

Facility Name & ID Number Lexington of Streamwood

0037002 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	214	Skilled (SNF)	214	78,110	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	214	TOTALS	214	78,110	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	3 Private Pay	4 Other	4 Total	
8	SNF			12,555	12,555	8
9	SNF/PED					9
10	ICF	42,985	9,108		52,093	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	42,985	9,108	12,555	64,648	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 82.77%

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 7/8/91

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 214 and days of care provided 10,246

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 Streamwood

0037002

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	418,438	44,741	3,194	466,373		466,373		466,373		1
2	Food Purchase		397,943		397,943		397,943	(21,169)	376,774		2
3	Housekeeping	352,414	38,097		390,511		390,511	378	390,889		3
4	Laundry	78,516	23,726		102,242		102,242		102,242		4
5	Heat and Other Utilities			241,445	241,445		241,445	7,655	249,100		5
6	Maintenance	32,393		178,548	210,941		210,941	82,152	293,093		6
7	Other (specify):* Alloc. From Mgmt Cd							11,224	11,224		7
8	TOTAL General Services	881,761	504,507	423,187	1,809,455		1,809,455	80,240	1,889,695		8
	B. Health Care and Programs										
9	Medical Director			45,200	45,200		45,200		45,200		9
10	Nursing and Medical Records	4,764,553	362,632	182,384	5,309,569		5,309,569	45,128	5,354,697		10
10a	Therapy										10a
11	Activities	217,124	31,346	6,223	254,693		254,693		254,693		11
12	Social Services	139,965		5,329	145,294		145,294		145,294		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Alloc. From Mgmt Cd							6,503	6,503		15
16	TOTAL Health Care and Programs	5,121,642	393,978	239,136	5,754,756		5,754,756	51,631	5,806,387		16
	C. General Administration										
17	Administrative	140,923		1,518,810	1,659,733		1,659,733	(1,455,731)	204,002		17
18	Directors Fees										18
19	Professional Services			270,081	270,081		270,081	17,536	287,617		19
20	Dues, Fees, Subscriptions & Promotions			176,052	176,052		176,052	15,170	191,222		20
21	Clerical & General Office Expenses	131,413	31,935	52,950	216,298		216,298	670,174	886,472		21
22	Employee Benefits & Payroll Taxes			1,071,350	1,071,350		1,071,350	19,173	1,090,523		22
23	Inservice Training & Education			15,606	15,606		15,606	970	16,576		23
24	Travel and Seminar							1,293	1,293		24
25	Other Admin. Staff Transportation			9,676	9,676		9,676	16,468	26,144		25
26	Insurance-Prop.Liab.Malpractice			399,240	399,240		399,240	6,930	406,170		26
27	Other (specify):* Alloc. From Mgmt Cd							106,634	106,634		27
28	TOTAL General Administration	272,336	31,935	3,513,765	3,818,036		3,818,036	(601,383)	3,216,653		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,275,739	930,420	4,176,088	11,382,247		11,382,247	(469,512)	10,912,735		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 Streamwood

#0037002

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			194,079	194,079		194,079	348,595	542,674			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			97,013	97,013		97,013	279,286	376,299			32
33	Real Estate Taxes							653,462	653,462			33
34	Rent-Facility & Grounds			2,036,155	2,036,155		2,036,155	(2,031,783)	4,372			34
35	Rent-Equipment & Vehicles			102,038	102,038		102,038	4,595	106,633			35
36	Other (specify):*											36
37	TOTAL Ownership			2,429,285	2,429,285		2,429,285	(745,845)	1,683,440			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		543,732	1,449,198	1,992,930		1,992,930		1,992,930			39
40	Barber and Beauty Shops			16,929	16,929		16,929		16,929			40
41	Coffee and Gift Shops			8,949	8,949		8,949		8,949			41
42	Provider Participation Fee			447,689	447,689		447,689		447,689			42
43	Other (specify):* Non-Allowable Co	105,793		185,846	291,639		291,639	(291,639)				43
44	TOTAL Special Cost Centers	105,793	543,732	2,108,611	2,758,136		2,758,136	(291,639)	2,466,497			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,381,532	1,474,152	8,713,984	16,569,668		16,569,668	(1,506,996)	15,062,672			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 Streamwood

0037002

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	(1,996)	2		4
5	Telephone, TV & Radio in Resident Rooms	(6,838)	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	2,613	30		9
10	Interest and Other Investment Income	(101,145)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(11,643)	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	(100)	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	(70,338)	43		24
25	Fund Raising, Advertising and Promotional	(40,170)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(958)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Pg 5A	231,170	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ 595		\$	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)	(1,507,591)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,507,591)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,506,996)		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 Streamwood

