



Facility Name & ID Number Oakton Pavillion

# 0025056 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	107,310	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	107,310	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	3,151	1,069	6,104	10,324	8
9	SNF/PED					9
10	ICF	17,855	13,945	3,349	35,149	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	21,006	15,014	9,453	45,473	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 42.38%

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

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

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

Meals on Wheels (01/01/14 - 08/31/14)

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 01/20/80

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

YES  Date 01/20/80 NO

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

YES  NO  If YES, enter number of beds certified 195 and days of care provided 5,096

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

Is your fiscal year identical to your tax year? YES  NO

Tax Year: 12/31/14 Fiscal Year: 12/31/14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oakton Pavillion # 0025056 Report Period Beginning: 01/01/14 Ending: 12/31/14

**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
	<b>A. General Services</b>										
1	Dietary	327,886	42,063	44,254	414,203		414,203	(1,484)	412,719		1
2	Food Purchase		372,765		372,765	(26,833)	345,932	(40,812)	305,120		2
3	Housekeeping	124,068	55,612		179,680		179,680	(1,254)	178,426		3
4	Laundry	127,460	19,777		147,237		147,237	(1,102)	146,135		4
5	Heat and Other Utilities			253,909	253,909		253,909	(741)	253,168		5
6	Maintenance	137,802	59,887	139,677	337,366		337,366	23,776	361,142		6
7	Other (specify):* <a href="#">See Supplemental</a>							3,932	3,932		7
8	<b>TOTAL General Services</b>	717,216	550,104	437,840	1,705,160	(26,833)	1,678,327	(17,685)	1,660,642		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			46,604	46,604		46,604	(232)	46,372		9
10	Nursing and Medical Records	2,383,027	121,135	267,992	2,772,154		2,772,154	(13,139)	2,759,015		10
10a	Therapy	26,563		234	26,797		26,797	2,825	29,622		10a
11	Activities	174,414	21,415	220	196,049		196,049	(1,481)	194,568		11
12	Social Services	69,827		4,610	74,437		74,437	(573)	73,864		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <a href="#">See Supplemental</a>							1,685	1,685		15
16	<b>TOTAL Health Care and Programs</b>	2,653,831	142,550	319,660	3,116,041		3,116,041	(10,915)	3,105,126		16
	<b>C. General Administration</b>										
17	Administrative	381,706		287,013	668,719		668,719	(158,036)	510,683		17
18	Directors Fees										18
19	Professional Services			174,203	174,203	(183)	174,020	22,766	196,786		19
20	Dues, Fees, Subscriptions & Promotions			57,016	57,016		57,016	(35,600)	21,416		20
21	Clerical & General Office Expenses	228,367	26,335	2,914,145	3,168,847		3,168,847	(2,865,771)	303,076		21
22	Employee Benefits & Payroll Taxes			465,724	465,724	26,833	492,557	(7,287)	485,270		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,015	1,015		1,015	210	1,225		24
25	Other Admin. Staff Transportation			2,964	2,964		2,964	1,900	4,864		25
26	Insurance-Prop.Liab.Malpractice			182,426	182,426		182,426	8,302	190,728		26
27	Other (specify):* <a href="#">See Supplemental</a>							10,979	10,979		27
28	<b>TOTAL General Administration</b>	610,073	26,335	4,084,506	4,720,914	26,650	4,747,564	(3,022,537)	1,725,027		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,981,120	718,989	4,842,006	9,542,115	(183)	9,541,932	(3,051,137)	6,490,795		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

**Generations HCN at Oakton Pavilion, LLC  
Medicaid Cost Report  
01/01/14 - 12/31/14**

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**Page 3 Supplemental Schedule**

Description	Salaries	Supplies	Other
<b>Line 7 Detailed</b>			
Alloc. - SIR Management Management, Inc.			3,932
Total	-	-	3,932
<b>Line 15 Detailed</b>			
Alloc. - SIR Management Management, Inc.			1,685
Total	-	-	1,685
<b>Line 27 Detailed</b>			
Alloc. - SIR Management Management, Inc.			10,979
Total	-	-	10,979

**Generations HCN at Oakton Pavilion, LLC  
Medicaid Cost Report  
01/01/14 - 12/31/14**

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**Page 3 Supplemental Schedule - Reclass**

Description	Cost Center	Increase	Decrease
Real Estate Taxes	33	183	
Professional Fees	19		183
Food	02		26,833
Employee Benefits	22	26,833	

**Generations HCN at Oakton Pavilion, LLC  
Medicaid Cost Report  
01/01/14 - 12/31/14**

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**Page 3 Reclass**

Description	Meals Served	Resident Meals	Employee Meals
Employees Meals			
Employees (Approx. Number Meals / Day)	35		
Meals Per Day	1		
Days in Year	365		
Meals Served Per Year	<u>12,775</u>		8.08%
Evenglow Lodge Residents			
Census	48,421		
Meals Per Day	3		
Meals Served Per year	<u>145,263</u>	91.92%	
Total Meals Served	<u>158,038</u>	91.92%	8.08%
Food Cost			
Page 3 Line 2 Column 2	372,765		
Pre-Allocation Adjustments	(40,812)		
Food Cost For Allocation	331,953	331,953	331,953
Allocated Food Cost		<u>305,120</u>	<u>26,833</u>

Facility Name & ID Number Oakton Pavillion

#0025056

Report Period Beginning:

01/01/14

Ending:

12/31/14

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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	
	<b>D. Ownership</b>											
30	Depreciation			1,091	1,091		1,091	578,781	579,872			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			10,813	10,813		10,813	365,480	376,293			32
33	Real Estate Taxes			527,716	527,716	183	527,899	7,698	535,597			33
34	Rent-Facility & Grounds			1,415,000	1,415,000		1,415,000	(1,415,000)				34
35	Rent-Equipment & Vehicles			20,798	20,798		20,798	1,596	22,394			35
36	Other (specify):* <a href="#">See Supplemental</a>											36
37	<b>TOTAL Ownership</b>			1,975,418	1,975,418	183	1,975,601	(461,445)	1,514,156			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	127,549	297,378	219,451	644,378		644,378	(3,576)	640,802			39
40	Barber and Beauty Shops			6,087	6,087		6,087	(5,370)	717			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			405,702	405,702		405,702		405,702			42
43	Other (specify):* <a href="#">See Supplemental</a>	18,214			18,214		18,214	(18,502)	(288)			43
44	<b>TOTAL Special Cost Centers</b>	145,763	297,378	631,240	1,074,381		1,074,381	(27,448)	1,046,933			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	4,126,883	1,016,367	7,448,664	12,591,914		12,591,914	(3,540,030)	9,051,884			45

