



Facility Name & ID Number Lexington of Wheeling

# 0040923 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	215	Skilled (SNF)	215	78,475	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	215	TOTALS	215	78,475	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF			8,707	8,707	8
9	SNF/PED					9
10	ICF	55,891	6,002		61,893	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	55,891	6,002	8,707	70,600	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.96%

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

None (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)

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

Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

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 05/12/95

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

YES  Date \_\_\_\_\_ NO

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

YES  NO  If YES, enter number of beds certified 215 and days of care provided 5,585

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/10 Fiscal Year: 12/31/10

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

Facility Name & ID Number Lexington of Wheeling # 0040923 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

**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	379,617	37,792	16,081	433,490		433,490		433,490		1
2	Food Purchase		342,034		342,034		342,034	(16,796)	325,238		2
3	Housekeeping	328,132	36,832		364,964		364,964	402	365,366		3
4	Laundry	104,491	20,551		125,042		125,042		125,042		4
5	Heat and Other Utilities			238,664	238,664		238,664	10,370	249,034		5
6	Maintenance	38,814		140,059	178,873		178,873	61,798	240,671		6
7	Other (specify):* <b>Alloc. From Mgmt Co</b>							7,003	7,003		7
8	<b>TOTAL General Services</b>	851,054	437,209	394,804	1,683,067		1,683,067	62,777	1,745,844		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			24,325	24,325		24,325		24,325		9
10	Nursing and Medical Records	3,974,772	316,063	39,013	4,329,848		4,329,848	63,668	4,393,516		10
10a	Therapy			961,092	961,092		961,092		961,092		10a
11	Activities	242,900	41,614	5,780	290,294		290,294		290,294		11
12	Social Services	150,766		42,976	193,742		193,742		193,742		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>Alloc. From Mgmt Co</b>							8,727	8,727		15
16	<b>TOTAL Health Care and Programs</b>	4,368,438	357,677	1,073,186	5,799,301		5,799,301	72,395	5,871,696		16
	<b>C. General Administration</b>										
17	Administrative	108,209		1,298,799	1,407,008		1,407,008	(1,270,547)	136,461		17
18	Directors Fees										18
19	Professional Services			151,044	151,044		151,044	20,207	171,251		19
20	Dues, Fees, Subscriptions & Promotions			18,858	18,858		18,858	7,844	26,702		20
21	Clerical & General Office Expenses	286,899	47,370	44,990	379,259		379,259	467,952	847,211		21
22	Employee Benefits & Payroll Taxes			829,426	829,426		829,426	16,087	845,513		22
23	Inservice Training & Education			13,050	13,050		13,050	1,108	14,158		23
24	Travel and Seminar			8,633	8,633		8,633	(755)	7,878		24
25	Other Admin. Staff Transportation			2,278	2,278		2,278	21,027	23,305		25
26	Insurance-Prop.Liab.Malpractice			250,709	250,709		250,709	4,292	255,001		26
27	Other (specify):* <b>Alloc. From Mgmt Co</b>							76,769	76,769		27
28	<b>TOTAL General Administration</b>	395,108	47,370	2,617,787	3,060,265		3,060,265	(656,016)	2,404,249		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,614,600	842,256	4,085,777	10,542,633		10,542,633	(520,844)	10,021,789		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.

Facility Name & ID Number Lexington of Wheeling

#0040923

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

## 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			111,802	111,802		111,802	416,921	528,723			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			31,726	31,726		31,726	424,824	456,550			32
33	Real Estate Taxes							280,561	280,561			33
34	Rent-Facility & Grounds			1,666,537	1,666,537		1,666,537	(1,662,313)	4,224			34
35	Rent-Equipment & Vehicles			43,262	43,262		43,262	3,385	46,647			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			1,853,327	1,853,327		1,853,327	(536,622)	1,316,705			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		249,626	1	249,627		249,627		249,627			39
40	Barber and Beauty Shops			24,407	24,407		24,407		24,407			40
41	Coffee and Gift Shops			7,594	7,594		7,594		7,594			41
42	Provider Participation Fee			117,713	117,713		117,713		117,713			42
43	Other (specify):* <b>Non-Allowable Cos</b>			180,669	180,669		180,669	(180,669)				43
44	<b>TOTAL Special Cost Centers</b>		249,626	330,384	580,010		580,010	(180,669)	399,341			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,614,600	1,091,882	6,269,488	12,975,970		12,975,970	(1,238,135)	11,737,835			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	(709)	2		4
5	Telephone, TV & Radio in Resident Rooms	(6,538)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(357)	30		9
10	Interest and Other Investment Income	(48,509)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(37,223)	43		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	(2,312)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(63,237)	43		24
25	Fund Raising, Advertising and Promotional	(50,906)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(503)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Pg 5A	(350,273)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (560,567)		\$	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)	(677,568)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (677,568)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (1,238,135)		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.		X	\$	38
39					39
40	Gift and Coffee Shops		X		40
41	Barber and Beauty Shops		X		41
42	Laboratory and Radiology		X		42
43	Prescription Drugs		X		43
44					44
45	Other-Attach Schedule		X		45
46	Other-Attach Schedule		X		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

Lexington of WheelingID# 0040923Report Period Beginning: 01/01/2010Ending: 12/31/2010

