

Facility Name & ID Number Lexington of Chicago Ridge

0042739 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	203	Skilled (SNF)	203	74,095	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	203	TOTALS	203	74,095	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			21,078	21,078	8
9	SNF/PED					9
10	ICF	38,000	4,283		42,283	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	38,000	4,283	21,078	63,361	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.51%

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 6/4/91

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 203 and days of care provided 12,843

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 & ID Number

Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/13

Ending:

12/31/13

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	449,021	38,379	6,460	493,860		493,860		493,860		1
2	Food Purchase		390,422		390,422		390,422	(20,207)	370,215		2
3	Housekeeping	398,068	44,194		442,262		442,262	359	442,621		3
4	Laundry	59,622	26,200		85,822		85,822		85,822		4
5	Heat and Other Utilities			210,818	210,818		210,818	7,261	218,079		5
6	Maintenance	43,434		268,918	312,352		312,352	78,957	391,309		6
7	Other (specify):* Mgmt Co.-Allocated I							10,647	10,647		7
8	TOTAL General Services	950,145	499,195	486,196	1,935,536		1,935,536	77,017	2,012,553		8
	B. Health Care and Programs										
9	Medical Director			134,500	134,500		134,500		134,500		9
10	Nursing and Medical Records	5,232,661	491,833	187,113	5,911,607		5,911,607	42,809	5,954,416		10
10a	Therapy										10a
11	Activities	266,272	29,988	7,380	303,640		303,640		303,640		11
12	Social Services	217,246		4,999	222,245		222,245		222,245		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Mgmt Co.-Allocated I							6,169	6,169		15
16	TOTAL Health Care and Programs	5,716,179	521,821	333,992	6,571,992		6,571,992	48,978	6,620,970		16
	C. General Administration										
17	Administrative	166,026		1,674,033	1,840,059		1,840,059	(1,614,196)	225,863		17
18	Directors Fees										18
19	Professional Services			394,843	394,843		394,843	10,704	405,547		19
20	Dues, Fees, Subscriptions & Promotions			30,029	30,029		30,029	14,025	44,054		20
21	Clerical & General Office Expenses	190,706	49,811	51,342	291,859		291,859	635,725	927,584		21
22	Employee Benefits & Payroll Taxes			1,229,184	1,229,184		1,229,184	20,207	1,249,391		22
23	Inservice Training & Education			12,364	12,364		12,364	921	13,285		23
24	Travel and Seminar			621	621		621	606	1,227		24
25	Other Admin. Staff Transportation			6,777	6,777		6,777	15,622	22,399		25
26	Insurance-Prop.Liab.Malpractice			559,895	559,895		559,895	6,749	566,644		26
27	Other (specify):* Mgmt Co.-Allocated I							101,152	101,152		27
28	TOTAL General Administration	356,732	49,811	3,959,088	4,365,631		4,365,631	(808,485)	3,557,146		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,023,056	1,070,827	4,779,276	12,873,159		12,873,159	(682,490)	12,190,669		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 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	
	D. Ownership											
30	Depreciation			195,264	195,264	195,264	321,165	516,429				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			21,465	21,465	21,465	331,590	353,055				32
33	Real Estate Taxes						632,918	632,918				33
34	Rent-Facility & Grounds			1,944,089	1,944,089	1,944,089	(1,939,942)	4,147				34
35	Rent-Equipment & Vehicles			87,813	87,813	87,813	4,358	92,171				35
36	Other (specify):*											36
37	TOTAL Ownership			2,248,631	2,248,631	2,248,631	(649,911)	1,598,720				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		752,157	1,997,051	2,749,208	2,749,208		2,749,208				39
40	Barber and Beauty Shops			20,347	20,347	20,347		20,347				40
41	Coffee and Gift Shops			5,132	5,132	5,132		5,132				41
42	Provider Participation Fee			424,224	424,224	424,224		424,224				42
43	Other (specify):* Non-Allowable Co	99,797		192,858	292,655	292,655	(292,655)					43
44	TOTAL Special Cost Centers	99,797	752,157	2,639,612	3,491,566	3,491,566	(292,655)	3,198,911				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,122,853	1,822,984	9,667,519	18,613,356	18,613,356	(1,625,056)	16,988,300				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 of Chicago Ridge

0042739

Report Period Beginning: 01/01/13

Ending: 12/31/13

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	(5,213)	2		4
5	Telephone, TV & Radio in Resident Rooms	(6,843)	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	330	30		9
10	Interest and Other Investment Income	(67,488)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(11,302)	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	(1,500)	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	(21,616)	43		24
25	Fund Raising, Advertising and Promotional	(28,359)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(5,386)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Pg 5A	113,470	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (33,907)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,591,149)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,591,149)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,625,056)		37

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

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

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		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	TOTAL (C): (sum of lines 38-46)			\$		47