ID# 0037002

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Diagnostics Managed Care	\$ (9,670)	43	1
2	Labs-Part A	(8,719)	43	2
3	X-Rays-Part A	(37,410)	43	3
4	Trust fees	(155)	43	4
5	Unrealized loss on FMV swap	401,690	43	5
6	Collections	(778)	6	6
7	Out of period legal	(2,846)	19	7
8	Marketing Salary	(105,793)	19	8
9	Salesforce.com	(5,149)	43	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				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	231,170		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	19 Professional fees	\$	Sambell of Streamwood Limited Partnership	**	\$ 200	\$ 200	1
2	V	30 Depreciation		Sambell of Streamwood Limited Partnership	**	290,850	290,850	2
3	V	32 Interest expense		Sambell of Streamwood Limited Partnership	**	360,175	360,175	3
4	V	32 Amortization of mortgage costs		Sambell of Streamwood Limited Partnership	**	2,293	2,293	4
5	V	33 Property taxes		Sambell of Streamwood Limited Partnership	**	644,155	644,155	5
6	V	34 Rental expense	2,036,155	Sambell of Streamwood Limited Partnership	**		(2,036,155)	6
7	V	43 Trust fees		Sambell of Streamwood Limited Partnership	**	155	155	7
8	V	43 Unrealized loss on interest rate swap	401,690	Sambell of Streamwood Limited Partnership	**		(401,690)	8
9	V							9
10	V							10
11	V			Lexington Health Care Center of Streamwood, Inc.				11
12	V			own 100% of Sambell of Streamwood Limited Partnership.				12
13	V							13
14	Total		\$ 2,437,845			\$ 1,297,828	\$ * (1,140,017)	14

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

Facility Name & ID Number Lexington of Streamwood# 0037002Report Period Beginning: 01/01/2013 Ending: 12/31/2013

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	3 Housekeeping supplies	\$	Royal Management Corp.	**	\$ 378	\$	378	15
16	V	5 Utilities - gas & electric		Royal Management Corp.	**	6,309		6,309	16
17	V	5 Utilities - water & sewer		Royal Management Corp.	**	373		373	17
18	V	5 Utilities - maintenance office		Royal Management Corp.	**	973		973	18
19	V	6 Management allocation - salaries		Royal Management Corp.	**	73,447		73,447	19
20	V	6 Repairs & maintenance		Royal Management Corp.	**	8,346		8,346	20
21	V	6 Scavenger & exterminating		Royal Management Corp.	**	359		359	21
22	V	7 Management allocation - employee benefits		Royal Management Corp.	**	11,224		11,224	22
23	V	10 Medical consultant		Royal Management Corp.	**	2,575		2,575	23
24	V	10 Management allocation - salaries		Royal Management Corp.	**	42,553		42,553	24
25	V	15 Management allocation - employee benefits		Royal Management Corp.	**	6,503		6,503	25
26	V	17 Management allocation - salaries		Royal Management Corp.	**	63,079		63,079	26
27	V	19 Computer consultant & supplies		Royal Management Corp.	**	17,032		17,032	27
28	V	19 Professional fees		Royal Management Corp.	**	9,577		9,577	28
29	V	20 Dues & subscriptions		Royal Management Corp.	**	796		796	29
30	V	20 Advertising - help wanted		Royal Management Corp.	**	13,424		13,424	30
31	V	21 Management allocation - salaries		Royal Management Corp.	**	634,683		634,683	31
32	V	21 Bank charges		Royal Management Corp.	**	4,332		4,332	32
33	V	21 Office supplies & printing		Royal Management Corp.	**	14,374		14,374	33
34	V	21 Postage		Royal Management Corp.	**	4,500		4,500	34
35	V	21 Telephone		Royal Management Corp.	**	13,235		13,235	35
36	V								36
37	V								37
38	V	** Certain owners of Lexington Health Care Center of Streamwood, Inc. own 100% or Royal Management Corp.							38
39	Total		\$			\$ 928,072	\$ *	928,072	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.	**	\$ 970	\$	970	15	
16	V	24 Travel & seminar		Royal Management Corp.	**	1,293		1,293	16	
17	V	25 Auto expense		Royal Management Corp.	**	16,468		16,468	17	
18	V	26 Insurance general		Royal Management Corp.	**	6,430		6,430	18	
19	V	27 Management allocation - employee benefits		Royal Management Corp.	**	106,634		106,634	19	
20	V	30 Depreciation		Royal Management Corp.	**	55,132		55,132	20	
21	V	32 Interest		Royal Management Corp.	**	15,273		15,273	21	
22	V	32 Amortization of mortgage costs		Royal Management Corp.	**	2,690		2,690	22	
23	V	33 Property taxes		Royal Management Corp.	**	9,307		9,307	23	
24	V	34 Rent expense		Royal Management Corp.	**	4,372		4,372	24	
25	V	35 Equipment rental		Royal Management Corp.	**	2,015		2,015	25	
26	V	17 Management fees	1,518,810	Royal Management Corp.	**	0		(1,518,810)	26	
27	V	35 Auto Lease		Royal Management Corp.	**	2,580		2,580	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 Streamwood, Inc. own 100% of Royal Management Corp.								38
39	Total		\$ 1,518,810			\$ 223,164	\$ *	(1,295,646)	39	