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Diagnostics Managed Care	\$ (1,704)	43	1
2	Labs-Part A	(9,394)	43	2
3	X-Rays Part A	(8,852)	43	3
4	Marketing Salary	(58,160)	21	4
5	Misc. Income	9	21	5
6	Trust Fees	(75)	43	6
7	Collections	(1,268)	19	7
8	Out of period legal and retainer	(1,294)	19	8
9	Reclass LHI to maintenance	5,631	6	9
10	Education and Seminar Marketing	(2,735)	24	10
11	Unrealized loss on FMV swap	(271,386)	43	11
12	Chamber of commerce dues	(1,045)	20	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
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40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(350,273)		49

**VII. RELATED PARTIES**

**A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.**

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
James Samatas Discretionary Trust	33.33	See attached Schedule B		See attached Schedule B		
John Samatas Discretionary Trust	33.33					
Cynthia Thiem Discretionary Trust	33.34					

**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	19 Professional fees	\$	Lexington Health Care Systems of Wheeling Ltd. Ptsp.	**	\$ 200	\$ 200	1	
2	V							2	
3	V	30 Depreciation		Lexington Health Care Systems of Wheeling Ltd. Ptsp.	**	369,010	369,010	3	
4	V	32 Amortization of mortgage costs		Lexington Health Care Systems of Wheeling Ltd. Ptsp.	**	1,397	1,397	4	
5	V	32 Interest expense		Lexington Health Care Systems of Wheeling Ltd. Ptsp.	**	454,616	454,616	5	
6	V	33 Property taxes		Lexington Health Care Systems of Wheeling Ltd. Ptsp.	**	274,537	274,537	6	
7	V	34 Rental expense	1,666,537	Lexington Health Care Systems of Wheeling Ltd. Ptsp.	**		(1,666,537)	7	
8	V	43 Trust Fees		Lexington Health Care Systems of Wheeling Ltd. Ptsp.	**	75	75	8	
9	V	43 Unrealized loss on FMV swap		Lexington Health Care Systems of Wheeling Ltd. Ptsp.	**	271,386	271,386	9	
10	V							10	
11	V							11	
12	V							12	
13	V	**The owners of Lexington Health Care Center of Wheeling, Inc. own 100% of Lexington Health Care Systems of Wheeling Ltd. Ptsp.							13
14	Total		\$ 1,666,537			\$ 1,371,221	\$ * (295,316)	14	

\* 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	3 Housekeeping supplies	\$	Royal Management Corp.	**	\$ 402	\$	402	15
16	V	5 Utilities - gas & electric		Royal Management Corp.	**	9,216		9,216	16
17	V	5 Utilities - water & sewer		Royal Management Corp.	**	262		262	17
18	V	5 Utilities - maintenance office		Royal Management Corp.	**	892		892	18
19	V	6 Management allocation - salaries		Royal Management Corp.	**	47,137		47,137	19
20	V	6 Repairs & maintenance		Royal Management Corp.	**	8,609		8,609	20
21	V	6 Scavenger & exterminating		Royal Management Corp.	**	421		421	21
22	V	7 Management allocation - employee benefits		Royal Management Corp.	**	7,003		7,003	22
23	V	10 Medical consultant		Royal Management Corp.	**	4,929		4,929	23
24	V	10 Management allocation - salaries		Royal Management Corp.	**	58,739		58,739	24
25	V	15 Management allocation - employee benefits		Royal Management Corp.	**	8,727		8,727	25
26	V	17 Management allocation - salaries		Royal Management Corp.	**	28,252		28,252	26
27	V	19 Computer consultant & supplies		Royal Management Corp.	**	15,615		15,615	27
28	V	19 Professional fees		Royal Management Corp.	**	6,954		6,954	28
29	V	20 Dues & subscriptions		Royal Management Corp.	**	704		704	29
30	V	20 Advertising - help wanted		Royal Management Corp.	**	8,185		8,185	30
31	V	21 Management allocation - salaries		Royal Management Corp.	**	488,472		488,472	31
32	V	21 Bank charges		Royal Management Corp.	**	9,673		9,673	32
33	V	21 Office supplies & printing		Royal Management Corp.	**	12,733		12,733	33
34	V	21 Postage		Royal Management Corp.	**	4,574		4,574	34
35	V	23 Inservice Training		Royal Management Corp.	**	1,108		1,108	35
36	V								36
37	V								37
38	V	** Certain owners of Lexington Health Care Center of Wheeling, Inc. own 100% of Royal Management Corp.							38
39	Total		\$			\$ 722,607	\$ *	722,607	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	21 Telephone	\$	Royal Management Corp.	**	\$ 10,651	\$	10,651	15	
16	V	24 Travel & seminar		Royal Management Corp.	**	1,980		1,980	16	
17	V	25 Auto expense		Royal Management Corp.	**	21,027		21,027	17	
18	V	26 Insurance general		Royal Management Corp.	**	4,292		4,292	18	
19	V	27 Management allocation - employee benefits		Royal Management Corp.	**	76,769		76,769	19	
20	V	30 Depreciation		Royal Management Corp.	**	48,268		48,268	20	
21	V	32 Interest		Royal Management Corp.	**	17,282		17,282	21	
22	V	32 Amortization of mortgage costs		Royal Management Corp.	**	38		38	22	
23	V	33 Property taxes		Royal Management Corp.	**	6,024		6,024	23	
24	V	34 Rent expense		Royal Management Corp.	**	4,224		4,224	24	
25	V	35 Equipment rental		Royal Management Corp.	**	1,254		1,254	25	
26	V	17 Management fees	1,298,799	Royal Management Corp.	**			(1,298,799)	26	
27	V	35 Auto Lease		Royal Management Corp.	**	2,131		2,131	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	** Certain owners of Lexington Health Care Center of Wheeling, Inc. own 100% of Royal Management Corp.								38
39	Total		\$ 1,298,799			\$ 193,940	\$ *	(1,104,859)	39	

