

Facility Name & ID Number Lexington Hlth C Ctr Lombard

0028660 Report Period Beginning: 1/01/2015 Ending: 12/31/2015

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>224</u>	Skilled (SNF)	<u>224</u>	<u>81,760</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>224</u>	TOTALS	<u>224</u>	<u>81,760</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	3 Private Pay	4 Other	4 Total	
8	SNF			<u>14,384</u>	<u>14,384</u>	8
9	SNF/PED					9
10	ICF	<u>37,319</u>	<u>9,296</u>		<u>46,615</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>37,319</u>	<u>9,296</u>	<u>14,384</u>	<u>60,999</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 74.61%

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

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 10/9/84

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

YES Date New Construction NO

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

YES NO If YES, enter number of beds certified 215 and days of care provided 10,640

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: 12/31/15 Fiscal Year: 12/31/15

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

Facility Name & ID Number

Lexington Hlth C Ctr Lombard

0028660

Report Period Beginning:

1/01/2015

Ending:

12/31/2015

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	478,165	30,980	3,662	512,807		512,807		512,807		1
2	Food Purchase		386,141		386,141		386,141	(18,509)	367,632		2
3	Housekeeping	357,277	39,125		396,402		396,402	292	396,694		3
4	Laundry	67,927	21,706		89,633		89,633		89,633		4
5	Heat and Other Utilities			272,423	272,423		272,423	8,538	280,961		5
6	Maintenance	36,305		180,117	216,422		216,422	81,983	298,405		6
7	Other (specify):* Mgmt Co.-Allocated							11,245	11,245		7
8	TOTAL General Services	939,674	477,952	456,202	1,873,828		1,873,828	83,549	1,957,377		8
	B. Health Care and Programs										
9	Medical Director			87,500	87,500		87,500		87,500		9
10	Nursing and Medical Records	4,954,528	384,494	102,934	5,441,956		5,441,956	49,158	5,491,114		10
10a	Therapy										10a
11	Activities	257,713	16,904	6,014	280,631		280,631		280,631		11
12	Social Services	136,593		3,116	139,709		139,709		139,709		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Mgmt Co.-Allocated							6,203	6,203		15
16	TOTAL Health Care and Programs	5,348,834	401,398	199,564	5,949,796		5,949,796	55,361	6,005,157		16
	C. General Administration										
17	Administrative	135,764		1,755,876	1,891,640		1,891,640	(1,684,258)	207,382		17
18	Directors Fees										18
19	Professional Services			283,815	283,815		283,815	18,726	302,541		19
20	Dues, Fees, Subscriptions & Promotions			50,433	50,433		50,433	11,705	62,138		20
21	Clerical & General Office Expenses	190,288	22,652	46,559	259,499		259,499	720,733	980,232		21
22	Employee Benefits & Payroll Taxes			1,144,245	1,144,245		1,144,245	18,519	1,162,764		22
23	Inservice Training & Education			12,545	12,545		12,545	684	13,229		23
24	Travel and Seminar			250	250		250	1,240	1,490		24
25	Other Admin. Staff Transportation			3,453	3,453		3,453	14,307	17,760		25
26	Insurance-Prop.Liab.Malpractice			525,192	525,192		525,192	3,655	528,847		26
27	Other (specify):* Mgmt Co.-Allocated							111,521	111,521		27
28	TOTAL General Administration	326,052	22,652	3,822,368	4,171,072		4,171,072	(783,168)	3,387,904		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,614,560	902,002	4,478,134	11,994,696		11,994,696	(644,258)	11,350,438		29

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

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

Facility Name & ID Number Lexington Hlth C Ctr Lombard

#0028660

Report Period Beginning:

1/01/2015

Ending:

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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			219,202	219,202	219,202	354,799	574,001				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			32,494	32,494	32,494	1,479	33,973				32
33	Real Estate Taxes						206,048	206,048				33
34	Rent-Facility & Grounds			1,650,381	1,650,381	1,650,381	(1,645,446)	4,935				34
35	Rent-Equipment & Vehicles			91,292	91,292	91,292	2,888	94,180				35
36	Other (specify):*											36
37	TOTAL Ownership			1,993,369	1,993,369	1,993,369	(1,080,233)	913,137				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		492,758	1,449,664	1,942,422	1,942,422		1,942,422				39
40	Barber and Beauty Shops			18,083	18,083	18,083		18,083				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			433,146	433,146	433,146		433,146				42
43	Other (specify):* Non-Allowable Co	87,786		140,239	228,025	228,025	(228,025)					43
44	TOTAL Special Cost Centers	87,786	492,758	2,041,132	2,621,676	2,621,676	(228,025)	2,393,651				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,702,346	1,394,760	8,512,635	16,609,741	16,609,741	(1,952,516)	14,657,226				45

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

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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	(10)	2		4
5	Telephone, TV & Radio in Resident Rooms	(9,072)	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	23,063	30		9
10	Interest and Other Investment Income	(91,287)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(11,205)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(2,750)	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	(36,341)	43		24
25	Fund Raising, Advertising and Promotional	(21,461)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(3,764)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Pg 5A	(166,261)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (319,088)		\$	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)	(1,633,428)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,633,428)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,952,516)		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 Hlth C Ctr Lombard

