

Facility Name & ID Number Lexington Chicago Ridge

0042739 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	74,298	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	74,298	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			19,094	19,094	8
9	SNF/PED					9
10	ICF	35,817	5,403	3,931	45,151	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	35,817	5,403	23,025	64,245	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.47%

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 11,198

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: 12/31/2016 Fiscal Year: 12/31/2016

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

Facility Name & ID Number Lexington Chicago Ridge # 0042739 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	526,246	36,152	6,127	568,525		568,525		568,525		1
2	Food Purchase		392,290		392,290		392,290	(381)	391,909		2
3	Housekeeping	470,494	49,609		520,103		520,103	335	520,438		3
4	Laundry		21,989		21,989		21,989		21,989		4
5	Heat and Other Utilities			259,096	259,096		259,096	8,193	267,289		5
6	Maintenance	38,226		204,915	243,141		243,141	83,381	326,522		6
7	Other (specify):* Mgmt Co.-Allocated B							10,720	10,720		7
8	TOTAL General Services	1,034,966	500,040	470,138	2,005,144		2,005,144	102,248	2,107,392		8
	B. Health Care and Programs										
9	Medical Director			90,000	90,000		90,000		90,000		9
10	Nursing and Medical Records	6,077,345	546,647	126,348	6,750,340		6,750,340	37,206	6,787,546		10
10a	Therapy										10a
11	Activities	151,131	24,361	10,273	185,765		185,765		185,765		11
12	Social Services	195,449		3,052	198,501		198,501		198,501		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Mgmt Co.-Allocated B							4,854	4,854		15
16	TOTAL Health Care and Programs	6,423,925	571,008	229,673	7,224,606		7,224,606	42,060	7,266,666		16
	C. General Administration										
17	Administrative	145,628		1,885,574	2,031,202		2,031,202	(1,828,230)	202,972		17
18	Directors Fees										18
19	Professional Services			494,797	494,797		494,797	(123,059)	371,738		19
20	Dues, Fees, Subscriptions & Promotions			42,547	42,547		42,547	12,826	55,373		20
21	Clerical & General Office Expenses	257,168	37,762	92,674	387,604		387,604	732,146	1,119,750		21
22	Employee Benefits & Payroll Taxes			1,317,754	1,317,754		1,317,754		1,317,754		22
23	Inservice Training & Education			7,849	7,849		7,849	371	8,220		23
24	Travel and Seminar							1,123	1,123		24
25	Other Admin. Staff Transportation			2,435	2,435		2,435	12,241	14,676		25
26	Insurance-Prop.Liab.Malpractice			474,582	474,582		474,582	143,260	617,842		26
27	Other (specify):* Mgmt Co.-Allocated B							107,522	107,522		27
28	TOTAL General Administration	402,796	37,762	4,318,212	4,758,770		4,758,770	(941,800)	3,816,970		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,861,687	1,108,810	5,018,023	13,988,520		13,988,520	(797,492)	13,191,028		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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			129,349	129,349		129,349	330,046	459,395		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			24,656	24,656		24,656	382,779	407,435		32
33	Real Estate Taxes							736,410	736,410		33
34	Rent-Facility & Grounds			2,163,314	2,163,314		2,163,314	(2,154,794)	8,520		34
35	Rent-Equipment & Vehicles			90,112	90,112		90,112	2,333	92,445		35
36	Other (specify):*										36
37	TOTAL Ownership			2,407,431	2,407,431		2,407,431	(703,226)	1,704,205		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		713,119	2,139,165	2,852,284		2,852,284		2,852,284		39
40	Barber and Beauty Shops			14,170	14,170		14,170		14,170		40
41	Coffee and Gift Shops			4,516	4,516		4,516		4,516		41
42	Provider Participation Fee			430,835	430,835		430,835		430,835		42
43	Other (specify):* Non-Allowable Cos	72,781		572,187	644,968		644,968	(644,968)			43
44	TOTAL Special Cost Centers	72,781	713,119	3,160,873	3,946,773		3,946,773	(644,968)	3,301,805		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,934,468	1,821,929	10,586,327	20,342,724		20,342,724	(2,145,686)	18,197,038		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 Chicago Ridge