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

SEE ACCOUNTANTS' COMPILATION REPORT



**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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(12,349)	02		4
5	Telephone, TV & Radio in Resident Rooms	(10,227)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	1,790	30		9
10	Interest and Other Investment Income	(3,818)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,608)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(4,625)	20		20
21	Owner or Key-Man Insurance	(4,970)	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(2,874,122)	21		24
25	Fund Raising, Advertising and Promotional	(33,882)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(750)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Supplemental	(270,371)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (3,215,932)		\$	30

**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	
		<b>Amount</b>	<b>Reference</b>	
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)	(324,098)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (324,098)		36
37	<b>TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)</b>	\$ (3,540,030)		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	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

<b>BHF USE ONLY</b>							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

## Oakton Pavillion

ID# 0025056

Report Period Beginning: 01/01/14

Ending: 12/31/14

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Interest Expense - Paid to Members	\$ (17,163)	32	1
2	Interest Expense - Paid to Prior Owner	(42,850)	32	2
3	Beauty Shop Revenue	(5,370)	40	3
4	Collections	(602)	19	4
5	Bank Fees	(1,607)	21	5
6	Theft Loss	(2,025)	21	6
7	Marketing	(18,358)	43	7
8	Payroll Reimbursement - Alloc. (Dietary)	(2,582)	01	8
9	Payroll Reimbursement - Alloc. (Housekeeping)	(977)	03	9
10	Payroll Reimbursement - Alloc. (Laundry)	(1,004)	04	10
11	Payroll Reimbursement - Alloc. (Maintenance)	(1,085)	06	11
12	Payroll Reimbursement - Alloc. (Nursing)	(18,766)	10	12
13	Payroll Reimbursement - Alloc. (Therapy)	(209)	10a	13
14	Payroll Reimbursement - Alloc. (Activities)	(1,373)	11	14
15	Payroll Reimbursement - Alloc. (Social Services)	(550)	12	15
16	Payroll Reimbursement - Alloc. (Administration)	(3,006)	17	16
17	Payroll Reimbursement - Alloc. (Office)	(1,798)	21	17
18	Payroll Reimbursement - Alloc. (Therapy)	(1,004)	39	18
19	Payroll Reimbursement - Alloc. (Non-Allowable)	(144)	43	19
20	Other Revenue	(942)	21	20
21	AP Adjustments - Alloc (Dietary)	(430)	01	21
22	AP Adjustments - Alloc (Food)	(1,855)	02	22
23	AP Adjustments - Alloc (Housekeeping)	(277)	03	23
24	AP Adjustments - Alloc (Laundry)	(98)	04	24
25	AP Adjustments - Alloc (Utilities)	(1,263)	05	25
26	AP Adjustments - Alloc (Maintenance)	(993)	06	26
27	AP Adjustments - Alloc (Medical Director)	(232)	09	27
28	AP Adjustments - Alloc (Nursing)	(3,072)	10	28
29	AP Adjustments - Alloc (Therapy)	(1)	10a	29
30	AP Adjustments - Alloc (Activities)	(108)	11	30
31	AP Adjustments - Alloc (Social Services)	(23)	12	31
32	AP Adjustments - Alloc (Administration)	(1,428)	17	32
33	AP Adjustments - Alloc (Professional Fees)	(867)	19	33
34	AP Adjustments - Alloc (Dues and Subscriptions)	(284)	20	34
35	AP Adjustments - Alloc (Office and Clerical)	(14,632)	21	35
36	AP Adjustments - Alloc (Employee Benefits)	(2,317)	22	36
37	AP Adjustments - Alloc (Seminar)	(5)	24	37
38	AP Adjustments - Alloc (Other Staff Admin.)	(765)	25	38
39	AP Adjustments - Alloc (Insurance)	(908)	26	39
40	AP Adjustments - Alloc (Rent - Equipment)	(103)	35	40
41	AP Adjustments - Alloc (Ancillary)	(2,572)	39	41
42	Non-Allowable Food Costs - OA (\$6K / Month)	(24,000)	02	42
43	Oakton Terrace			43
44	Professional Fees	(27,459)	19	44
45	Amortization	(9,745)	31	45
46	Generations Property			46
47	Professional Fees	(47,329)	19	47
48	Amortization	(8,190)	31	48
49	<b>Total</b>	(270,371)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Oakton Pavillion# 0025056

Report Period Beginning:

01/01/14

Ending:

12/31/14

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	(3,012)	0	0	0	0	0	1,528	0	0	0	0	(1,484)	1
2	Food Purchase	(40,812)	0	0	0	0	0	0	0	0	0	0	(40,812)	2
3	Housekeeping	(1,254)	0	0	0	0	0	0	0	0	0	0	(1,254)	3
4	Laundry	(1,102)	0	0	0	0	0	0	0	0	0	0	(1,102)	4
5	Heat and Other Utilities	(1,263)	0	0	0	0	0	522	0	0	0	0	(741)	5
6	Maintenance	(2,078)	0	0	0	0	2,915	22,939	0	0	0	0	23,776	6
7	Other (specify):*	0	0	0	0	0	183	3,749	0	0	0	0	3,932	7
8	<b>TOTAL General Services</b>	<b>(49,521)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,098</b>	<b>28,738</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(17,685)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	(232)	0	0	0	0	0	0	0	0	0	0	(232)	9
10	Nursing and Medical Records	(21,838)	0	0	0	0	6,585	2,114	0	0	0	0	(13,139)	10
10a	Therapy	(210)	0	0	0	0	0	3,035	0	0	0	0	2,825	10a
11	Activities	(1,481)	0	0	0	0	0	0	0	0	0	0	(1,481)	11
12	Social Services	(573)	0	0	0	0	0	0	0	0	0	0	(573)	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	0	0	0	931	754	0	0	0	0	1,685	15
16	<b>TOTAL Health Care and Programs</b>	<b>(24,334)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,516</b>	<b>5,903</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(10,915)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	(4,434)	105,000	0	0	(118,904)	(161,083)	21,385	0	0	0	0	(158,036)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(76,257)	27,459	2,665	47,329	12,652	4,630	4,288	0	0	0	0	22,766	19
20	Fees, Subscriptions & Promotions	(38,791)	0	0	0	2,425	766	0	0	0	0	0	(35,600)	20
21	Clerical & General Office Expenses	(2,906,103)	0	0	378	0	39,935	19	0	0	0	0	(2,865,771)	21
22	Employee Benefits & Payroll Taxes	(7,287)	0	0	0	0	0	0	0	0	0	0	(7,287)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(5)	0	0	0	0	215	0	0	0	0	0	210	24
25	Other Admin. Staff Transportation	(765)	0	0	0	0	2,665	0	0	0	0	0	1,900	25
26	Insurance-Prop.Liab.Malpractice	(908)	0	0	8,617	0	556	37	0	0	0	0	8,302	26
27	Other (specify):*	0	0	0	0	0	6,563	4,416	0	0	0	0	10,979	27
28	<b>TOTAL General Administration</b>	<b>(3,034,550)</b>	<b>132,459</b>	<b>2,665</b>	<b>56,324</b>	<b>(103,827)</b>	<b>(105,753)</b>	<b>30,145</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(3,022,537)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(3,108,405)</b>	<b>132,459</b>	<b>2,665</b>	<b>56,324</b>	<b>(103,827)</b>	<b>(95,139)</b>	<b>64,786</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(3,051,137)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Oakton Pavillion# 0025056

