

Facility Name & ID Number Lexington of Orland Park

0041855 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	278	Skilled (SNF)	278	101,470	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	278	TOTALS	278	101,470	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF			19,292	19,292	8
9	SNF/PED					9
10	ICF	51,498	6,407		57,905	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	51,498	6,407	19,292	77,197	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.08%

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

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

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

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

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

YES NO

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

Date started 7/8/96

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

YES Date New Construction NO

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

YES NO If YES, enter number of beds certified 278 and days of care provided 14,892

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

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

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

Facility Name & ID Number

Lexington of Orland Park

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	497,944	44,915	2,497	545,356		545,356		545,356		1
2	Food Purchase		487,369		487,369		487,369	(25,632)	461,737		2
3	Housekeeping	401,689	57,465		459,154		459,154	363	459,517		3
4	Laundry	73,949	32,082		106,031		106,031		106,031		4
5	Heat and Other Utilities			260,558	260,558		260,558	10,596	271,154		5
6	Maintenance	80,020		199,447	279,467		279,467	101,759	381,226		6
7	Other (specify):* Alloc. From Mgmt. C							13,956	13,956		7
8	TOTAL General Services	1,053,602	621,831	462,502	2,137,935		2,137,935	101,042	2,238,977		8
	B. Health Care and Programs										
9	Medical Director			28,281	28,281		28,281		28,281		9
10	Nursing and Medical Records	6,277,992	583,187	133,014	6,994,193		6,994,193	61,009	7,055,202		10
10a	Therapy										10a
11	Activities	265,258	21,759	4,913	291,930		291,930		291,930		11
12	Social Services	195,478		3,116	198,594		198,594		198,594		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Alloc. From Mgmt. C							7,698	7,698		15
16	TOTAL Health Care and Programs	6,738,728	604,946	169,324	7,512,998		7,512,998	68,707	7,581,705		16
	C. General Administration										
17	Administrative	171,209		2,221,711	2,392,920		2,392,920	(2,132,827)	260,093		17
18	Directors Fees										18
19	Professional Services			449,208	449,208		449,208	22,696	471,904		19
20	Dues, Fees, Subscriptions & Promotions			56,113	56,113		56,113	5,333	61,446		20
21	Clerical & General Office Expenses	244,259	32,558	77,536	354,353		354,353	904,537	1,258,890		21
22	Employee Benefits & Payroll Taxes			1,515,548	1,515,548		1,515,548	23,872	1,539,420		22
23	Inservice Training & Education			9,791	9,791		9,791	849	10,640		23
24	Travel and Seminar			152	152		152	1,826	1,978		24
25	Other Admin. Staff Transportation			8,291	8,291		8,291	17,756	26,047		25
26	Insurance-Prop.Liab.Malpractice			391,478	391,478		391,478	4,536	396,014		26
27	Other (specify):* Alloc. From Mgmt. C							138,406	138,406		27
28	TOTAL General Administration	415,468	32,558	4,729,828	5,177,854		5,177,854	(1,013,015)	4,164,839		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,207,798	1,259,335	5,361,654	14,828,787		14,828,787	(843,266)	13,985,521		29

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

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

Facility Name & ID Number Lexington of Orland Park

#0041855

Report Period Beginning:

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	
	D. Ownership											
30	Depreciation			194,967	194,967		194,967	545,839	740,806			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			178,532	178,532		178,532	457,640	636,172			32
33	Real Estate Taxes							720,277	720,277			33
34	Rent-Facility & Grounds			2,516,662	2,516,662		2,516,662	(2,504,637)	12,025			34
35	Rent-Equipment & Vehicles			110,479	110,479		110,479	3,584	114,063			35
36	Other (specify):*											36
37	TOTAL Ownership			3,000,640	3,000,640		3,000,640	(777,297)	2,223,343			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		609,947	2,116,414	2,726,361		2,726,361		2,726,361			39
40	Barber and Beauty Shops			21,065	21,065		21,065		21,065			40
41	Coffee and Gift Shops			1,317	1,317		1,317	(100)	1,217			41
42	Provider Participation Fee			523,009	523,009		523,009		523,009			42
43	Other (specify):* Non-Allowable Co	91,393		175,921	267,314		267,314	(267,314)				43
44	TOTAL Special Cost Centers	91,393	609,947	2,837,726	3,539,066		3,539,066	(267,414)	3,271,652			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,299,191	1,869,282	11,200,020	21,368,493		21,368,493	(1,887,977)	19,480,516			45

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

Facility Name & ID Number Lexington of Orland Park

0041855

Report Period Beginning: 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	(1,760)	2		4
5	Telephone, TV & Radio in Resident Rooms	(10,412)	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	18,887	30		9
10	Interest and Other Investment Income	(158,939)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(14,847)	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	(10,910)	43		18
19	Entertainment				19
20	Contributions	(5,750)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(164)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(38,578)	43		24
25	Fund Raising, Advertising and Promotional	(25,404)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(784)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Pg 5A	173,297	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (75,364)		\$	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)	(1,812,613)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,812,613)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,887,977)		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

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Trust Fees	\$ (75)	43	1
2	Labs - Part A	(23,155)	43	2
3	X-Rays - Part A	(37,956)	43	3
4	Diagnostics Managed Care	(8,124)	43	4
5	Marketing Salary	(91,393)	43	5
6	Collections	(254)	19	6
7	Out of period legal & retainer	(5,735)	19	7
8	Gift Shop Income	(100)	41	8
9	Education Seminar - Marketing	(23)	24	9
10	Unrealized loss on FMV swap	362,921	43	10
11	Capitalize improvements over \$2,500	(5,200)	6	11
12	Salesforce.com	(7,208)	19	12
13	Disallowed Lobbying and Marketing Dues	(951)	20	13
14	Addl Non Allowable Legal Fees	(6,511)	19	14
15	Non Allowable Management Fees	(249)	19	15
16	Non Allowable Finance Charge	(2,690)	32	16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		173,296	49