0042739

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	(381)	2		4
5	Telephone, TV & Radio in Resident Rooms	(10,486)	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	1,220	30		9
10	Interest and Other Investment Income	(2,825)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(13,720)	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	(20)	43		18
19	Entertainment				19
20	Contributions	(1,030)	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	(438,429)	43		24
25	Fund Raising, Advertising and Promotional	(29,743)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(524)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	67,258	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (428,680)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,717,006)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,717,006)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,145,686)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

Lexington Chicago Ridge

ID# 0042739

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Trust Fees	\$ (195)	43	1
2	Labs - Part A	(58,344)	43	2
3	X-Rays - Part A	(13,381)	43	3
4	Diagnostics Managed Care	(6,510)	43	4
5	Non-Allowable Legal Fees	(14,388)	19	5
6	Marketing Salary	(72,781)	43	6
7	Unrealized loss on FMV swap	252,782	43	7
8	Marketing Offset	(6,498)	19	8
9	Capitalize R/M Expense	(8,800)	6	9
10	Lobbying Dues	(2,638)	20	10
11	Non-Allowable Fee	(75)	20	11
12	Non-Allowable Finance Charge	(1,914)	32	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	67,258		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	**	\$ 8,800	\$ 8,800	1
2	V	19 Professional Fees		Sambell of Chicago Ridge Limited Partnership	**	200	200	2
3	V	30 Depreciation		Sambell of Chicago Ridge Limited Partnership	**	226,461	226,461	3
4	V	32 Interest expense		Sambell of Chicago Ridge Limited Partnership	**	367,617	367,617	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	**	729,714	729,714	6
7	V	34 Rental expense	2,159,714	Sambell of Chicago Ridge Limited Partnership	**		(2,159,714)	7
8	V	43 Trust fees		Sambell of Chicago Ridge Limited Partnership	**	195	195	8
9	V	43 Unrealized loss on FMV swap	252,782	Sambell of Chicago Ridge Limited Partnership			(252,782)	9
10	V							10
11	V			** The owners of Lexington Health Care Center of Chicago Ridge, Inc. own 100% of Sambell of Chicago Ridge Limited Partnership				11
12	V							12
13	V							13
14	Total		\$ 2,412,496			\$ 1,334,275	\$ * (1,078,221)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:			
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)			
15	V	3 Housekeeping supplies	\$	Royal Management Corp.	**	\$ 335	\$	335	15	
16	V	5 Utilities - gas & electric		Royal Management Corp.	**	7,386		7,386	16	
17	V	5 Utilities - water & sewer		Royal Management Corp.	**	311		311	17	
18	V	5 Utilities - maintenance office		Royal Management Corp.	**	496		496	18	
19	V	6 Management allocation - salaries		Royal Management Corp.	**	76,038		76,038	19	
20	V	6 Repairs & maintenance		Royal Management Corp.	**	7,025		7,025	20	
21	V	6 Scavenger & exterminating		Royal Management Corp.	**	318		318	21	
22	V	7 Management allocation - employee benefits		Royal Management Corp.	**	10,720		10,720	22	
23	V	10 Medical consultant		Royal Management Corp.	**	2,774		2,774	23	
24	V	10 Management allocation - salaries		Royal Management Corp.	**	34,432		34,432	24	
25	V	15 Management allocation - employee benefits		Royal Management Corp.	**	4,854		4,854	25	
26	V	17 Management allocation - salaries		Royal Management Corp.	**	57,344		57,344	26	
27	V	19 Computer consultant & supplies		Royal Management Corp.	**	15,351		15,351	27	
28	V	19 Professional fees		Royal Management Corp.	**	22,504		22,504	28	
29	V	20 Dues & subscriptions		Royal Management Corp.	**	2,286		2,286	29	
30	V	20 Advertising - help wanted		Royal Management Corp.	**	13,253		13,253	30	
31	V	21 Management allocation - salaries		Royal Management Corp.	**	705,349		705,349	31	
32	V	21 Bank charges		Royal Management Corp.	**	2,823		2,823	32	
33	V	21 Office supplies & printing		Royal Management Corp.	**	9,538		9,538	33	
34	V	21 Postage		Royal Management Corp.	**	3,550		3,550	34	
35	V	21 Telephone		Royal Management Corp.	**	10,886		10,886	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		\$			\$ 987,573	\$ *	987,573	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.	**	\$ 371	\$	371	15	
16	V	24 Travel & seminar		Royal Management Corp.	**	1,123		1,123	16	
17	V	25 Auto expense		Royal Management Corp.	**	12,241		12,241	17	
18	V	26 Insurance general		Royal Management Corp.	**	3,032		3,032	18	
19	V	27 Management allocation - employee benefits		Royal Management Corp.	**	107,522		107,522	19	
20	V	30 Depreciation		Royal Management Corp.	**	102,365		102,365	20	
21	V	32 Interest		Royal Management Corp.	**	16,309		16,309	21	
22	V	32 Amortization of mortgage costs		Royal Management Corp.	**	2,304		2,304	22	
23	V	33 Property taxes		Royal Management Corp.	**	6,696		6,696	23	
24	V	34 Rent expense		Royal Management Corp.	**	4,920		4,920	24	
25	V	35 Equipment rental		Royal Management Corp.	**	1,431		1,431	25	
26	V	17 Management fees	1,885,574	Royal Management Corp.	**	0		(1,885,574)	26	
27	V	35 Auto Lease		Royal Management Corp.	**	902		902	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		\$ 1,885,574			\$ 259,216	\$ *	(1,626,358)	39	

