

		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.

<p>I. IDPH License ID Number: <u>0052910</u></p> <p>Facility Name: <u>Generations Oakton Pavillion</u></p> <p>Address: <u>1660 Oakton Place</u> <u>Des Plaines</u> <u>60018</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(847) 299-5588</u> Fax # <u>(847) 493-6525</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>9/1/2014</u></p> <p>Type of Ownership:</p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>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: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1"> <tr> <td rowspan="3" style="width: 20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">(Type or Print Name) _____</td> </tr> <tr> <td colspan="2">(Title) _____</td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">(Print Name and Title) <u>Denise A. Leonard, CPA</u> <u>Partner</u></td> </tr> <tr> <td colspan="2">(Firm Name & Address) <u>Plante & Moran, PLLC</u> <u>1111 Superior Ave, Suite 1250 Cleveland, OH 44114</u></td> </tr> <tr> <td colspan="2">(Telephone) <u>(216) 274-6514</u> Fax # <u>(248) 233-7349</u></td> </tr> </table> <p>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</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____		(Title) _____		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>	
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Facility Name & ID Number Generations Oakton Pavillion

0052910 Report Period Beginning: 01/01/20 Ending: 12/31/20

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	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.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	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%

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

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

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

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

YES NO

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

Date started 01/20/1980

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

YES Date 01/20/1980 NO

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

YES NO If YES, enter number of beds certified 275 and days of care provided 3,704

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCURAL MODIFIED CASH* CASH*

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.

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.

Facility Name & ID Number **Generations Oakton Pavillion**

0052910

Report Period Beginning:

01/01/20

Ending:

12/31/20

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	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	2	
		Amount	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
	(sum of SUBTOTALS			
37	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	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Generations Oakton Pavillion

ID# 0052910

Report Period Beginning: 01/01/20

Ending: 12/31/20

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

STATE OF ILLINOIS

Summary B

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

	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	(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
	GRAND TOTAL COST													
45	(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.

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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
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.

Facility Name & ID Number

Generations Oakton Pavillion

0052910

Report Period Beginning:

01/01/20

Ending:

12/31/20

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	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	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	2 Dietary Other and Rebates	\$	Generations HC Network	100.00%	\$ (2,030)	\$ (2,030)
16	V	6 Repairs & Maintenance		Generations HC Network	100.00%	9,886	9,886
17	V	7 Emp. Ben. - General Svc.		Generations HC Network	100.00%	1,246	1,246
18	V	9 Medical Director Consults		Generations HC Network	100.00%	0	
19	V	10 Nursing		Generations HC Network	100.00%	47,435	47,435
20	V	15 Emp. Ben. - Health Care		Generations HC Network	100.00%	8,852	8,852
21	V	17 Administrative		Generations HC Network	100.00%	15,051	15,051
22	V	19 Professional Fees	91,140	Generations HC Network	100.00%	6,009	(85,131)
23	V	20 Fee, Subscriptions		Generations HC Network	100.00%	2,134	2,134
24	V	21 Clerical & General		Generations HC Network	100.00%	183,472	183,472
25	V	24 Education & Seminar		Generations HC Network	100.00%	272	272
26	V	25 Other Admin. Staff Transportation		Generations HC Network	100.00%	4,882	4,882
27	V	26 Insurance		Generations HC Network	100.00%	1,404	1,404
28	V	27 Emp. Ben. - Gen. Admin.		Generations HC Network	100.00%	16,108	16,108
29	V	32 Interest		Generations HC Network	100.00%	(1,206)	(1,206)
30	V	35 Auto Rental		Generations HC Network	100.00%	3,031	3,031
31	V	35 Equipment Rental		Generations HC Network	100.00%	536	536
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 91,140			\$ 297,082	\$ * 205,942

* 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	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	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 & Medical Records	\$ 19,001	MAC Rx, LLC	100.00%	\$ 17,225	\$ (1,776)
16	V	21 Clerical & General Office Exp	519	MAC Rx, LLC	100.00%	470	(49)
17	V	22 Employee Benefits	2,917	MAC Rx, LLC	100.00%	2,644	(273)
18	V	39 Ancillary	201,108	MAC Rx, LLC	100.00%	182,313	(18,795)
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 223,545			\$ 202,652	\$ * (20,893)