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	30 Depreciation	\$	Lexington Health Care Systems of Orland Park Ltd. Ptsp	**	\$ 384,497	\$ 384,497	1
2	V	32 Interest Expense		Lexington Health Care Systems of Orland Park Ltd. Ptsp	**	590,196	590,196	2
3	V	32 Amortization of mortgage costs		Lexington Health Care Systems of Orland Park Ltd. Ptsp	**	3,866	3,866	3
4	V	33 Property Taxes		Lexington Health Care Systems of Orland Park Ltd. Ptsp	**	710,762	710,762	4
5	V	34 Rental Expense	2,510,762	Lexington Health Care Systems of Orland Park Ltd. Ptsp	**		(2,510,762)	5
6	V	43 Unrealized gain on FMV swap	362,921	Lexington Health Care Systems of Orland Park Ltd. Ptsp	**		(362,921)	6
7	V	43 Trust Fees		Lexington Health Care Systems of Orland Park Ltd. Ptsp	**	75	75	7
8	V	19 Professional Fees		Lexington Health Care Systems of Orland Park Ltd. Ptsp	**	2,800	2,800	8
9	V							9
10	V							10
11	V			** The owners of Lexington Health Care Center of Orland Park, Inc. own 100%				11
12	V			of Lexington Health Care Systems of Orland Park Ltd. Ptsp.				12
13	V							13
14	Total		\$ 2,873,683			\$ 1,692,196	\$ * (1,181,487)	14

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

Facility Name & ID Number Lexington of Orland Park# 0041855Report Period Beginning: 1/01/2015Ending: 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.	**	\$ 363	\$	363	15
16	V	5 Utilities - gas & electric		Royal Management Corp.	**	9,421		9,421	16
17	V	5 Utilities - water & sewer		Royal Management Corp.	**	390		390	17
18	V	5 Utilities - maintenance office		Royal Management Corp.	**	785		785	18
19	V	6 Management allocation - salaries		Royal Management Corp.	**	96,496		96,496	19
20	V	6 Repairs & maintenance		Royal Management Corp.	**	10,057		10,057	20
21	V	6 Scavenger & exterminating		Royal Management Corp.	**	406		406	21
22	V	7 Management allocation - employee benefits		Royal Management Corp.	**	13,956		13,956	22
23	V	10 Medical consultant		Royal Management Corp.	**	7,782		7,782	23
24	V	10 Management allocation - salaries		Royal Management Corp.	**	53,227		53,227	24
25	V	15 Management allocation - employee benefits		Royal Management Corp.	**	7,698		7,698	25
26	V	17 Management allocation - salaries		Royal Management Corp.	**	88,884		88,884	26
27	V	19 Computer consultant & supplies		Royal Management Corp.	**	24,393		24,393	27
28	V	19 Professional fees		Royal Management Corp.	**	16,438		16,438	28
29	V	20 Dues & subscriptions		Royal Management Corp.	**	3,083		3,083	29
30	V	20 Advertising - help wanted		Royal Management Corp.	**	3,201		3,201	30
31	V	21 Management allocation - salaries		Royal Management Corp.	**	868,100		868,100	31
32	V	21 Bank charges		Royal Management Corp.	**	3,104		3,104	32
33	V	21 Office supplies & printing		Royal Management Corp.	**	12,449		12,449	33
34	V	21 Postage		Royal Management Corp.	**	5,571		5,571	34
35	V	21 Telephone		Royal Management Corp.	**	14,499		14,499	35
36	V								36
37	V								37
38	V	** The owners of Lexington Health Care Center of Orland Park, Inc. own 100% of Royal Management Corp.							38
39	Total		\$			\$ 1,240,303	\$ *	1,240,303	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:			
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)			
15	V	23 Inservice Training	\$	Royal Management Corp.	**	\$ 849	\$	849	15	
16	V	24 Travel & seminar		Royal Management Corp.	**	1,849		1,849	16	
17	V	25 Auto expense		Royal Management Corp.	**	17,756		17,756	17	
18	V	26 Insurance general		Royal Management Corp.	**	4,536		4,536	18	
19	V	27 Management allocation - employee benefits		Royal Management Corp.	**	138,406		138,406	19	
20	V	30 Depreciation		Royal Management Corp.	**	142,455		142,455	20	
21	V	32 Interest		Royal Management Corp.	**	22,345		22,345	21	
22	V	32 Amortization of mortgage costs		Royal Management Corp.	**	2,862		2,862	22	
23	V	33 Property taxes		Royal Management Corp.	**	9,515		9,515	23	
24	V	34 Rent expense		Royal Management Corp.	**	6,125		6,125	24	
25	V	35 Equipment rental		Royal Management Corp.	**	2,029		2,029	25	
26	V	17 Management fees	2,221,711	Royal Management Corp.	**			(2,221,711)	26	
27	V	35 Auto Lease		Royal Management Corp.	**	1,555		1,555	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 Orland Park, Inc. own 100% of Royal Management Corp.								38
39	Total		\$ 2,221,711			\$ 350,282	\$ *	(1,871,429)	39	

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

Facility Name & ID Number

Lexington of Orland Park

0041855

Report Period Beginning:

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	30%	Lexington HC Ctr. of Bloomingdale, Inc.	Bloomingdale	Eastgate Manor	Algonquin	Supportive	1
2	John Samatas Discretionary Trust	30%	Lexington HC Ctr. of Chicago Ridge, Inc.	Chicago Ridge	of Algonquin, LLC		Living Facility	2
3	Cynthia Thiem Discretionary Trust	30%	Lexington HC Ctr. of Elmhurst, Inc.	Elmhurst	Lexington Square	Lombard	Independent and	3
4	Dean Sweitzer	10%	Lexington HC Ctr. of LaGrange, Inc.	LaGrange	Life Care of		Assisted Living	4
5			Lexington HC Ctr. of Lake Zurich, Inc.	Lake Zurich	Lombard, LLC		Facility	5
6			Lexington HC Ctr. of Lombard, Inc.	Lombard	Lexington Square	Elmhurst	Independent	6
7			Lexington HC Ctr. of Schaumburg, Inc.	Schaumburg	Life Care of		Living Facility	7
8			Lexington HC Ctr. of Streamwood, Inc.	Streamwood	Elmhurst, LLC			8
9			Lexington HC Ctr. of Wheeling, Inc.	Wheeling	Vesta Mgmt	Lombard	Mgmt. Company	9
10					Group, LLC			10
11					Lexington Health	Orland Park	Real Estate	11
12					Care Systems of		Property	12
13					Orland Park Ltd. Ptsp			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 Mgmt.	Lombard	Mgmt. Company	18
19					Corporation			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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1/01/2015

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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	Bloomingtondale	Real Estate	1
2					Bloomingtondale Ltd. Ptsp.		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	Lombard	Real Estate	17
18					Care Systems of		Property	18
19					Lombard 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								26
27					Lexington Health	Wheeling	Real Estate	27
28					Care Systems of		Property	28
29					Wheeling Ltd. Ptsp.			29
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					Lexington Home	Lombard	Home Health	1
2					Health Care, Inc.			2
3					Lexington Hospice	Lombard	Hospice	3
4					Services, LLC			4
5					Lexington Private	Lombard	Healthcare	5
6					Home Care			6
7					Merit Sleep	Lombard	Mgmt. Company	7
8					Management, LLC			8
9								9
10								10
11					Samvest of	Algonquin	Real Estate	11
12					Algonquin Ltd. Pts		Property	12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Lexington of Orland Park # 0041855 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	30.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	\$ 12,848	L17, C7	1
2	John Samatas	Owner/officer	Admin/Plant Ops	30.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	9,003	L17, C7	2
3	Cynthia Thiem	Owner/officer	Administrative	30.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	12,004	L17, C7	3
4	Jason Samatas	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	32,064	L17, C7	4
5	Daniel Thiem	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	22,445	L17, C7	5
6											6
7	Dean Sweitzer	Owner*	Administrative	10.00	64,231	See Sch 7B	See Sch 7B	Salary	9,009	L21, C7	7
8	Patricia Sweitzer	Owner	Administrative	10.00	123,269	See Sch 7B	See Sch 7B	Guar Pmt	17,290	L21, C7	8
9											9
10		* Dean Sweitzer is an owner only in Lexington Health Care Center of Orland Park, Inc. He is an employee									10
11		of Royal Management Corp. and provides administrative services to Royal Management Corp. His compensation									11
12		has been allocated to all 10 Lexington facilities.									12
13								TOTAL	\$ 114,663		13

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

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

Facility Name & ID Number Lexington of Orland Park

0041855

Report Period Beginning:

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 Available	723,430	10	\$ 2,585	\$ 0	101,470	\$ 363	1
2	5	Utilities - gas & electric	Bed Days Available	723,430	10	67,169	0	101,470	9,421	2
3	5	Utilities - water & sewer	Bed Days Available	723,430	10	2,778	0	101,470	390	3
4	5	Utilities - maintenance office	Bed Days Available	723,430	10	5,597	0	101,470	785	4
5	6	Management allocation - salaries	Bed Days Available	723,430	10	687,966	687,966	101,470	96,496	5
6	6	Repairs & maintenance	Bed Days Available	723,430	10	71,704	0	101,470	10,057	6
7	6	Scavenger & exterminating	Bed Days Available	723,430	10	2,893	0	101,470	406	7
8	7	Management allocation - employe	Bed Days Available	723,430	10	99,498	0	101,470	13,956	8
9	10	Medical consultant	Bed Days Available	723,430	10	55,482	0	101,470	7,782	9
10	10	Management allocation - salaries	Bed Days Available	723,430	10	379,485	379,485	101,470	53,227	10
11	15	Management allocation - employe	Bed Days Available	723,430	10	54,884	0	101,470	7,698	11
12	17	Management allocation - salaries	Bed Days Available	723,430	10	633,695	633,695	101,470	88,884	12
13	19	Computer consultant & supplies	Bed Days Available	723,430	10	173,912	0	101,470	24,393	13
14	19	Professional fees	Bed Days Available	723,430	10	117,198	0	101,470	16,438	14
15	20	Dues & subscriptions	Bed Days Available	723,430	10	21,979	0	101,470	3,083	15
16	20	Advertising - help wanted	Bed Days Available	723,430	10	22,821	0	101,470	3,201	16
17	21	Management allocation - salaries	Bed Days Available	723,430	10	6,189,117	6,189,117	101,470	868,100	17
18	21	Bank charges	Bed Days Available	723,430	10	22,129	0	101,470	3,104	18
19	21	Office supplies & printing	Bed Days Available	723,430	10	88,755	0	101,470	12,449	19
20	21	Postage	Bed Days Available	723,430	10	39,720	0	101,470	5,571	20
21	21	Telephone	Bed Days Available	723,430	10	103,369	0	101,470	14,499	21
22										22
23										23
24										24
25	TOTALS					\$ 8,842,736	\$ 7,890,263		\$ 1,240,303	25