ID# 0028660

Report Period Beginning: 1/01/2015

Ending: 12/31/2015

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Diagnostics managed care	\$ (7,130)	43	1
2	Labs - Part A	(15,214)	43	2
3	X-Rays - Part A	(30,385)	43	3
4	Marketing Salary	(90,703)	43	4
5	Trust Fees	(530)	43	5
6	Collections	(2,809)	19	6
7	Out of period legal	(6,952)	19	7
8	Education & Seminar Marketing	(250)	43	8
9	Dues & Subscriptions	(515)	20	9
10	Salesforce.com Martketing Offset	(7,213)	19	10
11	State Replacement Tax	(65)	43	11
12	Lombard Area Chamber of Commerce	(295)	20	12
13	Reclass Repairs & Maintenance to LHI	(4,200)	06	13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
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38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(166,261)	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	\$	Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	\$ 6	\$ 6	1
2	V	21 Office Supplies		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	2,800	2,800	2
3	V	30 Depreciation		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	216,952	216,952	3
4	V	32 Interest Expense		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	72,475	72,475	4
5	V	33 Property taxes		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	198,381	198,381	5
6	V	34 Rental Expense	1,650,381	Lexington Health Care Systems of Lombard Ltd. Ptsp.	**		(1,650,381)	6
7	V	43 State Replacement Tax		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	65	65	7
8	V	43 Trust Fees		Lexington Health Care Systems of Lombard Ltd. Ptsp.		530	530	8
9	V							9
10	V							10
11	V			** The owners of Lexington Health Care Center of Lombard, Inc. own				11
12	V			100% of Lexington Health Care Systems of Lombard Limited Partnership.				12
13	V							13
14	Total		\$ 1,650,381			\$ 491,209	\$ * (1,159,172)	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.	**	\$ 292	\$	292	15	
16	V	5 Utilities - gas & electric		Royal Management Corp.	**	7,591		7,591	16	
17	V	5 Utilities - water & sewer		Royal Management Corp.	**	314		314	17	
18	V	5 Utilities - maintenance office		Royal Management Corp.	**	633		633	18	
19	V	6 Management allocation - salaries		Royal Management Corp.	**	77,752		77,752	19	
20	V	6 Repairs & maintenance		Royal Management Corp.	**	8,104		8,104	20	
21	V	6 Scavenger & exterminating		Royal Management Corp.	**	327		327	21	
22	V	7 Management allocation - employee benefits		Royal Management Corp.	**	11,245		11,245	22	
23	V	10 Medical consultant		Royal Management Corp.	**	6,270		6,270	23	
24	V	10 Management allocation - salaries		Royal Management Corp.	**	42,888		42,888	24	
25	V	15 Management allocation - employee benefits		Royal Management Corp.	**	6,203		6,203	25	
26	V	17 Management allocation - salaries		Royal Management Corp.	**	71,618		71,618	26	
27	V	19 Computer consultant & supplies		Royal Management Corp.	**	19,655		19,655	27	
28	V	19 Professional fees		Royal Management Corp.	**	13,245		13,245	28	
29	V	20 Dues & subscriptions		Royal Management Corp.	**	2,484		2,484	29	
30	V	20 Advertising - help wanted		Royal Management Corp.	**	2,579		2,579	30	
31	V	21 Management allocation - salaries		Royal Management Corp.	**	699,476		699,476	31	
32	V	21 Bank charges		Royal Management Corp.	**	2,501		2,501	32	
33	V	21 Office supplies & printing		Royal Management Corp.	**	10,031		10,031	33	
34	V	21 Postage		Royal Management Corp.	**	4,489		4,489	34	
35	V	21 Telephone		Royal Management Corp.	**	11,682		11,682	35	
36	V								36	
37	V								37	
38	V	** The owners of Lexington Health Care Center of Lombard, Inc. own 100% of Royal Management Corp.								38
39	Total		\$			\$ 999,379	\$ *	999,379	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 <u>Inservice Training</u>	\$	<u>Royal Management Corp.</u>	**	\$ 684	\$	684	15	
16	V	24 <u>Travel & seminar</u>		<u>Royal Management Corp.</u>	**	1,490		1,490	16	
17	V	25 <u>Auto expense</u>		<u>Royal Management Corp.</u>	**	14,307		14,307	17	
18	V	26 <u>Insurance general</u>		<u>Royal Management Corp.</u>	**	3,655		3,655	18	
19	V	27 <u>Management allocation - employee benefits</u>		<u>Royal Management Corp.</u>	**	111,521		111,521	19	
20	V	30 <u>Depreciation</u>		<u>Royal Management Corp.</u>	**	114,784		114,784	20	
21	V	32 <u>Interest</u>		<u>Royal Management Corp.</u>	**	18,004		18,004	21	
22	V	32 <u>Amortization of mortgage costs</u>		<u>Royal Management Corp.</u>	**	2,306		2,306	22	
23	V	33 <u>Property taxes</u>		<u>Royal Management Corp.</u>	**	7,667		7,667	23	
24	V	34 <u>Rent expense</u>		<u>Royal Management Corp.</u>	**	4,935		4,935	24	
25	V	35 <u>Equipment rental</u>		<u>Royal Management Corp.</u>	**	1,635		1,635	25	
26	V	17 <u>Management fees</u>	1,755,876	<u>Royal Management Corp.</u>	**			(1,755,876)	26	
27	V	35 <u>Auto Lease</u>		<u>Royal Management Corp.</u>	**	1,253		1,253	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	** The owners of Lexington Health Care Center of Lombard, Inc. own 100% of Royal Management Corp.								38
39	Total		\$ 1,755,876			\$ 282,241	\$ *	(1,473,635)	39	

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

Facility Name & ID Number

Lexington Hlth C Ctr Lombard

0028660

Report Period Beginning:

1/01/2015

Ending:

12/31/2015

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

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

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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					Merit Sleep	Lombard	Mgmt Company	1
2					Management, LLC		Home Health	2
3					Lexington Home	Lombard		3
4					Health Care, Inc.		Hospice	4
5					Lexington Hospice	Lombard		5
6					Services, LLC		Healthcare	6
7					Lexington Private	Lombard		7
8					Home Care			8
9								9
10								10
11								11
12								12
13								13
14								14
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30								30