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

**Lexington Health Care Center of Wheeling, Inc.**  
**Provider # 0040923**  
**1/1/10-12/31/10**

**Schedule 6B**

VII. Related Parties  
Related Nursing Homes

<u>Name of facility</u>	<u>City</u>
Lexington Health Care Center of Lombard, Inc.	Lombard
Lexington Health Care Center of Bloomingdale, Inc.	Bloomingdale
Lexington Health Care Center of Elmhurst, Inc.	Elmhurst
Lexington Health Care Center of LaGrange, Inc.	LaGrange
Lexington Health Care Center of Lake Zurich, Inc.	Lake Zurich
Lexington Health Care Center of Schaumburg, Inc.	Schaumburg
Lexington Health Care Center of Chicago Ridge, Inc.	Chicago Ridge
Lexington Health Care Center of Streamwood, Inc.	Streamwood
Lexington Health Care Center of Orland Park, Inc.	Orland Park

Other Related Business Entities

Eastgate Manor	Algonquin	Supportive Living Facility
Vesta Management Group LLC	Lombard	Management Company
Lexington Health Care Systems of Wheeling Ltd. Partnership	Wheeling	Real Estate Property
Royal Management Corporation	Lombard	Management Company
Lexington Financial Services II, LLC	Lombard	Finance Company
Lexington Square Life Care of Lombard, LLC	Lombard	Independent and Assisted Living
Samvest of Lombard II, LP	Lombard	Hotel

**See Accountants' Compilation Report**

Facility Name &amp; ID Number

Lexington of Wheeling

#

0040923

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

## 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	James Samatas	Owner/officer	Administrative	33.33%	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	\$ 10,200	L17, C7	1	
2	John Samatas	Owner/Offier	Admin/Plant Ops	33.33%	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	8,792	L17, C7	2	
3	Cynthia Thiem	Owner/officer	Administrative	33.34%	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	9,260	L17, C7	3	
4	Daniel Thiem	Executive VP	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	2,648	L21, C7	4	
5											5	
6											6	
7											7	
8					Certain Individuals work in excess of 40 hours per week.							8
9											9	
10											10	
11											11	
12											12	
13								TOTAL	\$ 30,900		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 Lexington of Wheeling

# 0040923

Report Period Beginning:

01/01/2010

Ending: 2/31/2010

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 Royal Management Corp.  
 Street Address 665 W. North Avenue, Suite 500  
 City / State / Zip Code Lombard, IL 60148  
 Phone Number (630) 458-4700  
 Fax Number (630) 458-4796

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	3	Housekeeping supplies	Bed Days Available	718,010	10	\$ 3,682	\$ 78,475	\$ 402	1	
2	5	Utilities - gas & electric	Bed Days Available	718,010	10	84,318	78,475	9,216	2	
3	5	Utilities - water & sewer	Bed Days Available	718,010	10	2,399	78,475	262	3	
4	5	Utilities - maintenance office	Bed Days Available	718,010	10	8,161	78,475	892	4	
5	6	Management allocation - salaries	Bed Days Available	718,010	10	431,278	431,278	78,475	47,137	5
6	6	Repairs & maintenance	Bed Days Available	718,010	10	78,772	78,475	8,609	6	
7	6	Scavenger & exterminating	Bed Days Available	718,010	10	3,848	78,475	421	7	
8	7	Management allocation - employees	Bed Days Available	718,010	10	64,074	78,475	7,003	8	
9	10	Medical consultant	Bed Days Available	718,010	10	45,100	78,475	4,929	9	
10	10	Management allocation - salaries	Bed Days Available	718,010	10	537,439	537,439	78,475	58,739	10
11	15	Management allocation - employees	Bed Days Available	718,010	10	79,846	78,475	8,727	11	
12	17	Management allocation - salaries	Bed Days Available	718,010	10	258,489	258,489	78,475	28,252	12
13	19	Computer consultant & supplies	Bed Days Available	718,010	10	142,872	78,475	15,615	13	
14	19	Professional fees	Bed Days Available	718,010	10	63,628	78,475	6,954	14	
15	20	Dues & subscriptions	Bed Days Available	718,010	10	6,440	78,475	704	15	
16	20	Advertising - help wanted	Bed Days Available	718,010	10	74,892	78,475	8,185	16	
17	21	Management allocation - salaries	Bed Days Available	718,010	10	4,469,291	4,469,291	78,475	488,472	17
18	21	Bank charges	Bed Days Available	718,010	10	88,508	78,475	9,673	18	
19	21	Office supplies & printing	Bed Days Available	718,010	10	116,497	78,475	12,733	19	
20	21	Postage	Bed Days Available	718,010	10	41,854	78,475	4,574	20	
21	21	Telephone	Bed Days Available	718,010	10	97,454	78,475	10,651	21	
22	24	Travel and Seminar	Bed Days Available	718,010	10	18,117	78,475	1,980	22	
23	23	Inservice Training	Bed Days Available	718,010	10	10,139	78,475	1,108	23	
24									24	
25	TOTALS					\$ 6,727,098	\$ 5,696,497	\$ 735,238	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lexington of Wheeling

# 0040923

Report Period Beginning:

01/01/2010

Ending: 2/31/2010

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 Royal Management Corp.  
 Street Address 665 W. North Ave.  
 City / State / Zip Code Lombard, IL 60148  
 Phone Number (630) 478-4700  
 Fax Number (630) 478-4796