Facility Name & ID Number Lexington of Orland Park

0041855

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 Available	723,430	10	\$ 6,055	\$ 101,470	\$ 849	1
2	24	Travel and Seminar	Bed Days Available	723,430	10	13,182	101,470	1,849	2
3	25	Auto expense	Bed Days Available	723,430	10	126,592	101,470	17,756	3
4	26	Insurance general	Bed Days Available	723,430	10	32,340	101,470	4,536	4
5	27	Management allocation - employe	Bed Days Available	723,430	10	986,762	101,470	138,406	5
6	30	Depreciation	Bed Days Available	723,430	10	1,015,630	101,470	142,455	6
7	32	Interest	Bed Days Available	723,430	10	159,306	101,470	22,345	7
8	32	Amortization of mortgage costs	Bed Days Available	723,430	10	20,406	101,470	2,862	8
9	33	Property taxes	Bed Days Available	723,430	10	67,835	101,470	9,515	9
10	34	Rent expense	Bed Days Available	723,430	10	43,669	101,470	6,125	10
11	35	Equipment rental	Bed Days Available	723,430	10	14,465	101,470	2,029	11
12	35	Auto Lease	Bed Days Available	723,430	10	11,086	101,470	1,555	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	\$	\$ 350,282	25

Facility Name & ID Number

Lexington of Orland Park

0041855

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	2	3	4	5	6		8	9	10									
						Name of Lender	Related**				Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES							NO	Original				Balance
	A. Directly Facility Related																		
	Long-Term																		
1	Lexington Financial Services						\$	\$		\$	1								
2	L.L.C.	X		Mortgage	Varies	5/22/08	11,354,000	9,352,664	1/1/2033	Variable	590,196	2							
3											3								
4								Finance Charge - Insurance Policy			2,690	4							
5											5								
	Working Capital																		
6	Bank of America		X	Line of Credit	Varies	9/30/13	13,700,000	720,000	9/30/16	Prime/Libor	19,842	6							
7	Shareholder loan	X		Working capital	Varies	5/3/12	1,200,000	1,199,000	Demand	Prime	96,000	7							
8	Shareholder loan	X		Working capital	Varies	9/30/13	750,000	750,000	Demand	0.0800	60,000	8							
9	TOTAL Facility Related						\$ 27,004,000	\$ 12,021,664			\$ 768,728	9							
	B. Non-Facility Related*																		
10								Amortization of Mortgage Cost			6,728	10							
11								Interest Income Offset			(2,939)	11							
12								Shareholder Interest			(156,000)	12							
13								See Sch. 9A			19,655	13							
14	TOTAL Non-Facility Related						\$	\$			(132,556)	14							
15	TOTALS (line 9+line14)						\$ 27,004,000	\$ 12,021,664			\$ 636,172	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.		\$	634,800		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	\$	668,583		2
3. Under or (over) accrual (line 2 minus line 1).		\$	33,783		3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	682,800		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.)		\$	29,930		5
			Allocated from Management Co. 9,515		
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 \$ 35,750 For 2012 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	(35,750)		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	720,277		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2010	<u>559,216</u>		8	
	2011	<u>595,423</u>		9	
	2012	<u>623,105</u>		10	
	2013	<u>623,620</u>		11	
	2014	<u>668,583</u>		12	
See attached real estate accrual sheet					
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2014	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

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

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Lexington Health Care Center of Orland Park, Inc. COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0041855
 CONTACT PERSON REGARDING THIS REPORT Karen Gillis
 TELEPHONE (630) 458-4700 FAX #: (630) 458-4795

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 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>27-10-100-099-0000</u>	<u>Land & Building</u>	\$ <u>668,582.95</u>	\$ <u>668,582.95</u>
2. <u>Royal Management Corp. (Samvest of Lombard II)</u>		\$ _____	\$ _____
3. <u>05-01-202-021</u>	<u>Land & Building</u>	\$ _____	\$ <u>9,515.00</u>
4. _____		\$ _____	\$ _____
5. _____		\$ _____	\$ _____
6. _____		\$ _____	\$ _____
7. _____		\$ _____	\$ _____
8. _____		\$ _____	\$ _____
9. _____		\$ _____	\$ _____
10. _____		\$ _____	\$ _____
TOTALS		\$ <u><u>668,582.95</u></u>	\$ <u><u>678,097.95</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.

Facility Name & ID Number Lexington of Orland Park

0041855 Report Period Beginning:

1/01/2015 Ending:

12/31/2015

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 104,332 B. General Construction Type: Exterior Brick Frame Block & Steel Number of Stories 3

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

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

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

N/A

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>	<u>152,460</u>	<u>1995</u>	<u>\$ 776,408</u>	<u>1</u>
2	<u>Management Company Allocation</u>			<u>26,704</u>	<u>2</u>
3	TOTALS	152,460		\$ 803,112	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	250	1996	1996	\$ 8,569,286	\$	40	\$ 214,232	\$ 214,232	\$ 4,174,952	4
5	10	1998	1998	63,790	1,595	40	1,595		27,112	5
6	18	2001	2001							6
7										7
8										8
Improvement Type**										
9	Electrical wiring	1996		2,304	58	40	58		1,107	9
10	Paving	1997		11,589		40			11,589	10
11	Wiring	1998		3,932		40			3,932	11
12	Additional building costs - 10 bed addition	1999		1,808	45	10	45		767	12
13	Seal/restrip parking lot	1999		3,450		40			3,450	13
14	Wiring	1999		1,798	45	15	45		742	14
15	Roof repairs	2000		23,201	771	40	771		23,201	15
16	Electrical wiring	2000		5,732	164	15	164		2,540	16
17	Ceiling mount curtain rod hardware	2000		6,952	199	35	199		3,082	17
18	Automatic door closer/sensors	2000		3,624	118	35	118		3,506	18
19	Seal and restripe parking lot	2001		2,277		15			2,277	19
20	HVAC control	2001		2,548		10			2,548	20
21	Infrared curtains for elevator doors	2001		4,500		10			4,500	21
22	Fire alarm panel	2002		5,120		10			5,120	22
23	Parking lot lights	2002		9,975		10			9,975	23
24	Chiller room compressor	2002		8,879		10			8,879	24
25	Carpeting	2002		7,038		5			7,038	25
26	Pave and seal parking lot	2005		4,180	209	5	209		2,160	26
27	HVAC	2005		6,143	307	20	307		3,096	27
28	Electrical wiring	2005		3,637	182	20	182		1,850	28
29	Kitchen rehab	2005		6,360	318	20	318		3,418	29
30	Elevator rehab	2005		8,948	447	20	447		4,769	30
31	Lounge, lobby, and reception area rehab	2005		27,662	1,383	20	1,383		14,061	31
32	Landscaping enhancements	2006		5,795	386	20	386		3,603	32
33	HVAC	2006		9,300	465	15	465		4,224	33
34	LHI-therapy room rehab LL TCU/main therapy	2006		33,184	1,659	20	1,659		15,484	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Lexington of Orland Park

