



Facility Name & ID Number Lexington Hlth Cr Ctr-Lombard

# 0028860 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	<u>224</u>	Skilled (SNF)	<u>224</u>	<u>81,760</u>	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	<u>224</u>	TOTALS	<u>224</u>	<u>81,760</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other		Total
8	SNF			<u>16,273</u>	<u>16,273</u>	8
9	SNF/PED					9
10	ICF	<u>32,116</u>	<u>14,691</u>		<u>46,807</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>32,116</u>	<u>14,691</u>	<u>16,273</u>	<u>63,080</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.15%

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 10/9/84

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

YES  Date New Construction 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 13,099

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: 12/31/13 Fiscal Year: 12/31/13

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

Facility Name &amp; ID Number

Lexington Hlth Cr Ctr-Lombard

# 0028860

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

**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	391,780	41,403	49	433,232		433,232		433,232		1
2	Food Purchase		359,657		359,657		359,657	(17,481)	342,176		2
3	Housekeeping	370,172	38,878		409,050		409,050	396	409,446		3
4	Laundry	61,955	24,966		86,921		86,921		86,921		4
5	Heat and Other Utilities			252,769	252,769		252,769	8,011	260,780		5
6	Maintenance	39,376		223,821	263,197		263,197	85,991	349,188		6
7	Other (specify):* Mgmt Co.-Allocated							11,749	11,749		7
8	<b>TOTAL General Services</b>	863,283	464,904	476,639	1,804,826		1,804,826	88,666	1,893,492		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			73,300	73,300		73,300		73,300		9
10	Nursing and Medical Records	4,777,426	394,381	152,900	5,324,707		5,324,707	47,237	5,371,944		10
10a	Therapy										10a
11	Activities	256,950	23,644	12,936	293,530		293,530		293,530		11
12	Social Services	132,221		4,999	137,220		137,220		137,220		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Mgmt Co.-Allocated							6,807	6,807		15
16	<b>TOTAL Health Care and Programs</b>	5,166,597	418,025	244,135	5,828,757		5,828,757	54,044	5,882,801		16
	<b>C. General Administration</b>										
17	Administrative	111,743		1,599,228	1,710,971		1,710,971	(1,533,201)	177,770		17
18	Directors Fees										18
19	Professional Services			280,618	280,618		280,618	14,190	294,808		19
20	Dues, Fees, Subscriptions & Promotions			27,278	27,278		27,278	15,879	43,157		20
21	Clerical & General Office Expenses	258,474	28,759	52,349	339,582		339,582	701,573	1,041,155		21
22	Employee Benefits & Payroll Taxes			1,220,319	1,220,319		1,220,319	17,476	1,237,795		22
23	Inservice Training & Education			12,969	12,969		12,969	1,016	13,985		23
24	Travel and Seminar							1,353	1,353		24
25	Other Admin. Staff Transportation			5,499	5,499		5,499	17,238	22,737		25
26	Insurance-Prop.Liab.Malpractice			413,867	413,867		413,867	6,731	420,598		26
27	Other (specify):* Mgmt Co.-Allocated							111,617	111,617		27
28	<b>TOTAL General Administration</b>	370,217	28,759	3,612,127	4,011,103		4,011,103	(646,128)	3,364,975		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	6,400,097	911,688	4,332,901	11,644,686		11,644,686	(503,418)	11,141,268		29

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

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

Facility Name & ID Number Lexington Hlth Cr Ctr-Lombard

#0028860

Report Period Beginning: 01/01/2013 Ending: 12/31/2013

## 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			235,130	235,130		235,130	325,974	561,104			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			40,125	40,125		40,125	(57,863)	(17,738)			32
33	Real Estate Taxes							188,895	188,895			33
34	Rent-Facility & Grounds			1,631,153	1,631,153		1,631,153	(1,626,577)	4,576			34
35	Rent-Equipment & Vehicles			87,906	87,906		87,906	4,809	92,715			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			1,994,314	1,994,314		1,994,314	(1,164,762)	829,552			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		583,371	1,634,700	2,218,071		2,218,071		2,218,071			39
40	Barber and Beauty Shops			23,904	23,904		23,904		23,904			40
41	Coffee and Gift Shops			793	793		793		793			41
42	Provider Participation Fee			426,349	426,349		426,349		426,349			42
43	Other (specify):* <b>Non-Allowable Co</b>	115,594		142,783	258,377		258,377	(258,377)				43
44	<b>TOTAL Special Cost Centers</b>	115,594	583,371	2,228,529	2,927,494		2,927,494	(258,377)	2,669,117			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,515,691	1,495,059	8,555,744	16,566,494		16,566,494	(1,926,557)	14,639,937			45

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

Facility Name & ID Number Lexington Hlth Cr Ctr-Lombard

# 0028860

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

**VI. ADJUSTMENT DETAIL**

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(5)	2		4
5	Telephone, TV & Radio in Resident Rooms	(7,183)	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	(130)	30		9
10	Interest and Other Investment Income	(149,140)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(10,586)	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	(6,000)	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	(21,389)	43		24
25	Fund Raising, Advertising and Promotional	(30,499)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(7,648)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Sch 5A	(205,061)	Var.		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (437,641)</b>		<b>\$</b>	<b>30</b>

BHF USE ONLY					
48		49		50	51
					52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,488,916)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (1,488,916)</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (1,926,557)</b>		<b>37</b>

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		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>			<b>\$</b>		<b>47</b>

Lexington Hlth Cr Ctr-Lombard

ID# 0028860

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Diagnostics managed care	\$ (7,943)	43	1
2	Labs - Part A	(8,544)	43	2
3	X-Rays - Part A	(42,202)	43	3
4	Marketing Salary	(115,594)	21	4
5	Trust Fees	(505)	43	5
6	Collections	(42)	19	6
7	Out of period legal	(8,672)	19	7
8	Misc Income	(83)	21	8
9	Education & Seminar Marketing	(793)	20	9
10	Reclass LHI under 2,500 to R&M	220	43	10
11	Salesforce.com Martketing Offset	(5,149)	6	11
12	State Replacement Tax	(15,754)	43	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>		(205,061)	49