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

Facility Name & ID Number

Lexington of Streamwood

0037002

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	22.33%	Lexington HC Ctr. of Lombard, Inc.	Lombard	Sambell of	Streamwood	Real Estate	1
2	John Samatas Discretionary Trust	22.33%	Lexington HC Ctr. of Bloomingdale, Inc.	Bloomingtondale	Streamwood		Property	2
3	Cynthia Thiem Discretionary Trust	22.34%	Lexington HC Ctr. of Elmhurst, Inc.	Elmhurst	Limited Partnership			3
4	Jeffrey J. Bell Revocable Trust	8.25%	Lexington HC Ctr. of LaGrange, Inc.	LaGrange	Eastgate Manor	Algonquin	Supportive	4
5	Lawrence W. Bell Revocable Trust	8.25%	Lexington HC Ctr. of Lake Zurich, Inc.	Lake Zurich	of Algonquin, LLC		Living Facility	5
6	David S. Bell Revocable Trust	8.25%	Lexington HC Ctr. of Schaumburg, Inc.	Schaumburg	Vesta Management	Lombard	Mgmt. Company	6
7	David S. Bell 2001 Trust	2.75%	Lexington HC Ctr. of Chicago Ridge, Inc.	Chicago Ridge	Group, LLC			7
8	Jeffrey J. Bell 2001 Trust	2.75%	Lexington HC Ctr. of Wheeling, Inc.	Wheeling	Royal Management	Lombard	Mgmt. Company	8
9	Lawrence W. 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, LLC			11
12					Lexington Square	Lombard	Independent	12
13					Life Care of		and Assisted	13
14					Lombard, LLC		Living	14
15					Lexington Square	Elmhurst	Independent	15
16					Life Care of		Living Facility	16
17					Elmhurst, LLC			17
18					Samvest of Lombard	Lombard	Lessor	18
19					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 Streamwood # 0037002 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	23.33	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	7,666	L17, C7	1
2	John Samatas	Owner/officer	Admin/Plant Ops	22.33	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	10,266	L17, C7	2
3	Cynthia Thiem	Owner/officer	Administrative	22.34	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	9,140	L17, C7	3
4	Daniel Thiem	Executive VP	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	12,749	L17, C7	4
5	Jason Samatas	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	23,257	L17, C7	5
6		Member									6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 63,078		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 Streamwood

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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	78,110	\$ 378	1
2	5	Utilities - gas & electric	Bed Days	723,430	10	58,428	0	78,110	6,309	2
3	5	Utilities - water & sewer	Bed Days	723,430	10	3,454	0	78,110	373	3
4	5	Utilities - maintenance office	Bed Days	723,430	10	9,011	0	78,110	973	4
5	6	Management allocation - salaries	Bed Days	723,430	10	680,245	680,245	78,110	73,447	5
6	6	Repairs & maintenance	Bed Days	723,430	10	77,300	0	78,110	8,346	6
7	6	Scavenger & exterminating	Bed Days	723,430	10	3,323	0	78,110	359	7
8	7	Management allocation - employe	Bed Days	723,430	10	103,957	0	78,110	11,224	8
9	10	Medical consultant	Bed Days	723,430	10	23,850	0	78,110	2,575	9
10	10	Management allocation - salaries	Bed Days	723,430	10	394,114	394,114	78,110	42,553	10
11	15	Management allocation - employe	Bed Days	723,430	10	60,229	0	78,110	6,503	11
12	17	Management allocation - salaries	Bed Days	723,430	10	584,219	584,219	78,110	63,079	12
13	19	Computer consultant & supplies	Bed Days	723,430	10	157,743	0	78,110	17,032	13
14	19	Professional fees	Bed Days	723,430	10	88,700	0	78,110	9,577	14
15	20	Dues & subscriptions	Bed Days	723,430	10	7,368	0	78,110	796	15
16	20	Advertising - help wanted	Bed Days	723,430	10	124,332	0	78,110	13,424	16
17	21	Management allocation - salaries	Bed Days	723,430	10	5,878,235	5,878,235	78,110	634,683	17
18	21	Bank charges	Bed Days	723,430	10	40,121	0	78,110	4,332	18
19	21	Office supplies & printing	Bed Days	723,430	10	133,126	0	78,110	14,374	19
20	21	Postage	Bed Days	723,430	10	41,674	0	78,110	4,500	20
21	21	Telephone	Bed Days	723,430	10	122,578	0	78,110	13,235	21
22										22
23										23
24										24
25	TOTALS					\$ 8,595,510	\$ 7,536,813		\$ 928,072	25

Facility Name & ID Number Lexington of Streamwood

0037002 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	\$ 78,110	\$ 970	1
2	24	Travel and Seminar	Bed Days	723,430	10	11,975	78,110	1,293	2
3	25	Auto expense	Bed Days	723,430	10	152,523	78,110	16,468	3
4	26	Insurance general	Bed Days	723,430	10	59,556	78,110	6,430	4
5	27	Management allocation - employe	Bed Days	723,430	10	987,607	78,110	106,634	5
6	30	Depreciation	Bed Days	723,430	10	510,614	78,110	55,132	6
7	32	Interest	Bed Days	723,430	10	141,456	78,110	15,273	7
8	32	Amortization of mortgage costs	Bed Days	723,430	10	24,914	78,110	2,690	8
9	33	Property taxes	Bed Days	723,430	10	86,200	78,110	9,307	9
10	34	Rent expense	Bed Days	723,430	10	40,490	78,110	4,372	10
11	35	Equipment rental	Bed Days	723,430	10	18,660	78,110	2,015	11
12	35	Auto Lease	Bed Days	723,430	10	23,891	78,110	2,580	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	\$	\$ 223,164	25

