

Facility Name & ID Number Lexington of Orland Park

0041855 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	278	Skilled (SNF)	278	101,470	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	278	TOTALS	278	101,470	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			20,608	20,608	8
9	SNF/PED					9
10	ICF	47,196	14,354		61,550	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	47,196	14,354	20,608	82,158	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.97%

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 7/8/96

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 278 and days of care provided 17,773

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL 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 Orland Park

0041855

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
	A. General Services										
1	Dietary	442,411	51,480	1,422	495,313		495,313		495,313		1
2	Food Purchase		503,038		503,038		503,038	(24,001)	479,037		2
3	Housekeeping	413,887	55,369		469,256		469,256	491	469,747		3
4	Laundry	39,413	24,707		64,120		64,120		64,120		4
5	Heat and Other Utilities			234,728	234,728		234,728	9,943	244,671		5
6	Maintenance	61,559		228,102	289,661		289,661	107,748	397,409		6
7	Other (specify):* Alloc. From Mgmt. C							14,581	14,581		7
8	TOTAL General Services	957,270	634,594	464,252	2,056,116		2,056,116	108,762	2,164,878		8
	B. Health Care and Programs										
9	Medical Director			41,250	41,250		41,250		41,250		9
10	Nursing and Medical Records	6,194,953	545,541	206,623	6,947,117		6,947,117	58,624	7,005,741		10
10a	Therapy										10a
11	Activities	296,193	31,285	11,620	339,098		339,098		339,098		11
12	Social Services	132,642		4,999	137,641		137,641		137,641		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Alloc. From Mgmt. C							8,448	8,448		15
16	TOTAL Health Care and Programs	6,623,788	576,826	264,492	7,465,106		7,465,106	67,072	7,532,178		16
	C. General Administration										
17	Administrative	183,163		1,982,485	2,165,648		2,165,648	(1,900,541)	265,107		17
18	Directors Fees										18
19	Professional Services			527,567	527,567		527,567	19,361	546,928		19
20	Dues, Fees, Subscriptions & Promotions			34,901	34,901		34,901	18,472	53,373		20
21	Clerical & General Office Expenses	160,324	38,286	83,075	281,685		281,685	871,833	1,153,518		21
22	Employee Benefits & Payroll Taxes			1,498,086	1,498,086		1,498,086	23,281	1,521,367		22
23	Inservice Training & Education			18,307	18,307		18,307	1,261	19,568		23
24	Travel and Seminar			434	434		434	1,246	1,680		24
25	Other Admin. Staff Transportation			7,074	7,074		7,074	21,393	28,467		25
26	Insurance-Prop.Liab.Malpractice			625,996	625,996		625,996	8,353	634,349		26
27	Other (specify):* Alloc. From Mgmt. C							138,524	138,524		27
28	TOTAL General Administration	343,487	38,286	4,777,925	5,159,698		5,159,698	(796,817)	4,362,881		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,924,545	1,249,706	5,506,669	14,680,920		14,680,920	(620,983)	14,059,937		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 of Orland Park

#0041855

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	
	D. Ownership											
30	Depreciation			192,186	192,186		192,186	474,251	666,437			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			61,362	61,362		61,362	487,893	549,255			32
33	Real Estate Taxes							640,457	640,457			33
34	Rent-Facility & Grounds			2,428,366	2,428,366		2,428,366	(2,422,687)	5,679			34
35	Rent-Equipment & Vehicles			113,874	113,874		113,874	5,968	119,842			35
36	Other (specify):*											36
37	TOTAL Ownership			2,795,788	2,795,788		2,795,788	(814,118)	1,981,670			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		648,393	2,204,057	2,852,450		2,852,450		2,852,450			39
40	Barber and Beauty Shops			22,314	22,314		22,314		22,314			40
41	Coffee and Gift Shops			1,702	1,702		1,702		1,702			41
42	Provider Participation Fee			556,004	556,004		556,004		556,004			42
43	Other (specify):* Non-Allowable Co	102,744		220,139	322,883		322,883	(322,883)				43
44	TOTAL Special Cost Centers	102,744	648,393	3,004,216	3,755,353		3,755,353	(322,883)	3,432,470			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,027,289	1,898,099	11,306,673	21,232,061		21,232,061	(1,757,984)	19,474,077			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 Orland Park

0041855

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	(720)	2		4
5	Telephone, TV & Radio in Resident Rooms	(8,251)	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	384	30		9
10	Interest and Other Investment Income	(146,584)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(14,191)	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	(2,200)	43		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	(57,465)	43		24
25	Fund Raising, Advertising and Promotional	(38,647)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(883)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Pg 5A	462,676	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ 192,619		\$	30

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

		1	2	
		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)	(1,950,603)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,950,603)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,757,984)		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