**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-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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 Rental Expense	\$ 1,631,153	Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	\$	\$ (1,631,153)	1
2	V	30 Depreciation		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	268,356	268,356	2
3	V	32 Interest Expense		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	72,474	72,474	3
4	V	33 Property taxes		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	179,153	179,153	4
5	V	43 State replacement tax		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	15,744	15,744	5
6	V	43 Trust fees		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	505	505	6
7	V	19 Professional Fees		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	200	200	7
8	V							8
9	V							9
10	V							10
11	V			**-The owners of Lexington Health Care Center of Lombard, Inc. own				11
12	V			100% of Lexington Health Care Systems of Lombard Limited Partnership.				12
13	V							13
14	Total		\$ 1,631,153			\$ 536,432	\$ * (1,094,721)	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.	**	\$ 396	\$	396	15	
16	V	5 Utilities - gas & electric		Royal Management Corp.	**	6,603		6,603	16	
17	V	5 Utilities - water & sewer		Royal Management Corp.	**	390		390	17	
18	V	5 Utilities - maintenance office		Royal Management Corp.	**	1,018		1,018	18	
19	V	6 Management allocation - salaries		Royal Management Corp.	**	76,879		76,879	19	
20	V	6 Repairs & maintenance		Royal Management Corp.	**	8,736		8,736	20	
21	V	6 Scavenger & exterminating		Royal Management Corp.	**	376		376	21	
22	V	7 Management allocation - employee benefits		Royal Management Corp.	**	11,749		11,749	22	
23	V	10 Medical consultant		Royal Management Corp.	**	2,695		2,695	23	
24	V	10 Management allocation - salaries		Royal Management Corp.	**	44,542		44,542	24	
25	V	15 Management allocation - employee benefits		Royal Management Corp.	**	6,807		6,807	25	
26	V	17 Management allocation - salaries		Royal Management Corp.	**	66,027		66,027	26	
27	V	19 Computer consultant & supplies		Royal Management Corp.	**	17,828		17,828	27	
28	V	19 Professional fees		Royal Management Corp.	**	10,025		10,025	28	
29	V	20 Dues & subscriptions		Royal Management Corp.	**	833		833	29	
30	V	20 Advertising - help wanted		Royal Management Corp.	**	14,052		14,052	30	
31	V	21 Management allocation - salaries		Royal Management Corp.	**	664,341		664,341	31	
32	V	21 Bank charges		Royal Management Corp.	**	4,534		4,534	32	
33	V	21 Office supplies & printing		Royal Management Corp.	**	15,046		15,046	33	
34	V	21 Postage		Royal Management Corp.	**	4,710		4,710	34	
35	V	21 Telephone		Royal Management Corp.	**	13,853		13,853	35	
36	V								36	
37	V								37	
38	V	** Certain owners of Lexington Health Care Center of Lombard, Inc. own 100% of Royal Management Corp.								38
39	Total		\$			\$ 971,440	\$ *	971,440	39	

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

Facility Name & ID Number Lexington Hlth Cr Ctr-Lombard# 0028860Report Period Beginning: 01/01/2013 Ending: 12/31/2013

## 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	23 Inservice Training	\$	Royal Management Corp.	**	\$ 1,016	\$ 1,016	
16	V	24 Travel & seminar		Royal Management Corp.	**	1,353	1,353	
17	V	25 Auto expense		Royal Management Corp.	**	17,238	17,238	
18	V	26 Insurance general		Royal Management Corp.	**	6,731	6,731	
19	V	27 Management allocation - employee benefits		Royal Management Corp.	**	111,617	111,617	
20	V	30 Depreciation		Royal Management Corp.	**	57,708	57,708	
21	V	32 Interest		Royal Management Corp.	**	15,987	15,987	
22	V	32 Amortization of mortgage costs		Royal Management Corp.	**	2,816	2,816	
23	V	33 Property taxes		Royal Management Corp.	**	9,742	9,742	
24	V	34 Rent expense		Royal Management Corp.	**	4,576	4,576	
25	V	35 Equipment rental		Royal Management Corp.	**	2,109	2,109	
26	V	17 Management fees	1,599,228	Royal Management Corp.	**	0	(1,599,228)	
27	V	35 Auto Lease		Royal Management Corp.	**	2,700	2,700	
28	V							
29	V							
30	V							
31	V							
32	V							
33	V							
34	V							
35	V							
36	V							
37	V							
38	V	** Certain owners of Lexington Health Care Center of Lombard, Inc. own 100% of Royal Management Corp.						
39	Total		\$ 1,599,228			\$ 233,593	\$ * (1,365,635)	

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

Facility Name & ID Number

Lexington Hlth Cr Ctr-Lombard

# 0028860

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	James Samatas	33.33%	Lexington HC Ctr. of Bloomingdale, Inc.	Bloomingdale	Eastgate Manor	Algonquin	Supportive	1
2	John Samatas	33.33%	Lexington HC Ctr. of Lake Zurich, Inc.	Lake Zurich	of Algonquin, LLC		Living Facility	2
3	Cynthia Thiem	33.34%	Lexington HC Ctr. of Elmhurst, Inc.	Elmhurst	Vesta Mgmt	Lombard	Mgmt. Company	3
4			Lexington HC Ctr. of LaGrange, Inc.	LaGrange	Group, LLC			4
5			Lexington HC Ctr. of Wheeling, Inc.	Wheeling	Lexington Square	Lombard	Independent and	5
6			Lexington HC Ctr. of Schaumburg, Inc.	Schaumburg	Life Care of		Assisted Living	6
7			Lexington HC Ctr. of Chicago Ridge, Inc.	Chicago Ridge	Lombard, LLC		Facility	7
8			Lexington HC Ctr. of Streamwood, Inc.	Streamwood	Lexington Square	Elmhurst	Independent	8
9			Lexington HC Ctr. of Orland Park, Inc.	Orland Park	Life Care of		Living Facility	9
10					Elmhurst, LLC			10
11					Lexington Health	Lombard	Real Estate	11
12					Care Systems of		Property	12
13					Lombard Ltd. Pts			13
14					Royal Management	Lombard	Mgmt Company	14
15					Corporation			15
16					Lexington Financial	Lombard	Finance Company	16
17					Services, LLC			17
18					Samvest of	Lombard	Lessor	18
19					Lombard II			19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Lexington Hlth Cr Ctr-Lombard # 0028860 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