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

Facility Name & ID Number

Lexington Chicago Ridge

0042739

Report Period Beginning:

01/01/2016

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

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12/31/2016

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	\$ 9,562	L17, C7	1
2	John Samatas	Owner/Officer	Admin/Plant Ops	33.33	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	6,652	L17, C7	2
3	Cynthia Thiem	Owner/Officer	Administrative	33.34	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	8,869	L17, C7	3
4	Daniel Thiem	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	13,284	L17, C7	4
5	Jason Samatas	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	18,977	L17, C7	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 57,344		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 Chicago Ridge

0042739

Report Period Beginning:

01/01/2016

Ending: 2/31/2016

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	724,314	10	\$ 3,263	\$ 74,298	\$ 335	1	
2	5	Utilities - gas & electric	Bed Days	724,314	10	72,000	74,298	7,386	2	
3	5	Utilities - water & sewer	Bed Days	724,314	10	3,036	74,298	311	3	
4	5	Utilities - maintenance office	Bed Days	724,314	10	4,835	74,298	496	4	
5	6	Management allocation - salaries	Bed Days	724,314	10	741,281	741,281	74,298	76,038	5
6	6	Repairs & maintenance	Bed Days	724,314	10	68,481	74,298	7,025	6	
7	6	Scavenger & exterminating	Bed Days	724,314	10	3,101	74,298	318	7	
8	7	Management allocation - employees	Bed Days	724,314	10	104,504	74,298	10,720	8	
9	10	Medical consultant	Bed Days	724,314	10	27,047	74,298	2,774	9	
10	10	Management allocation - salaries	Bed Days	724,314	10	335,674	335,674	74,298	34,432	10
11	15	Management allocation - employees	Bed Days	724,314	10	47,322	74,298	4,854	11	
12	17	Management allocation - salaries	Bed Days	724,314	10	559,036	559,036	74,298	57,344	12
13	19	Computer consultant & supplies	Bed Days	724,314	10	149,651	74,298	15,351	13	
14	19	Professional fees	Bed Days	724,314	10	219,386	74,298	22,504	14	
15	20	Dues & subscriptions	Bed Days	724,314	10	22,289	74,298	2,286	15	
16	20	Advertising - help wanted	Bed Days	724,314	10	129,203	74,298	13,253	16	
17	21	Management allocation - salaries	Bed Days	724,314	10	6,876,284	6,876,284	74,298	705,349	17
18	21	Bank charges	Bed Days	724,314	10	27,523	74,298	2,823	18	
19	21	Office supplies & printing	Bed Days	724,314	10	92,982	74,298	9,538	19	
20	21	Postage	Bed Days	724,314	10	34,606	74,298	3,550	20	
21	21	Telephone	Bed Days	724,314	10	106,126	74,298	10,886	21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 9,627,630	\$ 8,512,275	\$ 987,573	25	