BHF USE ONLY						
48		49		50		51
						52

Lexington of Orland Park

ID# 0041855

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Labs - Part A	\$ (28,779)	43	1
2	X-Rays - Part A	(60,638)	43	2
3	Diagnostics Managed Care	(7,585)	43	3
4	Salesforce.com	(5,149)	21	4
5	Marketing Salary	(102,744)	21	5
6	Collections	(6,515)	19	6
7	Out of period legal	(3,646)	19	7
8	Reclass LHI under 2500	1,027	6	8
9	Dues & Subscriptions marketing	(434)	43	9
10	Unrealized loss on FMV swap	677,224	20	10
11	Trust Fees	(85)	43	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				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		462,676	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	30 Depreciation	\$	Lexington Health Care Systems of Orland Park Ltd. Ptsp	**	\$ 402,247	\$ 402,247	1
2	V	32 Interest Expense		Lexington Health Care Systems of Orland Park Ltd. Ptsp	**	607,276	607,276	2
3	V	32 Amortization of mortgage costs		Lexington Health Care Systems of Orland Park Ltd. Ptsp	**	3,866	3,866	3
4	V	33 Property Taxes		Lexington Health Care Systems of Orland Park Ltd. Ptsp	**	628,366	628,366	4
5	V	34 Rental Expense	2,428,366	Lexington Health Care Systems of Orland Park Ltd. Ptsp	**		(2,428,366)	5
6	V	43 Unrealized loss on FMV swap	677,224	Lexington Health Care Systems of Orland Park Ltd. Ptsp	**		(677,224)	6
7	V	43 Trust Fees		Lexington Health Care Systems of Orland Park Ltd. Ptsp	**	85	85	7
8	V	19 Professional Fees		Lexington Health Care Systems of Orland Park Ltd. Ptsp	**	105	105	8
9	V							9
10	V							10
11	V			** The owners of Lexington Health Care Center of Orland Park, Inc. own 100%				11
12	V			of Lexington Health Care Systems of Orland Park Ltd. Ptsp.				12
13	V							13
14	Total		\$ 3,105,590			\$ 1,641,945	\$ * (1,463,645)	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.	**	\$ 491	\$	491	15
16	V	5 Utilities - gas & electric		Royal Management Corp.	**	8,195		8,195	16
17	V	5 Utilities - water & sewer		Royal Management Corp.	**	484		484	17
18	V	5 Utilities - maintenance office		Royal Management Corp.	**	1,264		1,264	18
19	V	6 Management allocation - salaries		Royal Management Corp.	**	95,413		95,413	19
20	V	6 Repairs & maintenance		Royal Management Corp.	**	10,842		10,842	20
21	V	6 Scavenger & exterminating		Royal Management Corp.	**	466		466	21
22	V	7 Management allocation - employee benefits		Royal Management Corp.	**	14,581		14,581	22
23	V	10 Medical consultant		Royal Management Corp.	**	3,345		3,345	23
24	V	10 Management allocation - salaries		Royal Management Corp.	**	55,279		55,279	24
25	V	15 Management allocation - employee benefits		Royal Management Corp.	**	8,448		8,448	25
26	V	17 Management allocation - salaries		Royal Management Corp.	**	81,944		81,944	26
27	V	19 Computer consultant & supplies		Royal Management Corp.	**	22,125		22,125	27
28	V	19 Professional fees		Royal Management Corp.	**	12,441		12,441	28
29	V	20 Dues & subscriptions		Royal Management Corp.	**	1,033		1,033	29
30	V	20 Advertising - help wanted		Royal Management Corp.	**	17,439		17,439	30
31	V	21 Management allocation - salaries		Royal Management Corp.	**	824,495		824,495	31
32	V	21 Bank charges		Royal Management Corp.	**	5,627		5,627	32
33	V	21 Office supplies & printing		Royal Management Corp.	**	18,673		18,673	33
34	V	21 Postage		Royal Management Corp.	**	5,845		5,845	34
35	V	21 Telephone		Royal Management Corp.	**	17,193		17,193	35
36	V								36
37	V								37
38	V	** Certain owners of Lexington Health Care Center of Orland Park, Inc. own 100% of Royal Management Corp.							38
39	Total		\$			\$ 1,205,623	\$ *	1,205,623	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.	**	\$ 1,261	\$ 1,261 15	
16	V	24 Travel & seminar		Royal Management Corp.	**	1,680	1,680 16	
17	V	25 Auto expense		Royal Management Corp.	**	21,393	21,393 17	
18	V	26 Insurance general		Royal Management Corp.	**	8,353	8,353 18	
19	V	27 Management allocation - employee benefits		Royal Management Corp.	**	138,524	138,524 19	
20	V	30 Depreciation		Royal Management Corp.	**	71,620	71,620 20	
21	V	32 Interest		Royal Management Corp.	**	19,841	19,841 21	
22	V	32 Amortization of mortgage costs		Royal Management Corp.	**	3,494	3,494 22	
23	V	33 Property taxes		Royal Management Corp.	**	12,091	12,091 23	
24	V	34 Rent expense		Royal Management Corp.	**	5,679	5,679 24	
25	V	35 Equipment rental		Royal Management Corp.	**	2,617	2,617 25	
26	V	17 Management fees	1,982,485	Royal Management Corp.	**	0	(1,982,485) 26	
27	V	35 Auto Lease				3,351	3,351 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 Orland Park, Inc. own 100% of Royal Management Corp.						38
39	Total		\$ 1,982,485			\$ 289,904	\$ * (1,692,581) 39	