## 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	10,746	L17, C7	1
2	John Samatas	Owner/officer	Admin/Plant Ops.	33.33	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	8,025	L17, C7	2
3	Cynthia Thiem	Owner/officer	Administrative	33.34	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	9,567	L17, C7	3
4	Daniel Thiem	Executive VP	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	13,345	L17, C7	4
5	Jason Samatas	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	24,344	L17, C7	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 66,027		13

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

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

Facility Name & ID Number Lexington Hlth Cr Ctr-Lombard

# 0028860 Report Period Beginning: 01/01/2013

Ending: 2/31/2013

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization 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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	3	Housekeeping supplies	Bed Days	723,430	10	\$ 3,503	0	\$ 81,760	396	1
2	5	Utilities - gas & electric	Bed Days	723,430	10	58,428	0	81,760	6,603	2
3	5	Utilities - water & sewer	Bed Days	723,430	10	3,454	0	81,760	390	3
4	5	Utilities - maintenance office	Bed Days	723,430	10	9,011	0	81,760	1,018	4
5	6	Management allocation - salaries	Bed Days	723,430	10	680,245	680,245	81,760	76,879	5
6	6	Repairs & maintenance	Bed Days	723,430	10	77,300	0	81,760	8,736	6
7	6	Scavenger & exterminating	Bed Days	723,430	10	3,323	0	81,760	376	7
8	7	Management allocation - employe	Bed Days	723,430	10	103,957	0	81,760	11,749	8
9	10	Medical consultant	Bed Days	723,430	10	23,850	0	81,760	2,695	9
10	10	Management allocation - salaries	Bed Days	723,430	10	394,114	394,114	81,760	44,542	10
11	15	Management allocation - employe	Bed Days	723,430	10	60,229	0	81,760	6,807	11
12	17	Management allocation - salaries	Bed Days	723,430	10	584,219	584,219	81,760	66,027	12
13	19	Computer consultant & supplies	Bed Days	723,430	10	157,743	0	81,760	17,828	13
14	19	Professional fees	Bed Days	723,430	10	88,700	0	81,760	10,025	14
15	20	Dues & subscriptions	Bed Days	723,430	10	7,368	0	81,760	833	15
16	20	Advertising - help wanted	Bed Days	723,430	10	124,332	0	81,760	14,052	16
17	21	Management allocation - salaries	Bed Days	723,430	10	5,878,235	5,878,235	81,760	664,341	17
18	21	Bank charges	Bed Days	723,430	10	40,121	0	81,760	4,534	18
19	21	Office supplies & printing	Bed Days	723,430	10	133,126	0	81,760	15,046	19
20	21	Postage	Bed Days	723,430	10	41,674	0	81,760	4,710	20
21	21	Telephone	Bed Days	723,430	10	122,578	0	81,760	13,853	21
22										22
23										23
24										24
25	TOTALS					\$ 8,595,510	\$ 7,536,813	\$ 81,760	\$ 971,440	25

Facility Name & ID Number Lexington Hlth Cr Ctr-Lombard

# 0028860 Report Period Beginning: 01/01/2013

Ending: 2/31/2013

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization 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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	23	Inservice Training	Bed Days	723,430	10	\$ 8,988	\$ 81,760	\$ 1,016	1
2	24	Travel and Seminar	Bed Days	723,430	10	11,975	81,760	1,353	2
3	25	Auto expense	Bed Days	723,430	10	152,523	81,760	17,238	3
4	26	Insurance general	Bed Days	723,430	10	59,556	81,760	6,731	4
5	27	Management allocation - employe	Bed Days	723,430	10	987,607	81,760	111,617	5
6	30	Depreciation	Bed Days	723,430	10	510,614	81,760	57,708	6
7	32	Interest	Bed Days	723,430	10	141,456	81,760	15,987	7
8	32	Amortization of mortgage costs	Bed Days	723,430	10	24,914	81,760	2,816	8
9	33	Property taxes	Bed Days	723,430	10	86,200	81,760	9,742	9
10	34	Rent expense	Bed Days	723,430	10	40,490	81,760	4,576	10
11	35	Equipment rental	Bed Days	723,430	10	18,660	81,760	2,109	11
12	35	Auto Lease	Bed Days	723,430	10	23,891	81,760	2,700	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					\$ 2,066,874	\$	\$ 233,593	25

Facility Name &amp; ID Number

Lexington Hlth Cr Ctr-Lombard

# 0028860

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

## 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	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					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							\$	\$			\$					
2																
3																
4																
5							Interest on financing insurance premium				1,343					
	<b>Working Capital</b>															
6	Bank of America		X	Line of Credit	Varies	4/6/02	2,500,000	550,000	9/30/14	Prime/Libor	22,565					
7	Shareholder Loan	X		Capital Improvements	Varies	7/16/08	499,000	499,000	Demand	Prime	16,218					
8	Shareholder Loan	X		Working Capital	Varies	4/30/08	2,230,000	2,230,000	Demand	Prime	72,473					
9	<b>TOTAL Facility Related</b>						\$ 5,229,000	\$ 3,279,000			\$ 112,599					
	<b>B. Non-Facility Related*</b>															
10							Interest Income Offset				(60,448)					
11							Offset of Shareholder Interest				(88,692)					
12							Amortization				2,816					
13							Allocation of Management Costs				15,987					
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (130,337)					
15	<b>TOTALS (line 9+line14)</b>						\$ 5,229,000	\$ 3,279,000			\$ (17,738)					

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.)

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



## 2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Lexington Hlth Cr Ctr-Lombard COUNTY Dupage  
 FACILITY IDPH LICENSE NUMBER 0028860  
 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 2012 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 2012.

