



Facility Name & ID Number Lexington of Chicago Ridge

# 0042739 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	203	Skilled (SNF)	203	74,095	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	203	TOTALS	203	74,095	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	3 Private Pay	4 Other	4 Total	
8	SNF			19,236	19,236	8
9	SNF/PED					9
10	ICF	39,739	4,598		44,337	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	39,739	4,598	19,236	63,573	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.80%

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

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

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES  NO

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

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

YES  NO

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

Date started 6/4/91

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

YES  Date New Construction NO

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

YES  NO  If YES, enter number of beds certified 203 and days of care provided 11,118

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 &amp; ID Number

Lexington of Chicago Ridge

# 0042739

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
	<b>A. General Services</b>										
1	Dietary	499,211	33,062	3,590	535,863		535,863		535,863		1
2	Food Purchase		408,431		408,431		408,431	(20,605)	387,826		2
3	Housekeeping	386,945	46,046		432,991		432,991	265	433,256		3
4	Laundry	69,180	24,779		93,959		93,959		93,959		4
5	Heat and Other Utilities			254,135	254,135		254,135	7,738	261,873		5
6	Maintenance	36,351		202,335	238,686		238,686	74,078	312,764		6
7	Other (specify):* Mgmt Co.-Allocated							10,191	10,191		7
8	<b>TOTAL General Services</b>	991,687	512,318	460,060	1,964,065		1,964,065	71,667	2,035,732		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			92,500	92,500		92,500		92,500		9
10	Nursing and Medical Records	5,578,718	555,628	235,237	6,369,583		6,369,583	44,551	6,414,134		10
10a	Therapy										10a
11	Activities	204,418	19,332	6,183	229,933		229,933		229,933		11
12	Social Services	169,748		3,116	172,864		172,864		172,864		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Mgmt Co.-Allocated							5,621	5,621		15
16	<b>TOTAL Health Care and Programs</b>	5,952,884	574,960	337,036	6,864,880		6,864,880	50,172	6,915,052		16
	<b>C. General Administration</b>										
17	Administrative	73,746		1,854,204	1,927,950		1,927,950	(1,789,300)	138,650		17
18	Directors Fees										18
19	Professional Services			422,992	422,992		422,992	8,265	431,257		19
20	Dues, Fees, Subscriptions & Promotions			56,887	56,887		56,887	3,662	60,549		20
21	Clerical & General Office Expenses	305,104	28,558	86,254	419,916		419,916	659,911	1,079,827		21
22	Employee Benefits & Payroll Taxes			1,242,765	1,242,765		1,242,765	20,601	1,263,366		22
23	Inservice Training & Education			8,946	8,946		8,946	620	9,566		23
24	Travel and Seminar			200	200		200	1,150	1,350		24
25	Other Admin. Staff Transportation			3,809	3,809		3,809	12,966	16,775		25
26	Insurance-Prop.Liab.Malpractice			384,922	384,922		384,922	3,312	388,234		26
27	Other (specify):* Mgmt Co.-Allocated							101,066	101,066		27
28	<b>TOTAL General Administration</b>	378,850	28,558	4,060,979	4,468,387		4,468,387	(977,747)	3,490,640		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	7,323,421	1,115,836	4,858,075	13,297,332		13,297,332	(855,908)	12,441,424		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 Chicago Ridge

#0042739

Report Period Beginning:

1/01/2015

Ending:

12/31/2015

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			184,381	184,381		184,381	356,231	540,612			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			22,773	22,773		22,773	393,678	416,451			32
33	Real Estate Taxes							843,001	843,001			33
34	Rent-Facility & Grounds			2,156,053	2,156,053		2,156,053	(2,151,581)	4,472			34
35	Rent-Equipment & Vehicles			115,761	115,761		115,761	2,617	118,378			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			2,478,968	2,478,968		2,478,968	(556,054)	1,922,914			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		652,167	1,903,345	2,555,512		2,555,512		2,555,512			39
40	Barber and Beauty Shops			21,469	21,469		21,469		21,469			40
41	Coffee and Gift Shops			9,413	9,413		9,413		9,413			41
42	Provider Participation Fee			429,660	429,660		429,660		429,660			42
43	Other (specify):* <b>Non-Allowable Co</b>	112,165		171,340	283,505		283,505	(283,505)				43
44	<b>TOTAL Special Cost Centers</b>	112,165	652,167	2,535,227	3,299,559		3,299,559	(283,505)	3,016,054			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	7,435,586	1,768,003	9,872,270	19,075,859		19,075,859	(1,695,467)	17,380,392			45

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

Facility Name & ID Number Lexington of Chicago Ridge

# 0042739

Report Period Beginning: 1/01/2015

Ending: 12/31/2015

**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	(4)	2		4
5	Telephone, TV & Radio in Resident Rooms	(8,752)	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	567	30		9
10	Interest and Other Investment Income	(4,093)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(13,517)	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	(4,550)	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	(36,959)	43		24
25	Fund Raising, Advertising and Promotional	(33,571)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(42)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	19,722	Var.		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (81,199)</b>		<b>\$</b>	<b>30</b>

BHF USE ONLY						
48		49		50		51
						52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,614,268)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (1,614,268)</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (1,695,467)</b>		<b>37</b>

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

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

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			<b>\$</b>		<b>47</b>

Lexington of Chicago RidgeID# 0042739Report Period Beginning: 1/01/2015Ending: 12/31/2015