0041855

Report Period Beginning:

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	Landscaping	2007	\$ 17,383	\$ 1,159	15	\$ 1,159	\$	\$ 9,755	37
38	Parking lot	2007	1,120	56	20	56		467	38
39	Plumbing-Fine Dining	2007	2,068	103	20	103		919	39
40	Laundry Room Rehab	2007	37,283	1,864	20	1,864		16,310	40
41	Employee lunch room	2007	2,865	143	20	143		1,251	41
42	Basement Renovation	2007	1,148	57	20	57		480	42
43	Patio Improvements	2007	7,000	350	20	350		2,888	43
44	1st floor remodel-carpentry, flooring, plumbing, electrical-	2007	1,481,886		40	37,426	37,426	315,003	44
45	fixtures, painting	2007							45
46									46
47	Basement Renovation	2007	20,191	1,010	20	1,010		8,076	47
48	Therapy Room Renovation	2007	978	49	20	49		392	48
49	Landscaping	2008	4,300	287	15	287		2,033	49
50	Spot Coolers	2008	3,790	189	20	189		1,323	50
51	Emergency A/C	2008	32,295	807	40	807		5,985	51
52	Plumbing & Sprinkler-Showers	2008	5,047	126	40	126		882	52
53	Parking lot repairs	2008	5,285	264	20	264		2,002	53
54	Phone closet	2008	5,954	149	40	149		1,130	54
55	Landscaping	2009	4,190	279	15	279		1,697	55
56	1st floor admin room-heating, fire protection	2009	16,422	821	20	821		5,473	56
57	Quick connectors	2009	7,091	355	20	355		2,248	57
58	Electrical Room	2009	4,692	235	20	235		1,410	58
59	Glass and Mirrors Med Room	2009	4,954	142	35	142		923	59
60	Key pad common areas	2009	3,757	107	35	107		723	60
61	2nd Floor remodel-Doors and Locks	2009	32,130	803	40	803		5,420	61
62	Patio Pergola	2009	7,930	529	15	529		3,306	62
63	Patio Fence	2009	11,293	712	15	712		4,331	63
64	2nd floor remodel-carpentry, flooring, electrical, painting	2009	1,014,056		27	36,875	36,875	258,125	64
65	2nd floor remodel-carpentry	2009	17,258		27	628	628	4,343	65
66	Office carpentry, flooring, electrical, painting, plumbing	2010	70,270	3,806	27	3,806		19,030	66
67	Landscaping	2010	11,399	760	15	760		3,990	67
68	Physican office carpentry	2010	2,926	106	27	106		530	68
69	Repave/Seal Cracks in parking lot	2010	21,817	1,091	20	1,091		5,818	69
70	TOTAL (lines 4 thru 69)		\$ 11,701,790	\$ 24,710		\$ 313,871	\$ 289,161	\$ 5,035,245	70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 11,701,790	\$ 24,710		\$ 313,871	\$ 289,161	\$ 5,035,245	1
2	Roof	2010	74,000	2,691	27	2,691		15,025	2
3	HVAC-Exhaust Modification	2010	4,202	153	27	153		790	3
4	Nurse pull cord station	2010	3,933	143	27	143		715	4
5	Paint lights over bed	2010	7,738	281	27	281		1,429	5
6	Trench/Awning	2010	11,666	424	27	424		2,210	6
7	Remodel Library/Lounge-art,flooring,carpentry	2010	4,120	150	27	150		750	7
8	3rd floor remodel-carpentry,electrical,plumbing	2010	868,783		27	67,183	67,183	363,908	8
9									9
10	Office-carpentry, flooring, electrical, painting, plumbing and signs	2011	6,710	244	27	244		1,098	10
11	Office Remodel- Doors and Locks	2011	31,324	1,139	27	1,139		6,549	11
12	Office Remodel- Doors and Locks	2011	5,282	192	27	192		928	12
13	Additional parking spaces	2011	196,376	7,141	27	7,141		30,349	13
14	Roof Repairs	2011	58,800	2,138	27	2,138		9,621	14
15	Fire Dampers	2011	5,586	203	27	203		829	15
16	Pantry Remodel - Millwork and Flooring	2011	3,730	136	27	136		567	16
17	Laundry Room Remodel - Flooring, Painting and Electrical	2011	9,172	334	27	334		1,419	17
18	2nd Floor Remodel - Doors	2011	12,612	459	27	459		1,989	18
19									19
20	Parking lot	2012	12,906	469	27	469		1,446	20
21	Chiller replacement kitchen	2012	108,732	3,954	27	3,954		13,509	21
22									22
23	Fire Pump- Basement	2013	5,000	125	40	125		365	23
24	EMR Wiring- Entire Facility	2013	19,542	711	27	711		1,481	24
25	New Countertop, wall, tile- Kitchen	2013	3,026	110	27	110		229	25
26	Stairway Access Control- Entire Facility (1st-3rd floor stairs)	2013	6,463	235	27	235		490	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,161,493	\$ 46,142		\$ 402,486	\$ 356,344	\$ 5,490,941	34