(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>06-19-307-002</u>	<u></u>	\$ <u>183,953.16</u>	\$ <u>183,953.16</u>
2. <u>Royal Management Corp. (Samvest of Lombard II)</u>	<u></u>	\$ <u>262,978.00</u>	\$ <u>9,742.00</u>
3. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
4. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
<b>TOTALS</b>		\$ <u><u>446,931.16</u></u>	\$ <u><u>193,695.16</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?                 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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

**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: 78,770 B. General Construction Type: Exterior Concrete Block 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).

Lombard Lexington Square Life Care, Inc.: Retirement Community; 261 units; 309,000 square feet

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: N/A 2. Number of Years Over Which it is Being Amortized: N/A  
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>	<u>30,000</u>	<u>1984</u>	<u>\$ 616,761</u>	<u>1</u>
2	<u>Management Company Allocation</u>			<u>22,606</u>	<u>2</u>
3	<b>TOTALS</b>	<b>30,000</b>		<b>\$ 639,367</b>	<b>3</b>

Facility Name &amp; ID Number Lexington Hlth Cr Ctr-Lombard

# 0028860

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	215	1984	1984	\$ 3,661,472	\$	35	\$ 104,614	\$ 104,614	\$ 3,057,763	4
5	9	1995	1995	284,156	8,119	35	8,119		142,078	5
6										6
7										7
8										8
	<b>Improvement Type**</b>									
9	Building Improvements	1990		96,219		10			96,218	9
10	Leasehold Improvements Additions	1995		71,493		10			71,493	10
11	Building Improvements	1994		20,200		10			20,200	11
12	Building Improvements	1995		14,535	415	35	415		7,681	12
13	Building Improvements - dishwasher hood	1996		2,748		10			2,748	13
14	Building Improvements - outside painting	1996		11,308		10			11,308	14
15	Building Improvements - dining room	1996		3,752		10			3,752	15
16	Leasehold Improvements	1992		16,299	466	35	466		10,015	16
17	Leasehold Improvements	1994		21,836		10			21,836	17
18	Leasehold Improvements - 2nd floor	1996		19,319		10			18,353	18
19	Leasehold Improvements - bathroom rehal	1996		9,216		10			8,909	19
20	Leasehold Improvements - fan coil repairs	1996		6,669	191	35	191		3,306	20
21	Land Improvements	1993		2,985		15			2,985	21
22	Land Improvements	1995		4,596		15			4,595	22
23	Capitalized Repairs	1986		1,730		10			1,730	23
24	Building Improvements - basement	1996		18,993		10			18,993	24
25	Leasehold Improvements - Corner Guards	1997		520		10			520	25
26	Leasehold Improvements - Corridor flooring	1997		10,380		10			10,380	26
27	BI: Kitchen Rehab	1998		2,494		10			2,494	27
28	Wiring for MDS project	1998		3,365		10			3,365	28
29	Install Fire Sprinklers in Mechanical Rms	1998		4,600	131	35	131		2,035	29
30	Tile for Lobby	1998		20,530		10			20,530	30
31	Walk in Freezers/Coolers	1998		3,183	91	35	91		1,410	31
32	Fire Wall Repairs	1998		12,411	355	35	355		5,499	32
33	Underground storage tank	1998		2,613		10			2,613	33
34	Repave parking lot	1999		7,625	508	15	508		6,861	34
35	Lounge Floor Tile	1999		2,963		10			2,963	35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Lexington Hlth Cr Ctr-Lombard

# 0028860

Report Period Beginning:

01/01/2013 Ending: 12/31/2013

**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	Rewire Building	1999	\$ 9,083	\$ 260	35	\$ 260	\$	\$ 3,766	37
38	Heat exchanger for water heater	1999	1,660		5			1,660	38
39	Compressor and tank for freezer	1999	2,924		5			2,924	39
40	Plumbing Improvements	2000	2,833		10			2,833	40
41	Relocate 2nd floor sprinklers	2000	2,200	63	35	63		849	41
42	Water heater repairs	2000	3,831		5			3,831	42
43	Automatic door	2000	4,556	130	35	130		1,756	43
44	Install sprinklers	2001	6,082		10			6,082	44
45	Infrared curtains for elevator	2001	4,500		10			4,500	45
46	Elevator upgrade	2002	3,006		5			3,006	46
47	Condensor	2002	2,679		5			2,679	47
48	Resurfacing Parking Lot	2003	30,690	1,535	20	1,535		15,987	48
49	Plumbing loop repairs	2003	6,125	613	10	613		6,125	49
50	Fire alarm panel/call system	2003	8,495	425	20	425		4,638	50
51	Facility Rehab - Painting	2003	6,872	687	10	687		6,872	51
52	Facility Rehab - Floor Tile	2003	28,888	1,444	20	1,444		14,856	52
53	Nurse call system	2003	49,451	2,473	20	2,473		24,934	53
54	Brick paved sidewalk/entryway	2003	5,855	293	20	293		3,051	54
55	Facility redecorating - painting/wallpaper	2003	314,478	15,724	20	15,724		172,964	55
56	Fire alarm panel/call system	2003	276,327	13,816	20	13,816		151,978	56
57	Floor Tile	2003	58,720	2,936	20	2,936		32,296	57
58	Carpeting/cove base	2003	29,518		10			29,519	58
59	Water heater	2004	9,209	921	10	921		8,442	59
60	Kitchen sewer and dishroom	2004	31,233	1,562	20	1,562		14,187	60
61	Landscaping	2005	3,255	163	20	163		1,371	61
62	HVAC	2005	8,028	401	20	401		3,276	62
63	Kitchen sewer, dishroom and ceiling	2005	22,924	1,146	20	1,146		9,837	63
64	Lobby and reception redecorating - painting/wallpaper	2005	37,999	1,900	20	1,900		16,467	64
65	Rehab therapy room - electrical, carpet, tile	2005	66,393	3,320	20	3,320		28,772	65
66	Rehab 1st floor therapy room - electrical, carpet, tile	2005	39,341	1,967	20	1,967		17,047	66
67	Wallpaper, tile, electrical for transitional unit	2005	22,946	1,147	20	1,147		10,037	67
68	Window treatments	2005	8,053	403	20	403		3,458	68
69	Tile, flooring, and wallpaper	2005	57,699	2,885	20	2,885		24,763	69
70	TOTAL (lines 4 thru 69)		\$ 5,504,063	\$ 66,490		\$ 171,104	\$ 104,614	\$ 4,197,396	70