Sch. V Line

Reference

## NON-ALLOWABLE EXPENSES

Amount

		Amount	Reference	Sch. V Line
1	Trust Fees	\$ (75)	43	1
2	Labs - Part A	(40,500)	43	2
3	X-Rays - Part A	(20,975)	43	3
4	Diagnostics Managed Care	(12,474)	43	4
5	Collection Fees	(10,466)	19	5
6	Out of period legal	(6,677)	19	6
7	Marketing Salary	(112,165)	43	7
8	Travel and Seminar marketing	(200)	24	8
9	Dues & subscriptions marketing	(390)	20	9
10	Unrealized loss on FMV swap	243,793	43	10
11	Marketing Offset	(7,208)	19	11
12	Capitalize R/M Expense	(12,405)	6	12
13	Lobbying Dues	(536)	20	13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>		19,722	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	6 Repairs & Maintenance	\$	Sambell of Chicago Ridge Limited Partnership	**	\$ 8,380	\$ 8,380	1
2	V	19 Professional Fees		Sambell of Chicago Ridge Limited Partnership	**	2,800	2,800	2
3	V	30 Depreciation		Sambell of Chicago Ridge Limited Partnership	**	251,641	251,641	3
4	V	32 Interest expense		Sambell of Chicago Ridge Limited Partnership	**	378,077	378,077	4
5	V	32 Amortization of mortgage costs		Sambell of Chicago Ridge Limited Partnership	**	1,288	1,288	5
6	V	33 Property tax		Sambell of Chicago Ridge Limited Partnership	**	836,053	836,053	6
7	V	34 Rental expense	2,156,054	Sambell of Chicago Ridge Limited Partnership	**		(2,156,054)	7
8	V	43 Trust fees		Sambell of Chicago Ridge Limited Partnership	**	75	75	8
9	V	43 Unrealized loss on FMV swap	243,793	Sambell of Chicago Ridge Limited Partnership	**		(243,793)	9
10	V							10
11	V			** The owners of Lexington Health Care Center of Chicago Ridge, Inc. own 100%				11
12	V			of Sambell of Chicago Ridge Limited Partnership				12
13	V							13
14	Total		\$ 2,399,847			\$ 1,478,314	\$ * (921,533)	14

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

Facility Name & ID Number Lexington of Chicago Ridge# 0042739Report Period Beginning: 1/01/2015 Ending: 12/31/2015

## 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.	**	\$ 265	\$	265	15	
16	V	5 Utilities - gas & electric		Royal Management Corp.	**	6,880		6,880	16	
17	V	5 Utilities - water & sewer		Royal Management Corp.	**	285		285	17	
18	V	5 Utilities - maintenance office		Royal Management Corp.	**	573		573	18	
19	V	6 Management allocation - salaries		Royal Management Corp.	**	70,463		70,463	19	
20	V	6 Repairs & maintenance		Royal Management Corp.	**	7,344		7,344	20	
21	V	6 Scavenger & exterminating		Royal Management Corp.	**	296		296	21	
22	V	7 Management allocation - employee benefits		Royal Management Corp.	**	10,191		10,191	22	
23	V	10 Medical consultant		Royal Management Corp.	**	5,683		5,683	23	
24	V	10 Management allocation - salaries		Royal Management Corp.	**	38,868		38,868	24	
25	V	15 Management allocation - employee benefits		Royal Management Corp.	**	5,621		5,621	25	
26	V	17 Management allocation - salaries		Royal Management Corp.	**	64,904		64,904	26	
27	V	19 Computer consultant & supplies		Royal Management Corp.	**	17,812		17,812	27	
28	V	19 Professional fees		Royal Management Corp.	**	12,004		12,004	28	
29	V	20 Dues & subscriptions		Royal Management Corp.	**	2,251		2,251	29	
30	V	20 Advertising - help wanted		Royal Management Corp.	**	2,337		2,337	30	
31	V	21 Management allocation - salaries		Royal Management Corp.	**	633,900		633,900	31	
32	V	21 Bank charges		Royal Management Corp.	**	2,266		2,266	32	
33	V	21 Office supplies & printing		Royal Management Corp.	**	9,090		9,090	33	
34	V	21 Postage		Royal Management Corp.	**	4,068		4,068	34	
35	V	21 Telephone		Royal Management Corp.	**	10,587		10,587	35	
36	V								36	
37	V								37	
38	V	** The owners of Lexington Health Care Center of Chicago Ridge, Inc. own 100% of Royal Management Corp.								38
39	Total		\$			\$ 905,688	\$ *	905,688	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>	**	\$ 620	\$	620	15	
16	V	24 <u>Travel &amp; seminar</u>		<u>Royal Management Corp.</u>	**	1,350		1,350	16	
17	V	25 <u>Auto expense</u>		<u>Royal Management Corp.</u>	**	12,966		12,966	17	
18	V	26 <u>Insurance general</u>		<u>Royal Management Corp.</u>	**	3,312		3,312	18	
19	V	27 <u>Management allocation - employee benefits</u>		<u>Royal Management Corp.</u>	**	101,066		101,066	19	
20	V	30 <u>Depreciation</u>		<u>Royal Management Corp.</u>	**	104,023		104,023	20	
21	V	32 <u>Interest</u>		<u>Royal Management Corp.</u>	**	16,316		16,316	21	
22	V	32 <u>Amortization of mortgage costs</u>		<u>Royal Management Corp.</u>	**	2,090		2,090	22	
23	V	33 <u>Property taxes</u>		<u>Royal Management Corp.</u>	**	6,948		6,948	23	
24	V	34 <u>Rent expense</u>		<u>Royal Management Corp.</u>	**	4,473		4,473	24	
25	V	35 <u>Equipment rental</u>		<u>Royal Management Corp.</u>	**	1,482		1,482	25	
26	V	17 <u>Management fees</u>	1,854,204	<u>Royal Management Corp.</u>	**			(1,854,204)	26	
27	V	35 <u>Auto Lease</u>		<u>Royal Management Corp.</u>	**	1,135		1,135	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 Chicago Ridge, Inc. own 100% of Royal Management Corp.								38
39	Total		\$ 1,854,204			\$ 255,781	\$ *	(1,598,423)	39	