* 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	<u>1</u> Dietary	\$ 3,810	Big Ten Supply, LLC	100.00%	\$ 3,444	\$	(366)	15
16	V	<u>3</u> Housekeeping	38,965	Big Ten Supply, LLC	100.00%	35,220		(3,745)	16
17	V	<u>4</u> Laundry	393	Big Ten Supply, LLC	100.00%	356		(37)	17
18	V	<u>6</u> R&M	2,675	Big Ten Supply, LLC	100.00%	2,418		(257)	18
19	V	<u>10</u> Nursing & Medical Records	154,115	Big Ten Supply, LLC	100.00%	139,303		(14,812)	19
20	V	<u>10A</u> 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	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
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.

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	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

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

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

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 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	2	Dietary Other and Rebates	Resident Days	832,144	19	\$ (46,886)	\$ 36,034	\$ (2,030)	1	
2	6	Repairs & Maintenance	Resident Days	832,144	19	228,292	155,904	36,034	9,886	2
3	7	Emp. Ben. - General Svc.	Resident Days	832,144	19	28,781		36,034	1,246	3
4	9	Medical Director Consults	Resident Days	832,144	19			36,034		4
5	10	Nursing	Resident Days	832,144	19	1,095,433	1,094,370	36,034	47,435	5
6	15	Emp. Ben. - Health Care	Resident Days	832,144	19	204,429		36,034	8,852	6
7	17	Administrative	Resident Days	832,144	19	347,566	347,566	36,034	15,051	7
8	19	Professional Fees	Resident Days	832,144	19	138,762		36,034	6,009	8
9	20	Fee, Subscriptions	Resident Days	832,144	19	49,284		36,034	2,134	9
10	21	Clerical & General	Resident Days	832,144	19	4,236,976	3,850,828	36,034	183,472	10
11	24	Education & Seminar	Resident Days	832,144	19	6,287		36,034	272	11
12	25	Other Admin. Staff Transportation	Resident Days	832,144	19	112,731		36,034	4,882	12
13	26	Insurance	Resident Days	832,144	19	32,419		36,034	1,404	13
14	27	Emp. Ben. - Gen. Admin.	Resident Days	832,144	19	371,977		36,034	16,108	14
15	32	Interest	Resident Days	832,144	19	(27,854)		36,034	(1,206)	15
16	35	Auto Rental	Resident Days	832,144	19	70,001		36,034	3,031	16
17	35	Equipment Rental	Resident Days	832,144	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

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

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

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	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.)

Facility Name & ID Number Generations Oakton Pavillion# 0052910

Report Period Beginning:

01/01/20

Ending:

12/31/20**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.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

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

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>09-29-106-006-0000</u>	<u>Long Term Care Property</u>	\$ <u>400,904.81</u>	\$ <u>400,904.81</u>
2. <u>Alloc- SIR/Generations</u>	<u>Home Office Allocation</u>	\$ <u>148,905.51</u>	\$ <u>5,052.56</u>
3. <u>10-31-401-046-0000</u>	<u>Regency Allocation</u>	\$ <u>796,746.36</u>	\$ <u>419.42</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>1,346,556.68</u></u>	\$ <u><u>406,376.79</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

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

Facility Name & ID Number Generations Oakton Pavillion

0052910

Report Period Beginning:

01/01/20 Ending:

12/31/20

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).

N/A

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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>74,998</u>	<u>1975</u>	<u>\$ 200,000</u>	<u>1</u>
2					<u>2</u>
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	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	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 Asphalt 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.

Facility Name & ID Number Generations Oakton Pavilion

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

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 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
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 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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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 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
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 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
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 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
11									11
12									12
13									13
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 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
11									11
12									12
13									13
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 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 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 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**

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

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. _____ /2021 \$ _____

13. _____ /2022 \$ _____

14. _____ /2023 \$ _____

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	<u>Allocated From Generations</u>		\$	\$ <u>3,031</u>	17
18					18
19					19
20					20
21	TOTAL		\$	\$ <u>3,031</u>	21

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

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

Facility Name & ID Number Generations Oakton Pavillion # 0052910 Report Period Beginning: 01/01/20 Ending: 12/31/20
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		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.)

1	Service	Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 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): <u>LAB/RADIOLOGY</u>	V39					36,399		36,399	12
13	Other (specify): <u>BILLABLE SUPPLIES</u>	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.