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

Facility Name &amp; ID Number Lexington Hlth Cr Ctr-Lombard

# 0028860

Report Period Beginning:

01/01/2013 Ending: 12/31/2013

**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>		\$ 5,504,063	\$ 66,490		\$ 171,104	\$ 104,614	\$ 4,197,396	1
2	Countertops	2005	845		5			845	2
3	Curtains and blinders	2005	4,672		5			4,672	3
4	Mini scroll	2005	527		5			527	4
5	Medical Records Storage/Office Room	2006	5,901	148	40	148		1,060	5
6	Office Remodel	2006	5,537	138	40	138		966	6
7	Piping	2006	4,511	301	15	301		2,207	7
8	HVAC	2006	7,985	200	40	200		1,400	8
9	Emergency A/C	2006	9,385	235	40	235		1,645	9
10	Adm Office-HVAC	2006	6,421	161	40	161		1,193	10
11	Sink installation	2006	2,561	64	40	64		496	11
12	Land Improvements Patio	2006	23,736	1,582	15	1,582		11,602	12
13	Brick Pavers	2007	8,500	567	15	567		3,780	13
14	Landscaping	2007	16,420	821	20	821		5,268	14
15	Parking Lot	2007	13,219	661	20	661		4,241	15
16	Roof	2007	9,800	490	20	490		3,308	16
17	HVAC	2007	8,197	410	20	410		2,665	17
18	LHI-Emergency A/C	2007	11,126	556	20	556		3,429	18
19	LHI-Plumbing & Sprinkler	2007	6,799	680	10	680		4,250	19
20	Automatic Doors in Common Areas	2007	20,874	1,044	20	1,044		6,699	20
21	Tike System & Foundation	2007	4,500	225	20	225		1,369	21
22	Exterior of Building Painting	2007	16,600	830	20	830		5,188	22
23	Landscaping	2008	21,600	1,440	15	1,440		8,280	23
24	Parking Lot	2008	9,625	481	20	481		2,686	24
25	Roof Repair	2008	11,001	550	20	550		2,933	25
26	HVAC	2008	20,164	1,102	20	1,102		6,055	26
27	Sink and Toliet	2008	4,000	400	10	400		2,267	27
28	Elevator Upgrades	2008	171,955	4,299	40	4,299		22,570	28
29	Metal Doors	2008	3,907	195	20	195		1,122	29
30	Basement Renovation	2008	25,195	1,260	20	1,260		7,140	30
31	Trash Compactor	2008	11,590	580	20	580		3,190	31
32	Painting Gazebo	2008	4,450	223	20	223		1,207	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,975,666	\$ 86,133		\$ 190,747	\$ 104,614	\$ 4,321,656	34

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

Facility Name &amp; ID Number Lexington Hlth Cr Ctr-Lombard

# 0028860

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 5,975,666	\$ 86,133		\$ 190,747	\$ 104,614	\$ 4,321,656	1
2	2nd floor remodel-Electric, flooring,painting	2008	561,165		27	20,406	20,406	103,731	2
3	Kitchen Upgrade-Carpentry, painting, plumbing	2008	18,364		27	668	668	3,396	3
4	1st floor remodel-painting, electrical, flooring,plumbing	2008	547,836		27	19,921	19,921	117,866	4
5	Irrigation System	2009	14,235	949	15	949		4,191	5
6	Landscaping Enhancements	2009	22,005	1,467	15	1,467		6,602	6
7	Roof	2009	139,578	6,979	20	6,979		30,824	7
8	Fan Coil	2009	5,607	280	20	280		1,331	8
9	Quick Connectors	2009	5,300	265	20	265		1,237	9
10	Room Convector	2009	4,962	248	20	248		1,054	10
11	Nurse Call System	2009	35,509	1,291	27	1,291		5,591	11
12	Electrical key pad	2009	5,995	218	27	218		963	12
13	PT Room Countertops	2009	4,050	147	27	147		601	13
14	2nd floor remodel-Electric, flooring,painting	2009	2,935	107	27	107		517	14
15	Patio Pergola	2009	10,849	542	20	542		2,259	15
16	Landscaping/Retaining wall	2010	4,741	316	15	316		1,106	16
17	Ejector Pump	2010	6,983	466	15	466		1,630	17
18	Parking lot repair/signs	2010	8,970	727	15	727		2,557	18
19	Repair Roof	2010	24,000	1,200	20	1,200		3,700	19
20	Key pad entrance	2010	3,085	308	10	308		1,156	20
21	Canopy	2010	2,567	257	10	257		920	21
22	Exhaust HVAC	2010	4,003	146	27	146		462	22
23	Drainline	2010	4,130	151	27	151		465	23
24	Pantry carpentry,electrical,plumbing	2010	7,566	276	27	276		943	24
25	Paint over bed lights	2010	6,319	231	27	231		846	25
26	Library/Lounge carpentry,painting,signs	2010	8,441	308	27	308		1,027	26
27	Second floor doors	2010	3,144	314	10	314		1,178	27
28	Med Room carpentry,plumbing	2010	7,678	280	27	280		957	28
29	Patio Pergola	2010	11,695	2,339	5	2,339		7,602	29
30	Stamped concrete	2010	15,862	1,057	15	1,057		3,876	30
31	Office carpentry,flooring,electrical,painting,plumbing,signs	2010	64,446	5,409	27	5,409		16,227	31
32	3rd floor remodel-carpentry,plumbing,electrical,painting	2010	753,399		27	60,085	60,085	215,304	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,291,085	\$ 112,411		\$ 318,105	\$ 205,694	\$ 4,861,775	34