Facility Name & ID Number Lexington Chicago Ridge

0042739

Report Period Beginning:

01/01/2016

Ending: 2/31/2016

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

B. Show the allocation of costs below. If necessary, please attach worksheets.

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

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	724,314	10	\$ 3,621	\$ 74,298	\$ 371	1
2	24	Travel and Seminar	Bed Days	724,314	10	10,947	74,298	1,123	2
3	25	Auto expense	Bed Days	724,314	10	119,337	74,298	12,241	3
4	26	Insurance general	Bed Days	724,314	10	29,556	74,298	3,032	4
5	27	Management allocation - employees	Bed Days	724,314	10	1,048,208	74,298	107,522	5
6	30	Depreciation	Bed Days	724,314	10	997,930	74,298	102,365	6
7	32	Interest	Bed Days	724,314	10	158,994	74,298	16,309	7
8	32	Amortization of mortgage costs	Bed Days	724,314	10	22,462	74,298	2,304	8
9	33	Property taxes	Bed Days	724,314	10	65,273	74,298	6,696	9
10	34	Rent expense	Bed Days	724,314	10	47,968	74,298	4,920	10
11	35	Equipment rental	Bed Days	724,314	10	13,953	74,298	1,431	11
12	35	Auto Lease	Bed Days	724,314	10	8,793	74,298	902	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					\$ 2,527,042	\$	\$ 259,216	25

Facility Name & ID Number

Lexington Chicago Ridge

0042739

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	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			
A. Directly Facility Related																				
Long-Term																				
1	Lexington Financial									1										
2	Services II, L.L.C.	X		Mortgage	Varies	4/30/07	\$ 6,908,000		5/1/17	0.0650	367,617	2								
3												3								
4				Finance Charge - Insurance Policy							1,914	4								
5												5								
Working Capital																				
6	American Chartered Bank		X	Line of Credit	Varies	3/25/2016	5,600,000	770,000	6/24/2017	Libor +2.5%	22,483	6								
7												7								
8												8								
9	TOTAL Facility Related						\$ 12,508,000	\$ 770,000			\$ 392,014	9								
B. Non-Facility Related*																				
10									Amortization of loan cost		1,288	10								
11									Interest Income offset		(2,825)	11								
12									Allocated from Home Office		18,613	12								
13									See Sch 9A		(1,655)	13								
14	TOTAL Non-Facility Related						\$	\$			\$ 15,421	14								
15	TOTALS (line 9+line14)						\$ 12,508,000	\$ 770,000			\$ 407,435	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 Chicago Ridge
 IDPH License ID Number: 0042739
 Fiscal Year End: 12/31/2016

Schedule 9A

IX. Interest Expense and Real Estate Tax Expense

	1 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1							\$	\$			\$	1	
2												2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related				\$0.00		\$ 0	\$ 0			\$ 0	9	
	B. Non-Facility Related*												
10												208	10
11												51	11
12												(1,914)	12
13													13
14	TOTAL Non-Facility Related				\$0.00		\$ 0	\$ 0			\$ (1,655)	14	