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

Facility Name & ID Number

Lexington of Orland Park

0041855

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 Discretionary Trust	30%	Lexington HC Ctr. of Lombard, Inc.	Lombard	Eastgate Manor of	Algonquin	Supportive Living	1
2	John Samatas Discretionary Trust	30%	Lexington HC Ctr. of Lake Zurich, Inc.	Lake Zurich	Algonquin, LLC		Facility	2
3	Cynthia Thiem Discretionary Trust	30%	Lexington HC Ctr. of Elmhurst, Inc.	Elmhurst	Lexington Square	Lombard	Independent and	3
4	Dean Sweitzer	10%	Lexington HC Ctr. of LaGrange, Inc.	LaGrange	Life Care of		Assisted Living	4
5			Lexington HC Ctr. of Wheeling, Inc.	Wheeling	Lombard, LLC		Facility	5
6			Lexington HC Ctr. of Schaumburg, Inc.	Schaumburg	Lexington Square	Elmhurst	Independent	6
7			Lexington HC Ctr. of Chicago Ridge, Inc.	Chicago Ridge	Life Care of		Living Facility	7
8			Lexington HC Ctr. of Streamwood, Inc.	Streamwood	Elmhurst, LLC			8
9			Lexington HC Ctr. of Bloomingdale, Inc.	Bloomingdale	Vesta Mgmt	Lombard	Mgmt Co.	9
10					Group, LLC			10
11					Lexington Health	Orland Park	Real Estate	11
12					Care System of		Property	12
13					Orland Park			13
14					Ltd. Ptsp.			14
15					Royal Mgmt	Lombard	Mgmt Co.	15
16					Corporation			16
17					Lexington Financial	Lombard	Finance Co.	17
18					Services, LLC			18
19					Samvest of	Lombard	Lessor	19
20					Lombard II, LLC			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 Orland Park # 0041855 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	30.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	13,336	L17, C7	1
2	John Samatas	Owner/officer	Admin/Plant Ops	30.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	9,959	L17, C7	2
3	Cynthia Thiem	Owner/officer	Administrative	30.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	11,874	L17, C7	3
4	Jason Samatas	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	30,213	L17, C7	4
5	Daniel Thiem	Executive VP	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	16,562	L17, C7	5
6											6
7	Dean Sweitzer	Owner*	Administrative	10.00	171,121	5	10.00	Salary	30,213	L21, C7	7
8											8
9											9
10		* Dean Sweitzer is an owner only in Lexington Health Care Center of Orland Park, Inc. He is an employee									10
11		of Royal Management Corp. and provides administrative services to Royal Management Corp. His compensation									11
12		has been allocated to all 10 Lexington facilities.									12
13								TOTAL	\$ 112,157		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 Orland Park

0041855 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	101,470	\$ 491	1
2	5	Utilities - gas & electric	Bed Days	723,430	10	58,428	0	101,470	8,195	2
3	5	Utilities - water & sewer	Bed Days	723,430	10	3,454	0	101,470	484	3
4	5	Utilities - maintenance office	Bed Days	723,430	10	9,011	0	101,470	1,264	4
5	6	Management allocation - salaries	Bed Days	723,430	10	680,245	680,245	101,470	95,413	5
6	6	Repairs & maintenance	Bed Days	723,430	10	77,300	0	101,470	10,842	6
7	6	Scavenger & exterminating	Bed Days	723,430	10	3,323	0	101,470	466	7
8	7	Management allocation - employe	Bed Days	723,430	10	103,957	0	101,470	14,581	8
9	10	Medical consultant	Bed Days	723,430	10	23,850	0	101,470	3,345	9
10	10	Management allocation - salaries	Bed Days	723,430	10	394,114	394,114	101,470	55,279	10
11	15	Management allocation - employe	Bed Days	723,430	10	60,229	0	101,470	8,448	11
12	17	Management allocation - salaries	Bed Days	723,430	10	584,219	584,219	101,470	81,944	12
13	19	Computer consultant & supplies	Bed Days	723,430	10	157,743	0	101,470	22,125	13
14	19	Professional fees	Bed Days	723,430	10	88,700	0	101,470	12,441	14
15	20	Dues & subscriptions	Bed Days	723,430	10	7,368	0	101,470	1,033	15
16	20	Advertising - help wanted	Bed Days	723,430	10	124,332	0	101,470	17,439	16
17	21	Management allocation - salaries	Bed Days	723,430	10	5,878,235	5,878,235	101,470	824,495	17
18	21	Bank charges	Bed Days	723,430	10	40,121	0	101,470	5,627	18
19	21	Office supplies & printing	Bed Days	723,430	10	133,126	0	101,470	18,673	19
20	21	Postage	Bed Days	723,430	10	41,674	0	101,470	5,845	20
21	21	Telephone	Bed Days	723,430	10	122,578	0	101,470	17,193	21
22										22
23										23
24										24
25	TOTALS					\$ 8,595,510	\$ 7,536,813		\$ 1,205,623	25

Facility Name & ID Number Lexington of Orland Park

0041855 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	\$ 101,470	\$ 1,261	1
2	24	Travel and Seminar	Bed Days	723,430	10	11,975	101,470	1,680	2
3	25	Auto expense	Bed Days	723,430	10	152,523	101,470	21,393	3
4	26	Insurance general	Bed Days	723,430	10	59,556	101,470	8,353	4
5	27	Management allocation - employe	Bed Days	723,430	10	987,607	101,470	138,524	5
6	30	Depreciation	Bed Days	723,430	10	510,614	101,470	71,620	6
7	32	Interest	Bed Days	723,430	10	141,456	101,470	19,841	7
8	32	Amortization of mortgage costs	Bed Days	723,430	10	24,914	101,470	3,494	8
9	33	Property taxes	Bed Days	723,430	10	86,200	101,470	12,091	9
10	34	Rent expense	Bed Days	723,430	10	40,490	101,470	5,679	10
11	35	Equipment rental	Bed Days	723,430	10	18,660	101,470	2,617	11
12	35	Auto Lease	Bed Days	723,430	10	23,891	101,470	3,351	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	\$	\$ 289,904	25