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

Facility Name & ID Number

Lexington of Chicago Ridge

# 0042739

Report Period Beginning:

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

Facility Name & ID Number

Lexington of Chicago Ridge

# 0042739

Report Period Beginning:

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					North Heron	Lombard	Finance Company	1
2					Investments, LLC			2
3								3
4					Lexington Home	Lombard	Home Health	4
5					Health Care, Inc.			5
6								6
7					Lexington Hospice	Lombard	Hospice	7
8					Services, LLC			8
9								9
10					Lexington Private	Lombard	Healthcare	10
11					Home Care			11
12								12
13					Merit Sleep	Lombard	Management	13
14					Management, LLC		Company	14
15								15
16					Samvest of	Algonquin	Real Estate	16
17					Algonquin Ltd. Pts		Property	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

Facility Name & ID Number

Lexington of Chicago Ridge

# 0042739

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

Facility Name & ID Number Lexington of Chicago Ridge # 0042739 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	\$ 9,382	L17, C7	1
2	John Samatas	Owner/Officer	Admin/Plant Ops	33.33	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	6,574	L17, C7	2
3	Cynthia Thiem	Owner/Officer	Administrative	33.34	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	8,766	L17, C7	3
4	Daniel Thiem	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	16,390	L17, C7	4
5	Jason Samatas	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	23,414	L17, C7	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 64,526		13

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

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

Facility Name & ID Number Lexington of Chicago Ridge

# 0042739

Report Period Beginning:

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	74,095	\$ 265	1
2	5	Utilities - gas & electric	Bed Days	723,430	10	67,169	0	74,095	6,880	2
3	5	Utilities - water & sewer	Bed Days	723,430	10	2,778	0	74,095	285	3
4	5	Utilities - maintenance office	Bed Days	723,430	10	5,597	0	74,095	573	4
5	6	Management allocation - salaries	Bed Days	723,430	10	687,966	687,966	74,095	70,463	5
6	6	Repairs & maintenance	Bed Days	723,430	10	71,704	0	74,095	7,344	6
7	6	Scavenger & exterminating	Bed Days	723,430	10	2,893	0	74,095	296	7
8	7	Management allocation - employe	Bed Days	723,430	10	99,498	0	74,095	10,191	8
9	10	Medical consultant	Bed Days	723,430	10	55,482	0	74,095	5,683	9
10	10	Management allocation - salaries	Bed Days	723,430	10	379,485	379,485	74,095	38,868	10
11	15	Management allocation - employe	Bed Days	723,430	10	54,884	0	74,095	5,621	11
12	17	Management allocation - salaries	Bed Days	723,430	10	633,695	633,695	74,095	64,904	12
13	19	Computer consultant & supplies	Bed Days	723,430	10	173,912	0	74,095	17,812	13
14	19	Professional fees	Bed Days	723,430	10	117,198	0	74,095	12,004	14
15	20	Dues & subscriptions	Bed Days	723,430	10	21,979	0	74,095	2,251	15
16	20	Advertising - help wanted	Bed Days	723,430	10	22,821	0	74,095	2,337	16
17	21	Management allocation - salaries	Bed Days	723,430	10	6,189,117	6,189,117	74,095	633,900	17
18	21	Bank charges	Bed Days	723,430	10	22,129	0	74,095	2,266	18
19	21	Office supplies & printing	Bed Days	723,430	10	88,755	0	74,095	9,090	19
20	21	Postage	Bed Days	723,430	10	39,720	0	74,095	4,068	20
21	21	Telephone	Bed Days	723,430	10	103,369	0	74,095	10,587	21
22										22
23										23
24										24
25	TOTALS					\$ 8,842,736	\$ 7,890,263		\$ 905,688	25

Facility Name & ID Number Lexington of Chicago Ridge

# 0042739

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	\$ 74,095	\$ 620	1
2	24	Travel and Seminar	Bed Days	723,430	10	13,182	74,095	1,350	2
3	25	Auto expense	Bed Days	723,430	10	126,592	74,095	12,966	3
4	26	Insurance general	Bed Days	723,430	10	32,340	74,095	3,312	4
5	27	Management allocation - employe	Bed Days	723,430	10	986,762	74,095	101,066	5
6	30	Depreciation	Bed Days	723,430	10	1,015,630	74,095	104,023	6
7	32	Interest	Bed Days	723,430	10	159,306	74,095	16,316	7
8	32	Amortization of mortgage costs	Bed Days	723,430	10	20,406	74,095	2,090	8
9	33	Property taxes	Bed Days	723,430	10	67,835	74,095	6,948	9
10	34	Rent expense	Bed Days	723,430	10	43,669	74,095	4,473	10
11	35	Equipment rental	Bed Days	723,430	10	14,465	74,095	1,482	11
12	35	Auto Lease	Bed Days	723,430	10	11,086	74,095	1,135	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	\$	\$ 255,781	25

Facility Name &amp; ID Number

Lexington of Chicago Ridge

# 0042739

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**					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			
<b>A. Directly Facility Related</b>																	
<b>Long-Term</b>																	
1	Lexington Financial						\$	\$		\$	1						
2	Services II, L.L.C.	X		Mortgage	Varies	4/30/07	6,908,000	5,667,546	5/1/17	0.0650	378,077	2					
3												3					
4												4					
5										Finance Charge - Insurance Policy	2,278	5					
<b>Working Capital</b>																	
6	JP Morgan Chase		X	Line of Credit	Varies	6/29/12	5,600,000	1,140,000	3/31/16	Libor +1	19,817	6					
7												7					
8												8					
9	<b>TOTAL Facility Related</b>						\$ 12,508,000	\$ 6,807,546			\$ 400,172	9					
<b>B. Non-Facility Related*</b>																	
10										Amortization of loan cost	3,378	10					
11										Interest Income offset	(1,815)	11					
12										Allocate from Home Office	16,316	12					
13										See Sch 9A	(1,600)	13					
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ 16,279	14					
15	<b>TOTALS (line 9+line14)</b>						\$ 12,508,000	\$ 6,807,546			\$ 416,451	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.)