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

Facility Name & ID Number Lexington of Orland Park

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 12B, Carried Forward								
2		\$ 13,161,493	\$ 46,142		\$ 402,486	\$ 356,344	\$ 5,490,941		
3									
4	Parking lot paving	2014	119,164	4,333	27	4,333		4,333	
5	Kitchen Chiller Replacement	2014	126,990	4,618	27	4,618		7,312	
6	Kitchen sink, drywall, tile	2014	15,968	581	27	581		919	
7									
8									
9	Create Workspace in 1st floor library	2014	16,429	597	27	597		946	
10									
11	R/M Repair Concrete Walk (Front Entrance)	2014	3,393		15	226	226	339	
12	R/M Replace Radiator/Thermostat	2014	7,190		10	719	719	1,079	
13									
14	EMR Building Wiring - Entire Facility	2015	5,038	107	27	107		107	
15	Room Remodel - First Floor Semi-private room converted to Private room	2015	5,375	16	27	16		16	
16									
17									
18	R/M Parking Lot - Remove and replace asphalt	2015	5,200		20	130	130	130	
19									
20									
21									
22									
23	Reconcile to book depreciation			(62)			62		
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34	TOTAL (lines 1 thru 33)		\$ 13,466,239	\$ 56,332		\$ 413,813	\$ 357,481	\$ 5,506,122	

**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 12C, Carried Forward		\$ 13,466,239	\$ 56,332		\$ 413,813	\$ 357,481	\$ 5,506,122	1
2									2
3	Building - management company	2002	369,552		40	11,402	11,402	152,978	3
4	HVAC, electrical, security system - management company	2003	3,245		30	810	810	2,479	4
5	Key card system - management company	2004	510		20	26	26	289	5
6	VAV TX controls - management company	2005	155		20	8	8	83	6
7	Interior Signs - Management Company	2006	111		20	8	8	70	7
8	Building improvements - management company	2008	17,907		20	515	515	7,422	8
9	Building improvements - management company	2009	3,344		15	64	64	1,170	9
10	Building improvements - management company	2010	3,256		15	63	63	1,116	10
11	Building improvements - management company	2011	2,299		15	111	111	481	11
12	Building improvements - management company	2012	7,947		15	16	16	1,064	12
13	Building improvements - management company	2013	6,002		15	454	454	991	13
14	Building improvements - management company	2014	3,249		15	337	337	491	14
15	Building improvements - management company	2015	570		15	36	36	35	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,884,386	\$ 56,332		\$ 427,664	\$ 371,332	\$ 5,674,791	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	\$ 1,155,997	\$ 132,791	\$ 178,694	\$ 45,903	5	\$ 983,022	71
72	Current Year Purchases	78,455	5,844	5,844		5	5,844	72
73	Fully Depreciated Assets	397,076				5	397,076	73
74	Allocated from Mgmt. Co.	754,438		124,830	124,830	5-7	531,694	74
75	TOTALS	\$ 2,385,966	\$ 138,635	\$ 309,368	\$ 170,733		\$ 1,917,636	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.			67,587		3,774	3,774	5	60,724	79
80	TOTALS			\$ 67,587	\$	\$ 3,774	\$ 3,774		\$ 60,724	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)	\$ 17,141,051	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 194,967	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 740,806	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 545,839	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,653,151	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 Orland Park

0041855

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	Parking space lease				5900			5
6	Allocated from Management Company				6125			6
7	TOTAL				\$ 12,025			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: \$ 112,508

Description: See Sch 14A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20	Allocated from Management Company			1,555	20
21	TOTAL		\$	\$ 1,555	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: Lexington of Orland Park
IDPH License ID Number: 0041855
Fiscal Year End: 12/31/2015

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Copier	8,786
Printer	7,117
Medical Equipment	38,214
Oxygen	56,362
Alloc. Mgmt. Co	2,029

Total - Line 16 112,508

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8			
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)				
			Units of Service			Units	Cost							
1	Licensed Occupational Therapist	39(3)	hrs	\$	17,055	\$	723,119	\$	17,055	\$	723,119	1		
2	Licensed Speech and Language Development Therapist	39(3)	hrs		4,473		275,300		4,473		275,300	2		
3	Licensed Recreational Therapist		hrs									3		
4	Licensed Physical Therapist	39(3)	hrs		24,138		1,117,295		24,138		1,117,295	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					596,193			596,193	9		
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10		
11	Academic Education		hrs									11		
12	Other (specify): <u>Ambulance</u>	39(3)					700				700	12		
13	Other (specify): <u>See Sch 16A</u>	39(2)						13,754			13,754	13		
14	TOTAL			\$	45,666	\$	2,116,414	\$	609,947	\$	45,666	\$	2,726,361	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: Lexington of Orland Park
IDPH License ID Number: 0041855
Fiscal Year End: 12/31/2015

Schedule 16A

XIV. Special Services (Direct Cost)

Line 13 Other (specify)

	<u>Description</u>	<u>Units</u>	<u>Amount</u>
39(2)	DME		558
39(2)	Oxygen		13,196
	Total - Line 13	-	13,754