Facility Name & ID Number

Lexington of Orland Park

0041855

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	2	3	4	5	6		8	9	10									
						Name of Lender	Related**				Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES							NO	Original				Balance
	A. Directly Facility Related																		
	Long-Term																		
1	Lexington Financial Services						\$	\$		\$	1								
2	L.L.C.	X		Mortgage	Varies	5/22/08	11,354,000	9,967,310	1/1/2033	Variable	607,276	2							
3											3								
4											4								
5							Interest on Financing Insurance Premium				1,694	5							
	Working Capital																		
6	Bank of America		X	Line of Credit	Varies	9/30/13	13,700,000	570,000	9/30/14	Prime/Libor	24,271	6							
7	Shareholder loan	X		Working capital	Varies	5/3/12	1,200,000	1,200,000	Demand	Prime	27,706	7							
8	Shareholder loan	X		Working capital	Varies	9/30/13	750,000	750,000	Demand	0.0800	7,693	8							
9	TOTAL Facility Related						\$ 27,004,000	\$ 12,487,310			\$ 668,640	9							
	B. Non-Facility Related*																		
10								Amortization of Mortgage Cost			7,358	10							
11								Interest Income Offset			(111,185)	11							
12								Shareholder Interest			(35,399)	12							
13								Allocated from Management Co.			19,841	13							
14	TOTAL Non-Facility Related						\$	\$			\$ (119,385)	14							
15	TOTALS (line 9+line14)						\$ 27,004,000	\$ 12,487,310			\$ 549,255	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.			\$ 614,400	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		\$ 623,105	2	
3. Under or (over) accrual (line 2 minus line 1).			\$ 8,705	3	
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		Allocated from Mgmt Co.	12,091	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.)			\$ 31,253	5	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$ (53,592)	6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$ 640,457	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2008	<u>492,801</u>	8		
	2009	<u>549,706</u>	9		
	2010	<u>559,216</u>	10		
	2011	<u>595,423</u>	11		
	2012	<u>623,105</u>	12		
See attached real estate accrual sheet					
				FOR BHF USE ONLY	
				13	13
				14	14
				15	15
				16	16

NOTES:

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

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Lexington of Orland Park COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0041855
 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>27-10-100-099-0000</u>	<u>Land & Building</u>	\$ <u>623,104.66</u>	\$ <u>623,104.66</u>
2.	<u>Royal Management Corp. (Samvest of Lombard II)</u>		\$ _____	\$ _____
3.	<u>05-01-202-021</u>	<u>Land & Building</u>	\$ <u>262,978.00</u>	\$ <u>12,091.00</u>
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ <u><u>886,082.66</u></u>	\$ <u><u>635,195.66</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 Orland Park

0041855 Report Period Beginning:

01/01/2013 Ending:

12/31/2013

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 104,332 B. General Construction Type: Exterior Brick Frame Block & 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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>	<u>152,460</u>	<u>1995</u>	<u>\$ 776,408</u>	<u>1</u>
2	<u>Management Company Allocation</u>			<u>27,251</u>	<u>2</u>
3	TOTALS	152,460		\$ 803,659	3

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	250	1996	1996	\$ 8,569,286	\$	40	\$ 214,232	\$ 214,232	\$ 3,746,488	4
5	10	1998	1998	63,790	1,595	40	1,595		23,922	5
6	18	2001	2001							6
7										7
8										8
	Improvement Type**									
9	Electrical wiring	1996		2,304	58	40	58		991	9
10	Paving	1997		11,589		40	385	385	11,589	10
11	Wiring	1998		3,932		40			3,932	11
12	Additional building costs - 10 bed addition	1999		1,808	45	10	45		677	12
13	Seal/restrip parking lot	1999		3,450	230	40	230		3,335	13
14	Wiring	1999		1,798	45	15	45		652	14
15	Roof repairs	2000		23,201	1,547	40	1,547		20,883	15
16	Electrical wiring	2000		5,732	164	15	164		2,212	16
17	Ceiling mount curtain rod hardware	2000		6,952	199	35	199		2,684	17
18	Automatic door closer/sensors	2000		3,624	242	35	242		3,264	18
19	Seal and restripe parking lot	2001		2,277		15			2,277	19
20	HVAC control	2001		2,548		10			2,548	20
21	Infrared curtains for elevator doors	2001		4,500		10			4,500	21
22	Fire alarm panel	2002		5,120	256	10	256		5,120	22
23	Parking lot lights	2002		9,975	497	10	497		9,975	23
24	Chiller room compressor	2002		8,879		10			8,879	24
25	Carpeting	2002		7,038		5			7,038	25
26	Pave and seal parking lot	2005		4,180	209	5	209		1,742	26
27	HVAC	2005		6,143	307	20	307		2,482	27
28	Electrical wiring	2005		3,637	182	20	182		1,486	28
29	Kitchen rehab	2005		6,360	318	20	318		2,782	29
30	Elevator rehab	2005		8,948	447	20	447		3,875	30
31	Lounge, lobby, and reception area rehab	2005		27,662	1,383	20	1,383		11,295	31
32	Landscaping enhancements	2006		5,795	386	20	386		2,831	32
33	HVAC	2006		9,300	465	15	465		3,294	33
34	LHI-therapy room rehab LL TCU/main therapy	2006		33,184	1,659	20	1,659		12,166	34
35										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 & ID Number Lexington of Orland Park