Lexington of Chicago Ridge

ID# 0042739

Report Period Beginning: 01/01/13

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Trust Fees	\$ (145)	43	1
2	Labs - Part A	(20,722)	43	2
3	X-Rays - Part A	(42,311)	43	3
4	Diagnostics Managed Care	(22,575)	43	4
5	Collection Fees	(7,538)	21	5
6	Out of period legal	(1,401)	19	6
7	Reclass LHI under 2500	1,028	19	7
8	Valet Service	(32,244)	6	8
9	Marketing Salary	(99,797)	43	9
10	Travel and Seminar marketing	(621)	43	10
11	Dues & subscriptions marketing	(365)	24	11
12	Unrealized loss on FMV swap	345,310	20	12
13	Marketing Offset	(5,149)	43	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	Total	113,470		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: 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	\$	Sambell of Chicago Ridge Limited Partnership	**	\$ 200	\$	200
2	V	30 Depreciation		Sambell of Chicago Ridge Limited Partnership	**	268,537		268,537
3	V	32 Interest expense		Sambell of Chicago Ridge Limited Partnership	**	385,963		385,963
4	V	32 Amortization of mortgage costs		Sambell of Chicago Ridge Limited Partnership	**	1,288		1,288
5	V	33 Property tax		Sambell of Chicago Ridge Limited Partnership	**	624,089		624,089
6	V	34 Rental expense	1,944,089	Sambell of Chicago Ridge Limited Partnership	**			(1,944,089)
7	V	43 Trust fees		Sambell of Chicago Ridge Limited Partnership	**	145		145
8	V	43 Unrealized loss on FMV swap	345,310	Sambell of Chicago Ridge Limited Partnership	**			(345,310)
9	V							
10	V							
11	V			** The owners of Lexington Health Care Center of Chicago Ridge, Inc. own 100% of Sambell of Chicago Ridge Limited Partnership				
12	V							
13	V							
14	Total		\$ 2,289,399			\$ 1,280,222	\$ *	(1,009,177)

* 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.	**	\$ 359	\$	359	15
16	V	5 Utilities - gas & electric		Royal Management Corp.	**	5,984		5,984	16
17	V	5 Utilities - water & sewer		Royal Management Corp.	**	354		354	17
18	V	5 Utilities - maintenance office		Royal Management Corp.	**	923		923	18
19	V	6 Management allocation - salaries		Royal Management Corp.	**	69,672		69,672	19
20	V	6 Repairs & maintenance		Royal Management Corp.	**	7,917		7,917	20
21	V	6 Scavenger & exterminating		Royal Management Corp.	**	340		340	21
22	V	7 Management allocation - employee benefits		Royal Management Corp.	**	10,647		10,647	22
23	V	10 Medical consultant		Royal Management Corp.	**	2,443		2,443	23
24	V	10 Management allocation - salaries		Royal Management Corp.	**	40,366		40,366	24
25	V	15 Management allocation - employee benefits		Royal Management Corp.	**	6,169		6,169	25
26	V	17 Management allocation - salaries		Royal Management Corp.	**	59,837		59,837	26
27	V	19 Computer consultant & supplies		Royal Management Corp.	**	16,156		16,156	27
28	V	19 Professional fees		Royal Management Corp.	**	9,085		9,085	28
29	V	20 Dues & subscriptions		Royal Management Corp.	**	755		755	29
30	V	20 Advertising - help wanted		Royal Management Corp.	**	12,734		12,734	30
31	V	21 Management allocation - salaries		Royal Management Corp.	**	602,059		602,059	31
32	V	21 Bank charges		Royal Management Corp.	**	4,109		4,109	32
33	V	21 Office supplies & printing		Royal Management Corp.	**	13,635		13,635	33
34	V	21 Postage		Royal Management Corp.	**	4,268		4,268	34
35	V	21 Telephone		Royal Management Corp.	**	12,555		12,555	35
36	V								36
37	V								37
38	V	** Certain owners of Lexington Health Care Center of Chicago Ridge, Inc. own 100% of Royal Management Corp.							38
39	Total		\$			\$ 880,367	\$ *	880,367	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	23 Inservice Training	\$	Royal Management Corp.	**	\$ 921	\$	921	15
16	V	24 Travel & seminar		Royal Management Corp.	**	1,227		1,227	16
17	V	25 Auto expense		Royal Management Corp.	**	15,622		15,622	17
18	V	26 Insurance general		Royal Management Corp.	**	6,100		6,100	18
19	V	27 Management allocation - employee benefits		Royal Management Corp.	**	101,152		101,152	19
20	V	30 Depreciation		Royal Management Corp.	**	52,298		52,298	20
21	V	32 Interest		Royal Management Corp.	**	14,488		14,488	21
22	V	32 Amortization of mortgage costs		Royal Management Corp.	**	2,552		2,552	22
23	V	33 Property taxes		Royal Management Corp.	**	8,829		8,829	23
24	V	34 Rent expense		Royal Management Corp.	**	4,147		4,147	24
25	V	35 Equipment rental		Royal Management Corp.	**	1,911		1,911	25
26	V	17 Management fees	1,674,033	Royal Management Corp.	**	0		(1,674,033)	26
27	V	35 Auto Lease		Royal Management Corp.	**	2,447		2,447	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 Chicago Ridge, Inc. own 100% of Royal Management Corp.							38
39	Total		\$ 1,674,033			\$ 211,694	\$ *	(1,462,339)	39

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

Facility Name & ID Number

Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/13

Ending:

12/31/13

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 Discretionary Trust	22.33%	Lexington HC Ctr. of Lombard, Inc.	Lombard	Eastgate Manor	Algonquin	Supportive Living	1
2	John Samatas Discretionary Trust	22.33%	Lexington HC Ctr. of Lake Zurich, Inc.	Lake Zurich	of Algonquin, LLC		Facility	2
3	Cynthia Thiem Discretionary Trust	22.34%	Lexington HC Ctr. of Elmhurst, Inc.	Elmhurst	Vesta Management	Lombard	Mgmt. Company	3
4	Jeffrey J. Bell Revocable Trust	8.25%	Lexington HC Ctr. of LaGrange, Inc.	LaGrange	Group LLC			4
5	Lawrence W. Bell Revocable Trust	8.25%	Lexington HC Ctr. of Wheeling, Inc.	Wheeling	Sambell of	Chicago Ridge	Real Estate	5
6	David S. Bell Revocable Trust	8.25%	Lexington HC Ctr. of Schaumburg, Inc.	Schaumburg	Chicago Ridge		Property	6
7	Jeffrey J. Bell 2001 Trust	2.75%	Lexington HC Ctr. of Bloomingdale, Inc.	Bloomingdale	Ltd. Ptsp.			7
8	Lawrence W. Bell 2001 Trust	2.75%	Lexington HC Ctr. of Streamwood, Inc.	Streamwood	Royal Management	Lombard	Mgmt. Company	8
9	David S. Bell 2001 Trust	2.75%	Lexington HC Ctr. of Orland Park, Inc.	Orland Park	Corporation			9
10					Lexington Financial	Lombard	Finance Company	10
11					Services II, LLC			11
12					Lexington Square	Lombard	Independent and	12
13					Life Care of		Assisted Living	13
14					Lombard, LLC			14
15					Lexington Square	Elmhurst	Independent	15
16					Life Care of		Living Facility	16
17					Elmhurst, LLC			17
18					Samvest of	Lombard	Lessor	18
19					Lombard II, LLC			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 of Chicago Ridge # 0042739 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	22.33	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	9,738	L17, C7	1
2	John Samatas	Owner/Officer	Admin/Plant Ops	22.33	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	7,272	L17, C7	2
3	Cynthia Thiem	Owner/Officer	Administrative	22.34	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	8,670	L17, C7	3
4	Daniel Thiem	Executive VP	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	12,094	L17, C7	4
5	Jason Samatas	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	22,062	L17, C7	5
6		Member									6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 59,836		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 of Chicago Ridge

0042739

Report Period Beginning:

01/01/13

Ending: 12/31/13

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	74,095	\$ 359	1	
2	5	Utilities - gas & electric	Bed Days	723,430	10	58,428	74,095	5,984	2	
3	5	Utilities - water & sewer	Bed Days	723,430	10	3,454	74,095	354	3	
4	5	Utilities - maintenance office	Bed Days	723,430	10	9,011	74,095	923	4	
5	6	Management allocation - salaries	Bed Days	723,430	10	680,245	680,245	74,095	69,672	5
6	6	Repairs & maintenance	Bed Days	723,430	10	77,300	74,095	7,917	6	
7	6	Scavenger & exterminating	Bed Days	723,430	10	3,323	74,095	340	7	
8	7	Management allocation - employe	Bed Days	723,430	10	103,957	74,095	10,647	8	
9	10	Medical consultant	Bed Days	723,430	10	23,850	74,095	2,443	9	
10	10	Management allocation - salaries	Bed Days	723,430	10	394,114	394,114	74,095	40,366	10
11	15	Management allocation - employe	Bed Days	723,430	10	60,229	74,095	6,169	11	
12	17	Management allocation - salaries	Bed Days	723,430	10	584,219	584,219	74,095	59,837	12
13	19	Computer consultant & supplies	Bed Days	723,430	10	157,743	74,095	16,156	13	
14	19	Professional fees	Bed Days	723,430	10	88,700	74,095	9,085	14	
15	20	Dues & subscriptions	Bed Days	723,430	10	7,368	74,095	755	15	
16	20	Advertising - help wanted	Bed Days	723,430	10	124,332	74,095	12,734	16	
17	21	Management allocation - salaries	Bed Days	723,430	10	5,878,235	5,878,235	74,095	602,059	17
18	21	Bank charges	Bed Days	723,430	10	40,121	74,095	4,109	18	
19	21	Office supplies & printing	Bed Days	723,430	10	133,126	74,095	13,635	19	
20	21	Postage	Bed Days	723,430	10	41,674	74,095	4,268	20	
21	21	Telephone	Bed Days	723,430	10	122,578	74,095	12,555	21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 8,595,510	\$ 7,536,813	\$ 880,367	25	

Facility Name & ID Number Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/13

Ending: 12/31/13

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	\$ 74,095	\$ 921	1
2	24	Travel and Seminar	Bed Days	723,430	10	11,975	74,095	1,227	2
3	25	Auto expense	Bed Days	723,430	10	152,523	74,095	15,622	3
4	26	Insurance general	Bed Days	723,430	10	59,556	74,095	6,100	4
5	27	Management allocation - employe	Bed Days	723,430	10	987,607	74,095	101,152	5
6	30	Depreciation	Bed Days	723,430	10	510,614	74,095	52,298	6
7	32	Interest	Bed Days	723,430	10	141,456	74,095	14,488	7
8	32	Amortization of mortgage costs	Bed Days	723,430	10	24,914	74,095	2,552	8
9	33	Property taxes	Bed Days	723,430	10	86,200	74,095	8,829	9
10	34	Rent expense	Bed Days	723,430	10	40,490	74,095	4,147	10
11	35	Equipment rental	Bed Days	723,430	10	18,660	74,095	1,911	11
12	35	Auto Lease	Bed Days	723,430	10	23,891	74,095	2,447	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	\$	\$ 211,694	25

Facility Name & ID Number

Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/13

Ending:

12/31/13

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		7	8	9	10	Reporting Period Interest Expense						
		Related**					Purpose of Loan	Monthly Payment Required						Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO												Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	Lexington Financial						\$	\$			\$		1						
2	Services II, L.L.C.	X		Mortgage	Varies	4/30/07	6,908,000	6,026,814	5/1/17	0.0625		385,963	2						
3													3						
4													4						
5							Interest on financing insurance premium					1,398	5						
Working Capital																			
6	JP Morgan Chase		X	Line of Credit	Varies	6/29/12	5,600,000	590,000	6/29/14	Libor +1		20,067	6						
7													7						
8													8						
9	TOTAL Facility Related						\$ 12,508,000	\$ 6,616,814				\$ 407,428	9						
B. Non-Facility Related*																			
10												3,840	10						
11												(72,701)	11						
12												14,488	12						
13													13						
14	TOTAL Non-Facility Related						\$	\$				\$ (54,373)	14						
15	TOTALS (line 9+line14)						\$ 12,508,000	\$ 6,616,814				\$ 353,055	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.)** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.													
1. Real Estate Tax accrual used on 2012 report.			\$	589,200	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.)	2012		\$	611,957	2										
3. Under or (over) accrual (line 2 minus line 1).			\$	22,757	3										
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	630,000	4										
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	43,580	5										
		Alloc from Mgmt Co.		8,829											
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	(72,248)	6										
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	632,918	7										
Real Estate Tax History:															
Real Estate Tax Bill for Calendar Year:	2008	663,869	8	<table border="1"> <tr> <td colspan="2" style="text-align: center;">FOR BHF USE ONLY</td> </tr> <tr> <td style="text-align: center;">13</td> <td>FROM R. E. TAX STATEMENT FOR 2012 \$</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6 \$</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> </tr> </table>		FOR BHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2012 \$	14	PLUS APPEAL COST FROM LINE 5 \$	15	LESS REFUND FROM LINE 6 \$	16	AMOUNT TO USE FOR RATE CALCULATION \$
FOR BHF USE ONLY															
13	FROM R. E. TAX STATEMENT FOR 2012 \$														
14	PLUS APPEAL COST FROM LINE 5 \$														
15	LESS REFUND FROM LINE 6 \$														
16	AMOUNT TO USE FOR RATE CALCULATION \$														
	2009	486,131	9												
	2010	488,567	10												
	2011	571,149	11												
	2012	632,918	12												
See attached real estate accrual sheet															

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.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Lexington of Chicago Ridge COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042739

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 Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>24-18-200-030-0000</u>	<u>Land & Building</u>	\$ <u>590,902.80</u>	\$ <u>590,902.80</u>
2. <u>24-07-311-012-0000</u>	<u>Land & Building</u>	\$ <u>21,053.84</u>	\$ <u>21,053.84</u>
3. <u>Royal Management Corp(Samvest of Lombard II)</u>		\$ <u>262,978.74</u>	\$ <u>8,829.00</u>
4. <u>05-01-202-019</u>	<u>Land & Building</u>	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>874,935.38</u></u>	\$ <u><u>620,785.64</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 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.**

Facility Name & ID Number Lexington of Chicago Ridge

0042739 Report Period Beginning:

01/01/13 Ending:

12/31/13

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 85,551 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).

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: 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>31,000</u>	<u>1989</u>	<u>\$ 505,000</u>	1
2	<u>Management Company Allocation</u>			<u>22,606</u>	2
3	TOTALS	31,000		\$ 527,606	3