Facility Name & ID Number

Lexington of Streamwood

0037002

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					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, L.L.C	X		Mortgage	Varies	5/22/08	6,734,000	5,911,567	1/1/33	Variable	360,175	2					
3												3					
4												4					
5							Interest on financing insurance premium				1,315	5					
	Working Capital																
6	Shareholders	X		Working Capital	None	Various	1,154,048	8,776,372	Demand	Prime +1	57,118	6					
7	Bank of America		X	Working Capital	None	9/30/13	13,700,000	1,676,000	9/30/14	Prime/Libor	38,580	7					
8												8					
9	TOTAL Facility Related						\$ 21,588,048	\$ 16,363,939			\$ 457,188	9					
	B. Non-Facility Related*																
10								Amortization of mortgage costs			4,983	10					
11								Interest income offset			(44,027)	11					
12								Allocated from management company			(57,118)	12					
13								Less: Shareholder interest			15,273	13					
14	TOTAL Non-Facility Related						\$	\$			\$ (80,889)	14					
15	TOTALS (line 9+line14)						\$ 21,588,048	\$ 16,363,939			\$ 376,299	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.			\$	493,200	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		\$	541,750	2
		Allocated from Mgmt Co.		9,307	
3. Under or (over) accrual (line 2 minus line 1).			\$	48,550	3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	596,400	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.)			\$	36,450	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 \$ (37,245) For 2010 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	(37,245)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	653,462	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2008	500,084			8
	2009	368,079			9
	2010	492,260			10
	2011	478,154			11
	2012	541,750			12
See attached real estate accrual sheet					
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2012	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		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 Streamwood COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0037002
 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>06-25-300-006-0000</u>	<u>Land & Building</u>	\$ <u>541,750.03</u>	\$ <u>541,750.03</u>
2. <u>Royal Management Corp(Samvest of Lombard II)</u>		\$ <u>262,978.00</u>	\$ <u>9,307.00</u>
3. <u>05-01-202-019</u>	<u>Land & Building</u>	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>804,728.03</u></u>	\$ <u><u>551,057.03</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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 83,942 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>30,000</u>	<u>1991</u>	<u>\$ 211,400</u>	<u>1</u>
2	<u>Management Company Allocation</u>		<u>2002</u>	<u>22,606</u>	<u>2</u>
3	TOTALS	30,000		\$ 234,006	3

Facility Name & ID Number Lexington of Streamwood

0037002

Report Period Beginning:

01/01/2013 Ending:

12/31/2013

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	214	1991	1991	\$ 5,248,322	\$	35	\$ 149,952	\$ 149,952	\$ 3,373,921	4
5		1993	1993	105,236		35	3,007	3,007	61,639	5
6		1995	1995	82,650	2,361	35	2,361		43,684	6
7										7
8										8
	Improvement Type**									
9	Building Improvement	1993		7,336		35	210	210	4,299	9
10	Land Improvements	1995		7,000		15			7,000	10
11	Kitchen & Nurses Station	1996		12,316	352	35	352		6,159	11
12	Piping	1996		3,139	90	35	90		1,571	12
13	Basement remodeling	1997		20,204		10			20,204	13
14	Floor repairs	1997		555		10			555	14
15	Corner Guards	1997		998		10			998	15
16	Corner Guards	1998		3,563		10			3,563	16
17	Wiring	1998		2,050		10			2,050	17
18	Tile	1998		11,697		10			11,697	18
19	Patio	1999		12,012	801	15	801		11,279	19
20	Parking lot	2000		1,773		10			1,773	20
21	110-ton A/C unit	2000		6,923		10			6,922	21
22	Rods for bedside curtains	2000		5,872		10			5,872	22
23	Automatic doors	2000		1,300		10			1,300	23
24	Rehab project: carpeting, wallcovering, handrails, painting	2000		85,195		10			85,194	24
25	Compressor/tube bundles-cooling system	2001		12,921		10			12,921	25
26	Rehab project: resident rooms, corridors, dining room	2001		212,217	10,611	20	10,611		132,637	26
27	Parking lot	2002		29,288		10			29,288	27
28	Office area rehab	2002		26,991	1,350	20	1,350		15,523	28
29	Elevator interior upgrade	2002		1,120		10			1,120	29
30	Gazebo	2002		3,393		10			3,393	30
31	Elevator electronic curtains	2002		4,500		10			4,500	31
32	Door frame protector	2003		5,276	42	10	42		5,276	32
33	Rehab project-kitchen: carpeting, painting, wallcovering, wiring	2003		9,392	549	10	549		9,392	33
34	Roof	2003		29,950	1,498	20	1,498		15,103	34
35	Kitchen Sewer/Dishroom	2004		6,224	622	10	622		5,807	35
36	Compressor/tube bundles-cooling system	2004		14,737	737	20	737		6,878	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 Streamwood# 0037002