Report Period Beginning:

01/01/14

Ending:

12/31/14

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	1,790	178,993	0	396,478	0	0	1,520	0	0	0	0	578,781	30
31	Amortization of Pre-Op. & Org.	(17,935)	9,745	0	8,190	0	0	0	0	0	0	0	0	31
32	Interest	(63,831)	71,352	0	361,605	0	(5,299)	1,653	0	0	0	0	365,480	32
33	Real Estate Taxes	0	0	0	5,706	0	0	1,992	0	0	0	0	7,698	33
34	Rent-Facility & Grounds	0	(960,000)	0	(455,000)	0	0	0	0	0	0	0	(1,415,000)	34
35	Rent-Equipment & Vehicles	(103)	0	0	0	0	1,699	0	0	0	0	0	1,596	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(80,079)</b>	<b>(699,910)</b>	<b>0</b>	<b>316,979</b>	<b>0</b>	<b>(3,600)</b>	<b>5,165</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(461,445)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(3,576)	0	0	0	0	0	0	0	0	0	0	(3,576)	39
40	Barber and Beauty Shops	(5,370)	0	0	0	0	0	0	0	0	0	0	(5,370)	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):*	(18,502)	0	0	0	0	0	0	0	0	0	0	(18,502)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(27,448)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(27,448)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(3,215,932)</b>	<b>(567,451)</b>	<b>2,665</b>	<b>373,303</b>	<b>(103,827)</b>	<b>(98,739)</b>	<b>69,951</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(3,540,030)</b>	<b>45</b>

**VII. RELATED PARTIES**

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent - Building	\$ 960,000	Oakton Terrace	100.00%	\$	\$ (960,000)	1
2	V	17 Administrative		Oakton Terrace	100.00%	105,000	105,000	2
3	V	19 Professional Fees		Oakton Terrace	100.00%	27,459	27,459	3
4	V	30 Depreciation		Oakton Terrace	100.00%	178,993	178,993	4
5	V	31 Amortization		Oakton Terrace	100.00%	9,745	9,745	5
6	V	32 Interest		Oakton Terrace	100.00%	71,352	71,352	6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 960,000			\$ 392,549	\$ * (567,451)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	19 Professional Fees	\$	FMH Management	100.00%	\$ 2,665	\$	2,665	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$			\$ 2,665	\$ *	2,665	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

Oakton Pavillion

# 0025056

Report Period Beginning:

01/01/14

Ending:

12/31/14

## 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	Ownership (01/01/14 - 08/31/14)							1
2								2
3	Harrold Katz	25.417%			Oakton Terrace	Des Plaines, IL	Bldg. Company	3
4	Myrna Palmer Trust	12.708%			FMH Mgmt Co.	Des Plaines, IL	Mgmt. Company	4
5	Mark Palmer Trust	12.708%						5
6	Fred Weiss Revocable Trust	25.417%						6
7	Mark Skorecky	5.000%						7
8	Mike Lewkowitz	4.375%						8
9	Jay Lewkowitz Revocable Trust	9.375%						9
10	Leonard Solinsky	5.000%						10
11								11
12	Ownership (09/01/14 - 12/31/14)							12
13								13
14	David Kozin	9.25%	Albany Care	Cook, IL	Generations Prop.	Lincolnwood, IL	Bldg. Company	14
15	Renee Kozin	9.25%	Applewood Rehabilitation Center, LLC	Matteson, IL	Generations HC			15
16	Brian Barrish	14.035%	Bryn Mawr Care, Inc.	Chicago, IL	Transitions	Lincolnwood, IL	Mgmt. Company	16
17	Barrish Group	16.375%	Columbus Park Nursing & Rehab Center	Chicago, IL	SIR Management	Lincolnwood, IL	Mgmt. Company	17
18	Ralph Gesualdo	8.188%	Decatur Manor Healthcare, LLC	Decatur, IL	SIR Properties	Lincolnwood, IL	Bldg. Company	18
19	Ralph Gesualdo Childrens Trust	8.188%	Elmwood Care, Inc.	Elmwood Park, IL				19
20	United Trust #1	4.094%	Fairview Nursing Plaza, Inc.	Rockford, IL				20
21	United Trust #2	4.094%	Greenwood Care, Inc.	Evanston, IL				21
22	LG Trust	4.094%	Maplewood Care, Inc.	Elgin, IL				22
23	BG Trust	4.094%	Neighbors Rehabilitation Center, LLC	Byron, IL				23
24	Burton Barrish	10.00%	Oakton Arms	Des Plaines, IL				24
25	Kirsten Barrish	1.00%	Regency Rehabilitation Center, LLC	Niles, IL				25
26	Joey Abramchik	2.00%	Rock Island Nursing & Rehab Center, LLC	Rock Island, IL				26
27	Louise Bergthold	2.00%	Wesly Rehabilitaiton Center	Auburn, IL				27
28	Patrick Baalke	1.00%	Wilson Care, Inc.	Chicago, IL				28
29	Pat McDiarmid	0.34%						29
30	Thomas Winter	2.00%						30

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	34 Rent - Building	\$ 455,000	Generations Property - Des Plaines	100.00%	\$	\$ (455,000)
16	V	32 Interest		Generations Property - Des Plaines	100.00%		
17	V	19 Professional Fees		Generations Property - Des Plaines	100.00%	47,329	47,329
18	V	21 Office and Clerical		Generations Property - Des Plaines	100.00%	378	378
19	V	26 Insurance		Generations Property - Des Plaines	100.00%	8,617	8,617
20	V	30 Depreciation		Generations Property - Des Plaines	100.00%	396,478	396,478
21	V	31 Amortization		Generations Property - Des Plaines	100.00%	8,190	8,190
22	V	32 Interest	1,000	Generations Property - Des Plaines	100.00%	362,605	361,605
23	V	33 Real Estate Taxes	152,800	Generations Property - Des Plaines	100.00%	158,506	5,706
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		\$ 608,800			\$ 982,103	\$ * 373,303