Facility Name: Lexington of Chicago Ridge  
 IDPH License ID Number: 0042739  
 Fiscal Year End: 12/31/2015

**Schedule 9A**

**IX. Interest Expense and Real Estate Tax Expense**

	1	2		3	4	5	6		7	8	9	10
	Name of Lender	Related*		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	<b>A. Directly Facility Related</b>											
	<b>Long-Term</b>											
1							\$	\$			\$	1
2												2
3												3
4												4
5												5
	<b>Working Capital</b>											
6												6
7												7
8												8
9	<b>TOTAL Facility Related</b>				<b>\$0.00</b>		<b>\$ 0</b>	<b>\$ 0</b>			<b>\$ 0</b>	<b>9</b>
	<b>B. Non-Facility Related*</b>											
10									<b>Fee Line of Credit</b>		<b>678</b>	<b>10</b>
11									<b>Non Allowable Finance Charge</b>		<b>(2,278)</b>	<b>11</b>
12												12
13												13
14	<b>TOTAL Non-Facility Related</b>				<b>\$0.00</b>		<b>\$ 0</b>	<b>\$ 0</b>			<b>\$ (1,600)</b>	<b>14</b>

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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2014 report.			\$ <b>715,200</b>	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		\$ <b>757,166</b>	2	
3. Under or (over) accrual (line 2 minus line 1).			\$ <b>41,966</b>	3	
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)			\$ <b>781,200</b>	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$ <b>12,887</b>	5	
		Allocated from Management Co.	<b>6,948</b>		
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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$ _____	6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$ <b>843,001</b>	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2010	<u>488,567</u>	8		
	2011	<u>571,149</u>	9		
	2012	<u>632,918</u>	10		
	2013	<u>687,920</u>	11		
	2014	<u>757,166</u>	12		
<a href="#">See attached real estate accrual sheet</a>					
				<b>FOR BHF USE ONLY</b>	
				13	13
				14	14
				15	15
				16	16

**NOTES:**

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

## 2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Lexington Health Care Center of Chicago Ridge, Inc. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042739

CONTACT PERSON REGARDING THIS REPORT Karen Gillis

TELEPHONE (630) 458-4700 FAX #: (630) 458-4795

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 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</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>24-18-200-030-0000</u>	<u>Land &amp; Building</u>	\$ <u>733,088.00</u>	\$ <u>733,088.00</u>
2. <u>24-07-311-012-0000</u>	<u>Land &amp; Building</u>	\$ <u>24,078.00</u>	\$ <u>24,078.00</u>
3. <u>Royal Management Corp(Samvest of Lombard II)</u>		\$ _____	\$ _____
4. <u>05-01-202-019</u>	<u>Land &amp; Building</u>	\$ <u>290,524.00</u>	\$ <u>6,948.00</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>1,047,690.00</u></u>	\$ <u><u>764,114.00</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: 85,551 B. General Construction Type: Exterior Concrete Block Frame Steel Number of Stories 3

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

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

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

N/A

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

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Resident Care</u>	<u>31,000</u>	<u>1989</u>	<u>\$ 505,000</u>	<u>1</u>
2	<u>Management Company Allocation</u>			<u>22,156</u>	<u>2</u>
3	<b>TOTALS</b>	<b>31,000</b>		<b>\$ 527,156</b>	<b>3</b>

Facility Name &amp; ID Number Lexington of Chicago Ridge

# 0042739

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	203		1991	1991	\$ 5,143,342	\$	35	\$ 146,951	\$ 146,951	\$ 3,612,582	4
5			1995	1995	97,352	2,781	35	2,781		57,017	5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9		Leasehold Improvements	1993		2,694	77	35	77		1,733	9
10		Leasehold Improvements	1994		6,581	188	35	188		4,043	10
11		Dishwasher hood	1996		2,480		10			2,480	11
12		Lobby repairs	1996		8,698		10			8,698	12
13		Basement rehab	1997		24,477		10			24,477	13
14		Wiring	1998		3,429		10			3,429	14
15		Handrails	1998		895		15			895	15
16		Resurface & restripe parking lot	1998		4,450		10			4,450	16
17		Fire wall	1998		2,169	62	35	62		1,085	17
18		Foyer floor tile	1999		32,379		10			32,379	18
19		Wallpapering / painting / decorating	1999		8,833		10			8,832	19
20		Rebuild garage area	1999		1,762	50	35	50		811	20
21		Roof repairs	2000		6,240		10			6,240	21
22		Electrical wiring	2000		3,986	114	35	114		1,766	22
23		Electrical wiring	2000		2,536	72	35	72		1,120	23
24		Kitchen rehab	2000		6,623	221	35	221		3,424	24
25		Automatic doors	2000		1,300		10			1,300	25
26		Elevator eye sensors	2000		4,500	150	15	150		4,500	26
27		Resurface & restripe parking lot	2001		3,319		10			3,319	27
28		Door releases	2001		5,200		10			5,200	28
29		Carpeting	2001		10,022		10			10,022	29
30		Roof repairs	2002		25,600	1,280	20	1,280		17,967	30
31		Elevator upgrade	2002		9,865		10			9,865	31
32		Painting/decorating/carpet/wallpaper	2003		38,165	1,908	20	1,908		24,805	32
33		Rehab/new office	2003		26,733	1,337	20	1,337		17,379	33
34		Facility rehab - construction costs, painting & decorating	2003		257,174	12,859	20	12,859		160,736	34
35		Facility rehab - electrical	2003		12,840	642	20	642		8,025	35
36		Facility rehab - carpeting	2003		7,800		10			7,800	36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Lexington of Chicago Ridge