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

Facility Name &amp; ID Number Lexington Hlth Cr Ctr-Lombard

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 8,291,085	\$ 112,411		\$ 318,105	\$ 205,694	\$ 4,861,775	1
2									2
3	Office Remodel - carpentry,plumbing,electrical,painting	2011	11,187	407	27	407		1,085	3
4	Front Entrance remodel of kitchen doors	2011	3,584	130	27	130		260	4
5	Remodel Shower Room - Carpentry, Flooring, Electrical,	2011	53,886	1,959	27	1,959		4,408	5
6	-Plumbing, Showers, Millwork & Painting								6
7	Boiler Coll HVAC	2011	3,175	115	27	115		289	7
8	Roof Top Unit HVAC	2011	40,890	1,487	27	1,487		3,346	8
9	Fire Dampers HVAC	2011	67,012	2,437	27	2,437		5,077	9
10	Remodel Laundry Room - Electrical, Painting and Flooring	2011	9,814	357	27	357		863	10
11	Replace Doors on 1st Floor	2011	57,237	2,081	27	2,081		4,335	11
12	Replace doors on 2nd Floor	2011	39,952	1,453	27	1,453		3,390	12
13	Doctors office-keys, painting, flooring	2012	5,484	83	27	83		166	13
14	Generator Exhaust	2012	21,590	785	27	785		1,308	14
15	Sprinklers in building - Front Canopy & Lobby Area	2012	11,558	420	27	420		490	15
16	Replace sanitary pipe	2012	5,800	211	27	211		334	16
17	Replace lights, mirrors in 1st floor resident rooms	2012	10,962	399	27	399		598	17
18	Replacement faucets in 1st floor resident rooms	2012	6,410	233	27	233		330	18
19									19
20	Fence- Entire Facility	2013	5,840	65	15	65		65	20
21	Sprinkler Heads- Entire Facility	2013	25,361	615	27	615		615	21
22	EMR Wiring- Entire Facility	2013	18,690	793	27	793		793	22
23	Holding Tank- Kitchen	2013	25,724		27				23
24									24
25									25
26									26
27									27
28									28
29									29
30	Reconcile to book			91			(91)		30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,715,242	\$ 126,532		\$ 332,135	\$ 205,603	\$ 4,889,527	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 8,715,242	\$ 126,532		\$ 332,135	\$ 205,603	\$ 4,889,527	1
2									2
3	Building-management company	2002	312,829		40	9,439	9,439	110,888	3
4	HVAC, electrical, security system-management company	2003	2,748		30	714	714	1,932	4
5	Key card system-management company	2004	432		20	22	22	203	5
6	VAV TX controls-management compnay	2005	131		20	7	7	58	6
7	Building Improvements-management company	2006	96		20	6	6	46	7
8	Building Improvements-management company	2008	15,036		20	747	747	4,988	8
9	Building Improvements-management company	2009	2,777		20	53	53	672	9
10	Building Improvements-management company	2010	2,712		20	116	116	639	10
11	Building Improvements-management company	2011	1,946		20	92	92	225	11
12	Building Improvements-management company	2012	6,558		20	13	13	393	12
13	Building Improvements-management company	2013	5,082		20	99	99	98	13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,065,589	\$ 126,532		\$ 343,443	\$ 216,911	\$ 5,009,669	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,254,136	\$ 107,548	\$ 170,211	\$ 62,663	5	\$ 913,212	71
72	Current Year Purchases	19,492	1,050	1,050		5	1,050	72
73	Fully Depreciated Assets	305,054				5	305,054	73
74	Allocated from Mgmt. Co.	549,102		41,683	41,683	5-7	293,508	74
75	TOTALS	\$ 2,127,784	\$ 108,598	\$ 212,944	\$ 104,346		\$ 1,512,824	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				\$	\$	\$	\$		\$	76
77										77
78										78
79	Allocated from Mgmt. Co.			54,508		4,717	4,717	5	46,283	79
80	TOTALS			\$ 54,508	\$	\$ 4,717	\$ 4,717		\$ 46,283	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)	\$ 11,887,248	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 235,130	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 561,104	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 325,974	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,568,776	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	N/A	\$	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.

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6	<u>Allocated from Management Company</u>				<u>4,576</u>			6
7	TOTAL				\$ <u>4,576</u>			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. \_\_\_\_\_ /2014 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2015 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2016 \$ \_\_\_\_\_

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: \$ 90,014 Description: Copier-\$9,968;Mail Sys-\$180;Printer-\$6,488;Oxygen-\$37,273;Med Equip-\$33,996;Mgmt. Co.-\$2,109

(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					18
19					19
20	<u>Allocated from Management Company</u>			<u>2,701</u>	20
21	TOTAL		\$	\$ <u>2,701</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.

**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>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><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>
--	---	--

**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	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**

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

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	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	11,937	\$ 609,146	\$	11,937	\$ 609,146	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		7,232	194,473		7,232	194,473	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		13,152	823,815		13,152	823,815	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 prescrpts				569,888		569,888	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)					10,326		10,326	12
13	Other (specify): <u>See Sch 16A</u>					7,266	3,157		10,423	13
14	TOTAL			\$	32,321	\$ 1,634,700	\$ 583,371	32,321	\$ 2,218,071	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.