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 Administrative	\$ 118,904	Generations Health Care Consultants	100.00%	\$	(118,904)
16	V	19 Professional Fees		Generations Health Care Consultants	100.00%	12,652	12,652
17	V	20 Dues and Subscriptions		Generations Health Care Consultants	100.00%	2,425	2,425
18	V						
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		\$ 118,904			\$ 15,077	\$ * (103,827)

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 Maintenance	\$	SIR Management, Inc.	100.00%	\$ 2,915	\$ 2,915	15
16	V	7 Emp. Ben. - Gen. Services		SIR Management, Inc.	100.00%	183	183	16
17	V	10 Nursing		SIR Management, Inc.	100.00%	6,585	6,585	17
18	V	15 Emp. Ben. - HC and Programs		SIR Management, Inc.	100.00%	931	931	18
19	V	19 Professional Fees		SIR Management, Inc.	100.00%	2,761	2,761	19
20	V	20 Dues, Fees, and Subscriptions		SIR Management, Inc.	100.00%	766	766	20
21	V	21 Office and Clerical		SIR Management, Inc.	100.00%	12,266	12,266	21
22	V	24 Education and Seminar		SIR Management, Inc.	100.00%	215	215	22
23	V	25 Other Admin. Staff Transport.		SIR Management, Inc.	100.00%	2,665	2,665	23
24	V	26 Insurance		SIR Management, Inc.	100.00%	556	556	24
25	V	27 Emp. Ben. - Gen. Admin.		SIR Management, Inc.	100.00%	1,935	1,935	25
26	V	32 Interest		SIR Management, Inc.	100.00%	(5,299)	(5,299)	26
27	V	35 Rent - Auto		SIR Management, Inc.	100.00%	1,413	1,413	27
28	V	35 Rent - Equipment		SIR Management, Inc.	100.00%	286	286	28
29	V	17 Administrative		SIR Management, Inc.	100.00%	7,026	7,026	29
30	V	19 Professional Fees		SIR Management, Inc.	100.00%	1,869	1,869	30
31	V	21 Clerical and General		SIR Management, Inc.	100.00%	27,669	27,669	31
32	V	27 Emp. Ben. - Gen. Admin.		SIR Management, Inc.	100.00%	4,628	4,628	32
33	V	17 Administrative	168,109	SIR Management, Inc.	100.00%		(168,109)	33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 168,109			\$ 69,370	\$ * (98,739)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	01 Dietary	\$	SIR Management, Inc.	100.00%	\$ 1,528	\$	1,528	15
16	V	07 Emp. Ben. - Gen. Services		SIR Management, Inc.	100.00%	225		225	16
17	V	10 Nursing		SIR Management, Inc.	100.00%	2,114		2,114	17
18	V	15 Emp. Ben. - HC and Programs		SIR Management, Inc.	100.00%	301		301	18
19	V	17 Administrative		SIR Management, Inc.	100.00%	21,385		21,385	19
20	V	19 Professional Fees		SIR Management, Inc.	100.00%	4,085		4,085	20
21	V	27 Emp. Ben. - Gen. Admin.		SIR Management, Inc.	100.00%	4,416		4,416	21
22	V	10A Therapy		SIR Management, Inc.	100.00%	3,035		3,035	22
23	V	15 Emp. Ben. - HC and Programs		SIR Management, Inc.	100.00%	453		453	23
24	V	6 Maintenance		SIR Management, Inc.	100.00%	22,529		22,529	24
25	V	7 Emp. Ben. - HC and Programs		SIR Management, Inc.	100.00%	3,524		3,524	25
26	V	5 Utilities		SIR Management, Inc.	100.00%	522		522	26
27	V	6 Maintenance		SIR Management, Inc.	100.00%	410		410	27
28	V	19 Professional Fees		SIR Management, Inc.	100.00%	203		203	28
29	V	21 Office and Clerical		SIR Management, Inc.	100.00%	19		19	29
30	V	26 Insurance		SIR Management, Inc.	100.00%	37		37	30
31	V	30 Depreciation		SIR Management, Inc.	100.00%	1,520		1,520	31
32	V	32 Interest		SIR Management, Inc.	100.00%	1,653		1,653	32
33	V	33 Real Estate Taxes		SIR Management, Inc.	100.00%	1,992		1,992	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$			\$ 69,951	\$ *	69,951	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

Oakton Pavillion

# 0025056

Report Period Beginning:

01/01/14

Ending:

12/31/14

## 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	Jay Lewkowitz	Administrator	Administrative	9.375%	N/A	40.00	100.00%	Salary	\$ 193,526	17 - 1	1
2								Mgmt. Fee	105,000	17 - 7	2
3	Burton Barrish	Administrator	Administrative	10.000%	See Attachment	13.33	33.33%	Salary	20,484	17 - 1	3
4	Bryan Barrish	Shareholder	Administrative	16.370%	See Attachment	0.83	1.84%	Salary	4,148	17 - 7	4
5	Thomas Winter	Shareholder	Administrative	2.000%	See Attachment	1.24	2.06%	Salary	4,148	17 - 7	5
6	Sarah Barrish	Relative	Administrative	0.000%	See Attachment	0.93	2.06%	Salary	2,523	17 - 7	6
7	Kirsten Barrish	Shareholder	Administrative	1.000%	See Attachment	1.04	2.31%	Salary	1,913	17 - 7	7
8	Thomas Bergthold	Relative	Administrative	0.000%	See Attachment	0.83	2.08%	Salary	837	17 - 7	8
9	Louise Bergthold	Shareholder	Administrative	2.000%	See Attachment	1.24	3.10%	Salary	4,148	17 - 7	9
10	Joey Abramchik	Shareholder	Administrative	2.000%	See Attachment	0.83	2.08%	Salary	4,085	17 - 7	10
11	Elka Abramchick	Relative	Administrative	0.000%	See Attachment	0.66	1.89%	Salary	824	17 - 7	11
12	Patricia McDiarmid	Relative	Administrative	0.000%	See Attachment	1.04	2.08%	Salary	3,272	17 - 7	12
13								TOTAL	\$ 344,908		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oakton Pavillion

# 0025056

Report Period Beginning:

01/01/14

Ending: 12/31/14

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 Oakton Terrace  
 Street Address 1660 Oakton Place  
 City / State / Zip Code Des Plaines, Illinois 60018  
 Phone Number ( 847) 299 - 5588  
 Fax Number ( )

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oakton Pavillion

# 0025056

Report Period Beginning:

01/01/14

Ending: 12/31/14

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 FMH Management  
 Street Address 1660 Oakton Place  
 City / State / Zip Code Des Plaines, Illinois 60018  
 Phone Number ( 847) 299 - 5588  
 Fax Number (

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oakton Pavillion

# 0025056

Report Period Beginning:

01/01/14

Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	19	Professional Fees	Valuation Alloc. %	100	2	\$ 55,226	\$ 86	\$ 47,329	1
2	21	Office and Clerical	Valuation Alloc. %	100	2	441	86	378	2
3	26	Insurance	Valuation Alloc. %	100	2	10,055	86	8,617	3
4	30	Depreciation	Direct	491,112	2	491,112	396,478	396,478	4
5	31	Amortization	Valuation Alloc. %	100	2	9,557	86	8,190	5
6	32	Interest	Valuation Alloc. %	100	2	423,110	86	362,605	6
7	33	Real Estate Taxes	Valuation Alloc. %	100	2	184,955	86	158,506	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					\$ 1,174,456	\$	\$ 982,103	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oakton Pavillion

# 0025056

Report Period Beginning:

01/01/14

Ending: 12/31/14

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 Health Care Consultants  
 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	19	Professional Fees	Management Fees	126,329	2	\$ 13,442	\$ 118,905	\$ 12,652	1
2	20	Dues and Subscriptions	Management Fees	126,329	2	2,576	118,905	2,425	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					\$ 16,018	\$	\$ 15,077	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oakton Pavillion

# 0025056

Report Period Beginning:

01/01/14

Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization SIR Management, Inc.  
 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	6	Maintenance	Patient Days	751,530	16	\$ 140,542	\$ 58,090	15,586	\$ 2,915	1
2	7	Emp. Ben. - Gen. Services	Patient Days	751,530	16	8,819		15,586	183	2
3	10	Nursing	Patient Days	751,530	16	317,539	317,539	15,586	6,585	3
4	15	Emp. Ben. - HC and Programs	Patient Days	751,530	16	44,898		15,586	931	4
5	19	Professional Fees	Patient Days	751,530	16	133,120	89,849	15,586	2,761	5
6	20	Dues, Fees, and Subscriptions	Patient Days	751,530	16	36,940		15,586	766	6
7	21	Office and Clerical	Patient Days	751,530	16	591,459	531,411	15,586	12,266	7
8	24	Education and Seminar	Patient Days	751,530	16	10,362		15,586	215	8
9	25	Other Admin. Staff Transport.	Patient Days	751,530	16	128,491		15,586	2,665	9
10	26	Insurance	Patient Days	751,530	16	26,818		15,586	556	10
11	27	Emp. Ben. - Gen. Admin.	Patient Days	751,530	16	93,282		15,586	1,935	11
12	32	Interest	Patient Days	751,530	16	(255,531)		15,586	(5,299)	12
13	35	Rent - Auto	Patient Days	751,530	16	68,150		15,586	1,413	13
14	35	Rent - Equipment	Patient Days	751,530	16	13,772		15,586	286	14
15	17	Administrative	Patient Days	751,530	16	338,802	338,802	15,586	7,026	15
16	19	Professional Fees	Patient Days	751,530	16	90,119		15,586	1,869	16
17	21	Clerical and General	Patient Days	751,530	16	1,334,152	1,203,304	15,586	27,669	17
18	27	Emp. Ben. - Gen. Admin.	Patient Days	751,530	16	223,152		15,586	4,628	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 3,344,886	\$ 2,538,995		\$ 69,370	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oakton Pavillion

# 0025056

Report Period Beginning:

01/01/14

Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization SIR Management, Inc.  
 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	01	Dietary	Patient Days	751,530	16	\$ 73,669	\$ 73,669	15,586	\$ 1,528	1
2	07	Emp. Ben. - Gen. Services	Patient Days	751,530	16	10,866		15,586	225	2
3	10	Nursing	Patient Days	751,530	16	101,941	101,941	15,586	2,114	3
4	15	Emp. Ben. - HC and Programs	Patient Days	751,530	16	14,528		15,586	301	4
5	17	Administrative	Patient Days	751,530	16	1,031,137	1,031,137	15,586	21,385	5
6	19	Professional Fees	Patient Days	751,530	16	196,950		15,586	4,085	6
7	27	Emp. Ben. - Gen. Admin.	Patient Days	751,530	16	212,914		15,586	4,416	7
8	10A	Therapy	Special Rehab	274,680	15	133,582	133,582	6,240	3,035	8
9	15	Emp. Ben. - HC and Programs	Special Rehab	274,680	15	19,951		6,240	453	9
10	6	Maintenance	Maintenance	395,144	15	566,698	566,698	15,709	22,529	10
11	7	Emp. Ben. - HC and Programs	Maintenance	395,144	15	88,633		15,709	3,524	11
12	5	Utilities	Alloc. Square Feet	12,880	15	25,179		267	522	12
13	6	Maintenance	Alloc. Square Feet	12,880	15	19,781		267	410	13
14	19	Professional Fees	Alloc. Square Feet	12,880	15	9,777		267	203	14
15	21	Office and Clerical	Alloc. Square Feet	12,880	15	907		267	19	15
16	26	Insurance	Alloc. Square Feet	12,880	15	1,804		267	37	16
17	30	Depreciation	Alloc. Square Feet	12,880	15	73,312		267	1,520	17
18	32	Interest	Alloc. Square Feet	12,880	15	79,739		267	1,653	18
19	33	Real Estate Taxes	Alloc. Square Feet	12,880	15	96,114		267	1,992	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 2,757,482	\$ 1,907,027		\$ 69,951	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Oakton Pavillion # 0025056 Report Period Beginning: 01/01/14 Ending: 12/31/14

**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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Lake Forest Bank and Trust		X	Mortgage		09/02/14	\$ 18,750,000	\$ 18,750,000	09/02/18	4.06%	\$ 302,591	1								
2	Leumi Bank	X		Mortgage		07/02/13	2,300,000		07/02/18	4.75%	71,352	2								
3	Oakton Pavilion, Inc.	X		Mortgage		09/02/14	3,000,000	3,000,000			42,850	3								
4												4								
5												5								
<b>Working Capital</b>																				
6	Lake Forest Bank and Trust		X	Note Payable		09/02/14	600,000	550,000	09/02/18	5.00%	9,814	6								
7	Member Loans	X		Note Payable		Various	1,150,000				17,163	7								
8	SIR Management	X									(3,646)	8								
9	TOTAL Facility Related						\$ 25,800,000	\$ 22,300,000			\$ 440,125	9								
<b>B. Non-Facility Related*</b>																				
10												10								
11	Interest Income										(3,818)	11								
12	Non-Allowable Interest	X		Oakton Pavilion, Inc.							(42,850)	12								
13	Non-Allowable Interest	X		Member Loans							(17,163)	13								
14	TOTAL Non-Facility Related						\$	\$			\$ (63,831)	14								
15	TOTALS (line 9+line14)						\$ 25,800,000	\$ 22,300,000			\$ 376,293	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 0 Line # 36

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

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



**2013 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Oakton Pavillion COUNTY Cook  
 FACILITY IDPH LICENSE NUMBER 0025056  
 CONTACT PERSON REGARDING THIS REPORT Edward N. Slack, CPA  
 TELEPHONE (847) 628 - 8796 FAX #: (248) - 327 - 8417

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2013 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 2013.