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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					Sambell of	Bloomington	Real Estate	1
2					Bloomington Ltd. Pts		Property	2
3								3
4					Sambell of Chicago	Chicago Ridge	Real Estate	4
5					Ridge Ltd. Ptsp.		Property	5
6								6
7					Sambell of	Elmhurst	Real Estate	7
8					Elmhurst II Ltd. Ptsp.		Property	8
9								9
10					Sambell of	LaGrange	Real Estate	10
11					LaGrange Ltd. Ptsp.		Property	11
12								12
13					Lexington Health	Lake Zurich	Real Estate	13
14					Care Systems of		Property	14
15					Lake Zurich Ltd. Ptsp			15
16								16
17					Lexington Health	Orland Park	Real Estate	17
18					Care Systems of		Property	18
19					Orland Park Ltd. Ptsp			19
20								20
21					Sambell of	Schaumburg	Real Estate	21
22					Schaumburg Ltd. Ptsp		Property	22
23								23
24					Sambell of	Streamwood	Real Estate	24
25					Streamwood Ltd. Ptsp		Property	25
26					Lexington Health	Wheeling	Real Estate	26
27					Care Systems of		Property	27
28					Wheeling Ltd. Ptsp.			28
29					Samvest of	Algonquin	Real Estate	29
30					Algonquin Ltd. Ptsp.		Property	30

Facility Name & ID Number Lexington Hlth C Ctr Lombard # 0028660 Report Period Beginning: 1/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	James Samatas	Owner/officer	Administrative	33.33	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	\$ 10,352	L17, C7	1
2	John Samatas	Owner/officer	Admin/Plant Ops.	33.33	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	7,254	L17, C7	2
3	Cynthia Thiem	Owner/officer	Administrative	33.34	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	9,672	L17, C7	3
4	Daniel Thiem	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	18,085	L17, C7	4
5	Jason Samatas	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	25,836	L17, C7	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 71,199		13

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

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

Facility Name & ID Number Lexington Hlth C Ctr Lombard

0028660

Report Period Beginning:

1/01/2015

Ending: 2/31/2015

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	\$ 2,585	\$ 0	81,760	\$ 292	1
2	5	Utilities - gas & electric	Bed Days	723,430	10	67,169	0	81,760	7,591	2
3	5	Utilities - water & sewer	Bed Days	723,430	10	2,778	0	81,760	314	3
4	5	Utilities - maintenance office	Bed Days	723,430	10	5,597	0	81,760	633	4
5	6	Management allocation - salaries	Bed Days	723,430	10	687,966	687,966	81,760	77,752	5
6	6	Repairs & maintenance	Bed Days	723,430	10	71,704	0	81,760	8,104	6
7	6	Scavenger & exterminating	Bed Days	723,430	10	2,893	0	81,760	327	7
8	7	Management allocation - employe	Bed Days	723,430	10	99,498	0	81,760	11,245	8
9	10	Medical consultant	Bed Days	723,430	10	55,482	0	81,760	6,270	9
10	10	Management allocation - salaries	Bed Days	723,430	10	379,485	379,485	81,760	42,888	10
11	15	Management allocation - employe	Bed Days	723,430	10	54,884	0	81,760	6,203	11
12	17	Management allocation - salaries	Bed Days	723,430	10	633,695	633,695	81,760	71,618	12
13	19	Computer consultant & supplies	Bed Days	723,430	10	173,912	0	81,760	19,655	13
14	19	Professional fees	Bed Days	723,430	10	117,198	0	81,760	13,245	14
15	20	Dues & subscriptions	Bed Days	723,430	10	21,979	0	81,760	2,484	15
16	20	Advertising - help wanted	Bed Days	723,430	10	22,821	0	81,760	2,579	16
17	21	Management allocation - salaries	Bed Days	723,430	10	6,189,117	6,189,117	81,760	699,476	17
18	21	Bank charges	Bed Days	723,430	10	22,129	0	81,760	2,501	18
19	21	Office supplies & printing	Bed Days	723,430	10	88,755	0	81,760	10,031	19
20	21	Postage	Bed Days	723,430	10	39,720	0	81,760	4,489	20
21	21	Telephone	Bed Days	723,430	10	103,369	0	81,760	11,682	21
22										22
23										23
24										24
25	TOTALS					\$ 8,842,736	\$ 7,890,263		\$ 999,379	25

Facility Name & ID Number Lexington Hlth C Ctr Lombard

0028660 Report Period Beginning: 1/01/2015

Ending: 2/31/2015

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	\$ 6,055	\$ 81,760	\$ 684	1
2	24	Travel and Seminar	Bed Days	723,430	10	13,182	81,760	1,490	2
3	25	Auto expense	Bed Days	723,430	10	126,592	81,760	14,307	3
4	26	Insurance general	Bed Days	723,430	10	32,340	81,760	3,655	4
5	27	Management allocation - employe	Bed Days	723,430	10	986,762	81,760	111,521	5
6	30	Depreciation	Bed Days	723,430	10	1,015,630	81,760	114,784	6
7	32	Interest	Bed Days	723,430	10	159,306	81,760	18,004	7
8	32	Amortization of mortgage costs	Bed Days	723,430	10	20,406	81,760	2,306	8
9	33	Property taxes	Bed Days	723,430	10	67,835	81,760	7,667	9
10	34	Rent expense	Bed Days	723,430	10	43,669	81,760	4,935	10
11	35	Equipment rental	Bed Days	723,430	10	14,465	81,760	1,635	11
12	35	Auto Lease	Bed Days	723,430	10	11,086	81,760	1,253	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					\$ 2,497,328	\$	\$ 282,241	25

Facility Name & ID Number

Lexington Hlth C Ctr Lombard

0028660

Report Period Beginning:

1/01/2015

Ending:

12/31/2015

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
	A. Directly Facility Related															
	Long-Term															
1							\$	\$			\$	1				
2												2				
3												3				
4												4				
5												5				
	Working Capital															
6	Bank of America		X	Line of Credit	Varies	4/30/12	2,500,000	650,000	9/30/16	Prime/Libor	14,116	6				
7	Shareholder Loan	X		Capital Improvements	Varies	7/16/08	499,000	499,000	Demand	Prime	16,218	7				
8	Shareholder Loan	X		Working Capital	Varies	4/30/08	2,230,000	2,230,000	Demand	Prime	72,475	8				
9	TOTAL Facility Related						\$	5,229,000	\$	3,379,000		\$	104,970	9		
	B. Non-Facility Related*															
10												(454)	10			
11												(88,693)	11			
12												2,306	12			
13												15,844	13			
14	TOTAL Non-Facility Related						\$		\$			\$	(70,997)	14		
15	TOTALS (line 9+line14)						\$	5,229,000	\$	3,379,000		\$	33,973	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