Lexington Health Care Center of Lake Zurich, Inc.  
 Provider # 0039768  
 1/1/13-12/31/13

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		hrs	\$		\$	\$		\$
2	Licensed Speech and Language Development Therapist		hrs						
3	Licensed Recreational Therapist		hrs						
4	Licensed Physical Therapist		hrs						
5	Physician Care		visits						
6	Dental Care		visits						
7	Work Related Program		hrs						
8	Habilitation		hrs						
9	Pharmacy		# of prescripts						
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs						
11	Academic Education		hrs						
12	Other (specify): <u>DME</u>	39(2)					3,157		3,157
13	Other (specify): <u>Ambulance</u>	39(3)				7,266			7,266
14	TOTAL			\$		\$ 7,266	\$ 3,157		\$ 10,423

<b>1</b>
<b>2</b>
<b>3</b>
<b>4</b>
<b>5</b>
<b>6</b>
<b>7</b>
<b>8</b>
<b>9</b>
<b>10</b>
<b>11</b>
<b>12</b>
<b>13</b>
<b>14</b>

Facility Name & ID Number Lexington Hlth Cr Ctr-Lombard

# 0028860

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(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	\$ 461,558	\$ 664,583	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>375,753</u> )	2,958,084	2,958,084	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	(3,022)	(3,022)	6
7	Other Prepaid Expenses	1,990	1,990	7
8	Accounts Receivable (owners or related parties)	136,594	136,594	8
9	Other(specify): <u>PA Interest Income</u>	12,941	12,941	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,568,145	\$ 3,771,170	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		639,367	13
14	Buildings, at Historical Cost		3,945,628	14
15	Leasehold Improvements, at Historical Cost	2,937,123	5,119,961	15
16	Equipment, at Historical Cost	644,925	2,182,292	16
17	Accumulated Depreciation (book methods)	(1,533,357)	(6,568,776)	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):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,048,691	\$ 5,318,472	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,616,836	\$ 9,089,642	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 630,748	\$ 630,748	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	550,000	550,000	29
30	Accrued Salaries Payable	397,187	397,187	30
31	Accrued Taxes Payable (excluding real estate taxes)	85,446	85,446	31
32	Accrued Real Estate Taxes(Sch.IX-B)		178,800	32
33	Accrued Interest Payable		6,155	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Schedule 17A</u>	770,214	618,158	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,433,595	\$ 2,466,494	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	499,000	2,729,000	39
40	Mortgage Payable			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>	\$ 499,000	\$ 2,729,000	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 2,932,595	\$ 5,195,494	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 2,684,241	\$ 3,894,148	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 5,616,836	\$ 9,089,642	48

\*(See instructions.)

Lexington Health Care Center of Lombard, Inc.  
 Provider # 0028660  
 1/1/13-12/31/13

Schedule 17A

XV. Balance Sheet  
 C. Current Liabilities

36. Other current liabilities

<u>Description</u>	<u>Operating</u>	<u>After Consolidation</u>
DUE TO MERIT HOSPICE	25,092	25,092
PA AUDIT SETTLEMENT	257,444	257,444
RENT RECEIVABLE	-	(152,056)
401K WITHHOLDING	(359)	(359)
ACCRUED EXPENSES	90,796	90,796
ACCRUED ROYL / VESTA MGMT FEES	(20,021)	(20,021)
ACCRUED RENT	152,056	152,056
ACCRUED INSURANCE	99,950	99,950
DUE TO PATIENT TRUST FUND	9,193	9,193
ADVANCE - BIWEEKLY PART A PAYM	(16,349)	(16,349)
UNCOLLECTIBLE PART A CO PVTS	(4,158)	(4,158)
DUE TO - ROYAL OPERATIONS	29,548	29,548
DUE TO/FROM REPUBLIC CONSTRUCTION	1,802	1,802
Due to Bloomingdale	4,642	4,642
Due to Streamwood	1,919	1,919
DUE/TO FROM SQUARE LOMBARD	756	756
DUE/TO FROM SCHAUMBURG	4,987	4,987
PROFESSIONAL LIABILITIES CLAIMS	132,916	132,916
	<b>770,214</b>	<b>618,158</b>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,945,217	1
2	Restatements (describe):		2
3	Post closing adjustment	(498,795)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,446,422	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	237,819	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 237,819	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,684,241	24 *

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

Facility Name & ID Number Lexington Hlth Cr Ctr-Lombard# 0028860Report Period Beginning: 01/01/2013Ending: 12/31/2013

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

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

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 19,132,253	1
2	Discounts and Allowances for all Levels	(9,338,849)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 9,793,404</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,774,213	6
7	Oxygen	20,865	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 4,795,078</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	1,869	12
13	Barber and Beauty Care	30,103	13
14	Non-Patient Meals	5	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	663,689	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	199,520	19
20	Radiology and X-Ray	65,275	20
21	Other Medical Services	360,373	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 1,320,834</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	60,448	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 60,448</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Misc. Income and Recovery of write off</b>	2,535	28
28a	<b>Bed Hold Early Discharge</b>	832,014	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 834,549</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 16,804,313</b>	<b>30</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,804,826	31
32	Health Care	5,828,757	32
33	General Administration	4,011,103	33
<b>B. Capital Expense</b>			
34	Ownership	1,994,314	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,501,145	35
36	Provider Participation Fee	426,349	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>\$ 16,566,494</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>237,819</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>\$ 237,819</b>	<b>43</b>

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 4,308,458	44
45	Private Pay - Net Inpatient Revenue	2,927,508	45
46	Medicare - Net Inpatient Revenue	2,198,026	46
47	Other-(specify) <u>Managed Care</u>	359,412	47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 9,793,404</b>	<b>49</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.

\*\*\* 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.

^ - Entity is a cash basis tax payer.