Facility Name & ID Number Generations Oakton Pavillion

0052910

Report Period Beginning: 01/01/20

Ending:

12/31/20

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/20

(last day of reporting year)

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

		1	2	
		Operating	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): <u>See Attached</u>	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 <u>See Attached</u>)	1,510,972	1,510,972	22
23	Other(specify): <u>See Attached</u>			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	2	
		Operating	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	<u>See Attached</u>			36
37	<u>See Attached</u>	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	<u>See Attached</u>		3,448,778	43
44	<u>See Attached</u>			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.

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.

Facility Name & ID Number Generations Oakton Pavillion

0052910

Report Period Beginning: 01/01/20

Ending: 12/31/20

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

(This schedule must cover the entire reporting period.)

		1	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

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

** See instructions.

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Patrick DiPaolo	Administrator	0.00%	\$ 117,222	Workers' Compensation Insurance	\$ 103,337	IDPH License Fee	\$ 1,992	
				Unemployment Compensation Insurance	15,412	Advertising: Employee Recruitment	16,235	
				FICA Taxes	375,364	Health Care Worker Background Check	3,325	
				Employee Health Insurance	200,657	(Indicate # of checks performed <u>333</u>)		
				Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	4,130	
				Life Insurance	210	Licenses & Permits	4,691	
				401K Matching Expense	2,450	Allocated From Generations	2,134	
				COVID and Other Employee Benefits	19,540			
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 117,222	TOTAL (agree to Schedule V, line 22, col.8)		\$ 716,970		
(List each licensed administrator separately.)								
B. Administrative - Other								
Description			Amount					
			\$					
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 32,507		
(Attach a copy of any management service agreement)								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**		
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Generations HC Network	Outside Labor		\$ 60			\$	Out-of-State Travel	\$
Generations HC Network	Bookkeeping-Other		58,080					
Generations HC Network	Computer Support Charges		33,000					
Plante Moran	Accounting		21,840				In-State Travel	
See Attached	Legal Services		19,750					
Paylocity	Payroll Processing		15,298					
On-Shift	HR Consulting		2,430					
Achieve Accreditation	Accreditation Services		8,846				Seminar Expense	1,391
Pinnacle	Customer Satisfaction		3,730				Allocated From Generations	272
Mack Communications	Public Relations (Adjusted)		1,489					
Personnel Planners	Unemployment Consultant		1,200					
See Supplemental Page 21			35,114				Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)			\$ 200,837	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	
(For legal fee disclosure, see page 39 of instructions)							\$ 1,663	

* Attach copy of IMRF notifications

**See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
			\$	Workers' Compensation Insurance	\$	IDPH License Fee	\$		
				Unemployment Compensation Insurance		Advertising: Employee Recruitment			
				FICA Taxes		Health Care Worker Background Check			
				Employee Health Insurance		(Indicate # of checks performed _____)			
				Employee Meals					
				Illinois Municipal Retirement Fund (IMRF)*					
TOTAL (agree to Schedule V, line 17, col. 1)			\$						
(List each licensed administrator separately.)									
B. Administrative - Other									
Description		Amount				Less: Public Relations Expense	()		
		\$				Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 3)		\$		TOTAL (agree to Schedule V, line 22, col.8)	\$	TOTAL (agree to Sch. V, line 20, col. 8)	\$		
(Attach a copy of any management service agreement)									
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Vendor/Payee	Type	Amount	Description	Line #	Amount	Description	Amount		
Helathspring/Providigm	Quality Management	\$ 3,300			\$	Out-of-State Travel	\$		
E-Health Data Solutions	Risk Mgmt/Data Proc/Sched	9,042							
Patient Ping	Care Coordination	7,500				In-State Travel			
Access One, Inc	Telecommunication Consult.	6,561							
Reside Admissions	Admissions Consultant	3,740				Seminar Expense			
Playback	Communications (Adjusted)	2,960							
Go Daddy	Website (Adjusted)	2,011				Entertainment Expense	()		
TOTAL (agree to Schedule V, line 19, column 3)		\$	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$		
(For legal fee disclosure, see page 39 of instructions)		\$ 35,114							

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Generations Oakton Pavillion

0052910

Report Period Beginning:

01/01/20

Ending: 12/31/20

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? No
If YES, give association name and amount. N/A
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5-10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 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.