0041855

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	Landscaping	2007	\$ 17,383	\$ 1,159	15	\$ 1,159	\$	\$ 7,437	37
38	Parking lot	2007	1,120	56	20	56		355	38
39	Plumbing-Fine Dining	2007	2,068	103	20	103		713	39
40	Laundry Room Rehab	2007	37,283	1,864	20	1,864		12,582	40
41	Employee lunch room	2007	2,865	143	20	143		965	41
42	Basement Renovation	2007	1,148	57	20	57		366	42
43	Patio Improvements	2007	7,000	350	20	350		2,188	43
44	1st floor remodel-carpentry, flooring, plumbing, electrical-	2007	1,481,886		40	37,426	37,426	240,151	44
45	fixtures, painting	2007							45
46									46
47	Basement Renovation	2007	20,191	1,010	20	1,010		6,056	47
48	Therapy Room Renovation	2007	978	49	20	49		294	48
49	Landscaping	2008	4,300	287	15	287		1,459	49
50	Spot Coolers	2008	3,790	189	20	189		945	50
51	Emergency A/C	2008	32,295	807	40	807		4,371	51
52	Plumbing & Sprinkler-Showers	2008	5,047	126	40	126		630	52
53	Parking lot repairs	2008	5,285	264	20	264		1,474	53
54	Phone closet	2008	5,954	149	40	149		832	54
55	Landscaping	2009	4,190	279	15	279		1,139	55
56	1st floor admin room-heating, fire protection	2009	16,422	821	20	821		3,831	56
57	Quick connectors	2009	7,091	355	20	355		1,538	57
58	Electrical Room	2009	4,692	235	20	235		940	58
59	Glass and Mirrors Med Room	2009	4,954	142	35	142		639	59
60	Key pad common areas	2009	3,757	107	35	107		509	60
61	2nd Floor remodel-Doors and Locks	2009	32,130	803	40	803		3,814	61
62	Patio Pergola	2009	7,930	529	15	529		2,248	62
63	Patio Fence	2009	11,293	712	15	712		2,907	63
64	2nd floor remodel-carpentry, flooring, electrical, painting	2009	1,014,056		27	36,875	36,875	184,375	64
65	2nd floor remodel-carpentry	2009	17,258		27	628	628	3,087	65
66	Office carpentry, flooring, electrical, painting, plumbing	2010	70,270	3,806	27	3,806		11,418	66
67	Landscaping	2010	11,399	760	15	760		2,470	67
68	Physican office carpentry	2010	2,926	106	27	106		318	68
69	Repave/Seal Cracks in parking lot	2010	21,817	1,091	20	1,091		3,636	69
70	TOTAL (lines 4 thru 69)		\$ 11,701,790	\$ 26,593		\$ 316,139	\$ 289,546	\$ 4,406,606	70