Facility Name & ID Number Lexington Hlth Cr Ctr-Lombard

# 0028860

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

**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	2,016	2,439	\$ 138,793	\$ 56.91	1
2	Assistant Director of Nursing	31,986	38,216	1,051,005	27.50	2
3	Registered Nurses	33,110	39,719	1,233,999	31.07	3
4	Licensed Practical Nurses	26,038	30,976	798,650	25.78	4
5	CNAs & Orderlies	111,404	121,512	1,516,588	12.48	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	12,342	14,667	187,192	12.76	10
11	Social Service Workers	6,953	7,760	132,221	17.04	11
12	Dietician	2,071	2,400	53,277	22.20	12
13	Food Service Supervisor	1,539	1,850	37,475	20.26	13
14	Head Cook	1,539	1,850	45,343	24.51	14
15	Cook Helpers/Assistants	9,973	11,676	121,550	10.41	15
16	Dishwashers	12,709	14,647	134,135	9.16	16
17	Maintenance Workers	2,082	2,331	39,376	16.89	17
18	Housekeepers	32,514	38,267	370,172	9.67	18
19	Laundry	5,197	6,235	61,955	9.94	19
20	Administrator	1,168	1,567	111,743	71.31	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,764	13,663	258,474	18.92	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	2,014	2,431	38,391	15.79	31
32	Other Health Care: <u>Memory Care</u>	3,852	4,477	69,758	15.58	32
33	Other(specify) <u>Marketing</u>	4,050	4,500	115,594	25.69	33
34	TOTAL (lines 1 - 33)	313,321	361,183	\$ 6,515,691 *	\$ 18.04	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	\$		35
36	Medical Director	Monthly 73,300	9(3)	36
37	Medical Records Consultant	Monthly 1,155	10(3)	37
38	Nurse Consultant	Monthly 73,856	10(3)	38
39	Pharmacist Consultant	Monthly 11,483	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 4,318	11(3)	44
45	Social Service Consultant	Monthly 4,999	12(3)	45
46	Other(specify)			46
47	<u>Pulmonary</u>	Monthly 66,406	10(3)	47
48	<u>Medical Consultant</u>	Monthly 2,695	10(7)	48
49	TOTAL (lines 35 - 48)	\$ 238,212		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

**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	
Lenette Clark	Administrator	0	\$ 82,047	Workers' Compensation Insurance	\$ 351,803	IDPH License Fee	\$	
Michelle Pardun	Administrator	0	29,696	Unemployment Compensation Insurance	91,167	Advertising: Employee Recruitment	29,179	
				FICA Taxes	476,712	Health Care Worker Background Check		
				Employee Health Insurance	236,901	(Indicate # of checks performed <u>153</u> )	1,835	
				Employee Meals	17,476	Patient Background Checks	644 7,724	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Licenses & Fess	2,363	
				401K	19,978	Miscellaneous Dues & Subscriptions	1,223	
				Employee Life Insurance	43,758	AANAC Membership Dues		
						Management Company Allocation	833	
						Marketing dues		
						Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 111,743	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 1,237,795		\$ 43,157		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees-Royal Operating			\$ 1,118,208	N/A		\$	Out-of-State Travel	\$
Management Fees-Vesta Mgmt.			481,020					
Eliminated in Column 7							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,599,228				Seminar Expense	
							Management Company Allocation	1,353
							Entertainment Expense	( )
C. Professional Services				TOTAL			(agree to Sch. V, line 24, col. 8)	
Vendor/Payee	Type		Amount	\$			TOTAL	\$
Grabowski Law Center, LLC	Collections		\$ 72					
Cassiday Schade, LLP	Legal		62,500					
Pension Administrators, Inc.	Pension Administration		1,061					
McGladrey LLP	Accounting		32,897					
Much Shelist	Legal		10,095					
Personnel Planners	U/C Consulting		1,605					
Secretary of State	Banking		125					
McCracken & Frank	Legal		(24)					
Generation Law	Legal		1,070					
See Schedule 21C			171,216					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 280,618					

\* Attach copy of IMRF notifications

\*\*See instructions.

Lexington Health Care Center of Lombard, Inc.  
 Provider # 0028660  
 1/1/13-12/31/13  
 Section XIX.

Schedule 21C

C. Professional Fees

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Ability Network	Computer Consulting	1,135
Americorp Financial	Computer Consulting	92,297
Avalere Health	Computer Consulting	2,000
Availity	Computer Consulting	50
BOA Credit	Computer Consulting	(2,564)
Corepoint	Computer Consulting	974
Compaq Commercial Repair	Computer Consulting	48
EFAQ Corporate	Computer Consulting	481
Ehealth Data Solutions	Computer Consulting	2,925
ESNF	Computer Consulting	700
Health MedX	Computer Consulting	15,715
Information Controls	Computer Consulting	666
Kronos	Computer Consulting	280
Lintech LLC	Computer Consulting	4,499
McGladrey	Computer Consulting	4,809
Microsoft Licensing	Computer Consulting	10,872
MNJ Technologies	Computer Consulting	215
MY Innerview	Computer Consulting	5,630
National Datacare	Computer Consulting	1,615
On Shift	Computer Consulting	8,317
OCT	Computer Consulting	326
Paragon Clinical	Computer Consulting	400
Real Med Corp	Computer Consulting	184
Relias Learning	Computer Consulting	5,796
Salesforce.com	Computer Consulting	5,149
Soft choice Corporation	Computer Consulting	832
Telemedicine Solutions	Computer Consulting	5,400
Trisys	Computer Consulting	128
TYMPANI	Computer Consulting	2,337
		171,216

Total Schedule V, line 19, column 3	280,618
Less: Collections/OOP Legal	72
Out of period legal	8,672
Salesforce.com	5,149
Lexington Health Care Systems of Lombard Partnerships	200

**Lexington Health Care Center of Lombard, Inc.**  
**Provider # 0028660**  
**1/1/13-12/31/13**  
Section XIX.

Allocated from Management Co.

Much Shelist	Legal	552
Serpico, Petrosino, Dipiero & O'Shea, LTD	Legal	501
McGladrey LLP	Accounting	2,029
Illinois Secretary of State	Filing Fees	44
Gilson Labus & Silverman	KEP	49
Personnel Planners	U/C Consultant	48
LaSalle Network	Recruiting/Finance	2,536
Pension Administrators, Inc.	401K Administration	320
Katten, Muchin, Rosenman	KEP	321
Gene Whitehorn	Medicaid Reimb Specialist	731
Burlington Group	Recruitment	106
M Werner Consulting	Financial Consultant	2,562
Bussey Environment, Inc	Environmental Consulting	108
Computer Services	Computer Consulting	<u>17,828</u>
		27,735

Allocated from Samvest of Lombard II	Accounting	135
	Filing Fees	13

Total Schedule V, line 19, column 8		<u><u>294,808</u></u>
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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	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name &amp; ID Number Lexington Hlth Cr Ctr-Lombard

# 0028860

Report Period Beginning: 01/01/2013 Ending: 12/31/2013

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? No  
If YES, give association name and amount. N/A
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 5 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 64,277 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 426,349  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 17,476 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 5
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation. N/A
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 0
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.