Facility Name & ID Number Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	203		1991	1991	\$ 5,143,342	\$	35	\$ 146,951	\$ 146,951	\$ 3,318,680	4
5			1995	1995	97,352	2,781	35	2,781		51,455	5
6											6
7											7
8											8
	Improvement Type**										
9		Leasehold Improvements	1993		2,694	77	35	77		1,579	9
10		Leasehold Improvements	1994		6,581	188	35	188		3,667	10
11		Dishwasher hood	1996		2,480		10			2,480	11
12		Lobby repairs	1996		8,698		10			8,698	12
13		Basement rehab	1997		24,477		10			24,477	13
14		Wiring	1998		3,429		10			3,429	14
15		Handrails	1998		895	60	15	60		895	15
16		Resurface & restripe parking lot	1998		4,450		10			4,450	16
17		Fire wall	1998		2,169	62	35	62		961	17
18		Foyer floor tile	1999		32,379		10			32,379	18
19		Wallpapering / painting / decorating	1999		8,833		10			8,832	19
20		Rebuild garage area	1999		1,762	50	35	50		711	20
21		Roof repairs	2000		6,240		10			6,240	21
22		Electrical wiring	2000		3,986	114	35	114		1,538	22
23		Electrical wiring	2000		2,536	72	35	72		976	23
24		Kitchen rehab	2000		6,623	221	35	221		2,982	24
25		Automatic doors	2000		1,300		10			1,300	25
26		Elevator eye sensors	2000		4,500	300	15	300		4,050	26
27		Resurface & restripe parking lot	2001		3,319		10			3,319	27
28		Door releases	2001		5,200		10			5,200	28
29		Carpeting	2001		10,022		10			10,022	29
30		Roof repairs	2002		25,600	1,280	20	1,280		15,407	30
31		Elevator upgrade	2002		9,865	413	10	413		9,865	31
32		Painting/decorating/carpet/wallpaper	2003		38,165	1,908	20	1,908		20,989	32
33		Rehab/new office	2003		26,733	1,337	20	1,337		14,705	33
34		Facility rehab - construction costs, painting & decorating	2003		257,174	12,859	20	12,859		135,018	34
35		Facility rehab - electrical	2003		12,840	642	20	642		6,741	35
36		Facility rehab - carpeting	2003		7,800	780	10	780		7,800	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	Facility rehab - floor tile	2003	\$ 3,548	\$ 177	20	\$ 177	\$	\$ 1,860	37
38									38
39	Kickplates/Door protectors	2004	4,095	410	10	410		3,962	39
40	Kitchen Fire Protection Upgrade	2004	1,427	143	10	143		1,381	40
41	Parking Lot - Paving and Sealcoating	2005	4,375	219	20	219		1,824	41
42	Kitchen Rehab	2005	19,228	961	20	961		7,849	42
43	Lobby/Lounge Reception Area	2005	36,503	1,825	20	1,825		15,665	43
44	Sidewalk - Raise and Support	2005	1,330	67	20	67		552	44
45	Lower Level Therapy Rehab	2005	52,525	2,626	20	2,626		21,884	45
46	Transitional Unit	2005	1,020	51	20	51		412	46
47	Basement Renovation	2005	3,754	188	20	188		1,535	47
48	Landscaping Enhancement	2006	6,463	431	15	431		3,125	48
49	Lhi-Hvac	2006	4,333	217	20	217		1,537	49
50	Rehab Common Areas	2006	7,661	383	20	383		2,873	50
51	Modular Units attached to wall	2006	10,316	516	20	516		3,784	51
52	Cubical Curtains	2006	1,578	316	5	316		2,210	52
53	Landscaping	2007	5,000	333	15	333		2,137	53
54	Parking lot	2007	35,969		20	1,819	1,819	10,914	54
55	HVAC	2007	4,580	229	20	229		1,527	55
56	Emergency A/C	2007	30,293	1,515	20	1,515		9,595	56
57	Portable A/C	2007	3,768	188	20	188		1,207	57
58	Employee Lunch Room	2007	3,671	184	20	184		1,135	58
59	Painting	2007	16,150	808	20	808		5,117	59
60	1st floor remodel-carpentry, flooring, plumbing, electrical fixtures-	2007	641,616		40	16,225	16,225	97,350	60
61	painting.								61
62	Create first floor therapy	2007	185	9	20	9		63	62
63	Landscaping	2008	19,600	1,307	15	1,307		7,079	63
64	Parking Lot-paving,sealcoating and repairs	2008	44,050	2,203	20	2,203		11,566	64
65	HVAC Sport Coolers	2008	3,790	95	40	95		475	65
66	Plumbing & Sprinkler Shower room	2008	9,668	483	20	483		2,415	66
67	Common areas-doors and locks	2008	3,162	158	20	158		922	67
68	Basement Renovation	2008	7,569	189	40	189		1,103	68
69	2nd Floor Remodel-Carpentry, Flooring, Electrical, painting	2008	578,270		27	21,028	21,028	106,892	69
70	TOTAL (lines 4 thru 69)		\$ 7,326,941	\$ 39,375		\$ 225,398	\$ 186,023	\$ 4,038,795	70

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

Facility Name & ID Number Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/13

Ending:

12/31/13

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,326,941	\$ 39,375		\$ 225,398	\$ 186,023	\$ 4,038,795	1
2	Land improvements	2009	15,180	1,012	15	1,012		4,301	2
3	Landscaping	2009	3,693	246	15	246		1,087	3
4	Chiller	2009	178,462	8,923	20	8,923		40,897	4
5	Quick connectors/spot cooler	2009	10,244	512	20	512		2,381	5
6	Plumbing & Sprinkler	2009	6,172	154	40	154		655	6
7	Chiller Fence	2009	5,350	268	20	268		1,072	7
8	Land improvements-patio pergola	2009	7,930	397	20	397		1,720	8
9	Land improvements patio fence	2009	14,308	715	20	715		2,920	9
10	3rd floor remodel-Carpentry, flooring, electrical, painting, sprinkler system	2009	670,689		27	24,389	24,389	99,588	10
11									11
12	Landscaping Enhancements	2010	4,560	304	15	304		963	12
13	Office carpentry, flooring, electrical, painting, plumbing, signs	2010	82,988	10,435	27	10,435		31,305	13
14	Tree removal	2010	12,094	806	15	806		2,687	14
15	Seal Crack Filing and Striping	2010	3,000	200	15	200		667	15
16	Parking lot signage, posts and lamps	2010	30,501	1,113	27	1,113		3,915	16
17	HVAC Quick connects	2010	4,043	147	27	147		454	17
18	Pantries-Tile, shelves	2010	2,855	104	27	104		338	18
19	Director of Nursing office painting	2010	8,090	295	27	295		885	19
20	1st floor rehab-cabinets, library lounge-art, flooring	2010	4,725	172	27	172		557	20
21	2nd floor rehab-painting, flooring	2010	61,521	2,244	27	2,244		6,732	21
22									22
23	Payroll Office Remodel - Electrical	2011	5,439	198	27	198		528	23
24	Payroll Office Remodel - Doors & Millwork	2011	10,336	376	27	376		909	24
25	Holding Tank	2011	16,400	596	27	596		1,440	25
26	Bulk Pipe - Removal of vent lines	2011	4,380	159	27	159		345	26
27	Remodel Laundry Room - Electrical, Painting & Flooring	2011	7,222	263	27	263		592	27
28	2nd Floor Doors	2011	23,290	847	27	847		1,976	28
29	2nd Floor Remodeling - Carpentry (Drywall, finish/trim)	2011	17,949		27	653	653	1,959	29
30	Exterior Painting	2011	3,000		27	109	109	254	30
31	Fire Dampers	2011	20,441		27	743	743	1,548	31
32	Boiler	2011	9,800		27	356	356	950	32
33	Parking Lot - seal and stripe	2011	4,300			156	156	351	33
34	TOTAL (lines 1 thru 33)		\$ 8,575,903	\$ 69,861		\$ 282,290	\$ 212,429	\$ 4,252,771	34