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 2015 report.			\$	781,200	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		2015	\$	773,127	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(8,073)	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	796,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	36,200	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ 94,413 For 04/12 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	(94,413)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	736,410	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2011	571,149	8	FOR BHF USE ONLY	
	2012	632,918	9	13	FROM R. E. TAX STATEMENT FOR 2015 \$ 781,200 13
	2013	687,920	10	14	PLUS APPEAL COST FROM LINE 5 \$ 36,200 14
	2014	757,166	11	15	LESS REFUND FROM LINE 6 \$ (94,413) 15
	2015	773,127	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 736,410 16
See attached real estate accrual sheet					

NOTES:

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

2015 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 2015 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 2015.

(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 & Building</u>	\$ <u>748,590.47</u>	\$ <u>748,590.47</u>
2. <u>24-07-311-012-0000</u>	<u>Land & Building</u>	\$ <u>24,536.52</u>	\$ <u>24,536.52</u>
3. <u>Royal Management Corp (Samvest of Lombard II)</u>		\$ _____	\$ _____
4. <u>05-01-202-019</u>	<u>Land & Building</u>	\$ <u>249,002.30</u>	\$ <u>6,696.00</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>1,022,129.29</u></u>	\$ <u><u>779,822.99</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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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 Chicago Ridge

0042739

Report Period Beginning:

01/01/2016 Ending:

12/31/2016

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>22,198</u>	<u>2</u>
3	TOTALS	31,000		\$ 527,198	3

Facility Name & ID Number Lexington Chicago Ridge# 0042739

Report Period Beginning:

01/01/2016 Ending:

12/31/2016

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	\$ 3,759,533	4
5			1995	1995	97,352	2,781	35	2,781		59,798	5
6											6
7											7
8											8
	Improvement Type**										
9		Leasehold Improvements	1993		2,694	77	35	77		1,810	9
10		Leasehold Improvements	1994		6,581	188	35	188		4,231	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		1,147	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		861	20
21		Roof repairs	2000		6,240		10			6,240	21
22		Electrical wiring	2000		3,986	114	35	114		1,880	22
23		Electrical wiring	2000		2,536	72	35	72		1,192	23
24		Kitchen rehab	2000		6,623	221	35	221		3,645	24
25		Automatic doors	2000		1,300		10			1,300	25
26		Elevator eye sensors	2000		4,500		15			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		19,247	30
31		Elevator upgrade	2002		9,865		10			9,865	31
32		Painting/decorating/carpet/wallpaper	2003		38,165	1,908	20	1,908		26,713	32
33		Rehab/new office	2003		26,733	1,337	20	1,337		18,716	33
34		Facility rehab - construction costs, painting & decorating	2003		257,174	12,859	20	12,859		173,595	34
35		Facility rehab - electrical	2003		12,840	642	20	642		8,667	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 & ID Number Lexington Chicago Ridge