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

1	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
	A. Directly Facility Related															
	Long-Term															
1							\$	\$			\$	1				
2												2				
3												3				
4												4				
5												5				
	Working Capital															
6												6				
7												7				
8												8				
9	TOTAL Facility Related						\$	\$			\$	9				
	B. Non-Facility Related*															
10											18,004	10				
11											(2,160)	11				
12												12				
13												13				
14	TOTAL Non-Facility Related						\$	\$			\$ 15,844	14				
15	TOTALS (line 9+line14)						\$	\$			\$ 15,844	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 2014 report.			\$	193,200	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.)	2014		\$	192,446	2										
3. Under or (over) accrual (line 2 minus line 1).			\$	(754)	3										
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	199,200	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.)			\$		5										
		Allocated from Management Co.		7,667											
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 \$ <u>65</u> For <u>14</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	(65)	6										
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	206,048	7										
Real Estate Tax History:															
Real Estate Tax Bill for Calendar Year:	2010	<u>140,430</u>	8	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">FOR BHF USE ONLY</td> </tr> <tr> <td style="text-align: center;">13</td> <td>FROM R. E. TAX STATEMENT FOR 2014 \$</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6 \$</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> </tr> </table>		FOR BHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2014 \$	14	PLUS APPEAL COST FROM LINE 5 \$	15	LESS REFUND FROM LINE 6 \$	16	AMOUNT TO USE FOR RATE CALCULATION \$
FOR BHF USE ONLY															
13	FROM R. E. TAX STATEMENT FOR 2014 \$														
14	PLUS APPEAL COST FROM LINE 5 \$														
15	LESS REFUND FROM LINE 6 \$														
16	AMOUNT TO USE FOR RATE CALCULATION \$														
	2011	<u>178,187</u>	9												
	2012	<u>188,895</u>	10												
	2013	<u>187,527</u>	11												
	2014	<u>206,048</u>	12												
See attached real estate accrual sheet															

NOTES:

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

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Lexington Health Care Center of Lombard, Inc. COUNTY Dupage
 FACILITY IDPH LICENSE NUMBER 0028660
 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 2014 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 2014.

	(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>06-19-307-002</u>	<u></u>	\$ <u>192,446.00</u>	\$ <u>192,446.00</u>
2.	<u>Royal Management Corp. (Samvest c</u>	<u></u>	\$ <u>290,524.00</u>	\$ <u>7,667.00</u>
3.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
4.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
		TOTALS	\$ <u><u>482,970.00</u></u>	\$ <u><u>200,113.00</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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 78,770 B. General Construction Type: Exterior Concrete Block Frame Steel Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

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

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

A. Land.	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
	<u>Resident Care</u>	<u>30,000</u>	<u>1984</u>	<u>\$ 616,761</u>	<u>1</u>
	<u>Management Company Allocation</u>			<u>22,156</u>	<u>2</u>
	TOTALS	30,000		\$ 638,917	3

Facility Name & ID Number Lexington Hlth C Ctr Lombard

0028660

Report Period Beginning:

1/01/2015

Ending:

12/31/2015

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	215	1984	1984	\$ 3,661,472	\$	35	\$ 104,614	\$ 104,614	\$ 3,266,991	4
5	9	1995	1995	284,156	8,119	35	8,119		158,316	5
6										6
7										7
8										8
	Improvement Type**									
9	Building Improvements	1990		96,219		10			96,218	9
10	Leasehold Improvements Additions	1995		71,493		10			71,493	10
11	Building Improvements	1994		20,200		10			20,200	11
12	Building Improvements	1995		14,535	415	35	415		8,511	12
13	Building Improvements - dishwasher hood	1996		2,748		10			2,748	13
14	Building Improvements - outside painting	1996		11,308		10			11,308	14
15	Building Improvements - dining room	1996		3,752		10			3,752	15
16	Leasehold Improvements	1992		16,299	466	35	466		10,947	16
17	Leasehold Improvements	1994		21,836		10			21,836	17
18	Leasehold Improvements - 2nd floor	1996		19,319		10			18,353	18
19	Leasehold Improvements - bathroom rehal	1996		9,216		10			8,909	19
20	Leasehold Improvements - fan coil repairs	1996		6,669	191	35	191		3,688	20
21	Land Improvements	1993		2,985		15			2,985	21
22	Land Improvements	1995		4,596		15			4,595	22
23	Capitalized Repairs	1986		1,730		10			1,730	23
24	Building Improvements - basement	1996		18,993		10			18,993	24
25	Leasehold Improvements - Corner Guards	1997		520		10			520	25
26	Leasehold Improvements - Corridor flooring	1997		10,380		10			10,380	26
27	BI: Kitchen Rehab	1998		2,494		10			2,494	27
28	Wiring for MDS project	1998		3,365		10			3,365	28
29	Install Fire Sprinklers in Mechanical Rms	1998		4,600	131	35	131		2,297	29
30	Tile for Lobby	1998		20,530		10			20,530	30
31	Walk in Freezers/Coolers	1998		3,183	91	35	91		1,592	31
32	Fire Wall Repairs	1998		12,411	355	35	355		6,209	32
33	Underground storage tank	1998		2,613		10			2,613	33
34	Repave parking lot	1999		7,625	256	15	256		7,625	34
35	Lounge Floor Tile	1999		2,963		10			2,963	35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Lexington Hlth C Ctr Lombard

0028660

Report Period Beginning:

1/01/2015

Ending:

12/31/2015

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Rewire Building	1999	\$ 9,083	\$ 260	35	\$ 260	\$	\$ 4,286	37
38	Heat exchanger for water heater	1999	1,660		5			1,660	38
39	Compressor and tank for freezer	1999	2,924		5			2,924	39
40	Plumbing Improvements	2000	2,833		10			2,833	40
41	Relocate 2nd floor sprinklers	2000	2,200	63	35	63		975	41
42	Water heater repairs	2000	3,831		5			3,831	42
43	Automatic door	2000	4,556	130	35	130		2,016	43
44	Install sprinklers	2001	6,082		10			6,082	44
45	Infrared curtains for elevator	2001	4,500		10			4,500	45
46	Elevator upgrade	2002	3,006		5			3,006	46
47	Condensor	2002	2,679		5			2,679	47
48	Resurfacing Parking Lot	2003	30,690	1,535	20	1,535		19,057	48
49	Plumbing loop repairs	2003	6,125		10			6,125	49
50	Fire alarm panel/call system	2003	8,495	425	20	425		5,488	50
51	Facility Rehab - Painting	2003	6,872		10			6,872	51
52	Facility Rehab - Floor Tile	2003	28,888	1,444	20	1,444		17,744	52
53	Nurse call system	2003	49,451	2,473	20	2,473		29,880	53
54	Brick paved sidewalk/entryway	2003	5,855	293	20	293		3,637	54
55	Facility redecorating - painting/wallpaper	2003	314,478	15,724	20	15,724		204,412	55
56	Fire alarm panel/call system	2003	276,327	13,816	20	13,816		179,610	56
57	Floor Tile	2003	58,720	2,936	20	2,936		38,168	57
58	Carpeting/cove base	2003	29,518		10			29,518	58
59	Water heater	2004	9,209		10			9,209	59
60	Kitchen sewer and dishroom	2004	31,233	1,562	20	1,562		17,311	60
61	Landscaping	2005	3,255	163	20	163		1,697	61
62	HVAC	2005	8,028	401	20	401		4,078	62
63	Kitchen sewer, dishroom and ceiling	2005	22,924	1,146	20	1,146		12,129	63
64	Lobby and reception redecorating - painting/wallpaper	2005	37,999	1,900	20	1,900		20,267	64
65	Rehab therapy room - electrical, carpet, tile	2005	66,393	3,320	20	3,320		35,412	65
66	Rehab 1st floor therapy room - electrical, carpet, tile	2005	39,341	1,967	20	1,967		20,981	66
67	Wallpaper, tile, electrical for transitional unit	2005	22,946	1,147	20	1,147		12,331	67
68	Window treatments	2005	8,053	403	20	403		4,264	68
69	Tile, flooring, and wallpaper	2005	57,699	2,885	20	2,885		30,533	69
70	TOTAL (lines 4 thru 69)		\$ 5,504,063	\$ 64,017		\$ 168,631	\$ 104,614	\$ 4,535,676	70

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

Facility Name & ID Number Lexington Hlth C Ctr Lombard

0028660

Report Period Beginning:

1/01/2015

Ending:

12/31/2015

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,504,063	\$ 64,017		\$ 168,631	\$ 104,614	\$ 4,535,676	1
2	Countertops	2005	845		5			845	2
3	Curtains and blinders	2005	4,672		5			4,672	3
4	Mini scroll	2005	527		5			527	4
5	Medical Records Storage/Office Room	2006	5,901	148	40	148		1,356	5
6	Office Remodel	2006	5,537	138	40	138		1,242	6
7	Piping	2006	4,511	301	15	301		2,809	7
8	HVAC	2006	7,985	200	40	200		1,800	8
9	Emergency A/C	2006	9,385	235	40	235		2,115	9
10	Adm Office-HVAC	2006	6,421	161	40	161		1,515	10
11	Sink installation	2006	2,561	64	40	64		624	11
12	Land Improvements Patio	2006	23,736	1,582	15	1,582		14,766	12
13	Brick Pavers	2007	8,500	567	15	567		4,914	13
14	Landscaping	2007	16,420	821	20	821		6,910	14
15	Parking Lot	2007	13,219	661	20	661		5,563	15
16	Roof	2007	9,800	490	20	490		4,288	16
17	HVAC	2007	8,197	410	20	410		3,485	17
18	LHI-Emergency A/C	2007	11,126	556	20	556		4,541	18
19	LHI-Plumbing & Sprinkler	2007	6,799	680	10	680		5,610	19
20	Automatic Doors in Common Areas	2007	20,874	1,044	20	1,044		8,787	20
21	Tike System & Foundation	2007	4,500	225	20	225		1,819	21
22	Exterior of Building Painting	2007	16,600	830	20	830		6,848	22
23	Landscaping	2008	21,600	1,440	15	1,440		11,160	23
24	Parking Lot	2008	9,625	481	20	481		3,648	24
25	Roof Repair	2008	11,001	550	20	550		4,033	25
26	HVAC	2008	20,164	1,102	20	1,102		8,259	26
27	Sink and Toliet	2008	4,000	400	10	400		3,067	27
28	Elevator Upgrades	2008	171,955	4,299	40	4,299		31,168	28
29	Metal Doors	2008	3,907	195	20	195		1,512	29
30	Basement Renovation	2008	25,195	1,260	20	1,260		9,660	30
31	Trash Compactor	2008	11,590	580	20	580		4,350	31
32	Painting Gazebo	2008	4,450	223	20	223		1,653	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,975,666	\$ 83,660		\$ 188,274	\$ 104,614	\$ 4,699,222	34

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

Facility Name & ID Number Lexington Hlth C Ctr Lombard

0028660

Report Period Beginning:

1/01/2015

Ending:

12/31/2015

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 5,975,666	\$ 83,660		\$ 188,274	\$ 104,614	\$ 4,699,222	1
2	2nd floor remodel-Electric, flooring,painting	2008	561,165		27	20,406	20,406	144,543	2
3	Kitchen Upgrade-Carpentry, painting, plumbing	2008	18,364		27	668	668	4,732	3
4	1st floor remodel-painting, electrical, flooring,plumbing	2008	547,836		27	19,921	19,921	157,708	4
5	Irrigation System	2009	14,235	949	15	949		6,089	5
6	Landscaping Enhancements	2009	22,005	1,467	15	1,467		9,536	6
7	Roof	2009	139,578	6,979	20	6,979		44,782	7
8	Fan Coil	2009	5,607	280	20	280		1,891	8
9	Quick Connectors	2009	5,300	265	20	265		1,767	9
10	Room Convector	2009	4,962	248	20	248		1,550	10
11	Nurse Call System	2009	35,509	1,291	27	1,291		8,173	11
12	Electrical key pad	2009	5,995	218	27	218		1,399	12
13	PT Room Countertops	2009	4,050	147	27	147		895	13
14	2nd floor remodel-Electric, flooring,painting	2009	2,935	107	27	107		731	14
15	Patio Pergola	2009	10,849	542	20	542		3,343	15
16	Landscaping/Retaining wall	2010	4,741	316	15	316		1,738	16
17	Ejector Pump	2010	6,983	466	15	466		2,562	17
18	Parking lot repair/signs	2010	8,970	727	15	727		4,011	18
19	Repair Roof	2010	24,000	1,200	20	1,200		6,100	19
20	Key pad entrance	2010	3,085	308	10	308		1,772	20
21	Canopy	2010	2,567	257	10	257		1,434	21
22	Exhaust HVAC	2010	4,003	146	27	146		754	22
23	Drainline	2010	4,130	151	27	151		767	23
24	Pantry carpentry,electrical,plumbing	2010	7,566	276	27	276		1,495	24
25	Paint over bed lights	2010	6,319	231	27	231		1,308	25
26	Library/Lounge carpentry,painting,signs	2010	8,441	308	27	308		1,643	26
27	Second floor doors	2010	3,144	314	10	314		1,806	27
28	Med Room carpentry,plumbing	2010	7,678	280	27	280		1,517	28
29	Patio Pergola	2010	11,695	1,754	5	1,754		11,695	29
30	Stamped concrete	2010	15,862	1,057	15	1,057		5,990	30
31	Office carpentry,flooring,electrical,painting,plumbing,signs	2010	64,446	5,409	27	5,409		27,045	31
32	3rd floor remodel-carpentry,plumbing,electrical,painting	2010	753,399		27	60,085	60,085	335,474	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,291,085	\$ 109,353		\$ 315,047	\$ 205,694	\$ 5,493,472	34

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

Facility Name & ID Number Lexington Hlth C Ctr Lombard

0028660

Report Period Beginning:

1/01/2015

Ending:

12/31/2015

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 12C, Carried Forward		\$ 8,291,085	\$ 109,353		\$ 315,047	\$ 205,694	\$ 5,493,472	1
2									2
3	Office Remodel - carpentry,plumbing,electrical,painting	2011	11,187	407	27	407		1,899	3
4	Front Entrance remodel of kitchen doors	2011	3,584	130	27	130		520	4
5	Remodel Shower Room - Carpentry, Flooring, Electrical,	2011	53,886	1,959	27	1,959		8,326	5
6	-Plumbing, Showers, Millwork & Painting								6
7	Boiler Coll HVAC	2011	3,175	115	27	115		519	7
8	Roof Top Unit HVAC	2011	40,890	1,487	27	1,487		6,320	8
9	Fire Dampers HVAC	2011	67,012	2,437	27	2,437		9,951	9
10	Remodel Laundry Room - Electrical, Painting and Flooring	2011	9,814	357	27	357		1,577	10
11	Replace Doors on 1st Floor	2011	57,237	2,081	27	2,081		8,497	11
12	Replace doors on 2nd Floor	2011	39,952	1,453	27	1,453		6,296	12
13	Doctors office-keys, painting, flooring	2012	5,484	83	27	83		332	13
14	Generator Exhaust	2012	21,590	785	27	785		2,878	14
15	Sprinklers in building - Front Canopy & Lobby Area	2012	11,558	420	27	420		1,330	15
16	Replace sanitary pipe	2012	5,800	211	27	211		756	16
17	Replace lights, mirrors in 1st floor resident rooms	2012	10,962	399	27	399		1,396	17
18	Replacement faucets in 1st floor resident rooms	2012	6,410	233	27	233		796	18
19									19
20	Fence- Entire Facility	2013	5,840	389	15	389		843	20
21	Sprinkler Heads- Entire Facility	2013	25,361	922	27	922		2,459	21
22	EMR Wiring- Entire Facility	2013	18,690	680	27	680		2,153	22
23	Holding Tank- Kitchen	2013	25,724	935	27	935		1,870	23
24									24
25	R/M Reclasp: Generator transfer switch in Mechanical Room	2014	4,681		12	390	390	585	25
26	R/M Reclasp: Landscaping for flowers around main entrance	2014	2,840		15	189	189	285	26
27									27
28	Add EMR Wiring 1st floor	2015	5,268	112	27	112		112	28
29	Replaced four boilers in boiler room	2015	173,357	525	27	525		525	29
30	R/M Reclasp: Sealcoating and paving parking lot	2015	4,200		20	105	105	105	30
31									31
32	Reconcile to book			98			(98)		32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,905,588	\$ 125,571		\$ 331,851	\$ 206,280	\$ 5,553,802	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 8,905,588	\$ 125,571		\$ 331,851	\$ 206,280	\$ 5,553,802	1
2									2
3	Building-management company	2002	306,589		40	9,187	9,187	126,916	3
4	HVAC, electrical, security system-management company	2003	2,693		30	653	653	2,057	4
5	Key card system-management company	2004	423		20	21	21	242	5
6	VAV TX controls-management compnay	2005	129		20	6	6	70	6
7	Building Improvements-management company	2006	94		20	6	6	57	7
8	Building Improvements-management company	2008	14,857		20	415	415	6,157	8
9	Building Improvements-management company	2009	2,773		20	52	52	975	9
10	Building Improvements-management company	2010	2,703		20	51	51	923	10
11	Building Improvements-management company	2011	1,908		20	90	90	399	11
12	Building Improvements-management company	2012	6,591		20	13	13	882	12
13	Building Improvements-management company	2013	4,981		20	366	366	822	13
14	Building Improvements-management company	2014	2,695		20	272	272	407	14
15	Building Improvements-management company	2015	474		20	29	29	29	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,252,498	\$ 125,571		\$ 343,012	\$ 217,441	\$ 5,693,738	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	\$ 1,227,044	\$ 91,270	\$ 125,004	\$ 33,734		\$ 1,106,466	71
72	Current Year Purchases	35,239	2,361	2,361			2,361	72
73	Fully Depreciated Assets	62,294					62,294	73
74	Allocated from Mgmt. Co.	625,907		100,583	100,583		441,110	74
75	TOTALS	\$ 1,950,484	\$ 93,631	\$ 227,948	\$ 134,317		\$ 1,612,231	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.			56,071		3,041	3,041	5	50,378	79
80	TOTALS			\$ 56,071	\$	\$ 3,041	\$ 3,041		\$ 50,378	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)	\$ 11,897,970	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 219,202	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 574,001	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 354,799	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,356,347	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6	<u>Allocated from Management Company</u>				<u>4,935</u>			6
7	TOTAL				\$ <u>4,935</u>			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. _____ /2016 \$ _____