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	25	Auto expense	Bed Days Available	718,010	10	\$ 192,388	\$ 78,475	\$ 21,027	1
2	26	Insurance general	Bed Days Available	718,010	10	39,272	78,475	4,292	2
3	27	Management allocation - employee	Bed Days Available	718,010	10	702,398	78,475	76,769	3
4	30	Depreciation	Bed Days Available	718,010	10	441,627	78,475	48,268	4
5	32	Interest	Bed Days Available	718,010	10	158,122	78,475	17,282	5
6	32	Amortization of mortgage costs	Bed Days Available	718,010	10	346	78,475	38	6
7	33	Property taxes	Bed Days Available	718,010	10	55,117	78,475	6,024	7
8	34	Rent expense	Bed Days Available	718,010	10	38,647	78,475	4,224	8
9	35	Equipment rental	Bed Days Available	718,010	10	11,478	78,475	1,254	9
10	35	Auto Lease	Bed Days Available	718,010	10	19,500	78,475	2,131	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					\$ 1,658,895	\$	\$ 181,309	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Lexington of Wheeling

# 0040923

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

**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										
										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	Lexington Financial					\$		\$		\$	1								
2	Services II, L.L.C	X		Mortgage	Varies	4/30/07	7,573,000	7,108,284	5/1/2017	0.0625	454,616	2							
3												3							
4												4							
5										Interest on financing insurance premium	2,276	5							
<b>Working Capital</b>																			
6	Shareholders	X		Working Capital	None	Various	675,000	3,050,647	Demand	Prime +1	29,450	6							
7	JP Morgan Chase N.A.		X	Line of Credit	Varies	4/30/07	1,100,000		6/30/11	Libor + 2.25%		7							
8												8							
9	<b>TOTAL Facility Related</b>						\$ 9,348,000	\$ 10,158,931			\$ 486,342	9							
<b>B. Non-Facility Related*</b>																			
10										Amortization of loan costs	1,435	10							
11										Interest income offset	(19,059)	11							
12										Allocated from management co.	17,282	12							
13										Less: Interest to shareholders	(29,450)	13							
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (29,792)	14							
15	<b>TOTALS (line 9+line14)</b>						\$ 9,348,000	\$ 10,158,931			\$ 456,550	15							

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>				
1. Real Estate Tax accrual used on 2009 report.				\$	<b>464,400</b>	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.)	2009			\$	<b>343,531</b>	2
3. Under or (over) accrual (line 2 minus line 1).				\$	<b>(120,869)</b>	3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	<b>354,000</b>	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			Allocated Mgmt. Co.		<b>6,024</b>	
				\$	<b>62,038</b>	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. <b>TOTAL REFUND \$ 20,632 For 2007 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>				\$	<b>(20,632)</b>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	<b>280,561</b>	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2005	<b>412,618</b>	8	<b>FOR BHF USE ONLY</b>		
	2006	<b>417,477</b>	9	13	FROM R. E. TAX STATEMENT FOR 2009 \$	13
	2007	<b>433,316</b>	10	14	PLUS APPEAL COST FROM LINE 5 \$	14
	2008	<b>451,429</b>	11	15	LESS REFUND FROM LINE 6 \$	15
	2009	<b>343,531</b>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
<a href="#">See attached accrual worksheet</a>						

**NOTES:**

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

**SEE ACCOUNTANTS' COMPILATION REPORT**

# 2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Lexington of Wheeling COUNTY Cook  
 FACILITY IDPH LICENSE NUMBER 0040923  
 CONTACT PERSON REGARDING THIS REPORT Karen Gillis  
 TELEPHONE (630) 458-4700 FAX #: (630) 458-4795

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

Enter the tax index number and real estate tax assessed for 2009 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 2009.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>03-10-401-027-0000</u>	<u>Land &amp; Building</u>	\$ <u>343,531.22</u>	\$ <u>343,531.22</u>
2.	<u>Royal Management Corp. (Samvest of Lombard II)</u>		\$ _____	\$ _____
3.	<u>05-01-202-021</u>	<u>Land &amp; Building</u>	\$ <u>227,778.04</u>	\$ <u>6,024.00</u>
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
<b>TOTALS</b>			\$ <u><u>571,309.26</u></u>	\$ <u><u>349,555.22</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 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

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

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 85,551 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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>Resident Care</u>	<u>137,650</u>	<u>1993</u>	<u>\$ 595,000</u>	<u>1</u>
2	<u>Allocated from Management Company</u>		<u>2002</u>	<u>21,271</u>	<u>2</u>
3	<b>TOTALS</b>	<b>137,650</b>		<b>\$ 616,271</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Lexington of Wheeling