# 0042739

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	Facility rehab - floor tile	2003	\$ 3,548	\$ 177	20	\$ 177	\$	\$ 2,214	37
38									38
39	Kickplates/Door protectors	2004	4,095		10			4,095	39
40	Kitchen Fire Protection Upgrade	2004	1,427		10			1,427	40
41	Parking Lot - Paving and Sealcoating	2005	4,375	219	20	219		2,262	41
42	Kitchen Rehab	2005	19,228	961	20	961		9,771	42
43	Lobby/Lounge Reception Area	2005	36,503	1,825	20	1,825		19,315	43
44	Sidewalk - Raise and Support	2005	1,330	67	20	67		686	44
45	Lower Level Therapy Rehab	2005	52,525	2,626	20	2,626		27,136	45
46	Transitional Unit	2005	1,020	51	20	51		514	46
47	Basement Renovation	2005	3,754	188	20	188		1,911	47
48	Landscaping Enhancement	2006	6,463	431	15	431		3,987	48
49	Lhi-Hvac	2006	4,333	217	20	217		1,971	49
50	Rehab Common Areas	2006	7,661	383	20	383		3,639	50
51	Modular Units attached to wall	2006	10,316	516	20	516		4,816	51
52	Cubical Curtains	2006	1,578		5			1,578	52
53	Landscaping	2007	5,000	333	15	333		2,803	53
54	Parking lot	2007	35,969		20	1,819	1,819	14,552	54
55	HVAC	2007	4,580	229	20	229		1,985	55
56	Emergency A/C	2007	30,293	1,515	20	1,515		12,625	56
57	Portable A/C	2007	3,768	188	20	188		1,583	57
58	Employee Lunch Room	2007	3,671	184	20	184		1,503	58
59	Painting	2007	16,150	808	20	808		6,733	59
60	1st floor remodel-carpentry, flooring, plumbing, electrical fixtures-	2007	641,616		40	16,225	16,225	129,800	60
61	painting.								61
62	Create first floor therapy	2007	185	9	20	9		81	62
63	Landscaping	2008	19,600	1,307	15	1,307		9,693	63
64	Parking Lot-paving,sealcoating and repairs	2008	44,050	2,203	20	2,203		15,972	64
65	HVAC Sport Coolers	2008	3,790	95	40	95		665	65
66	Plumbing & Sprinkler Shower room	2008	9,668	483	20	483		3,381	66
67	Common areas-doors and locks	2008	3,162	158	20	158		1,238	67
68	Basement Renovation	2008	7,569	189	40	189		1,481	68
69	2nd Floor Remodel-Carpentry, Flooring, Electrical, painting	2008	578,270		27	21,028	21,028	148,948	69
70	TOTAL (lines 4 thru 69)		\$ 7,326,941	\$ 37,103		\$ 223,126	\$ 186,023	\$ 4,484,744	70

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

Facility Name &amp; ID Number Lexington of Chicago Ridge

# 0042739

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	<b>Totals from Page 12A, Carried Forward</b>		\$ 7,326,941	\$ 37,103		\$ 223,126	\$ 186,023	\$ 4,484,744	1
2	Land improvements	2009	15,180	1,012	15	1,012		6,325	2
3	Landscaping	2009	3,693	246	15	246		1,579	3
4	Chiller	2009	178,462	8,923	20	8,923		58,743	4
5	Quick connectors/spot cooler	2009	10,244	512	20	512		3,405	5
6	Plumbing & Sprinkler	2009	6,172	154	40	154		963	6
7	Chiller Fence	2009	5,350	268	20	268		1,608	7
8	Land improvements-patio pergola	2009	7,930	397	20	397		2,514	8
9	Land improvements patio fence	2009	14,308	715	20	715		4,350	9
10	3rd floor remodel-Carpentry, flooring, electrical, painting, sprinkler system	2009	670,689		27	24,389	24,389	148,366	10
11									11
12	Landscaping Enhancements	2010	4,560	304	15	304		1,571	12
13	Office carpentry, flooring, electrical, painting, plumbing, signs	2010	82,988	10,435	27	10,435		52,175	13
14	Tree removal	2010	12,094	806	15	806		4,299	14
15	Seal Crack Filing and Striping	2010	3,000	200	15	200		1,067	15
16	Parking lot signage, posts and lamps	2010	30,501	1,113	27	1,113		6,141	16
17	HVAC Quick connects	2010	4,043	147	27	147		748	17
18	Pantries- Tile, shelves	2010	2,855	104	27	104		546	18
19	Director of Nursing office painting	2010	8,090	295	27	295		1,475	19
20	1st floor rehab-cabinets, library lounge-art, flooring	2010	4,725	172	27	172		901	20
21	2nd floor rehab-painting, flooring	2010	61,521	2,244	27	2,244		11,220	21
22									22
23	Payroll Office Remodel - Electrical	2011	5,439	198	27	198		924	23
24	Payroll Office Remodel - Doors & Millwork	2011	10,336	376	27	376		1,661	24
25	Holding Tank	2011	16,400	596	27	596		2,632	25
26	Bulk Pipe - Removal of vent lines	2011	4,380	159	27	159		663	26
27	Remodel Laundry Room - Electrical, Painting & Flooring	2011	7,222	263	27	263		1,118	27
28	2nd Floor Doors	2011	23,290	847	27	847		3,670	28
29	2nd Floor Remodeling - Carpentry (Drywall, finish/trim)	2011	17,949		27	653	653	3,265	29
30	Exterior Painting	2011	3,000		27	109	109	472	30
31	Fire Dampers	2011	20,441		27	743	743	3,034	31
32	Boiler	2011	9,800		27	356	356	1,662	32
33	Parking Lot - seal and stripe	2011	4,300			156	156	663	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,575,903	\$ 67,589		\$ 280,018	\$ 212,429	\$ 4,812,504	34