13. _____ /2017 \$ _____

14. _____ /2018 \$ _____

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: \$ 92,927 Description: Copier-\$7,979;Mail Sys-\$84;Printer-\$6,572;Oxygen-\$32,417;Med Equip-\$44,241;Mgmt. Co.-\$1,635

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20	<u>Allocated from Management Company</u>			<u>1,253</u>	20
21	TOTAL		\$	\$ <u>1,253</u>	21

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

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

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

<p>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 Staff		3 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	10,243	\$ 439,026	\$	10,243	\$ 439,026	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		2,666	112,528		2,666	112,528	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		19,915	897,034		19,915	897,034	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				484,899		484,899	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	39(2)					791		791	12
13	Other (specify): <u>See Sch 16A</u>					1,077	7,068		8,145	13
14	TOTAL			\$	32,824	\$ 1,449,664	\$ 492,758	32,824	\$ 1,942,422	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.

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

	Service	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>DME</u>	<u>39(2)</u>					<u>7,068</u>		<u>7,068</u>	12
13	Other (specify): <u>Ambulance</u>	<u>39(3)</u>				<u>1,077</u>			<u>1,077</u>	13
14	TOTAL			\$		\$ 1,077	\$ 7,068		\$ 8,145	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 Hlth C Ctr Lombard# 0028660Report Period Beginning: 1/01/2015

Ending:

12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(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	\$ 1,945,303	\$ 2,013,169	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>488,410</u>)	3,114,064	3,114,064	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	6,989	6,989	7
8	Accounts Receivable (owners or related parties)	361	361	8
9	Other(specify): <u>PA Interest Receivable</u>	11,699	11,699	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,078,416	\$ 5,146,282	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		638,917	13
14	Buildings, at Historical Cost		3,661,472	14
15	Leasehold Improvements, at Historical Cost	3,114,903	5,591,026	15
16	Equipment, at Historical Cost	634,224	2,006,555	16
17	Accumulated Depreciation (book methods)	(1,907,930)	(7,356,347)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify)			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,841,197	\$ 4,541,623	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,919,613	\$ 9,687,905	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 232,307	\$ 232,307	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	650,000	650,000	29
30	Accrued Salaries Payable	489,335	489,335	30
31	Accrued Taxes Payable (excluding real estate taxes)	6,870	6,870	31
32	Accrued Real Estate Taxes(Sch.IX-B)		199,200	32
33	Accrued Interest Payable		6,155	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Schedule 17A</u>	2,374,142	1,110,578	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,752,654	\$ 2,694,445	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	499,000	2,729,000	39
40	Mortgage Payable			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)	\$ 499,000	\$ 2,729,000	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,251,654	\$ 5,423,445	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,667,959	\$ 4,264,460	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,919,613	\$ 9,687,905	48

*(See instructions.)

Facility Name: Lexington Hlth C Ctr Lombard
IDPH License ID Number: 0028660
Fiscal Year End: 12/31/2015

Schedule 17A

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	Operating	After Consolidation
PA Audit Adjustment	32,263	32,263
Rent Receivable	-	(1,263,564)
Due from - Vesta	10,358	10,358
Prepaid Insurance	22,052	22,052
Escrow - Insurance	(95,629)	(95,629)
Vision Withholding	1	1
401K Withholding	(1,386)	(1,386)
Accrued Expenses	404,467	404,467
Accrued Resident Tax	52,050	52,050
Accrued Royl/Vesta Mgmt Fees	41,524	41,524
Accrued Rent	1,263,564	1,263,564
Accrued Insurance	16,219	16,219
Due to Patient Trust Fund	(19,914)	(19,914)
Advance - Biweekly Part A Paym	(37,358)	(37,358)
Uncollectible Past A Co Pvts	(22,859)	(22,859)
Due to - Royal Operations	14,542	14,542
Due to/from Republic Construction	2,667	2,667
Due to Bloomingtondale	1,069	1,069
Due to LHCC Elmhurst	433	433
Due to LaGrange	289	289
Due to Streamwood	548	548
Due to Wheeling	(8,887)	(8,887)
Due to/from Square Lombard	(69,003)	(69,003)
Professional Liabilities Claim	767,132	767,132

Total - Line 36

2,374,142

1,110,578

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,234,402	1
2	Restatements (describe):		2
3	Post closing adjustment	(209,066)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,025,336	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	687,623	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	(45,000)	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)	\$ 642,623	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)	\$ 2,667,959	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	\$ 22,954,546	1
2	Discounts and Allowances for all Levels	(11,805,955)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,148,591	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,847,092	6
7	Oxygen	26,307	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 4,873,399	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		12
13	Barber and Beauty Care	19,337	13
14	Non-Patient Meals	10	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	705,411	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	220,590	19
20	Radiology and X-Ray	46,635	20
21	Other Medical Services	282,957	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,274,940	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	434	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 434	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)	\$ 17,297,364	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,873,828	31
32	Health Care	5,949,796	32
33	General Administration	4,171,072	33
B. Capital Expense			
34	Ownership	1,993,369	34
C. Ancillary Expense			
35	Special Cost Centers	2,188,530	35
36	Provider Participation Fee	433,146	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,609,741	40
41	Income before Income Taxes (line 30 minus line 40)**	687,623	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 687,623	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,172,021	44
45	Private Pay - Net Inpatient Revenue	1,390,180	45
46	Medicare - Net Inpatient Revenue	2,252,041	46
47	Other-(specify) <u>Managed Care</u>	334,349	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,148,591	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 Hlth C Ctr Lombard