# 0040923

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-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	205		1995	1995	\$ 6,537,447	\$	10-40	\$ 163,223	\$ 163,223	\$ 2,565,684	4
5	10		2000	2000	98,710	2,468	40	2,468		25,912	5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9		Building improvement	1995		3,587			80	80	3,587	9
10		Land improvement - sidewalk replacement	1996		1,927	128	15	128		1,862	10
11		Leasehold improvement - pines & sod	1996		3,431	229	15	229		3,318	11
12		Basement rehab	1997		18,611		15			18,611	12
13		Building improvement - curtains/track	1997		1,936		10	55	55	746	13
14		Landscaping	1997		2,002	134	35	134		1,804	14
15		Wiring for MDS	1998		3,552		15			3,552	15
16		Parking Lot	1998		2,952		10			2,952	16
17		Roof repair	2000		1,980	99	10	99		1,980	17
18		Remodel HVAC/exhaust system - office area	2000		7,480	374	10	374		3,927	18
19		Automatic Door	2000		1,300	65	20	65		1,300	19
20		Rods for beside curtains	2000		2,525	126	10	126		2,525	20
21		Floor tile	2000		10,298	515	10	515		10,298	21
22		Parking lot seal coating and repair	2001		2,177	218	10	218		2,069	22
23		Infrared curtain units for 3 elevators	2001		4,500		10			4,500	23
24		Boiler vent repairs	2001		3,084	308	5	308		2,929	24
25		Kitchen wall rebuild	2003		22,500	1,125	10	1,125		8,250	25
26		Elevator upgrade	2004		11,077	554	20	554		3,693	26
27		Landscaping	2005		450	23	20	23		125	27
28		HVAC system	2005		27,711	1,386	20	1,386		7,275	28
29		Lobby, lounge, and reception rehab	2005		22,731	1,137	20	1,137		5,684	29
30		Lower level therapy room rehab	2005		8,100	405	20	405		2,396	30
31		First floor therapy room addition	2005		32,167	1,608	20	1,608		9,649	31
32		Transitional unit addition	2005		18,758	938	20	938		4,924	32
33		Basement rehab	2005		13,105	655	20	655		3,603	33
34		Countertops	2005		845	56	5	56		845	34
35		Window treatments	2005		4,090		5			4,090	35
36							10				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

Facility Name &amp; ID Number Lexington of Wheeling

# 0040923

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-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	Landscaping Enhancement	2006	\$ 4,558	\$ 304	15	\$ 304		\$ 1,342	37
38	HVAC	2006	10,034	1,003	10	1,003		4,096	38
39	Emergency A/C	2006	8,110	811	10	811		3,447	39
40	Administration HVAC	2006	6,058	606	10	606		2,575	40
41	Modular units attached to wall	2006	11,010	1,101	10	1,101		4,863	41
42	Transitional Unit	2006	8,017	401	10	401		1,604	42
43	Employee lunch room rehab	2006	2,361	236	10	236		1,082	43
44	Alzheimers Remodel	2007	606	15	40	15		45	44
45	Alzheimers Remodel	2007	10,535	263	40	263		789	45
46	Install wireless LAN	2006	5,307	531	10	531		2,124	46
47	Automatic Doors Patio	2006	2,232	223	10	223		1,004	47
48	Parking Lot	2007	3,777	189	20	189		630	48
49	HVAC	2007	4,842	242	20	242		726	49
50	First Floor Remodel-carpentry, flooring, door frames, plumbing	2007	646,028		40	16,151	16,151	64,603	50
51	First Floor Remodel-painting, carpentry, flooring, plumbing	2007			40				51
52	Landscaping	2008	14,600	973	15	973		2,676	52
53	Second Floor Remodel-carpentry, flooring, electrical, painting	2008	485,694		27	17,662	17,662	38,268	53
54	Special care unit-carpentry, electrical, painting, alarm systems	2008	40,930		27	1,488	1,488	3,224	54
55	Irrigation System	2009	15,185	1,012	15	1,012		1,434	55
56	Landscaping Enhancements	2009	21,445	1,430	15	1,430		2,145	56
57	Roof repairs	2009	137,000	6,850	20	6,850		8,563	57
58	Stamped Concrete	2009	10,512	382	27	382		446	58
59	Quick connects	2009	9,678	484	20	484		726	59
60									60
61	2nd Floor remodel-Carpentry	2009	8,116	295	27	295		541	61
62	Patio Fence	2009	4,824	241	20	241		261	62
63	Patio Pergola	2009	8,299	415	20	415		726	63
64	3rd floor remodel-Carpentry, flooring, electrical, wallpaper	2009	443,781		27	16,137	16,137	24,206	64
65	alarms sytem, painting.								65
66	Brick panel replacement	2010	164,474	1,495	27	1,495		1,495	66
67	Office changes	2010	40,017		27				67
68	Landscaping	2010	3,124	52	15	52		52	68
69	Parking lot signs and flagpole	2010	2,870	77	27	77		78	69
70	TOTAL (lines 4 thru 69)		\$ 9,003,057	\$ 32,182		\$ 246,978	\$ 214,796	\$ 2,881,861	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 Lexington of Wheeling

# 0040923

Report Period Beginning:

01/01/2010 Ending: 12/31/2010

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-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>		\$ 9,003,057	\$ 32,182		\$ 246,978	\$ 214,796	\$ 2,881,861	1
2	Remove and replace asphalt	2010	17,500	265	27	265		265	2
3	Spot cooler	2010	3,456	10	27	10		10	3
4	Admin office HVAC	2010	8,400	178	27	178		178	4
5	Holding tank	2010	13,000	118	27	118		118	5
6	Floor sink	2010	13,177	319	27	319		319	6
7	Remodel pantry-shelves	2010	8,880	54	27	54		54	7
8	Paint over bed lights	2010	5,770		27				8
9	Remodel library/lounge-flooring,carpentry	2010	10,114	61	27	61		61	9
10									10
11	Reconcile to book depreciation			358			(358)		11
12									12
13									13
14									14
15									15
16									16
17									17
18	Land improvements - management company	2002	294,348		40	8,751	8,751	78,071	18
19	HVAC, electrical, security system - management company	2003	2,585		30	467	467	1,325	19
20	Key card system - management company	2004	406		20	20	20	129	20
21	VAV TX controls - management company	2005	124		20	6	6	36	21
22	Interior Signs-management company	2006	90		5	6	6	25	22
23	Building improvements - management company	2008	9,775		5	747	747	1,670	23
24	Building improvements - management company	2009	735		5	49	49	62	24
25	Building improvements - management company	2010	886		5	71	71	71	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,392,303	\$ 33,545		\$ 258,100	\$ 224,555	\$ 2,964,255	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Lexington of Wheeling