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

Facility Name & ID Number Lexington of Chicago Ridge

0042739

Report Period Beginning:

01/01/13

Ending:

12/31/13

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,575,903	\$ 69,861		\$ 282,290	\$ 212,429	\$ 4,252,771	1
2	Building Wiring-EMR	2012	13,566		27	164	164	328	2
3									3
4	Exterior Lighting	2013	7,418		27	90	90	90	4
5									5
6									6
7	Reconcile to book depreciation			(662)			662		7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17	Land improvements - management company	2002	312,829		40	8,554	8,554	110,888	17
18	HVAC, electrical, security system - management company	2003	2,748		30	647	647	1,932	18
19	Key card system - management company	2004	432		20	20	20	203	19
20	VAV TX controls - management company	2005	131		20	6	6	58	20
21	Interior Signs- management company	2006	96		5	6	6	46	21
22	Building - management company	2008	15,036		5	677	677	4,988	22
23	Building - management company	2009	2,777		15	48	48	672	23
24	Building - management company	2010	2,712		15	105	105	639	24
25	Building - management company	2011	1,946		15	84	84	225	25
26	Building - management company	2012	6,558		15	12	12	393	26
27	Building - management company	2013	5,082		15	90	90	98	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,947,234	\$ 69,199		\$ 292,793	\$ 223,594	\$ 4,373,331	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	\$ 1,381,461	\$ 125,510	\$ 181,032	\$ 55,522	5	\$ 1,005,192	71
72	Current Year Purchases	12,423	555	555		5	555	72
73	Fully Depreciated Assets	203,298				5	203,298	73
74	Allocated from Mgmt. Co.	549,102		37,774	37,774	5-7	293,508	74
75	TOTALS	\$ 2,146,284	\$ 126,065	\$ 219,361	\$ 93,296		\$ 1,502,553	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		4,275	4,275	5	46,283	79
80	TOTALS			\$ 54,508	\$	\$ 4,275	\$ 4,275		\$ 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)	\$ 11,675,632	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 195,264	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 516,429	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 321,165	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,922,167	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.

Facility Name & ID Number Lexington of Chicago Ridge

0042739

Report Period Beginning: 01/01/13

Ending: 12/31/13

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>4,147</u>			6
7	TOTAL				\$ <u>4,147</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: \$ 89,724 Description: Copier-\$11,448;Postage-\$180;Printer-\$6,946;Med Eq-\$35,707;Oxygen-\$33,533;Alloc. Mgmt Co.-\$1,911

(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>2,447</u>	20
21	TOTAL		\$	\$ <u>2,447</u>	21

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

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

Facility Name & ID Number Lexington of Chicago Ridge # 0042739 Report Period Beginning: 01/01/13 Ending: 12/31/13
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>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. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

- (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		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	18,706	\$ 435,159	\$	18,706	\$ 435,159	1	
2	Licensed Speech and Language Development Therapist	39(3)	hrs		4,783	202,128		4,783	202,128	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39(3)	hrs		17,713	1,345,626		17,713	1,345,626	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				737,805		737,805	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify): <u>Ambulance</u>	39(3)				14,138			14,138	12	
13	Other (specify): <u>See Sch 16A</u>						14,352		14,352	13	
14	TOTAL			\$	41,202	\$ 1,997,051	\$ 752,157	41,202	\$ 2,749,208	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 Chicago Ridge, Inc.
 Provider # 0036996
 1/1/13-12/31/13

Service	Schedule V Line & Column Reference	Staff Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
				Units	Cost				
1 Licensed Occupational Therapist		hrs	\$	\$	\$				1
2 Licensed Speech and Language Development Therapist		hrs							2
3 Licensed Recreational Therapist		hrs							3
4 Licensed Physical Therapist		hrs							4
5 Physician Care		visits							5
6 Dental Care		visits							6
7 Work Related Program		hrs							7
8 Habilitation		hrs							8
		# of							
9 Pharmacy		prescripts							9
Psychological Services									
10 (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11 Academic Education		hrs							11
12 Other (specify):									12
13 Other (specify): DME						497		497	13
Other (specify): <u>Oxygen</u>						13,855			
14 TOTAL			\$	\$	\$	14,352		\$ 497	14

Facility Name & ID Number Lexington of Chicago Ridge

0042739

Report Period Beginning: 01/01/13

Ending:

12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 647,169	\$ 651,656	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>389,173</u>)	5,161,543	5,161,543	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	47,462	47,462	6
7	Other Prepaid Expenses	3,980	76,228	7
8	Accounts Receivable (owners or related parties)	37,974	37,974	8
9	Other(specify): <u>Interest Receivable</u>	21,330	21,330	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,919,458	\$ 5,996,193	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		527,606	13
14	Buildings, at Historical Cost		5,143,342	14
15	Leasehold Improvements, at Historical Cost	1,456,658	3,803,892	15
16	Equipment, at Historical Cost	877,236	2,200,792	16
17	Accumulated Depreciation (book methods)	(1,192,203)	(5,922,167)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Mortgage cost net</u>		23,928	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,141,691	\$ 5,777,393	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,061,149	\$ 11,773,586	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 709,886	\$ 709,886	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	590,000	590,000	29
30	Accrued Salaries Payable	444,418	444,418	30
31	Accrued Taxes Payable (excluding real estate taxes)	17,002	17,002	31
32	Accrued Real Estate Taxes(Sch.IX-B)		630,000	32
33	Accrued Interest Payable		32,529	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Schedule 17A</u>	5,924,621	4,393,771	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 7,685,927	\$ 6,817,606	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		6,026,814	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 6,026,814	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,685,927	\$ 12,844,420	46
47	TOTAL EQUITY(page 18, line 24)	\$ (624,778)	\$ (1,070,834)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,061,149	\$ 11,773,586	48

*(See instructions.)

Lexington Health Care Center of Chicago Ridge, Inc.
 Provider # 0036996
 1/1/13-12/31/13

Schedule 17A
 XV. Balance Sheet

C. Current Liabilities

<u>Description</u>	<u>Operating</u>	<u>After Consolidation</u>
DUE TO MERIT HOSPICE	50,000	50,000
PA AUDIT SETTLEMENT	84,560	84,560
RENT RECEIVABLE	-	(2,270,103)
DUE FROM REMODELING	88,466	-
DUE TO / FROM REHAB CARE THERAPY	(1,762)	(1,762)
DUE TO/FROM REPUBLIC CONSTRUCTION	7,649	7,649
401K WITHHOLDING	13	13
ACCRUED EXPENSES	126,727	126,727
ACCRUED RESIDENT TAX	76,360	76,360
ACCRUED ROYL / VESTA MGMT FEES	899,345	899,345
ACCRUED RENT	2,270,103	2,270,103
ACCRUED INSURANCE	101,642	101,642
DUE TO PATIENT TRUST FUND	2,433	2,433
ADVANCE - BIWEEKLY PART A PAYM	(15,181)	(15,181)
UNCOLLECTIBLE PART A CO PVTS	(64,876)	(64,876)
DUE TO - ROYAL OPERATIONS	36,015	36,015
Due to Wheeling	1,352	1,352
SAMBEL INTEREST RATE SWAP LIABILITY	-	827,719
PROFESSIONAL LIABILITIES CLAIMS	2,261,775	2,261,775
	<u>5,924,621</u>	<u>4,393,771</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,202,013	1
2	Restatements (describe):		2
3	Post closing adjustment	(185,274)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,016,739	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,641,517)	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)	\$ (1,641,517)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (624,778)	24 *

* This must agree with page 17, line 47.

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 19,929,804	1
2	Discounts and Allowances for all Levels	(11,753,189)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,176,615	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	6,770,416	6
7	Oxygen	21,523	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 6,791,939	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	3,597	12
13	Barber and Beauty Care	16,199	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	980,964	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	339,170	19
20	Radiology and X-Ray	79,875	20
21	Other Medical Services	510,779	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,930,584	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	72,701	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 72,701	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)		29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,971,839	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,935,536	31
32	Health Care	6,571,992	32
33	General Administration	4,365,631	33
B. Capital Expense			
34	Ownership	2,248,631	34
C. Ancillary Expense			
35	Special Cost Centers	3,067,342	35
36	Provider Participation Fee	424,224	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,613,356	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,641,517)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,641,517)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 4,950,017	44
45	Private Pay - Net Inpatient Revenue	1,399,332	45
46	Medicare - Net Inpatient Revenue	1,792,204	46
47	Other-(specify) <u>Managed Care</u>	35,062	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,176,615	49

* 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 of Chicago Ridge

0042739

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	1,980	2,331	\$ 159,073	\$ 68.24	1
2	Assistant Director of Nursing	41,666	50,059	1,380,780	27.58	2
3	Registered Nurses	20,179	24,326	754,174	31.00	3
4	Licensed Practical Nurses	44,254	53,085	1,355,033	25.53	4
5	CNAs & Orderlies	113,379	133,855	1,529,801	11.43	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	12,706	15,189	175,666	11.57	10
11	Social Service Workers	10,688	12,226	217,246	17.77	11
12	Dietician	4,335	6,041	103,611	17.15	12
13	Food Service Supervisor	1,522	1,855	41,031	22.12	13
14	Head Cook	1,343	1,617	28,273	17.48	14
15	Cook Helpers/Assistants	9,621	11,419	125,506	10.99	15
16	Dishwashers	14,240	16,800	150,600	8.96	16
17	Maintenance Workers	1,986	2,363	43,434	18.38	17
18	Housekeepers	33,410	39,985	398,068	9.96	18
19	Laundry	4,590	5,702	59,622	10.46	19
20	Administrator	1,750	2,217	166,026	74.89	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,111	10,349	190,706	18.43	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	2,724	3,190	53,800	16.87	31
32	Other Health Care: <u>Memory Care</u>	3,514	4,253	90,606	21.30	32
33	Other(specify) <u>Marketing</u>	4,487	4,985	99,797	20.02	33
34	TOTAL (lines 1 - 33)	336,485	401,847	\$ 7,122,853 *	\$ 17.73	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	127,000	9(3)	36
37	Medical Records Consultant	Monthly	591	10(3)	37
38	Nurse Consultant	Monthly	71,584	10(3)	38
39	Pharmacist Consultant	Monthly	11,686	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>Medical Consultant</u>	Monthly	3,986	10(7)	47
48	<u>Pulmonary Exchange</u>	Monthly	103,252	10(3)	48
49	TOTAL (lines 35 - 48)		\$ 327,416		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