0028660

Report Period Beginning: 1/01/2015

Ending: 12/31/2015

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	1,917	2,192	\$ 130,764	\$ 59.66	1
2	Assistant Director of Nursing	29,784	36,128	998,622	27.64	2
3	Registered Nurses	34,933	43,309	1,392,432	32.15	3
4	Licensed Practical Nurses	24,679	29,603	763,402	25.79	4
5	CNAs & Orderlies	104,244	121,874	1,634,105	13.41	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	11,296	13,688	187,176	13.67	10
11	Social Service Workers	5,924	7,083	136,593	19.28	11
12	Dietician	3,198	3,781	80,011	21.16	12
13	Food Service Supervisor	1,685	1,992	42,103	21.14	13
14	Head Cook	1,609	1,992	52,943	26.58	14
15	Cook Helpers/Assistants	25,289	29,398	303,108	10.31	15
16	Dishwashers					16
17	Maintenance Workers	1,853	2,094	36,305	17.34	17
18	Housekeepers	28,529	33,858	357,277	10.55	18
19	Laundry	5,109	6,258	67,927	10.85	19
20	Administrator	1,759	2,634	135,764	51.54	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,566	10,942	190,288	17.39	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	1,748	2,119	35,203	16.61	31
32	Other Health C: <u>Memory Care</u>	2,868	3,347	70,537	21.07	32
33	Other(specify) <u>Marketing</u>	2,011	2,170	87,786	40.45	33
34	TOTAL (lines 1 - 33)	297,001	354,462	\$ 6,702,346 *	\$ 18.91	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 87,500	9(3)	36
37	Medical Records Consultant	Monthly 423	10(3)	37
38	Nurse Consultant	Monthly 8,282	10(3)	38
39	Pharmacist Consultant	Monthly 12,932	10(3)	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	Monthly 2,386	11(3)	44
45	Social Service Consultant	Monthly 2,925	12(3)	45
46	Other(specify) <u>Medical Consultant</u>	Monthly 6,270	10(7)	46
47	<u>Pulmonary</u>	Monthly 46,474	10(3)	47
48	<u>See Sch 20B</u>	Monthly 7,913	10(3)	48
49	TOTAL (lines 35 - 48)	\$ 175,105		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			51	
52	Certified Nurse Assistants/Aides	1,128	26,910	10(3)	52
53	TOTAL (lines 50 - 52)	1,128	\$ 26,910		53

Facility Name: Lexington Health Care Center of Lombard, Inc.
IDPH License ID Number: 0042739
Fiscal Year End: 12/31/2015

Schedule 20B

XVIII. Staffing and Salary Costs
Consulting Services

Description	# of Hrs. Actually Worked	Total Consulting cost of reporting period	Sch V Line and Column Reference
Post Acute Consultant	Monthly	563	10(3)
Telemedicine Consultant	Monthly	7,350	10(3)
Total - Consulting Services	-	7,913	-

Facility Name: Lexington Hlth C Ctr Lombard
IDPH License ID Number: 0028660
Fiscal Year End: 12/31/2015

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Assessment & Intelligence Systems	PPS Review	2,332
Ability Network	Computer Services	3,018
Allscripts	Computer Services	223
Amazon Marketplace	Computer Services	211
Availity	Computer Services	198
Avatier	Computer Services	402
Bank of America (P KNIGHT)	Computer Services	130
Business Software Inc.	Computer Services	1,235
Centino	Computer Services	109
Citrix	Computer Services	534
Corepoint	Computer Services	1,511
DocuSign Inc.	Computer Services	829
E-Health Data Solutions	Computer Services	3,450
Genesis Technologies	Computer Services	6,143
HealthMedx	Computer Services	14,310
Home Depot	Computer Services	1
Infor(US) Inc.	Computer Services	7,196
Information Controls	Computer Services	2,481
Inpriva Inc.	Computer Services	99
MHC Software	Computer Services	761
Microsoft Licensing	Computer Services	7,420
National Datacare	Computer Services	1,872
NautilUSNet.com	Computer Services	59
NTT Data	Computer Services	826
OnShift	Computer Services	6,551
Others	Computer Services	1,562

Provinet	Computer Services	457
Relias	Computer Services	8,076
Republic Construction	Computer Services	79
RSM US LLP	Computer Services	5,254
Salesforce.com	Computer Services	7,213
Softchoice Corporation	Computer Services	5,266
Symbria	Computer Services	2,400
Tableau	Computer Services	407
Trisys	Computer Services	96
	To Page 21	<u>92,711</u>
To disallow collection fees		(2,809)
Salesforce.com		(7,213)
Out of period legal		(6,952)
		<u>(16,974)</u>
Legal allocated from Real Estate		
Secretary of State		2,800
Samvest of Lombard		
Accounting		128
Filing Fees		9
		<u>137</u>
Allocated from Mgmt Co.		
Much Shelist	Legal	41
RSM LLP	Accounting	1,485
Frost, Ruttenberg & Rothblatt, P.C	Accounting	557
Gilson Labus & Silverman	Accounting	3,055
Illinois Secretary of State	Filing Fees	53
LaSalle Network	Recruiting/Finance	3,519
Pension Administrators, Inc.	401K Administration	487
Gene Whitehorn	Medicaid Reimb Specialist	1,787
M. Werner Consulting	Financial Consultant	2,112
Healthcents	Managed Care Consultants	12
Computer Services	Computer Consulting	19,655
		<u>32,763</u>

Schedule V, line 19, column 8

302,541

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 Hlth C Ctr Lombard

0028660

Report Period Beginning:

1/01/2015

Ending:

12/31/2015

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? No
If YES, give association name and amount. N/A
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 63,158 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. \$ 433,146
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. \$ 18,519 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 10
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 0
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? 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) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.