# 0040923

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	\$ 1,286,923	\$ 65,841	\$ 219,433	\$ 153,592	5	\$ 576,329	71
72	Current Year Purchases	187,957	12,416	13,041	625	5	13,041	72
73	Fully Depreciated Assets	67,426					67,426	73
74	Alloc. From Mgmt Co.	312,920		31,932	31,932	5	246,020	74
75	TOTALS	\$ 1,855,226	\$ 78,257	\$ 264,406	\$ 186,149		\$ 902,816	75

D. Vehicle Depreciation (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				\$	\$	\$	\$		\$	76
77										77
78										78
79	Alloc. From Mgmt Co.			46,099		6,217	6,217	5	32,451	79
80	TOTALS			\$ 46,099	\$	\$ 6,217	\$ 6,217		\$ 32,451	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)	\$ 11,909,899	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 111,802	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 528,723	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 416,921	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,899,522	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	CIP	\$ 18,936	92
93			93
94			94
95		\$ 18,936	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

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: \_\_\_\_\_

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	Allocated from Mgmt Co.				4,224			6
7	TOTAL				\$ 4,224			7

8. List separately any amortization of lease expense included on page 4, line 34. \_\_\_\_\_

This amount was calculated by dividing the total amount to be amortized \_\_\_\_\_  
by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental?  YES  NO

16. Rental Amount for movable equipment: \$ 44,516 Description: Copier-\$7,842; Fax Mach-\$3,920;Oxy-\$22,577;Med Eq-\$8,923 Alloc. Mgmt Co.-\$1,254

(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			\$	\$	17
18	Allocated from Mgmt Co.			2,131	18
19					19
20					20
21	TOTAL		\$	\$ 2,131	21

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. \_\_\_\_\_/2011 \$ \_\_\_\_\_

13. \_\_\_\_\_/2012 \$ \_\_\_\_\_

14. \_\_\_\_\_/2013 \$ \_\_\_\_\_

\* 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.

**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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. 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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10A(3)	hrs	\$	4,906	\$ 348,103	\$	4,906	\$ 348,103	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		1,606	142,593		1,606	142,593	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(3)	hrs		10,469	470,396		10,469	470,396	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescripts				249,626		249,626	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Ambulance</u>	39(3)					1		1	12
13	Other (specify): _____									13
14	<b>TOTAL</b>			\$	16,981	\$ 961,092	\$ 249,627	16,981	\$ 1,210,719	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

Facility Name & ID Number Lexington of Wheeling# 0040923Report Period Beginning: 01/01/2010Ending: 12/31/2010

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 1,140,375	\$ 1,276,599	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>543,645</u> )	1,082,950	1,082,950	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	18,048	18,048	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	3,876	41,959	8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,245,249	\$ 2,419,556	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	7,336	7,336	12
13	Land		616,271	13
14	Buildings, at Historical Cost		6,537,447	14
15	Leasehold Improvements, at Historical Cost	929,740	2,854,856	15
16	Equipment, at Historical Cost	643,852	1,901,325	16
17	Accumulated Depreciation (book methods)	(456,145)	(3,899,522)	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 (spe CIP	18,936	18,936	22
23	Other(specify): <u>Mortgage net cost</u>		30,157	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,143,719	\$ 8,066,806	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,388,968	\$ 10,486,362	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 413,701	\$ 413,701	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	3,050,647	3,050,647	29
30	Accrued Salaries Payable	372,664	372,664	30
31	Accrued Taxes Payable (excluding real estate taxes)	1,298	1,298	31
32	Accrued Real Estate Taxes(Sch.IX-B)		354,000	32
33	Accrued Interest Payable		41,248	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Sch 17A</u>	5,767,250	1,634,281	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 9,605,560	\$ 5,867,839	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,108,284	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 7,108,284	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 9,605,560	\$ 12,976,123	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (6,216,592)	\$ (2,489,761)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,388,968	\$ 10,486,362	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

Lexington Health Care Center of Wheeling  
1/1/10-12/31/10  
Provider # 0040923

Schedule 17A

XV. Balance Sheet

C. Current Liabilities

36. Other Current Liabilities

<b><u>Description</u></b>	<b><u>Operating</u></b>	<b><u>After Consolidation</u></b>
Due from remodeling	15,839	15,839
Due to/from rehab care therapy	42,161	42,161
Due to Republic Construction of Illinois, Inc.	9,745	9,745
Bond Withholding	45	45
401K Withholding	248	248
Accrued Expenses	127,169	127,169
Accrued Rent	5,248,777	
Due to patient trust fund	48,400	48,400
Deferred Income	288,670	288,670
Due to Royal Operations	34,047	34,047
Due to Wheeling	1,511	1,511
Advance Bi-weekly Part A Payments	(15,718)	(15,718)
Uncollectible Part A Co. Pvts	(33,644)	(33,644)
Interest Rate Swap Liability		1,115,808
	<u>5,767,250</u>	<u>1,634,281</u>