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	Kitchen fire protection upgrade	2004	\$ 1,427	\$ 143	10	\$ 143	\$	\$ 1,393	37
38	Landscaping	2005	8,495	425	20	425		3,506	38
39	Kitchen renovation	2005	12,034	602	20	602		4,815	39
40	Lobby, lounge and reception renovation	2005	37,439	1,872	20	1,872		14,976	40
41	Therapy room renovation	2005	11,628	581	20	581		4,843	41
42	Create first floor therapy room	2005	44,781	2,239	20	2,239		20,151	42
43	Dialysis units	2005	66,426	3,535	20	3,535		30,048	43
44	Create transitional unit	2005	14,490	725	20	725		5,799	44
45	Alzheimers unit renovation	2005	5,910	296	20	296		2,663	45
46	Basement renovation	2005	46,561	2,328	20	2,328		19,012	46
47	Landscaping enhancement	2006	3,414	228	15	228		1,709	47
48	HVAC	2006	17,125	856	20	856		6,064	48
49	Door closer	2006	4,446	222	20	222		1,721	49
50	Blinds	2006	1,566		5			1,566	50
51	Employee lunch room rehab	2006	2,883	144	20	144		1,104	51
52	Storeroom door lock	2006	2,843	142	20	142		1,065	52
53	Dialysis Stations	2006	62,832	3,142	20	3,142		23,826	53
54	Fine dining	2006	7,650	382	20	382		2,898	54
55	Automatic door	2006	2,259	113	20	113		819	55
56	Landscaping	2007	10,606	530	20	530		3,224	56
57	Parking lot	2007	2,777	139	20	139		869	57
58	HVAC	2007	1,501	75	20	75		506	58
59	Painting Building	2007	16,150	808	20	808		5,184	59
60	Landscaping	2008	33,747	2,250	15	2,250		11,437	60
61	Common areas-metal doors	2008	7,055	353	20	353		2,030	61
62	Wanderguard	2008	3,882	194	20	194		1,164	62
63	Lawn Irrigation	2009	18,125	1,208	15	1,208		5,134	63
64	Landscaping	2009	3,138	209	15	209		975	64
65	Quick connectors	2009	9,375	469	20	469		2,189	65
66	1st floor admin office-heating,plumbing	2009	13,598	767	20	767		3,111	66
67	Fire alarm system	2009	5,271	264	20	264		1,056	67
68	Metal Doors-painting	2009	4,650	232	20	232		1,083	68
69	2nd Floor Remodel-carpentry	2009	33,503	838	40	838		3,980	69
70	TOTAL (lines 4 thru 69)		\$ 6,491,737	\$ 45,324		\$ 198,493	\$ 153,169	\$ 4,081,438	70

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

Facility Name & ID Number Lexington of Streamwood

0037002

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		\$ 6,491,737	\$ 45,324		\$ 198,493	\$ 153,169	\$ 4,081,438	1
2	Patio Pergola	2009	7,930	793	10	793		3,436	2
3	Landscaping	2010	5,785	386	15	386		1,351	3
4	HVAC Quick connectors, admin office	2010	15,373	561	27	561		1,748	4
5	Lockers and Pantry-plumbing, tile	2010	14,809	540	27	540		1,727	5
6	Director of Nursing office painting	2010	7,887	288	27	288		864	6
7	Ramp repair	2010	3,240	216	15	216		684	7
8	Library/Lounge update-art, flooring	2010	8,356	305	27	305		966	8
9	Office carpentry, flooring, electrical, painting, signs, HVAC	2010	48,949	3,009	27	3,009		9,027	9
10	Office carpentry, flooring, electrical, painting, signs, HVAC	2011	4,714	171	27	171		442	10
11	Office-Doors, ADON, Locks	2011	26,169	952	27	952		2,063	11
12	HVAC Chiller	2011	95,360	3,468	27	3,468		8,381	12
13	Laundry Room-Painting, Tile	2011	7,686	279	27	279		674	13
14	2nd floor doors	2011	26,317	957	27	957		2,233	14
15									15
16	Install cast iron pipe sprinkler	2012	4,550	165	27	165		303	16
17	Shower room-tile-painting, plumbing	2012	87,763	3,191	27	3,191		3,457	17
18									18
19	Update Sprinkler Heads- Entire Facility	2013	28,070	510	27	510		510	19
20	EMR Building Wire- Entire Facility	2013	16,538	100	27	100		100	20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30	Reconcile to book depreciation			388			(388)		30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,901,233	\$ 61,603		\$ 214,384	\$ 152,781	\$ 4,119,404	34