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

Facility Name & ID Number Lexington of Orland Park

0041855

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 11,701,790	\$ 26,593		\$ 316,139	\$ 289,546	\$ 4,406,606	1
2	Roof	2010	74,000	2,691	27	2,691		9,643	2
3	HVAC-Exhaust Modification	2010	4,202	153	27	153		484	3
4	Nurse pull cord station	2010	3,933	143	27	143		429	4
5	Paint lights over bed	2010	7,738	281	27	281		867	5
6	Trench/Awning	2010	11,666	424	27	424		1,362	6
7	Remodel Library/Lounge-art, flooring, carpentry	2010	4,120	150	27	150		450	7
8	3rd floor remodel-carpentry, electrical, plumbing	2010	868,783		27	67,183	67,183	229,542	8
9									9
10	Office-carpentry, flooring, electrical, painting, plumbing and signs	2011	6,710	244	27	244		610	10
11	Office Remodel- Doors and Locks	2011	31,324	1,139	27	1,139		4,271	11
12	Office Remodel- Doors and Locks	2011	5,282	192	27	192		544	12
13	Additional parking spaces	2011	196,376	7,141	27	7,141		16,067	13
14	Roof Repairs	2011	58,800	2,138	27	2,138		5,345	14
15	Fire Dampers	2011	5,586	203	27	203		423	15
16	Pantry Remodel - Millwork and Flooring	2011	3,730	136	27	136		295	16
17	Laundry Room Remodel - Flooring, Painting and Electrical	2011	9,172	334	27	334		751	17
18	2nd Floor Remodel - Doors	2011	12,612	459	27	459		1,071	18
19									19
20	Parking lot	2012	12,906	469	27	469		508	20
21	Chiller replacement kitchen	2012	108,732	3,954	27	3,954		5,601	21
22									22
23	Fire Pump- Basement	2013	50,000	115	40	115		115	23
24	EMR Wiring- Entire Facility	2013	19,542	59	27	59		59	24
25	New Countertop, wall, tile- Kitchen	2013	3,026	9	27	9		9	25
26	Stairway Access Control- Entire Facility (1st-3rd floor stairs)	2013	6,463	20	27	20		20	26
27									27
28									28
29									29
30									30
31	Reconcile to book depreciation			2			(2)		31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,206,493	\$ 47,049		\$ 403,776	\$ 356,727	\$ 4,685,072	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	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12B, Carried Forward	\$ 13,206,493	\$ 47,049		\$ 403,776	\$ 356,727	\$ 4,685,072		1
2	Building - management company	2002 377,067		40	11,714	11,714	133,661		2
3	HVAC, electrical, security system - management company	2003 3,311		30	889	889	2,327		3
4	Key card system - management company	2004 520		20	27	27	246		4
5	VAV TX controls - management company	2005 160		20	8	8	70		5
6	Interior Signs - Management Company	2006 114		20	8	8	55		6
7	Building improvements - management company	2008 18,125		20	927	927	6,014		7
8	Building improvements - management company	2009 3,346		15	66	66	811		8
9	Building improvements - management company	2010 3,263		15	148	148	771		9
10	Building improvements - management company	2011 2,349		15	114	114	272		10
11	Building improvements - management company	2012 7,904		15	16	16	474		11
12	Building improvements - management company	2013 6,127		15	118	118	118		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	TOTAL (lines 1 thru 33)	\$ 13,628,779	\$ 47,049		\$ 417,811	\$ 370,762	\$ 4,829,891		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	\$ 1,518,627	\$ 143,768	\$ 189,672	\$ 45,904	5	\$ 879,328	71
72	Current Year Purchases	20,963	1,369	1,369		5	1,369	72
73	Fully Depreciated Assets	167,222				5	167,222	73
74	Allocated from Mgmt. Co.	661,861		51,731	51,731	5-7	353,786	74
75	TOTALS	\$ 2,368,673	\$ 145,137	\$ 242,772	\$ 97,635		\$ 1,401,705	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.			65,704		5,854	5,854	5	55,788	79
80	TOTALS			\$ 65,704	\$	\$ 5,854	\$ 5,854		\$ 55,788	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)	\$ 16,866,814	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 192,186	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 666,437	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 474,251	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,287,384	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	Parking space lease							5
6	Allocated from Management Company				5,679			6
7	TOTAL				\$ 5,679			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: \$ 116,491 Description: Copier-\$10,726;Printer-\$4,943;Mailing-\$135;Med Equip-\$41,457;Oxygen-\$56,613;Alloc. Mgmt Co.-\$2,617

(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	Allocated from Management Company			3,351	20
21	TOTAL		\$	\$ 3,351	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 Orland Park # 0041855 Report Period Beginning: 01/01/2013 Ending: 12/31/2013
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	\$	17,051	\$ 826,161	\$	17,051	\$ 826,161	1	
2	Licensed Speech and Language Development Therapist	39(3)	hrs		5,615	323,344		5,615	323,344	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39(3)	hrs		18,197	1,054,552		18,197	1,054,552	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				624,403		624,403	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify): <u>DME</u>	39(2)					920		920	12	
13	Other (specify): <u>Oxygen</u>	39(2)					23,070		23,070	13	
14	TOTAL			\$	40,864	\$ 2,204,057	\$ 648,393	40,864	\$ 2,852,450	14	

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

Facility Name & ID Number Lexington of Orland Park# 0041855Report 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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 703,905	\$ 717,917	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>832,513</u>)	7,314,370	7,314,370	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	3,190	3,190	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Interest Receivable</u>	15,230	15,230	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 8,036,695	\$ 8,050,707	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	114,386	114,386	12
13	Land		803,659	13
14	Buildings, at Historical Cost		8,569,286	14
15	Leasehold Improvements, at Historical Cost	1,185,889	5,059,493	15
16	Equipment, at Historical Cost	851,687	2,434,377	16
17	Accumulated Depreciation (book methods)	(736,001)	(6,287,384)	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>		74,945	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,415,961	\$ 10,768,762	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,452,656	\$ 18,819,469	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 811,459	\$ 811,459	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	2,520,000	2,520,000	29
30	Accrued Salaries Payable	436,553	436,553	30
31	Accrued Taxes Payable (excluding real estate taxes)	146,643	146,643	31
32	Accrued Real Estate Taxes(Sch.IX-B)		642,000	32
33	Accrued Interest Payable		43,867	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Schedule 17A</u>	9,805,740	7,667,928	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 13,720,395	\$ 12,268,450	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,967,310	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)	\$	\$ 9,967,310	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 13,720,395	\$ 22,235,760	46
47	TOTAL EQUITY (page 18, line 24)	\$ (4,267,739)	\$ (3,416,291)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 9,452,656	\$ 18,819,469	48

*(See instructions.)