(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>09-29-106-006-000</u>	<u>Long Term Care Facility</u>	\$ <u>444,477.61</u>	\$ <u>444,477.61</u>
2. <u>Alloc. - SIR Management</u>	<u>Long Term Care Facility</u>	\$ <u>116,016.54</u>	\$ <u>1,883.49</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>560,494.15</u></u>	\$ <u><u>446,361.10</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 a copy of the original 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

**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 Oakton Pavillion

# 0025056

Report Period Beginning:

01/01/14 Ending:

12/31/14

**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).

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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	Facility	74,998	1975	\$ 200,000	1
2	Alloc. - SIR Mgmt.				2
3	TOTALS	74,998		\$ 200,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

**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	
	Bed* 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	\$		\$	\$	\$	4
5										5
6										6
7										7
8										8
	<b>Improvement Type**</b>									
9	Various		1981	955						9
10	Various		1983	30,266						10
11	Various		1985	10,972						11
12	Various		1986	6,905						12
13	Various		1987	24,076						13
14	Various		1988	12,905						14
15	Various		1989	7,282						15
16	Various		1990	3,609						16
17	Various		1991	41,760						17
18	Various		1992	4,590						18
19	Various		2001	277,723						19
20	Various		2003	18,438						20
21	Various		2004	41,892						21
22	Various		2005	122,248						22
23	Various		2006	11,911						23
24	Various		2006	244,384						24
25	Various		2007	46,834						25
26	Various		2009	19,153						26
27	Various		2010	62,103						27
28	Corridor AHU Pump		2011	11,090						28
29	Cooler Tower		2011	53,306						29
30	Fence		2011	3,979						30
31	Carpentry, Tiling, Ceiling, Plumbing, Electrical Work 4th Floor		2011	380,155						31
32	Carpentry, Tiling, Ceiling, Plumbing, Electrical Work 3rd Floor		2011	380,155						32
33	Carpentry, Tiling, Ceiling, Plumbing, Electrical Work 2nd Floor		2011	380,155						33
34	Sidewalk		2011	5,690						34
35	Voltage Regulator		2011	2,700						35
36	Carpentry, Tiling, Ceiling, Plumbing, Electrical Work 1st Floor		2011	380,155						36

\*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

**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	Concrete Patio	2011	\$ 2,970	\$		\$	\$	\$	37
38	Expansion Tank for AC	2012	13,167						38
39	Sprinkler System	2012	39,096						39
40	Carpentry, Tiling, Ceiling, Plumbing, Electrical Work - 1-3 Flrs	2013	70,000						40
41	Generator Diesel Reserve Tank	2013	12,740						41
42	Valve For Heat Handler System	2013	6,729						42
43	Wander System for Dementia Parier	2013	9,481						43
44	Circuit Breaker for Electrical Room	2013	5,675						44
45	Fire Alarm System	2013	118,703						45
46	Tubes for Boilers	2013	20,852						46
47	Metal Roof in Ramp Area	2013	1,393						47
48	Miracle Plumbing - Recirculating Pump	2014	3,700						48
49	Albright - Rebuild Sewer	2014	3,510						49
50	Edwards Engineering - Evaporator Coil	2014	3,575						50
51	Edwards Engineering - Walk In Cooler Compressor	2014	3,450						51
52	Grainger - Sewer and Effluent Pumps	2014	3,477						52
53	Holland Electric - Magnetic Egress Locks / Keypads (Ext Doors)	2014	10,998	46		46		46	53
54	Lionheart Critical Power - Automatic Transfer Switches	2014	10,857	15		15		15	54
55	Pegasus Custom Furniture - Custom Cabinets (Hallways)	2014	3,700	8		8		8	55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68	Financial Statement Depreciation - Generations Property			396,478		396,478			68
69	Financial Statement Depreciation - Oakton Terrace			178,993		178,993			69
70	TOTAL (lines 4 thru 69)		\$ 7,101,432	\$ 575,540		\$ 575,540	\$	\$ 69	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Oakton Pavillion

# 0025056

Report Period Beginning:

01/01/14

Ending:

12/31/14

**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	<b>Totals from Page 12A, Carried Forward</b>		\$ 7,101,432	\$ 575,540		\$ 575,540	\$	\$ 69	1
2	<b>SIR Management, Inc.</b>								2
3									3
4	Various	1993	2,379					2,379	4
5	Various	1994	7	66			(66)	7	5
6	Various	1995	54			3	3	53	6
7	Various	1997	3,656			178	178	3,238	7
8	Various	1999	287	82		14	(68)	219	8
9	Various	1999							9
10	Various	2000	339			17	17	247	10
11	Various	2007	1,090			55	55	392	11
12	Various	2008	3,005	74		189	115	1,296	12
13	Various	2009	7,467	287		373	86	1,958	13
14	Various	2009	5,182			133	133	670	14
15	Various	2011	185	18		18		63	15
16	Various	2012	591	30		30		71	16
17	Various	2014	83			2	2	2	17
18									18
19	<b>SIR Properties, Inc. / SIR Management, Inc.</b>								19
20									20
21	Various	1993	9,384	298		268	(30)	5,764	21
22	Various	1993	152	1			(1)	152	22
23	Various	1994	89	2		2		89	23
24	Various	1997	35			2	2	33	24
25	Various	1998	568			28	28	469	25
26	Various	1999	1,189			59	59	921	26
27	Various	2002	37			2	2	23	27
28	Various	2007	164	8		8		66	28
29	Various	2009	563	25		28	3	163	29
30	Various	2010	566			28	28	123	30
31	Various	2012	575	57		3	(54)	7	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,139,079	\$ 576,488		\$ 576,980	\$ 492	\$ 18,474	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$	\$	\$	\$		\$	71
72	Current Year Purchases	49,917	1,022	1,022			1,022	72
73	Fully Depreciated Assets							73
74	See Supplemental	27,856	506	1,792	1,286		18,603	74
75	TOTALS	\$ 77,773	\$ 1,528	\$ 2,814	\$ 1,286		\$ 19,625	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	Alloc. - SIR Management			\$ 729	\$ 66	\$ 78	\$ 12		\$ 78	76
77										77
78										78
79										79
80	TOTALS			\$ 729	\$ 66	\$ 78	\$ 12		\$ 78	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)	\$ 7,417,581	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 578,082	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 579,872	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 1,790	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 38,177	85

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

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

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**Generations HCN at Oakton Pavilion, LLC**  
**Medicaid Cost Report**  
**01/01/14 - 12/31/14**

