taxes (line 30 minus line 40)**	42,160	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 42,160	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 3,662,516	44
45	Private Pay - Net Inpatient Revenue	1,459,109	45
46	Medicare - Net Inpatient Revenue	2,555,810	46
47	Other-(specify) <u>ALL OTHER SNF/SCF IP REVENUE</u>	1,708,886	47
48	Other-(specify) <u>C/A ANCILLARY ACCOUNTS</u>	(2,121,412)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,264,909	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.

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	1,887	2,091	\$ 99,049	\$ 47.37	1
2	Assistant Director of Nursing	1,810	2,031	78,796	38.80	2
3	Registered Nurses	34,189	37,348	1,233,601	33.03	3
4	Licensed Practical Nurses	13,090	14,491	403,891	27.87	4
5	CNAs & Orderlies	77,913	84,695	1,463,679	17.28	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,959	5,243	130,209	24.83	8
9	Activity Director					9
10	Activity Assistants	11,909	13,236	182,289	13.77	10
11	Social Service Workers	6,226	6,888	113,197	16.43	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	24,249	26,283	424,227	16.14	15
16	Dishwashers					16
17	Maintenance Workers	5,686	6,464	113,747	17.60	17
18	Housekeepers	17,480	19,236	269,596	14.02	18
19	Laundry	7,945	8,745	117,178	13.40	19
20	Administrator	2,002	2,091	117,222	56.06	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,563	6,133	111,581	18.19	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	5,655	6,320	197,467	31.24	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	220,563	241,295	\$ 5,055,729 *	\$ 20.95	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	Monthly Fees	\$ 8,640	V01-03	35
36	Medical Director	Monthly Fees	35,004	V09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly Fees	460	V10-03	38
39	Pharmacist Consultant	Monthly Fees	7,526	V10-03	39
40	Physical Therapy Consultant	Monthly Fees	11,812	V10A-03	40
41	Occupational Therapy Consultant	Monthly Fees	9,735	V10A-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	Monthly Fees	4,564	V10A-03	43
44	Activity Consultant	Monthly Fees	5,330	V11-03	44
45	Social Service Consultant	Monthly Fees	1,210	V12-03	45
46	Other(specify)				46
47	Clergy Services	Monthly Fees	2,962	V12-03	47
48	Chief Medical Officer	Monthly Fees	49,140	V10-03	48
49	TOTAL (lines 35 - 48)		\$ 136,383		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	388	\$ 23,680	V10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	5,278	141,459	V10-3	52
53	TOTAL (lines 50 - 52)	5,666	\$ 165,139		53

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

** See instructions.

STATE OF ILLINOIS

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Patrick DiPaolo	Administrator	0.00%	\$ 117,222
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 117,222

B. Administrative - Other

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

C. Professional Services

Vendor/Payee	Type	Amount
Generations HC Network	Outside Labor	\$ 60
Generations HC Network	Bookkeeping-Other	58,080
Generations HC Network	Computer Support Charges	33,000
Plante Moran	Accounting	21,840
See Attached	Legal Services	19,750
Paylocity	Payroll Processing	15,298
On-Shift	HR Consulting	2,430
Achieve Accreditation	Accreditation Services	8,846
Pinnacle	Customer Satisfaction	3,730
Mack Communications	Public Relations (Adjusted)	1,489
Personnel Planners	Unemployment Consultant	1,200
See Supplemental Page 21		35,114
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		\$ 200,837

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 103,337
Unemployment Compensation Insurance	15,412
FICA Taxes	375,364
Employee Health Insurance	200,657
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Life Insurance	210
401K Matching Expense	2,450
COVID and Other Employee Benefits	19,540
TOTAL (agree to Schedule V, line 22, col.8)	

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

Description	Line #	Amount
		\$
TOTAL		\$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	\$ 1,992
Advertising: Employee Recruitment	16,235
Health Care Worker Background Check (Indicate # of checks performed 333)	3,325
Patient Background Checks	
Dues & Subscriptions	4,130
Licenses &Permits	4,691
Allocated From Generations	2,134
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	1,391
Allocated From Generations	272
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 1,663

* Attach copy of IMRF notifications

**See instructions.

HFS 3745 (N-4-99)

IL478-2471

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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?
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?
What was the average life used for new equipment added during this period? Yes
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. \$ 37,993 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. \$ 364,418
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? 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? 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.