Lexington Health Care Center of Orland Park
 Provider # 0041855
 1/1/13-12/31/13

Schedule 17A

XV. Balance Sheet

C. Current Liabilities

36. Other Current Liabilities

Description	Operating	After Consolidation
DUE TO MERIT HOSPICE	(40,000)	(40,000)
PA AUDIT SETTLEMENT	(83,281)	(83,281)
Rent Receivable	-	3,668,225
DUE TO LEX FIN SVCS I	(100)	(100)
DUE TO / FROM REHAB CARE THERAPY	(36,121)	(36,121)
DUE TO/FROM EASTGATE MANOR	(271)	(271)
Due from LLC	-	(2,583)
DUE FROM - ROYAL GENERAL	1,000	1,000
PREPAID INSURANCE	(46,928)	(46,928)
ESCROW - INSURANCE	(306,478)	(306,478)
401K WITHHOLDING	499	499
ACCRUED EXPENSES	(109,310)	(109,310)
ACCRUED ROYL / VESTA MGMT FEES	(1,838,666)	(1,838,666)
ACCRUED RENT	(3,668,225)	(3,668,225)
ACCRUED INSURANCE	(129,465)	(129,465)
DUE TO PATIENT TRUST FUND	(32,602)	(32,602)
ADVANCE - BIWEEKLY PART A PAYM	62,483	62,483
UNCOLLECTIBLE PART A CO PVTS	57,835	57,835
DUE TO - ROYAL OPERATIONS	(36,114)	(36,114)
DUE TO REPUBLIC	(24,269)	(24,269)
Due to Chicago Ridge	(1,048)	(1,048)
Due to LaGrange	(3,718)	(3,718)
Interest Rate Swap Liability	-	(1,527,830)
PROFESSIONAL LIABILITIES CLAIMS	(3,570,961)	(3,570,961)
	<u>(9,805,740)</u>	<u>(7,667,928)</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,112,941)	1
2	Restatements (describe):		2
3	Post closing adjustment	57,712	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,055,229)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(2,185,921)	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	(26,589)	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)	\$ (2,212,510)	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)	\$ (4,267,739)	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	\$ 23,486,305	1	
2	Discounts and Allowances for all Levels	(12,608,983)	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,877,322	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	6,815,287	6	
7	Oxygen	13,577	7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 6,828,864	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	1,132	12	
13	Barber and Beauty Care	27,681	13	
14	Non-Patient Meals	720	14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space		16	
17	Sale of Drugs	770,785	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory	30,671	19	
20	Radiology and X-Ray	78,723	20	
21	Other Medical Services	306,093	21	
22	Laundry		22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,215,805	23	
D. Non-Operating Revenue				
24	Contributions		24	
25	Interest and Other Investment Income***	111,185	25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 111,185	26	
E. Other Revenue (specify):****				
27	Settlement Income (Insurance, Legal, Etc.)		27	
28	<u>Recovery of bad debt write off</u>	12,964	28	
28a			28a	
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 12,964	29	
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 19,046,140	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	2,056,116	31	
32	Health Care	7,465,106	32	
33	General Administration	5,159,698	33	
B. Capital Expense				
34	Ownership	2,795,788	34	
C. Ancillary Expense				
35	Special Cost Centers	3,199,349	35	
36	Provider Participation Fee	556,004	36	
D. Other Expenses (specify):				
37			37	
38			38	
39			39	
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 21,232,061	40	
41	Income before Income Taxes (line 30 minus line 40)**	(2,185,921)	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,185,921)	43	

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,048,853	44
45	Private Pay - Net Inpatient Revenue	2,076,788	45
46	Medicare - Net Inpatient Revenue	2,726,652	46
47	Other-(specify) <u>Managed Care</u>	25,029	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,877,322	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 Taxpayer

Facility Name & ID Number Lexington of Orland Park

0041855

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	2,442	\$ 157,543	\$ 64.51	1
2	Assistant Director of Nursing	39,139	46,756	1,240,853	26.54	2
3	Registered Nurses	28,906	35,404	1,076,526	30.41	3
4	Licensed Practical Nurses	54,082	65,373	1,680,926	25.71	4
5	CNAs & Orderlies	144,333	174,043	2,005,310	11.52	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	15,042	17,956	201,543	11.22	10
11	Social Service Workers	5,837	6,592	132,642	20.12	11
12	Dietician	3,335	3,863	81,806	21.18	12
13	Food Service Supervisor	1,739	1,958	42,985	21.95	13
14	Head Cook	1,678	1,958	33,036	16.87	14
15	Cook Helpers/Assistants	9,563	11,147	116,292	10.43	15
16	Dishwashers	16,553	19,661	168,292	8.56	16
17	Maintenance Workers	3,080	3,848	61,559	16.00	17
18	Housekeepers	38,257	44,225	413,887	9.36	18
19	Laundry	3,673	4,505	39,413	8.75	19
20	Administrator	1,772	2,294	183,163	79.84	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,138	10,458	160,324	15.33	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	1,747	2,115	33,795	15.98	31
32	Other Health C: <u>Memory Care</u>	3,843	4,422	94,652	21.40	32
33	Other(specify) <u>Marketing</u>	3,938	4,376	102,742	23.48	33
34	TOTAL (lines 1 - 33)	386,671	463,396	\$ 8,027,289 *	\$ 17.32	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		1(3)	35
36	Medical Director	Monthly 41,250	9(3)	36
37	Medical Records Consultant	55 660	10(3)	37
38	Nurse Consultant	Monthly 75,191	10(3)	38
39	Pharmacist Consultant	11 15,842	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	96 4,318	11(3)	44
45	Social Service Consultant	12 4,999	12(3)	45
46	Other(specify)			46
47	<u>Pulmonary Consulting</u>	Monthly 114,930	10(3)	47
48	<u>Medical Consultant</u>	Monthly 3,345	10(7)	48
49	TOTAL (lines 35 - 48)	174 \$ 260,535		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$		50
51	Licensed Practical Nurses	N/A		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	
Kimberly Saggese	Administrator	0	\$ 183,163	Workers' Compensation Insurance	\$ 258,349	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance	373,180	Advertising: Employee Recruitment	31,856	
				FICA Taxes	586,538	Health Care Worker Background Check		
				Employee Health Insurance	197,642	(Indicate # of checks performed <u>279</u>)	3,342	
				Employee Meals	23,281	Patient Background Checks	882 10,583	
				Illinois Municipal Retirement Fund (IMRF)*	0	Miscellaneous Licenses & Fees	3,509	
				401K	9,591	Miscellaneous Dues & Subscriptions	1,060	
				Other Employee Benefits	71,393	Less: Marketing Dues and Subscriptions		
				Uniform Allowance	4,126			
TOTAL (agree to Schedule V, line 17, col. 1)						Management Company Allocation	1,033	
(List each licensed administrator separately.)			\$ 183,163			Less: Public Relations Expense	()	
B. Administrative - Other						Non-allowable advertising	()	
Description			Amount			Yellow page advertising	()	
MANAGEMENT FEES-ROYAL OPERATNS			\$ 1,410,672					
MANAGEMENT FEES- VESTA MGMT			571,813					
Eliminated in col. 7								
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,982,485					
(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		\$ 6,515	N/A			Out-of-State Travel	\$
Cassiday Schade, LLP	Legal		194,553					
Illinois Secretary of State	Accounting		168					
McGladrey LLP	Accounting		40,436				In-State Travel	
Duane Morris	Legal		501			527,567		
Much Shelist	Legal		42,112					
Personnel Planners	U/C Consulting		4,765				Seminar Expense	
SNR Detention	Legal		3,108					
Serpico, Novelle, Petrosino LTD	Legal		12,947					
Pension Administrators	Pension Administration		698				Management Company Allocation	1,680
McCracken & Frank	Legal		(24)				Entertainment Expense	()
See Sch 21C			221,788					
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$ 527,567	(agree to Sch. V,	
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 527,567				line 24, col. 8)	\$ 1,680