**Page 13 Supplemental Schedule**

Description	Cost	Depreciation	Accumulated Depreciation
<b>Related Party 1</b>			
Prior			
Current			
Total	-	-	-
<b>Related Party 2 - SIR Management, Inc.</b>			
Prior	25,547	468	18,517
Current	2,300	38	77
Total	27,847	506	18,594
<b>Related Party 3 - SIR Properties / SIR Management, Inc.</b>			
Prior	9		9
Current			
Total	9	-	9
<b>Related Party 4</b>			
Prior			
Current			
Total	-	-	-
<b>Total</b>	<b>27,856</b>	<b>506</b>	<b>18,603</b>

Facility Name & ID Number Oakton Pavillion

# 0025056

Report Period Beginning: 01/01/14

Ending: 12/31/14

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A - Related Party

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

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	<b>TOTAL</b>				\$			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.	_____ /2015	\$ _____
13.	_____ /2016	\$ _____
14.	_____ /2017	\$ _____

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: \$ 20,981 Description: See Supplemental Schedule

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Alloc. - Sir Management</u>		\$	\$ <u>1,413</u>	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$	\$ <u>1,413</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.

SEE ACCOUNTANTS' COMPILATION REPORT



**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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
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**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility			
		1	2	3	4
		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	<b>TOTALS</b>	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

**C. CONTRACTUAL INCOME**

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

**D. NUMBER OF CNAs TRAINED**

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
<b>TOTAL TRAINED</b>	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
  - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- SEE ACCOUNTANTS' COMPILATION REPORT

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

	Service	1 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					
					Units	Cost				
1	Licensed Occupational Therapist	39 - 01 / 39 - 03	hrs	\$ 4,747		\$ 85,881			\$ 90,628	1
2	Licensed Speech and Language Development Therapist	39 - 01 / 39 - 03	hrs	16,508		28,682			45,190	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 01 / 39 - 03	hrs	106,294		95,838			202,132	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				152,181		152,181	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>See Supplemental</u>	39 - 02					145,197		145,197	12
13	Other (specify): <u>See Supplemental</u>	39 - 03				9,050			9,050	13
14	<b>TOTAL</b>			\$ 127,549		\$ 219,451	\$ 297,378		\$ 644,378	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

**Oakton Pavillion  
Medicaid Cost Report  
01/01/14 - 12/31/14**

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**Page 16 Supplemental Schedule**

<b>Description</b>	<b>Supplies</b>	<b>Other</b>
Medical Supplies	145,197	
Laboratory		1,580
Radiology		920
Medical Equipment		4,072
Other		2,478
Total	<u>145,197</u>	<u>9,050</u>

Facility Name & ID Number **Oakton Pavillion**

# **0025056**

Report Period Beginning: **01/01/14**

Ending:

**12/31/14**

**XV. BALANCE SHEET - Unrestricted Operating Fund.**

As of **12/31/14**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 60,206	\$ 295,601	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	2,291,467	2,291,467	3
4	Supply Inventory (priced at <u>Cost - FIFO</u> )			4
5	Short-Term Investments			5
6	Prepaid Insurance	143,280	149,232	6
7	Other Prepaid Expenses	1,326	1,326	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Supplemental Schedule</u>			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,496,279	\$ 2,737,626	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,400,000	13
14	Buildings, at Historical Cost		19,545,427	14
15	Leasehold Improvements, at Historical Cost	25,555	384,148	15
16	Equipment, at Historical Cost	49,918	3,745,899	16
17	Accumulated Depreciation (book methods)	(1,091)	(492,203)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Supplemental Schedule</u>		915,934	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 74,382	\$ 25,499,204	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,570,661	\$ 28,236,830	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 763,136	\$ 608,925	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	229,414	229,414	30
31	Accrued Taxes Payable (excluding real estate taxes)	23,961	23,961	31
32	Accrued Real Estate Taxes(Sch.IX-B)		550,000	32
33	Accrued Interest Payable		74,300	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Supplemental Schedule</u>	1,032,500		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,049,011	\$ 1,486,600	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	550,000	550,000	39
40	Mortgage Payable		21,750,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>See Supplemental Schedule</u>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 550,000	\$ 22,300,000	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 2,599,011	\$ 23,786,600	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (28,350)	\$ 4,450,230	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,570,661	\$ 28,236,830	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**Oakton Pavillion  
Medicaid Cost Report  
01/01/14 - 12/31/14**

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Page 17 Supplemental Schedule

Description	Operating	After Consolidation
<b>Line 9 - Other Current Assets</b>		
Total	-	-
<b>Line 23 - Other Long Term Assets</b>		
Due from Members		810,802
Loan Fees (Net of Amortization)		105,132
Total	-	915,934
<b>Line 36 - Other Current Liabilities</b>		
Due to Related Parties	1,032,500	
Total	1,032,500	-
<b>Line 43 - Other Long Term Liabilities</b>		
Total	-	-

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b>	
		<b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(2,823,430)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ (2,823,430)	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>	<b>Oakton Pavilion (Old Ownership) - Net Loss</b>	2,795,080	<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$ 2,795,080	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ (28,350)	<b>24</b> *

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 9,475,650	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 9,475,650	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	89,046	6
7	Oxygen	1,660	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 90,706	8
<b>C. Other Operating Revenue</b>			
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	5,370	13
14	Non-Patient Meals	12,349	14
15	Telephone, Television and Radio	660	15
16	Rental of Facility Space		16
17	Sale of Drugs	6,162	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	113	21
22	Laundry	15,930	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 40,584	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	3,818	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 3,818	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	157,726	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 157,726	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 9,768,484	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,705,160	31
32	Health Care	3,116,041	32
33	General Administration	4,720,914	33
<b>B. Capital Expense</b>			
34	Ownership	1,975,418	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	668,679	35
36	Provider Participation Fee	405,702	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 12,591,914	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(2,823,430)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (2,823,430)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 2,642,690	44
45	Private Pay - Net Inpatient Revenue	3,311,643	45
46	Medicare - Net Inpatient Revenue	2,867,017	46
47	Other-(specify) <u>Veterans / Hospice - Net Inpatient Revenue</u>	389,730	47
48	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	264,570	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 9,475,650	49

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Not Final If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

**SEE ACCOUNTANTS' COMPILATION REPORT**

**Oakton Pavillion  
Medicaid Cost Report  
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**Page 19 Supplemental Schedule**

<b>Description</b>	<b>Total</b>	<b>Adjustment</b>
<b>Line 28 - Other Revenue</b>		
Other Income	942	942
Accounts Receivable Adjustments - Oakton Pavilion	92,803	
Accounts Payable Adjustments - Oakton Pavilion	31,483	31,483
Payroll Reimbursement - Oakton Pavilion	32,498	32,498
Total	<u>157,726</u>	<u>64,923</u>