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

Facility Name & ID Number Lexington of Streamwood

0037002

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 6,901,233	\$ 61,603		\$ 214,384	\$ 152,781	\$ 4,119,404	1
2	Real Estate Entity								2
3	1st floor remodel-Carpentry, flooring, electrical, painting	2008	531,230		27	19,317	19,317	115,903	3
4	2nd Floor Remodel-Carpentry, Flooring, Electrical, painting	2008	487,333		27	17,721	17,721	88,606	4
5	Remodel special care units-carpentry, electrical, painting	2008	32,914		27	1,197	1,197	5,985	5
6	3rd floor remodel-carpentry, flooring, electrical, painting	2009	667,142		27	24,260	24,260	113,213	6
7	Parking lot seal and stripe	2011	3,600		27	131	131	295	7
8	Remodel LL Flooring-Carpentry, flooring, electrical	2011	27,575		27	1,003	1,003	2,090	8
9	Kitchen holding tank	2011	11,666		27	424	424	1,201	9
10	Drain tile and pits	2011	8,000		27	291	291	679	10
11									11
12									12
13									13
14									14
15	Mgmt Co.								15
16									16
17	Building-management company	2002	312,829		40	9,017	9,017	110,888	17
18	HVAC, electrical, security system-management company	2003	2,748		30	682	682	1,932	18
19	Key card system-management company	2004	432		20	21	21	203	19
20	VAC TX controls-management company	2005	131		20	6	6	58	20
21	Build Imp-management company	2006	96		5	6	6	46	21
22	Building Improvement Management Co.	2008	15,036		5	714	714	4,988	22
23	Building Improvement Management Co.	2009	2,777		15	51	51	672	23
24	Building Improvement Management Co.	2010	2,712		15	110	110	639	24
25	Building Improvement Management Co.	2011	1,946		15	88	88	225	25
26	Building Improvement Management Co.	2012	6,558		15	13	13	393	26
27	Building Improvement Management Co.	2013	5,082		15	95	95	98	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,021,039	\$ 61,603		\$ 289,531	\$ 227,928	\$ 4,567,518	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	\$ 1,560,793	\$ 131,209	\$ 207,547	\$ 76,338	5	\$ 1,166,248	71
72	Current Year Purchases	20,861	1,267	1,267		5	1,267	72
73	Fully Depreciated Assets	173,669				5	173,669	73
74	Allocated from Mgmt. Co.	549,102		39,823	39,823	5-7	293,508	74
75	TOTALS	\$ 2,304,425	\$ 132,476	\$ 248,637	\$ 116,161		\$ 1,634,692	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		4,506	4,506	5	46,283	79
80	TOTALS			\$ 54,508	\$	\$ 4,506	\$ 4,506		\$ 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)	\$ 11,613,978	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 194,079	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 542,674	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 348,595	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,248,493	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 Streamwood

0037002

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

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	Allocated from Management Company				4,372			6
7	TOTAL				\$ 4,372			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: \$ 104,053 Description: Copier-\$10,711;Postage-\$180;Printer-\$3,962;Med Equip-\$30,209;Oxy-\$56,038;Dietary-\$938;Mgmt Co.-\$2,01

(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			2,580	20
21	TOTAL		\$	\$ 2,580	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 Streamwood # 0037002 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	\$	8,797	\$ 470,760	\$	8,797	\$ 470,760	1	
2	Licensed Speech and Language Development Therapist	39(3)	hrs		4,573	267,473		4,573	267,473	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39(3)	hrs		11,432	709,333		11,432	709,333	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				528,278		528,278	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify): <u>Ambulance</u>	39(3)				1,632			1,632	12	
13	Other (specify): <u>See Sch 16A</u>						15,454		15,454	13	
14	TOTAL			\$	24,802	\$ 1,449,198	\$ 543,732	24,802	\$ 1,992,930	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.

Schedule 16A

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	
			Units of Service			Units	Cost		
1	Licensed Occupational Therapist		hrs		\$			\$	
2	Licensed Speech and Language Development Therapist		hrs						
3	Licensed Recreational Therapist		hrs						
4	Licensed Physical Therapist		hrs						
5	Physician Care		visits						
6	Dental Care		visits						
7	Work Related Program		hrs						
8	Habilitation		hrs						
9	Pharmacy		# of prescripts						
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs						
11	Academic Education		hrs						
12	Other (specify): <u>Oxygen</u>	39(2)						13,424	
13	Other (specify): <u>DME</u>	39(2)						2,030	
14	TOTAL				\$		\$	\$ 15,454	

	7	8	
	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
		\$	1
			2
			3
			4
			5
			6
			7
			8
			9
			10
			11
		15,571	12
		1,425	13
		\$ 16,996	14

Facility Name & ID Number Lexington of Streamwood

0037002

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 451,911	\$ 455,074	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>444,398</u>)	2,812,179	2,812,179	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	1,990	1,990	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Insurance Receivable</u>	1,880,338	1,880,338	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,146,418	\$ 5,149,581	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	67,884	67,884	12
13	Land		234,006	13
14	Buildings, at Historical Cost		5,353,558	14
15	Leasehold Improvements, at Historical Cost	1,534,822	3,667,481	15
16	Equipment, at Historical Cost	840,700	2,358,933	16
17	Accumulated Depreciation (book methods)	(1,196,313)	(6,248,493)	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>		44,460	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,247,093	\$ 5,477,829	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,393,511	\$ 10,627,410	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 529,467	\$ 529,467	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	10,452,372	10,452,372	29
30	Accrued Salaries Payable	426,528	426,528	30
31	Accrued Taxes Payable (excluding real estate taxes)	9,500	9,500	31
32	Accrued Real Estate Taxes(Sch.IX-B)		596,400	32
33	Accrued Interest Payable		26,018	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Schedule 17A</u>	14,556,112	5,538,008	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 25,973,979	\$ 17,578,293	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		5,911,567	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)	\$	\$ 5,911,567	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 25,973,979	\$ 23,489,860	46
47	TOTAL EQUITY(page 18, line 24)	\$ (19,580,468)	\$ (12,862,450)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,393,511	\$ 10,627,410	48

*(See instructions.)