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

Facility Name &amp; ID Number Lexington of Chicago Ridge

# 0042739

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	<b>Totals from Page 12B, Carried Forward</b>		\$ 8,575,903	\$ 67,589		\$ 280,018	\$ 212,429	\$ 4,812,504	1
2	Building Wiring-EMR	2012	13,566		27	493	493	1,644	2
3									3
4	Exterior Lighting	2013	7,418		27	270	270	630	4
5									5
6									6
7	R/M Reclasp: Condenser Motor/Fan HVAC Mechanical Room	2014	2,648		20	132	132	198	7
8	R/M Reclasp: Elevator Door Restrictor	2014	5,250		10	525	525	788	8
9									9
10	R/M Reclasp: Stairwell doors 3rd floor south & 2nd floor north	2015	4,146		20	104	104	104	10
11	R/M Reclasp: Replace 5 water tubes and sealing O rings basement	2015	3,559		20	89	89	89	11
12	R/M Reclasp: Crack sealing and striping parking lot	2015	4,700		27	87	87	87	12
13									13
14									14
15	Reconcile to book depreciation			367			(367)		15
16									16
17	Land improvements - management company	2002	306,589		40	8,326	8,326	126,916	17
18	HVAC, electrical, security system - management company	2003	2,693		30	592	592	2,057	18
19	Key card system - management company	2004	423		20	19	19	242	19
20	VAV TX controls - management company	2005	129		20	6	6	70	20
21	Interior Signs- management company	2006	94		20	6	6	57	21
22	Building - management company	2008	14,857		20	376	376	6,157	22
23	Building - management company	2009	2,773		20	47	47	975	23
24	Building - management company	2010	2,703		20	46	46	923	24
25	Building - management company	2011	1,908		20	81	81	399	25
26	Building - management company	2012	6,591		20	12	12	882	26
27	Building - management company	2013	4,981		20	331	331	822	27
28	Building - management company	2014	2,695		20	246	246	407	28
29	Building - management company	2015	474			26	26	29	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,964,100	\$ 67,956		\$ 291,832	\$ 223,876	\$ 4,955,980	34

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

Facility Name & ID Number Lexington of Chicago Ridge

# 0042739

Report Period Beginning:

1/01/2015

Ending:

12/31/2015

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	\$ 1,287,389	\$ 108,291	\$ 146,737	\$ 38,446	5	\$ 1,184,858	71
72	Current Year Purchases	68,017	8,134	8,134		5	8,134	72
73	Fully Depreciated Assets	48,270				5	38,270	73
74	Allocated from Mgmt. Co.	625,907		91,153	91,153	5-7	441,110	74
75	TOTALS	\$ 2,029,583	\$ 116,425	\$ 246,024	\$ 129,599		\$ 1,672,372	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		2,756	2,756	5	50,378	79
80	TOTALS			\$ 56,071	\$	\$ 2,756	\$ 2,756		\$ 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)	\$ 11,576,910	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 184,381	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 540,612	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 356,231	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,678,730	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Lexington of Chicago Ridge

# 0042739

Report Period Beginning: 1/01/2015

Ending: 12/31/2015

**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>4,472</u>			6
7	TOTAL				\$ <u>4,472</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: \$ 117,243 Description: Copier-\$8,552;Postage-\$496;Printer-\$5,918;Med Eq-\$63,837;Oxygen-\$36,958;Alloc. Mgmt Co.-\$1,482

(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>1,135</u>	20
21	TOTAL		\$	\$ <u>1,135</u>	21

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

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

Facility Name & ID Number Lexington of Chicago Ridge # 0042739 Report Period Beginning: 1/01/2015 Ending: 12/31/2015  
**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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides.                  If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p><b>2. CLASSROOM PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p><b>3. CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	3 Cost	Units	5 Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	16,462	\$ 499,574	\$	16,462	\$ 499,574	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		5,370	154,065		5,370	154,065	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		22,724	1,243,588		22,724	1,243,588	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				625,849		625,849	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Ambulance</u>	39(3)				6,117			6,117	12
13	Other (specify): <u>See Sch 16A</u>	39(2)					26,318		26,318	13
14	<b>TOTAL</b>			\$	44,556	\$ 1,903,345	\$ 652,167	44,556	\$ 2,555,512	14

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

Lexington Health Care Center of Chicago Ridge, Inc.  
 Provider # 0036996  
 12/31/2014  
 Schedule 16A

Service	Schedule V Line & Column Reference	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	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						
		# of						
9	Pharmacy	prescripts						
	Psychological Services							
10	(Evaluation and Diagnosis/ Behavior Modification)	hrs						
11	Academic Education	hrs						
12	Other (specify):							
13	Other (specify): DME					179	497	
	Other (specify): Oxygen					12,669		
	Other (specify): Rehab Supplies					13,470		
14	TOTAL		\$	\$	\$	26,318	\$ 497	