Lexington of Orland Park

0041855

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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,070,132	\$ 2,075,849	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 859,783)	3,492,710	3,492,710	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	8,389	8,389	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Interest Receivable</u>	26,583	26,583	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,597,814	\$ 5,603,531	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	114,386	114,386	12
13	Land		803,112	13
14	Buildings, at Historical Cost		8,569,286	14
15	Leasehold Improvements, at Historical Cost	1,449,552	5,315,100	15
16	Equipment, at Historical Cost	893,202	2,453,553	16
17	Accumulated Depreciation (book methods)	(1,041,056)	(7,653,151)	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>		67,213	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,416,084	\$ 9,669,499	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,013,898	\$ 15,273,030	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 772,323	\$ 772,323	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	9,843	9,843	28
29	Short-Term Notes Payable	2,669,000	2,669,000	29
30	Accrued Salaries Payable	544,252	544,252	30
31	Accrued Taxes Payable (excluding real estate taxes)	122,061	122,061	31
32	Accrued Real Estate Taxes(Sch.IX-B)		682,800	32
33	Accrued Interest Payable		46,818	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Schedule 17A</u>	8,862,862	4,243,701	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 12,980,341	\$ 9,090,798	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,352,664	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 9,352,664	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 12,980,341	\$ 18,443,462	46
47	TOTAL EQUITY (page 18, line 24)	\$ (5,966,443)	\$ (3,170,432)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,013,898	\$ 15,273,030	48

*(See instructions.)

Facility Name: Lexington of Orland Park
IDPH License ID Number: 0041855
Fiscal Year End: 12/31/2015

Schedule 17A

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	Operating	After Consolidation
PA Audit Settlement	121,890	121,890
Rent Receivable	-	(5,482,478)
DUE TO / FROM REHAB CARE THERAPY	-	-
Due from LLC	-	2,437
Due from/(to) Cook County Treasurer	-	(35,750)
PREPAID INSURANCE	25,712	25,712
ESCROW - INSURANCE	(75,000)	(75,000)
ACCRUED EXPENSES	109,269	109,269
ACCRUED ROYL / VESTA MGMT FEES	2,369,526	2,369,526
ACCRUED RENT	5,482,478	5,482,478
ACCRUED INSURANCE	21,533	21,533
DUE TO PATIENT TRUST FUND	(9,666)	(9,666)
ADVANCE - BIWEEKLY PART A PAYM	(85,021)	(85,021)
UNCOLLECTIBLE PART A CO PVTS	(87,967)	(87,967)
DUE TO - ROYAL OPERATIONS	10,936	10,936
DUE TO REPUBLIC	546	546
DUE/TO FROM VESTA MANAGEMENT	13,764	13,764
Interest Rate Swap Liability	-	896,630
PROFESSIONAL LIABILITIES CLAIMS	964,862	964,862
Total - Line 36	8,862,862	4,243,701

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,156,856)	1
2	Restatements (describe):		2
3	Post closing adjustment	(414,981)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (5,571,837)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(394,606)	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)	\$ (394,606)	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)	\$ (5,966,443)	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	\$ 28,173,122	1
2	Discounts and Allowances for all Levels	(16,242,454)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,930,668	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	7,369,641	6
7	Oxygen	122	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 7,369,763	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	100	12
13	Barber and Beauty Care	23,654	13
14	Non-Patient Meals	1,760	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	897,654	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	252,553	19
20	Radiology and X-Ray	54,679	20
21	Other Medical Services	440,117	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,670,517	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,939	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,939	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)	\$ 20,973,887	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,137,935	31
32	Health Care	7,512,998	32
33	General Administration	5,177,854	33
B. Capital Expense			
34	Ownership	3,000,640	34
C. Ancillary Expense			
35	Special Cost Centers	3,016,057	35
36	Provider Participation Fee	523,009	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 21,368,493	40
41	Income before Income Taxes (line 30 minus line 40)**	(394,606)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (394,606)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 8,708,373	44
45	Private Pay - Net Inpatient Revenue	1,337,546	45
46	Medicare - Net Inpatient Revenue	1,725,056	46
47	Other-(specify) <u>Managed Care</u>	159,693	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,930,668	49

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

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

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

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

^ - Entity is a cash basis taxpayer

Facility Name & ID Number Lexington of Orland Park

0041855

Report Period Beginning:

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	1,854	2,126	\$ 115,179	\$ 54.18	1
2	Assistant Director of Nursing	38,778	46,209	1,263,183	27.34	2
3	Registered Nurses	31,011	39,445	1,239,314	31.42	3
4	Licensed Practical Nurses	44,248	54,088	1,406,066	26.00	4
5	CNAs & Orderlies	147,115	174,712	2,217,693	12.69	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	12,943	15,696	189,007	12.04	10
11	Social Service Workers	8,517	9,560	195,478	20.45	11
12	Dietician	2,837	3,100	77,184	24.90	12
13	Food Service Supervisor	1,855	2,099	47,089	22.43	13
14	Head Cook	1,877	2,099	37,758	17.99	14
15	Cook Helpers/Assistants	28,084	33,190	335,914	10.12	15
16	Dishwashers					16
17	Maintenance Workers	3,841	4,480	80,020	17.86	17
18	Housekeepers	33,789	39,702	401,689	10.12	18
19	Laundry	6,710	7,862	73,949	9.41	19
20	Administrator	1,985	2,492	171,209	68.70	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,810	14,567	244,259	16.77	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	1,476	1,893	36,557	19.31	31
32	Other Health Care: <u>Memory Care</u>	2,967	3,431	76,251	22.22	32
33	Other(specify) <u>Marketing</u>	2,911	2,911	91,393	31.40	33
34	TOTAL (lines 1 - 33)	384,608	459,662	\$ 8,299,191 *	\$ 18.05	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 28,281	9(3)	36
37	Medical Records Consultant	Monthly 845	10(3)	37
38	Nurse Consultant	Monthly 5,154	10(3)	38
39	Pharmacist Consultant	Monthly 16,255	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 3,116	12(2)	45
46	Other(specify) <u>Pulmonary Consultant</u>	Monthly 95,740	10(3)	46
47	<u>Medical Consultant</u>	Monthly 7,782	10(7)	47
48	<u>See Sch 20B</u>	Monthly 3,713	10(3)	48
49	TOTAL (lines 35 - 48)	\$ 163,272		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	95 \$ 5,883	10(3)	50
51	Licensed Practical Nurses	148 5,424	10(3)	51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	243 \$ 11,307		53