**See Accountants' Compilation Report**

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ (5,815,202)	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Post closing adjustment</b>	(101,259)	<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>	\$ (5,916,461)	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(300,131)	<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>	\$ (300,131)	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<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>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ (6,216,592)	<b>24</b> *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lexington of Wheeling# 0040923Report Period Beginning: 01/01/2010Ending: 12/31/2010

**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	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 18,256,857	1
2	Discounts and Allowances for all Levels	(7,946,434)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 10,310,423</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,979,584	6
7	Oxygen	12,165	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 1,991,749</b>	<b>8</b>
<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	11,171	12
13	Barber and Beauty Care	24,655	13
14	Non-Patient Meals	987	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	209,601	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	39,651	19
20	Radiology and X-Ray		20
21	Other Medical Services	68,407	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 354,472</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	19,204	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 19,204</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Miscellaneous Income</u>	(9)	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ (9)</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 12,675,839</b>	<b>30</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,683,067	31
32	Health Care	5,799,301	32
33	General Administration	3,060,265	33
<b>B. Capital Expense</b>			
34	Ownership	1,853,327	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	462,297	35
36	Provider Participation Fee	117,713	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 12,975,970</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(300,131)</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (300,131)</b>	<b>43</b>

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.  
Entity is a cash basis tax payer.

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

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

Facility Name & ID Number Lexington of Wheeling

# 0040923

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

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	1,946	2,154	\$ 115,838	\$ 53.78	1
2	Assistant Director of Nursing	8,439	8,949	297,729	33.27	2
3	Registered Nurses	34,897	38,274	1,146,629	29.96	3
4	Licensed Practical Nurses	24,912	27,614	628,309	22.75	4
5	CNAs & Orderlies	126,821	137,386	1,619,801	11.79	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	11,187	12,089	149,562	12.37	8
9	Activity Director					9
10	Activity Assistants	17,275	18,378	242,900	13.22	10
11	Social Service Workers	8,113	8,735	150,766	17.26	11
12	Dietician	890	1,058	17,193	16.25	12
13	Food Service Supervisor	1,960	2,045	38,839	18.99	13
14	Head Cook	2,064	2,169	32,580	15.02	14
15	Cook Helpers/Assistants	14,845	16,001	153,921	9.62	15
16	Dishwashers	15,655	16,669	137,084	8.22	16
17	Maintenance Workers	2,094	2,258	38,814	17.19	17
18	Housekeepers	34,270	36,851	328,132	8.90	18
19	Laundry	10,912	11,656	104,491	8.96	19
20	Administrator	1,829	2,177	108,209	49.71	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,971	15,065	228,739	15.18	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	936	1,058	16,904	15.98	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Marketing</u>	1,482	1,744	58,160	33.35	33
34	TOTAL (lines 1 - 33)	334,498	362,330	\$ 5,614,600 *	\$ 15.50	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	\$ 16,081	1(3)	35
36	Medical Director	Monthly	24,325	9(3)	36
37	Medical Records Consultant	Monthly	1,235	10(3)	37
38	Nurse Consultant	Monthly	5,328	10(3)	38
39	Pharmacist Consultant	Monthly	11,883	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	4,987	11(3)	44
45	Social Service Consultant	Monthly	4,551	12(3)	45
46	Other(specify) <u>Psychosocial</u>	Monthly	2,304	12(3)	46
47	<u>Pulmonary</u>	Monthly	20,567	10(3)	47
48	<u>Medical Consultant</u>	Monthly	4,929	10(7)	48
49	TOTAL (lines 35 - 48)		\$ 96,190		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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	
<u>Ayodeji Adegoye</u>	<u>Administrator</u>	<u>0%</u>	<u>\$ 61,434</u>	<u>Workers' Compensation Insurance</u>	<u>\$ 96,621</u>	<u>IDPH License Fee</u>	<u>\$ 490</u>	
<u>Catherine Jenkins</u>	<u>Administrator</u>	<u>0%</u>	<u>46,775</u>	<u>Unemployment Compensation Insurance</u>	<u>41,754</u>	<u>Advertising: Employee Recruitment</u>	<u>12,290</u>	
				<u>FICA Taxes</u>	<u>416,174</u>	<u>Health Care Worker Background Check</u>		
				<u>Employee Health Insurance</u>	<u>232,156</u>	<u>(Indicate # of checks performed )</u>	<u>658</u>	
				<u>Employee Meals</u>	<u>16,087</u>	<u>Patient Background Checks</u>	<u>2,335</u>	
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>		<u>Miscellaneous Licenses &amp; Fees</u>	<u>581</u>	
				<u>401K</u>	<u>11,660</u>	<u>Miscellaneous Dues &amp; Subscriptions</u>	<u>2,504</u>	
				<u>Uniform Allowance</u>	<u>887</u>			
				<u>Other Employee Benefits</u>	<u>30,174</u>	<u>Alloc. From Mgmt Co.</u>	<u>8,889</u>	
						<u>Less: Rotary Club Dues</u>	<u>(1,045)</u>	
						<u>Less: Public Relations Expense</u>	<u>( )</u>	
						<u>Non-allowable advertising</u>	<u>( )</u>	
						<u>Yellow page advertising</u>	<u>( )</u>	
<b>TOTAL (agree to Schedule V, line 17, col. 1)</b>			<b>\$ 108,209</b>					
<b>(List each licensed administrator separately.)</b>								
<b>B. Administrative - Other</b>				<b>TOTAL (agree to Schedule V, line 22, col.8)</b>			<b>TOTAL (agree to Sch. V, line 20, col. 8)</b>	
					<b>\$ 845,513</b>		<b>\$ 26,702</b>	
<b>Description</b>			<b>Amount</b>	<b>E. Schedule of Non-Cash Compensation Paid to Owners or Employees</b>				
<u>Management Fees-Royal Operating</u>			<u>\$ 923,544</u>	<b>Description</b>	<b>Line #</b>	<b>Amount</b>	<b>G. Schedule of Travel and Seminar**</b>	
<u>Management Fees-Vest Mgmt.</u>			<u>375,255</u>				<b>Description</b>	<b>Amount</b>
							<u>Out-of-State Travel</u>	<u>\$</u>
							<u>In-State Travel</u>	
<b>TOTAL (agree to Schedule V, line 17, col. 3)</b>			<b>\$ 1,298,799</b>				<u>Seminar Expense</u>	<u>5,898</u>
<b>(Attach a copy of any management service agreement)</b>							<u>Alloc. From Mgmt Co.</u>	<u>1,980</u>
<b>C. Professional Services</b>				<b>TOTAL</b>			<b>Entertainment Expense</b>	
<b>Vendor/Payee</b>	<b>Type</b>		<b>Amount</b>				<b>(agree to Sch. V, line 24, col. 8)</b>	<b>\$ 7,878</b>
<u>Action Computer Service</u>	<u>Computer Consulting</u>		<u>\$ 855</u>					
<u>BSKLIVE, Inc.</u>	<u>Computer Consulting</u>		<u>4,219</u>					
<u>Bridgepoint Technologies</u>	<u>Computer Consulting</u>		<u>1,247</u>					
<u>Cimco Communications</u>	<u>Computer Consulting</u>		<u>46</u>					
<u>Dr. Homa Internet Exp.</u>	<u>Computer Consulting</u>		<u>180</u>					
<u>Efax Corporate</u>	<u>Computer Consulting</u>		<u>2,007</u>					
<u>E-Health Data Solutions</u>	<u>Computer Consulting</u>		<u>2,594</u>					
<u>Elton Desings Inc.</u>	<u>Computer Consulting</u>		<u>1,265</u>					
<u>Facility Wizard Software</u>	<u>Computer Consulting</u>		<u>1,413</u>					
<u>Information Control</u>	<u>Computer Consulting</u>		<u>1,156</u>					
<u>Krakau Business</u>	<u>Computer Consulting</u>		<u>341</u>					
<u>See attached Schedule 21C</u>			<u>135,721</u>					
<b>TOTAL (agree to Schedule V, line 19, column 3)</b>			<b>\$ 151,044</b>					
<b>(If total legal fees exceed \$5,000, attach copy of invoices.)</b>								