0042739

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	\$	\$ 2,391	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		2,481	41
42	Kitchen Rehab	2005	19,228	961	20	961		10,732	42
43	Lobby/Lounge Reception Area	2005	36,503	1,825	20	1,825		21,140	43
44	Sidewalk - Raise and Support	2005	1,330	67	20	67		753	44
45	Lower Level Therapy Rehab	2005	52,525	2,626	20	2,626		29,762	45
46	Transitional Unit	2005	1,020	51	20	51		565	46
47	Basement Renovation	2005	3,754	188	20	188		2,099	47
48	Landscaping Enhancement	2006	6,463	431	15	431		4,418	48
49	Lhi-Hvac	2006	4,333	217	20	217		2,188	49
50	Rehab Common Areas	2006	7,661	383	20	383		4,022	50
51	Modular Units attached to wall	2006	10,316	516	20	516		5,332	51
52	Cubical Curtains	2006	1,578		5			1,578	52
53	Landscaping	2007	5,000	333	15	333		3,136	53
54	Parking lot	2007	35,969		20	1,819	1,819	16,371	54
55	HVAC	2007	4,580	229	20	229		2,214	55
56	Emergency A/C	2007	30,293	1,515	20	1,515		14,140	56
57	Portable A/C	2007	3,768	188	20	188		1,771	57
58	Employee Lunch Room	2007	3,671	184	20	184		1,687	58
59	Painting	2007	16,150	808	20	808		7,541	59
60	1st floor remodel-carpentry, flooring, plumbing, electrical fixtures	2007	641,616		40	16,225	16,225	146,025	60
61	painting,								61
62	Create first floor therapy	2007	185	9	20	9		90	62
63	Landscaping	2008	19,600	1,307	15	1,307		11,000	63
64	Parking Lot-paving,sealcoating and repairs	2008	44,050	2,203	20	2,203		18,175	64
65	HVAC Sport Coolers	2008	3,790	95	40	95		760	65
66	Plumbing & Sprinkler Shower room	2008	9,668	483	20	483		3,864	66
67	Common areas-doors and locks	2008	3,162	158	20	158		1,396	67
68	Basement Renovation	2008	7,569	189	40	189		1,670	68
69	2nd Floor Remodel-Carpentry, Flooring, Electrical, painting	2008	578,270		27	21,028	21,028	169,976	69
70	TOTAL (lines 4 thru 69)		\$ 7,326,941	\$ 36,953		\$ 222,976	\$ 186,023	\$ 4,707,720	70

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

Facility Name & ID Number Lexington Chicago Ridge

0042739

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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		\$ 7,326,941	\$ 36,953		\$ 222,976	\$ 186,023	\$ 4,707,720	1
2	Land improvements	2009	15,180	1,012	15	1,012		7,337	2
3	Landscaping	2009	3,693	246	15	246		1,825	3
4	Chiller	2009	178,462	8,923	20	8,923		67,666	4
5	Quick connectors/spot cooler	2009	10,244	512	20	512		3,917	5
6	Plumbing & Sprinkler	2009	6,172	154	40	154		1,117	6
7	Chiller Fence	2009	5,350	268	20	268		1,876	7
8	Land improvements-patio pergola	2009	7,930	397	20	397		2,911	8
9	Land improvements patio fence	2009	14,308	715	20	715		5,065	9
10	3rd floor remodel-Carpentry, flooring, electrical, painting, sprinkler system	2009	670,689		27	24,389	24,389	172,755	10
11									11
12	Landscaping Enhancements	2010	4,560	304	15	304		1,875	12
13	Office carpentry, flooring, electrical, painting, plumbing, signs	2010	82,988	2,997	27	2,997		55,172	13
14	Tree removal	2010	12,094	806	15	806		5,105	14
15	Seal Crack Filing and Striping	2010	3,000	200	15	200		1,267	15
16	Parking lot signage, posts and lamps	2010	30,501	1,113	27	1,113		7,254	16
17	HVAC Quick connects	2010	4,043	147	27	147		895	17
18	Pantries-Tile,shelves	2010	2,855	104	27	104		650	18
19	Director of Nursing office painting	2010	8,090	295	27	295		1,770	19
20	1st floor rehab-cabinets,library lounge-art, flooring	2010	4,725	172	27	172		1,073	20
21	2nd floor rehab-painting, flooring	2010	61,521	2,244	27	2,244		13,464	21
22									22
23	Payroll Office Remodel - Electrical	2011	5,439	198	27	198		1,122	23
24	Payroll Office Remodel - Doors & Millwork	2011	10,336	376	27	376		2,037	24
25	Holding Tank	2011	16,400	596	27	596		3,228	25
26	Bulk Pipe - Removal of vent lines	2011	4,380	159	27	159		822	26
27	Remodel Laundry Room - Electrical, Painting & Flooring	2011	7,222	263	27	263		1,381	27
28	2nd Floor Doors	2011	23,290	847	27	847		4,517	28
29	2nd Floor Remodeling - Carpentry (Drywall, finish/trim)	2011	17,949		27	653	653	3,918	29
30	Exterior Painting	2011	3,000		27	109	109	581	30
31	Fire Dampers	2011	20,441		27	743	743	3,777	31
32	Boiler	2011	9,800		27	356	356	2,018	32
33	Parking Lot - seal and stripe	2011	4,300			156	156	819	33
34	TOTAL (lines 1 thru 33)		\$ 8,575,903	\$ 60,001		\$ 272,430	\$ 212,429	\$ 5,084,934	34