Facility Name: Lexington Health Care Center of Orland Park, Inc.
IDPH License ID Number: 0041855
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	3,150	10(3)
Total - Consulting Services	-	3,713	-

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Brandon Davidson	Administrator	0	\$ 111,638	Workers' Compensation Insurance	\$ 282,299	IDPH License Fee	\$ 1,990	
Linda Pyfer	Administrator	0	59,572	Unemployment Compensation Insurance	229,996	Advertising: Employee Recruitment	21,629	
				FICA Taxes	615,427	Health Care Worker Background Check		
				Employee Health Insurance	332,465	(Indicate # of checks performed <u>304</u>)	3,651	
				Employee Meals	23,872	Patient Background Checks	11,563	
				Illinois Municipal Retirement Fund (IMRF)*	0	Miscellaneous Licenses & Fees	10,645	
				401K	13,399	Miscellaneous Dues & Subscriptions	6,635	
				Tuition		IHCA		
				Uniform Allowance	(1,167)	Less non-allowable dues		
				Other Employee Benefits	43,129	Management Company Allocation	6,284	
						Less: Public Relations Expense	(942)	
						Non-allowable advertising	(9)	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 171,209	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
(List each licensed administrator separately.)				\$ 1,539,420		\$ 61,446		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
MANAGEMENT FEES-ROYAL OPERATNS			\$ 1,594,942	N/A			Out-of-State Travel	\$
MANAGEMENT FEES- VESTA MGMT			626,769					
Eliminated in col. 7							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 2,221,711					
(Attach a copy of any management service agreement)							Seminar Expense	152
C. Professional Services				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
Vendor/Payee	Type		Amount			\$		
CASH RECEIPTS (Various)	Collections		\$ (257)					
CASSIDAY SCHADE , LLP	Legal		219,865					
AMALGATED BANK	Mortgage Service		814					
STANDARD AND POOR	Financial Services		950					
GRABOWSKI LAW	Collections		512					
LAW OFFICES OF SERPICO	Legal		1,050					
DUANE MORRIS	Legal		7,137					
RSM US LLP	Accounting		52,913					
PERSONNEL PLANNERS	U/C Consulting		2,740					
PENSION ADMINISTRATORS	401k Administration		971					
MUCH SHELIST	Legal		11,134					
See Sch 21C			151,380					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 449,208					
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Lexington of Orland Park
IDPH License ID Number: 0041855
Fiscal Year End: 12/31/2015

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
SECRETARY OF STATE	Filing Fees	168
SNR DENTON	Legal Fees	723
VESTA MANAGEMENT	Management Fees	249
Assessment & Intelligence Systems	PPS Review	833
Ability Network	Computer Services	3,019
Allscripts	Computer Services	223
Amazon Marketplace	Computer Services	48
Americorp Financial	Computer Services	44,869
Availity	Computer Services	198
Avatier	Computer Services	549
Bank of America (P KNIGHT)	HP commercial repair	159
Business Software Inc.	Computer Services	1,543
Centino	Computer Services	110
Citrix	Computer Services	534
Corepoint	Computer Services	1,511
DocuSign Inc.	Computer Services	829
E-Health Data Solutions	Care watch service	3,450
Genesis Technology	Computer Services	8,089
HealthMEDX Software	Computer Services	17,494
Home Depot	Computer Services	1
Infor(US) Inc.	Computer Services	7,773
Information Controls	Computer Services	3,181
Inpriva Inc.	Computer Services	99
MHC Software	Computer Services	968
Microsoft Licensing	Computer Services	8,576
National Datacare	TF/Maintenance	3,177

NautilUSNet.com	Computer Services	192
NTT Data	Computer Services	2,016
OnShift	Computer Services	7,970
Provinet	Computer Services	522
Relias	Computer Services	9,405
RSM US LLP	Supplies	6,569
Salesforce.com	Computer Services	7,208
Softchoice Corporation	Computer Services	6,222
Symbria	Computer Services	2,400
Tableau	Computer Services	407
Trisys	Computer Services	96
Total (agree to Schedule V, line 19, column 3)		449,208

Less:	Reclass to Bank Fees	(814)
	Legal Non Allowable	(12,664)
	Management Fees Non Allowable	(249)
	Marketing Software Non Allowable	(7,208)

Allocated from Real Estate Company Professional Services 2,800

Samvest of Lombard

Gilson Labus & Silverman	Accounting	159
Illinois Secretary of State	Filing Fees	12

Allocated from Mgmt Co.

Much Shelist	Legal	51
Serpico, Petrosino, Dipiero & O'Shea, LTD	Legal	-
Duane Morris	Legal	-
McGladrey LLP	Accounting	1,842
Frost, Ruttenberg & Rothblatt, P.C	Accounting	691
Gilson Labus & Silverman	Accounting	3,791
Illinois Secretary of State	Filing Fees	66
LaSalle Network	Recruiting/Finance	4,368
Pension Administrators, Inc.	401K Administration	605
Gene Whitehorn	Medicaid Reimb Specialist	2,217
M. Werner Consulting	Financial Consultant	2,621
Personnel Planners	Unemployment Consultant	15
Healthcents	Managed Care Consultants	-
Computer Services	Computer Consulting	24,393

Total (agree to Schedule V, line 19, column 8) 471,904

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

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

Facility Name & ID Number Lexington of Orland Park# 0041855

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 - \$1265
- (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 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 90,023 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. \$ 523,009
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 23,872 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 1,760
- (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.