Lexington Health Care Center of Streamwood, Inc.
 Provider # 0037002
 1/1/13-12/31/13

Schedule 17A

XV. Balance Sheet
 C. Current Liabilities

36. Other current liabilities

Account	Description	Operating	After Consolidation
00-11450-00	DUE TO MERIT HOSPICE	65,000	65,000
00-13700-00	Sambel Due from LLC 1	-	1,532
00-24345-00	Sambel Interest Rate Swap Liability	-	906,244
00-14770-00	ESCROW - INSURANCE	849,460	849,460
00-22030-00	ACCRUED EXPENSES	54,301	54,301
00-22040-00	ACCRUED RESIDENT TAX	86,485	86,485
00-22060-00	ACCRUED ROYL / VESTA MGMT FEES	1,275,625	1,275,625
00-22270-00	DUE TO PATIENT TRUST FUND	44,442	44,442
00-22120-00	ACCRUED RENT	9,925,880	9,925,880
00-22140-00	ACCRUED INSURANCE	92,890	92,890
00-24400-00	PROFESSIONAL LIABILITIES CLAIMS	2,108,177	2,108,177
00-23530-00	DUE TO - ROYAL OPERATIONS	27,288	27,288
00-23720-00	DUE TO/ FROM REPUBLIC	(12,101)	(12,101)
00-22330-00	ADVANCE - BIWEEKLY PART A PAYM	1,241	1,241
00-13240-00	DUE TO LEX FIN SVCS I	59	59
00-13040-00	Sambel Rent Receivable	-	(9,925,880)
00-14530-00	PREPAID INSURANCE	37,365	37,365
		<u>14,556,112</u>	<u>5,538,008</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (17,182,544)	1
2	Restatements (describe):		2
3	Post closing adjustment	(78,015)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (17,260,559)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(2,319,909)	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)	\$ (2,319,909)	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)	\$ (19,580,468)	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	\$ 18,697,614	1
2	Discounts and Allowances for all Levels	(10,085,711)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,611,903	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,213,067	6
7	Oxygen	67,935	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 4,281,002	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	10,023	12
13	Barber and Beauty Care	21,161	13
14	Non-Patient Meals	1,996	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	613,850	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	215,998	19
20	Radiology and X-Ray	60,381	20
21	Other Medical Services	389,418	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,312,827	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	44,027	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 44,027	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)	\$ 14,249,759	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,809,455	31
32	Health Care	5,754,756	32
33	General Administration	3,818,036	33
B. Capital Expense			
34	Ownership	2,429,285	34
C. Ancillary Expense			
35	Special Cost Centers	2,310,447	35
36	Provider Participation Fee	447,689	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,569,668	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,319,909)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,319,909)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,174,680	44
45	Private Pay - Net Inpatient Revenue	2,067,966	45
46	Medicare - Net Inpatient Revenue	1,225,280	46
47	Other-(specify) <u>Managed Care</u>	143,977	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,611,903	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 Streamwood

0037002

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	1,863	2,261	\$ 115,063	\$ 50.89	1
2	Assistant Director of Nursing	29,776	36,142	1,016,224	28.12	2
3	Registered Nurses	16,446	21,143	646,536	30.58	3
4	Licensed Practical Nurses	43,167	52,609	1,374,204	26.12	4
5	CNAs & Orderlies	115,120	137,330	1,571,229	11.44	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	13,944	15,739	172,418	10.95	10
11	Social Service Workers	6,416	7,216	139,965	19.40	11
12	Dietician	1,796	2,093	38,296	18.30	12
13	Food Service Supervisor	1,804	2,077	50,442	24.29	13
14	Head Cook	1,885	2,077	35,154	16.93	14
15	Cook Helpers/Assistants	12,514	14,271	143,904	10.08	15
16	Dishwashers	15,541	17,630	150,642	8.54	16
17	Maintenance Workers	1,727	2,042	32,393	15.86	17
18	Housekeepers	31,658	36,901	352,414	9.55	18
19	Laundry	7,342	8,591	78,516	9.14	19
20	Administrator	1,854	2,406	140,923	58.57	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,097	9,203	131,413	14.28	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	2,011	2,452	41,297	16.84	31
32	Other Health Care: <u>Memory Care</u>	2,198	2,784	44,705	16.06	32
33	Other(specify) <u>Marketing</u>	3,816	4,240	105,794	24.95	33
34	TOTAL (lines 1 - 33)	317,975	379,207	\$ 6,381,532 *	\$ 16.83	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 45,200	9(3)	36	
37	Medical Records Consultant	20	10(3)	37	
38	Nurse Consultant	Monthly 64,413	10(3)	38	
39	Pharmacist Consultant	Monthly 12,928	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	4,218	11(3)	44
45	Social Service Consultant	96	5,329	12(3)	45
46	Other(specify) <u>Pulmonary</u>	Monthly 94,043	10(3)	46	
47	<u>Medical Consultant</u>	Monthly 2,575	10(7)	47	
48				48	
49	TOTAL (lines 35 - 48)	212	\$ 229,806	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 Streamwood