Facility Name & ID Number Oakton Pavillion

# 0025056

Report Period Beginning:

01/01/14

Ending:

12/31/14

**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	1,549	1,584	\$ 80,380	\$ 50.74	1
2	Assistant Director of Nursing	584	597	24,656	41.30	2
3	Registered Nurses	31,178	34,258	840,045	24.52	3
4	Licensed Practical Nurses	16,275	17,010	378,900	22.28	4
5	CNAs & Orderlies	83,924	87,974	1,000,140	11.37	5
6	CNA Trainees					6
7	Licensed Therapist	2,801	2,908	127,549	43.86	7
8	Rehab/Therapy Aides	2,229	2,337	26,563	11.37	8
9	Activity Director					9
10	Activity Assistants	15,237	16,629	174,414	10.49	10
11	Social Service Workers	3,366	3,443	69,827	20.28	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	27,775	29,655	327,886	11.06	15
16	Dishwashers					16
17	Maintenance Workers	8,090	8,757	137,802	15.74	17
18	Housekeepers	12,732	14,081	124,068	8.81	18
19	Laundry	11,896	13,133	127,460	9.71	19
20	Administrator	3,263	3,555	218,179	61.37	20
21	Assistant Administrator	2,397	2,664	163,527	61.38	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,545	11,216	228,367	20.36	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	2,204	2,893	58,906	20.36	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Marketing</u>	682	895	18,214	20.35	33
34	TOTAL (lines 1 - 33)	234,727	253,589	\$ 4,126,883 *	\$ 16.27	34

**B. CONSULTANT SERVICES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$ 44,254	01 - 03	35
36	Medical Director	46,604	09 - 03	36
37	Medical Records Consultant	1,045	10 - 03	37
38	Nurse Consultant	4,917	10 - 03	38
39	Pharmacist Consultant			39
40	Physical Therapy Consultant	94	10A - 03	40
41	Occupational Therapy Consultant	140	10A - 03	41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	220	11 - 03	44
45	Social Service Consultant	4,610	12 - 03	45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 101,884		49

**C. CONTRACT NURSES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$		50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides	262,030	10 - 03	52
53	TOTAL (lines 50 - 52)	\$ 262,030		53

SEE ACCOUNTANTS' COMPILATION REPORT

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

\*\* 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				
Jay Lewkowitz (01/01 - 08/31)	Administrator	9.375%	\$ 193,526	Workers' Compensation Insurance	\$ 63,465	IDPH License Fee	\$ 1,990				
Maureen Krahl (01/01 - 08/31)	Asst. Admin.	0.000%	143,043	Unemployment Compensation Insurance	16,253	Advertising: Employee Recruitment	1,100				
Burton Barrish (09/01 - 12/31)	Administrator	10.000%	24,653	FICA Taxes	332,106	Health Care Worker Background Check	950				
Jim Lloyd (10/12 - 12/31)	Asst. Admin.	0.000%	20,484	Employee Health Insurance	42,803	(Indicate # of checks performed )	1,749				
				Employee Meals	26,833	<u>Patient Background Checks</u>					
				Illinois Municipal Retirement Fund (IMRF)*		Advertising and Public Relations	33,882				
				Other Employee Welfare	6,127	Dues and Subscriptions	5,412				
				Alloc. - AP Adjustment	(2,317)	Licenses and Permits	7,308				
						Alloc. - SIR Management	3,191				
						Alloc. - AP Adjustment	(284)				
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						Less: Public Relations Expense	( )				
			\$ 381,706			Non-allowable advertising	(33,882)				
						Yellow page advertising	( )				
<b>B. Administrative - Other</b>						TOTAL (agree to Sch. V, line 20, col. 8)					
Description			Amount	TOTAL (agree to Schedule V, line 22, col.8)			\$ 485,270				
Management Fees - SIR Management			\$ 168,109								
Management Fees - Generations Health Care Consultants			118,904								
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 287,013								
<b>C. Professional Services</b>				<b>E. Schedule of Non-Cash Compensation Paid to Owners or Employees</b>				<b>G. Schedule of Travel and Seminar**</b>			
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount			
Arnstein & Lehr, LLP	Legal		\$ 1,875				Out-of-State Travel	\$			
Dowd, Dowd & Mertes, Ltd.	Legal		2,218								
Polsinelli Shughart	Legal		405								
Grabowski Law Center, LLC	Collections		602				In-State Travel				
Legat Architects	Consulting		5,820								
Richard Peelo & Associates	Accounting		4,500								
Frost, Ruttenberg & Rothblatt	Accounting		265								
Kessler, Orlean, Silver & Co.	Accounting		51,758				Seminar Expense	1,015			
Personnel Planners	Unemployment Consultant		275				Alloc. - SIR Management	215			
Achieve Accreditation	Other Professional		2,451				Alloc. - AP Adjustment	(5)			
Paychex	Data Processing		18,878								
See Supplemental Schedule			85,156				Entertainment Expense	( )			
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 174,203	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)		\$ 1,225		

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

**Generations HCN at Oakton Pavilion, LLC**  
**Medicaid Cost Report**  
**01/01/14 - 12/31/14**

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**Page 21 Supplemental Schedule - Other Professional Fees**

<u>Vendor</u>	<u>Type</u>	<u>Amount</u>
MDI Achieve	Data Processing	1,650
Health Data Sysems	Data Processing	900
Matrix	Data Processing	239
Listo, Inc.	Data Processing	13,287
IIT / Sourcotech	Data Processing	1,415
Lintech	Data Processing	56,822
Galaxy Hosted Software	Data Processing	7,238
Atlantic Web	Data Processing	516
Karen J. Haack	Other Professional	3,089

Total

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85,156

**Oakton Pavillion  
Medicaid Cost Report  
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**Page 21 Supplemental Schedule - Legal Invoice Detail**

Firm Name	Invoice Date	Description of Services	Allowable Amount	Non-Allowable Amount
Arnstein & Lehr, LLP	03/07/14	Corporate Matters	531	
Dowd, Dowd & Mertes, Ltd.	03/05/14	Litigation - Residents	1,648	
Arnstein & Lehr, LLP	04/07/14	Annual Report	1,344	
Dowd, Dowd & Mertes, Ltd.	04/04/14	Litigation - Residents	75	
Dowd, Dowd & Mertes, Ltd.	05/02/14	Litigation - Residents	75	
Dowd, Dowd & Mertes, Ltd.	06/16/14	Litigation - Residents	120	
Dowd, Dowd & Mertes, Ltd.	08/22/14	Litigation - Residents	300	
Polsinelli Shughart		Corporate Matters	405	
Total			4,498	-

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2	N/A											
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