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

\*\*See instructions.

C. Professional Fees

Schedule 21C

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Lanac Technology	Computer Consulting	2,846
Lintech LLC	Computer Consulting	5,968
Micro Center/AR	Computer Consulting	19
Microsoft License	Computer Consulting	3,989
National Datacare	Computer Consulting	3,100
Red Sky Technologies	Computer Consulting	273
RSM McGladrey	Computer Consulting	8,486
Silverchair Learning Systems	Computer Consulting	4,200
SPM Marketing & Communications	Computer Consulting	877
Telemedicine Solutions	Computer Consulting	4,750
TouchPoint Care	Computer Consulting	500
Vision Share, Inc.	Computer Consulting	1,039
Xclutel Communications	Computer Consulting	287
XO Communications	Computer Consulting	1,211
MNJ Technologies	Computer Consulting	585
Warehouse Direct	Computer Consulting	108
TouchPoint Care	Computer Consulting	400
Shaker Recruitment	Computer Consulting	30
CDW Government Inc.	Computer Consulting	180
Grabowski Law Center	Collections	1,268
Cassiday Schade	Legal	29,101
Chicago Legal Clinic	Legal	1,424
McGladrey & Pullen, LLP	Accounting	25,920
McHenry County Clerk Office	Accounting	10
Medcor	Healthcare	250
Much Shelist	Legal	16,196
Pension Administrators, Inc.	Pension Administration	669
Personnel Planners	U/C Consulting	1,640
RSM McGladrey	Accounting	7,855
Secretary of State	Accounting	100
Serpico, Petrosino & Dipiero, LTD	Legal	12,440
		<u>135,721</u>
 <b>Schedule V, line 19, column 3</b>		 151,044
 Less collections		 (1,268)
Less out of period		(1,294)
 Sambell of Wheeling Secretary of State		  200
 <u>Samvest of Lombard</u>		
Legal		286
Accounting		106
		<u>392</u>
 <u>Allocated from Mgmt. Co.</u>		
Serpico, Petrosino, Dipiero	Legal	120
Duane Morris	Legal	241
McGladrey & Pullen	Accounting	971
RSM McGladrey	Accounting	794
Illinois Secretary of State	Filing Fees	50
LaSalle Network	Recruiting/Finance	1,200
Gilson Labus & Silverman	KEP	771
KMZ Rosenmann	KEP	125
Pension Administrators, Inc.	401K Administration	220
Ajilon Professional Staffing	Accounting	980
Personnel Planners	Unemployment Consulting	25
Quattrochi and Parker	Social Service Consulting	25
Gene Whitehorn	Medicaid Reimb Specialist	1,040
Computer Services	Computer Consulting	15,615
		<u>22,177</u>
 <b>Schedule V, line 18, column 8</b>		 <u>171,251</u>
<b>See Accountants' Compilation Report</b>		

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												
3							N/A					
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