0037002

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

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	
Kalsang Youtso	Administrator	0	\$ 140,923	Workers' Compensation Insurance	\$ 191,080	IDPH License Fee	\$	
				Unemployment Compensation Insurance	88,096	Advertising: Employee Recruitment	28,475	
				FICA Taxes	466,746	Health Care Worker Background Check		
				Employee Health Insurance	253,086	(Indicate # of checks performed <u>334</u>)	4,007	
				Employee Meals	19,173	Patient Background Checks	651 7,814	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Licenses & Fees	5,649	
				401K	22,447	Miscellaneous Dues & Subscriptions	960	
				Other Employee Benefits	38,791	Employment Fees	143,521	
				Tuition Reimbursement	10,024			
				Uniform Allowance	1,080	Management Company Allocation	796	
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 140,923	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 1,090,523		\$ 191,222		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees-Royal Operating			\$ 1,095,276	N/A		\$	Out-of-State Travel	\$
Management Fees-Vesta Mgmt.			423,534					
Management Fees (Eliminated in Column 7)							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,518,810				Seminar Expense	
							Management Company Allocation	1,293
							Entertainment Expense	()
C. Professional Services				TOTAL			(agree to Sch. V, line 24, col. 8)	
Vendor/Payee	Type		Amount	\$			TOTAL	\$
Grabowski Law Center, LLC	Collections		\$ 778					1,293
Cassiday Schade LLP	Legal		53,443					
Illinois Secretary of State	Filing Fees		140					
Amalgamated Bank of Chicago	Financial		500					
McGladrey LLP	Accounting		37,144					
Much Shelist	Legal		6,645					
Duane Morris	Legal		297					
Personnel Planners	U/C Consulting		1,590					
Standard and Poor	Financial		563					
McCracken and Frank	Legal		(24)					
Petrosino Serpico	Legal		189					
See Schedule 21C			168,816					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 270,081					

* Attach copy of IMRF notifications

**See instructions.

Lexington Health Care Center of Streamwood, Inc.
 Provider # 0037002
 1/1/13-12/31/13
 Professional Fees

Schedule 21C

XIX. Support Schedules

C. Professional Services

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Pension Administrators	Pension Administration	854
Marlene Sosa	Legal	500
Generation Law	Legal	395
SNR Detentin	Legal	1,843
Partridge IP Law	Legal	186
Ability Network	Computer Services	1,112
Americorp	Computer Services	76,843
Avalere Health	Computer Services	2,000
Availity	Computer Services	50
BOA	Computer Services	(2,449)
Corepoint	Computer Services	974
EFAQ	Computer Services	486
EHEALTH DATA	Computer Services	2,925
Email Sec Subs	Computer Services	405
ESNF	Computer Services	700
Health MedX LLC	Computer Services	14,857
INFO CONTROLS	Computer Services	13,637
Kronos	Computer Services	280
LINTECH	Computer Services	4,598
Microsoft	Computer Services	7,005
McGladrey	Computer Services	4,763
MNJ Technologies	Computer Services	215
My Innerview	Computer Services	5,630
National Datacare	Computer Services	2,760
On Shift	Computer Services	8,317
Paragon Clinical	Computer Services	400

Lexington Health Care Center of Streamwood, Inc.
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Professional Fees

Schedule 21C

Real Med	Computer Services	184
Relias Learning	Computer Services	5,796
Salesforce.com	Computer Services	5,149
SOFTCHOICE	Computer Services	510
TELEMEDICINE	Computer Services	5,400
TRISYS INC	Computer Services	127
TYMPANI	Computer Services	2,364
		<u>168,816</u>
Schedule V, line 19, column 3		<u>270,081</u>

Lexington Health Care Center of Streamwood, Inc.
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 1/1/13-12/31/13
 Professional Fees

Schedule 21C

Collection fees	778
Out of period legal	2,846
Marlene Sosa settlement reclass to insurance	500
Salesforce.com	5,149

Sambell of Streamwood Secretary of State	<u>200</u>
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Samvest of Lombard Accounting	174
Filing Fees	<u>17</u>
	191

Allocated from Mgmt Co.		
Much Shelist	Legal	528
Serpico, Petrosino, Dipiero & O'Shea, LTD	Legal	479
McGladrey LLP	Accounting	1,858
Illinois Secretary of State	Filing Fees	42
Gilson Labus & Silverman	KEP	47
Personnel Planners	U/C Consultant	46
LaSalle Network	Recruiting/Finance	2,423
Pension Administrators, Inc.	401K Administration	306
Katten, Muchin, Rosenman	KEP	307
Gene Whitehorn	Medicaid Reimb Specialist	698
Burlington Group	Recruitment	101
M Werner Consulting	Financial Consultant	2,447
Bussey Environment, Inc	Environmental Consulting	103

Lexington Health Care Center of Streamwood, Inc.
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Professional Fees

Schedule 21C

Computer Services	Computer Consulting	17,032
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Schedule V, line 19, column 8		<u>287,617</u>
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XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

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

Facility Name & ID Number Lexington of Streamwood# 0037002Report 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. \$ 49,729 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. \$ 447,689
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. \$ 19,173 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 1,996
- (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? N/A If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 0
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.