1
2
3
4
5
6
7
8
9
10
11
12
13
14

Facility Name & ID Number Lexington of Chicago Ridge

# 0042739

Report 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*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 1,252,308	\$ 1,279,802	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>488,310</u> )	3,454,048	3,454,048	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	51,953	51,953	6
7	Other Prepaid Expenses	10,244	10,244	7
8	Accounts Receivable (owners or related parties)	8,090	8,090	8
9	Other(specify): <u>Interest Receivable</u>	22,473	22,473	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 4,799,116</b>	<b>\$ 4,826,610</b>	<b>10</b>
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		527,156	13
14	Buildings, at Historical Cost		5,143,342	14
15	Leasehold Improvements, at Historical Cost	1,456,473	3,820,758	15
16	Equipment, at Historical Cost	761,310	2,085,654	16
17	Accumulated Depreciation (book methods)	(1,362,795)	(6,678,730)	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>		21,353	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 854,988</b>	<b>\$ 4,919,533</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 5,654,104</b>	<b>\$ 9,746,143</b>	<b>25</b>

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 659,891	\$ 659,891	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,140,000	1,140,000	29
30	Accrued Salaries Payable	503,886	503,886	30
31	Accrued Taxes Payable (excluding real estate taxes)	28,328	28,328	31
32	Accrued Real Estate Taxes(Sch.IX-B)		781,200	32
33	Accrued Interest Payable		33,596	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Schedule 17A</u>	7,026,181	3,329,434	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	<b>\$ 9,358,286</b>	<b>\$ 6,476,335</b>	<b>38</b>
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		5,667,546	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	<b>\$</b>	<b>\$ 5,667,546</b>	<b>45</b>
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	<b>\$ 9,358,286</b>	<b>\$ 12,143,881</b>	<b>46</b>
47	<b>TOTAL EQUITY(page 18, line 24)</b>	<b>\$ (3,704,182)</b>	<b>\$ (2,397,738)</b>	<b>47</b>
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	<b>\$ 5,654,104</b>	<b>\$ 9,746,143</b>	<b>48</b>

\*(See instructions.)

Lexington Health Care Center of Chicago Ridge, Inc.  
 Provider # 0036996  
 12/31/2015

Schedule 17A  
 XV. Balance Sheet

C. Current Liabilities

36. Other Current Liabilities

<u>Account</u>	<u>Description</u>	<u>Operating</u>	<u>After Consolidation</u>
00-13040-00	RENT RECEIVABLE	0	(3,985,058)
00-13090-00	DUE FROM REMODELING	67,315	-
00-13250-00	DUE TO / FROM REHAB CARE THERAPY	1,762	1,762
00-13330-00	DUE TO/FROM REPUBLIC CONSTRUCTION	(9)	(9)
00-21100-00	401K WITHHOLDING	(1,413)	(1,413)
00-22030-00	ACCRUED EXPENSES	71,269	71,269
00-22040-00	ACCRUED RESIDENT TAX	53,454	53,454
00-22060-00	ACCRUED ROYL / VESTA MGMT FEES	2,149,726	2,149,726
00-22120-00	ACCRUED RENT	3,985,058	3,985,058
00-22140-00	ACCRUED INSURANCE	16,869	16,869
00-22270-00	DUE TO PATIENT TRUST FUND	(16,015)	(16,015)
00-22330-00	ADVANCE - BIWEEKLY PART A PAYM	(62,741)	(62,741)
00-22360-00	UNCOLLECTIBLE PART A CO PVTS	(71,748)	(71,748)
00-23530-00	DUE TO - ROYAL OPERATIONS	9,530	9,530
00-23750-00	DUE TO LHCC ELMHURST	(13,800)	(13,800)
00-23820-00	DUE TO WHEELING	(34,285)	(34,285)
00-23830-00	DUE TO/FROM VESTA MANAGEMENT	66	66
00-23870-00	DUE TO/FROM LEXINGTON FINANCIAL SERVICES	58	58
00-24345-00	SAMBEL INTEREST RATE SWAP LIABILITY	-	355,626
00-24400-00	PROFESSIONAL LIABILITIES CLAIMS	861,502	861,502
		<u>7,016,598</u>	<u>3,319,851</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,369,605)	1
2	Restatements (describe):		2
3	Post closing adjustment	(316,411)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,686,016)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(1,018,166)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,018,166)	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (3,704,182)	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	
<b>I. Revenue</b>		<b>Amount</b>	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 23,368,432	1
2	Discounts and Allowances for all Levels	(13,677,432)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 9,691,000</b>	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	6,670,390	6
7	Oxygen	36,238	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 6,706,628</b>	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	6,872	12
13	Barber and Beauty Care	22,483	13
14	Non-Patient Meals	4	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	879,986	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	181,090	19
20	Radiology and X-Ray	46,214	20
21	Other Medical Services	521,601	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 1,658,250</b>	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	1,815	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 1,815</b>	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28			28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>		29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 18,057,693</b>	30

		2	
<b>II. Expenses</b>		<b>Amount</b>	
<b>A. Operating Expenses</b>			
31	General Services	1,964,065	31
32	Health Care	6,864,880	32
33	General Administration	4,468,387	33
<b>B. Capital Expense</b>			
34	Ownership	2,478,968	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,869,899	35
36	Provider Participation Fee	429,660	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 19,075,859</b>	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(1,018,166)</b>	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (1,018,166)</b>	43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 6,582,464	44
45	Private Pay - Net Inpatient Revenue	1,239,010	45
46	Medicare - Net Inpatient Revenue	1,494,150	46
47	Other-(specify) <u>Managed Care</u>	375,376	47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 9,691,000</b>	49

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? No^ If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

^ - Entity is a cash basis taxpayer.