* Attach copy of IMRF notifications

**See instructions.

Lexington Health Care Center of Orland Park
 Provider # 0041855
 1/1/13-12/31/13

Section XIX.

Schedule 21C

C. Professional Fees

Vendor/Payee	Type	Amount
Standard and Poor	Financial	950
Amalgamated Bank of Chicago	Financial	844
Polsinello Shughart	Legal	1,862
Partridge Law	Legal	186
Ability Network Inc.	Computer Consulting	1,112
Americorp Financial	Computer Consulting	134,165
Avalere	Computer Consulting	2,000
Avality	Computer Consulting	50
BOA Credits	Computer Consulting	(3,182)
Corepoint	Computer Consulting	974
Compaq	Computer Consulting	116
Email Sec Subs	Computer Consulting	405
EFAQ Corporate	Computer Consulting	480
E-Health Data Solutions	Computer Consulting	2,925
ESNF	Computer Consulting	700
Health MedX	Computer Consulting	18,789
Information Control	Computer Consulting	1,158
Kronos	Computer Consulting	280
Lintech LLC	Computer Consulting	4,472
McGladrey & Pullen, LLP	Computer Consulting	3,038
Microsoft Licensing GP	Computer Consulting	13,178
MNJ Technology	Computer Consulting	215
MY Innerview	Computer Consulting	5,630
National Datacare	Computer Consulting	2,641
On Shift	Computer Consulting	8,317
Paragon Clinical	Computer Consulting	400

Lexington Health Care Center of Orland Park
Provider # 0041855
1/1/13-12/31/13

Realmed	Computer Consulting	184
Relias Learning LLC	Computer Consulting	5,796
SalesForce.com	Computer Consulting	5,149
Softchoice	Computer Consulting	382
Telemedicine Solutions	Computer Consulting	5,406
Trisys Inc.	Computer Consulting	128
Tympani	Computer Consulting	3,038
		<u>221,788</u>
Total Schedule V, line 19, column 3		527,567

Lexington Health Care Center of Orland Park
Provider # 0041855
1/1/13-12/31/13

Less: Collection fees	6,515
Less: Out of period legal	3,646
Less: Salesforce.com	5,149

Allocated from Sambell of Orland Park	105
Secretary of State	<u>105</u>

Samvest of Lombard

Accounting	226
Filing Fees	22

Allocated from Mgmt Co.

Much Shelist	Legal	686
Serpico, Petrosino, Dipiero & O'Shea, LTD	Legal	622
McGladrey LLP	Accounting	2,414
Illinois Secretary of State	Filing Fees	55
Gilson Labus & Silverman	KEP	61
Personnel Planners	U/C Consultant	60
LaSalle Network	Recruiting/Finance	3,148
Pension Administrators, Inc.	401K Administration	398
Katten, Muchin, Rosenman	KEP	399
Gene Whitehorn	Medicaid Reimb Specialist	907
Burlington Group	Recruitment	131
M Werner Consulting	Financial Consultant	3,179
Bussey Environment, Inc	Environmental Consulting	134
Computer Services	Computer Consulting	22,125

34,319

Total Schedule V, line 19, column 8	<u>546,928</u>
-------------------------------------	----------------

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 Orland Park# 0041855Report 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. \$ 95,766 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. \$ 556,004
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. \$ 23,281 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 720
- (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? 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.