Facility Name & ID Number Lexington of Chicago Ridge

0042739

Report Period Beginning: 01/01/13

Ending: 12/31/13

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	
Nancy McDonald	Administrator	0	\$ 166,026	Workers' Compensation Insurance	\$ 215,173	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance	132,315	Advertising: Employee Recruitment	27,736	
				FICA Taxes	520,716	Health Care Worker Background Check		
				Employee Health Insurance	280,591	(Indicate # of checks performed <u>151</u>)	1,806	
				Employee Meals	20,207	Patient Background Checks <u>452</u>	5,421	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Licenses & Fees	3,769	
				401K	24,128	Miscellaneous Dues & Subscriptions	2,577	
				Other Employee Benefits	56,261	Less: Advertising		
TOTAL (agree to Schedule V, line 17, col. 1)						Management Company Allocation	755	
(List each licensed administrator separately.)			\$ 166,026			Less: Public Relations Expense	()	
B. Administrative - Other						Non-allowable advertising	()	
Description			Amount			Yellow page advertising	()	
Management Fees-Royal Operating			\$ 1,164,084					
Management Fees-Vesta Mgmt.			509,949					
Management Fees (Eliminated in Column 7)								
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,674,033					
(Attach a copy of any management service agreement)								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Grabowski Law Center	Collections		\$ 7,538	N/A			Out-of-State Travel	\$
Cassiday Schade	Legal		112,632					
McGladrey & Pullen	Accounting		33,060					
Personnel Planners	U/C Consulting		2,330				In-State Travel	
IL Secretary of State	Accounting		141					
Serpico, Petrosino & Dipiero	Legal		11,475					
Much Shelist	Legal		146,234					
McCraken & Frank	Legal		(24)				Seminar Expense	
Pension Administrators	Pension Administration		1,085					
Partridge IP Law, P.C.	Legal		186					
See Schedule 21C			80,186				Management Company Allocation	1,227
TOTAL (agree to Schedule V, line 19, column 3)							Entertainment Expense	()
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 394,843				(agree to Sch. V, line 24, col. 8)	
				TOTAL		\$		\$ 1,227

* Attach copy of IMRF notifications

**See instructions.

Lexington Health Care Center of Chicago Ridge
 12/31/2013
 Section XIX.

C. Professional Fees

Schedule 21C

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Ability Network & Bank of America	Computer Consulting	1,112
Availity	Computer Consulting	50
Avalere	Computer Consulting	2,000
BOA Credit	Computer Consulting	(2,323)
Compaq Commercial Repair	Computer Consulting	48
Corepoint	Computer Consulting	974
Efax Corporate	Computer Consulting	480
E-Health Data Solutions	Computer Consulting	2,925
E-mail security	Computer Consulting	405
ESNF	Computer Consulting	700
Genesis Technology	Computer Consulting	391
Health Medx	Computer Consulting	15,715
Information Control	Computer Consulting	992
Kronos	Computer Consulting	280
Lintech L LC	Computer Consulting	4,661
McGladrey	Computer Consulting	5,757
Microsoft Licensing	Computer Consulting	9,138
MNJ Technologies Direct	Computer Consulting	215
MY Innerview	Computer Consulting	5,630
National Datacare	Computer Consulting	2,268
On Shift	Computer Consulting	8,317
Paragon Clinical	Computer Consulting	400
Real Med Corp	Computer Consulting	184
Relias Learning	Computer Consulting	5,796
Salesforce.com	Computer Consulting	5,149
Softchoice	Computer Consulting	1,105
Telemedicine Solutions	Computer Consulting	5,406
Trisys	Computer Consulting	128
Tympani	Computer Consulting	2,282
Schedule V, line 19 column 3		<u><u>80,186</u></u>

Lexington Health Care Center of Chicago Ridge
12/31/2013
Section XIX.

394,843

Lexington Health Care Center of Chicago Ridge
12/31/2013
Section XIX.

To disallow collection fees	7,538
Salesforce.com	5,149
Out of period legal	1,401

Legal allocated from Real Estate	200
Secretary of State	

Samvest of Lombard

Accounting	165
Filing Fees	16
	<hr/>
	181

Allocated from Mgmt Co.

Much Shelist	Legal	501
Serpico, Petrosino, Dipiero & O'Sh	Legal	454
McGladrey LLP	Accounting	1,763
Illinois Secretary of State	Filing Fees	40
Gilson Labus & Silverman	KEP	45
Personnel Planners	U/C Consultant	44
LaSalle Network	Recruiting/Finance	2,299
Pension Administrators, Inc.	401K Administration	290
Katten, Muchin, Rosenman	KEP	291
Gene Whitehorn	Medicaid Reimb Specialist	663
Burlington Group	Recruitment	96
M Werner Consulting	Financial Consultant	2,322
Bussey Environment, Inc	Environmental Consulting	98
Computer Services	Computer Consulting	16,156
		<hr/>
		25,062

Schedule V, line 19, column 8

405,547

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	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Lexington of Chicago Ridge# 0042739Report Period Beginning: 01/01/13Ending: 12/31/13**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. \$ 63,794 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. \$ 424,224
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. \$ 20,207 Has any meal income been offset against related costs? No Indicate the amount. \$ 0
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 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? Yes
- 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.