Facility Name & ID Number Lexington of Chicago Ridge

# 0042739

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	1,673	2,099	\$ 115,178	\$ 54.87	1
2	Assistant Director of Nursing	36,709	46,020	1,296,587	28.17	2
3	Registered Nurses	28,005	35,165	1,147,849	32.64	3
4	Licensed Practical Nurses	36,425	44,682	1,191,809	26.67	4
5	CNAs & Orderlies	118,660	142,077	1,793,884	12.63	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	10,803	12,410	146,906	11.84	10
11	Social Service Workers	7,920	9,251	169,748	18.35	11
12	Dietician	3,670	4,267	101,754	23.85	12
13	Food Service Supervisor	1,794	2,184	48,714	22.30	13
14	Head Cook	1,690	2,093	39,901	19.06	14
15	Cook Helpers/Assistants	25,667	29,910	308,842	10.33	15
16	Dishwashers					16
17	Maintenance Workers	1,633	2,153	36,351	16.88	17
18	Housekeepers	29,450	36,839	386,945	10.50	18
19	Laundry	5,187	6,275	69,180	11.02	19
20	Administrator	884	1,129	73,746	65.32	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,032	13,062	305,104	23.36	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	1,611	2,016	33,412	16.57	31
32	Other Health C: <u>Memory Care</u>	2,543	2,986	57,511	19.26	32
33	Other(specify) <u>Marketing</u>	2,835	3,016	112,165	37.19	33
34	TOTAL (lines 1 - 33)	327,191	397,634	\$ 7,435,586 *	\$ 18.70	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 92,500	9(3)	36
37	Medical Records Consultant	Monthly 910	10(3)	37
38	Nurse Consultant	Monthly 5,121	10(3)	38
39	Pharmacist Consultant	Monthly 14,127	10(3)	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	Monthly 4,738	11(3)	44
45	Social Service Consultant	Monthly 2,925	12(3)	45
46	Other(specify) <u>Medical Consultant</u>	Monthly 5,683	10(7)	46
47	<u>Pulmonary Exchange</u>	Monthly 104,719	10(3)	47
48	<u>See Sch 20B</u>	Monthly 5,938	10(3)	48
49	TOTAL (lines 35 - 48)	\$ 236,661		49

**C. CONTRACT NURSES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	748	\$ 46,281	10(3) 50
51	Licensed Practical Nurses	1,505	58,141	10(3) 51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	2,253	\$ 104,422	53

**Facility Name:** Lexington of Chicago Ridge  
**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	5,375	10(3)
<b>Total - Consulting Services</b>	-	<b>5,938</b>	-



**Facility Name:** Lexington of Chicago Ridge  
**IDPH License ID Number:** 0042739  
**Fiscal Year End:** 12/31/2015

**Schedule 21C**

**XIX. SUPPORT SCHEDULES**

**C. Professional Services**

<b>Vendor</b>	<b>Type</b>	<b>Amount</b>
JP Morgan Chase Bank NA	Building Appraisal	3,400
Hinshaw & Culberts	Legal	860
Dr. Pradeep Thai	Guardianship Request	250
Duane Morris	Legal	421
Ability Network	Computer Consulting	3,018
Amazon MktPlace	Computer Consulting	77
Availity	Computer Consulting	198
Avatier	Computer Consulting	492
Business Software Inc	Computer Consulting	1,347
Centino	Computer Consulting	110
Citrix	Computer Consulting	534
Corepoint	Computer Consulting	1,511
DocuSign	Computer Consulting	829
E-Health Data Solutions	Computer Consulting	3,450
Genesis Technology	Computer Consulting	6,284
Healthmedx	Computer Consulting	16,164
Hewlett Packard	Computer Consulting	137
Home Depot	Computer Consulting	1
Information Controls	Computer Consulting	9,663
Inpriva	Computer Consulting	99
KingswaySoft	Computer Consulting	100
MHC Software	Computer Consulting	828
Microsoft	Computer Consulting	9,138
National Datacare	Computer Consulting	2,415
NTT Data	Computer Consulting	1,806
Onshift	Computer Consulting	6,560
Provinet	Computer Consulting	467
Relias Learning	Computer Consulting	8,637

RSM	Computer Consulting	5,731
Salesforce	Computer Consulting	7,208
Soft choice Corporation	Computer Consulting	2,277
Softchoice	Computer Consulting	75
Softchoice Corporation	Computer Consulting	3,786
Symbria	Computer Consulting	2,400
Tableau Software	Computer Consulting	407
Touch Point /Satisfaction Survey	Computer Consulting	223
Trisys	Computer Consulting	96
U.S. Foodservice	Computer Consulting	1,949
Assessment & Intelligent System	PPS Review Consulting	834
Duane Morris	Family Planning Services	4,553
	<b>Total (agree to Schedule V, line 19, column 3)</b>	<u>422,992</u>
	To disallow collection fees	(10,466)
	Salesforce.com	(7,208)
	Out of period legal	<u>(6,677)</u>
		<u>(24,351)</u>
Legal allocated from Real Estate Secretary of State		2,800
Samvest of Lombard Accounting		116
Filing Fees		<u>10</u>
		126
Allocated from Mgmt Co.		
Much Shelist	Legal	37
RSM LLP	Accounting	1,345
Frost, Ruttenberg & Rothblatt, P.C	Accounting	504
Gilson Labus & Silverman	Accounting	2,768
Illinois Secretary of State	Filing Fees	48
LaSalle Network	Recruiting/Finance	3,190
Pension Administrators, Inc.	401K Administration	442
Gene Whitehorn	Medicaid Reimb Specialist	1,619
M. Werner Consulting	Financial Consultant	1,914
Healthcents	Managed Care Consultants	11.4
Computer Services	Computer Consulting	<u>17,812</u>
		29,691

Schedule V, line 19, column 8

431,257

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

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

Facility Name & ID Number Lexington of Chicago Ridge# 0042739

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? Yes  
If YES, give association name and amount. IHCA - \$412
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (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. \$ 65,583 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. \$ 429,660  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 20,601 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 4
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 0
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) 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.