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

Facility Name & ID Number Lexington Chicago Ridge

0042739

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,575,903	\$ 60,001		\$ 272,430	\$ 212,429	\$ 5,084,934	1
2	Building Wiring-EMR	2012	13,566		27	493	493	2,137	2
3									3
4	Exterior Lighting	2013	7,418		27	270	270	900	4
5									5
6									6
7	R/M Reclass: Condenser Motor/Fan HVAC Mechanical Room	2014	2,648		20	132	132	330	7
8	R/M Reclass: Elevator Door Restrictor	2014	5,250		10	525	525	1,313	8
9									9
10	R/M Reclass: Stairwell doors 3rd floor south & 2nd floor north	2015	4,146		20	207	207	311	10
11	R/M Reclass: Replace 5 water tubes and sealing O rings basement	2015	3,559		20	178	178	267	11
12	R/M Reclass: Crack sealing and striping parking lot	2015	4,700		27	174	174	261	12
13									13
14	RE Entity: Chair Rail Installations in 1st & 2nd Floor Rooms	2016	26,509		27	161	161	161	14
15	R/M Reclass (RE): Concrete Paving in Parking Lot	2016	8,800		15	293	293	293	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	Reconcile to book depreciation			287			(287)		30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,652,499	\$ 60,288		\$ 274,863	\$ 214,575	\$ 5,090,907	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 8,652,499	\$ 60,288		\$ 274,863	\$ 214,575	\$ 5,090,907	1
2	Land improvements - management company	2002	307,173		40	8,456	8,456	136,294	2
3	HVAC, electrical, security system - management company	2003	2,698		30	601	601	2,143	3
4	Key card system - management company	2004	424		20	20	20	263	4
5	VAV TX controls - management company	2005	129		20	6	6	76	5
6	Interior Signs- management company	2006	94		20	6	6	64	6
7	Building - management company	2008	14,885		20	154	154	6,505	7
8	Building - management company	2009	2,779		20	48	48	1,128	8
9	Building - management company	2010	2,708		20	47	47	1,041	9
10	Building - management company	2011	1,911		20	83	83	489	10
11	Building - management company	2012	6,604		20	12	12	1,129	11
12	Building - management company	2013	4,990		20	337	337	1,187	12
13	Building - management company	2014	2,701		20	250	250	678	13
14	Building - management company	2015	475		20	54	54	87	14
15	Building - management company	2016	7,836		20	225	225	225	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,007,906	\$ 60,288		\$ 285,160	\$ 224,872	\$ 5,242,216	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	\$ 1,252,651	\$ 69,061	\$ 82,167	\$ 13,106	5-10	\$ 935,547	71
72	Current Year Purchases				-			72
73	Fully Depreciated Assets	338,924			-	5-7	338,924	73
74	Allocated from Mgmt Co.	637,099		89,406	89,406	5-7	525,687	74
75	TOTALS	\$ 2,228,674	\$ 69,061	\$ 171,573	\$ 102,512		\$ 1,800,158	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.			57,433		2,662	2,662	5	50,999	79
80	TOTALS			\$ 57,433	\$ -	\$ 2,662	\$ 2,662		\$ 50,999	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)	\$ 11,821,211	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 129,349	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 459,395	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 330,046	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,093,373	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 Chicago Ridge

0042739

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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				3,600			5
6	Allocated from Management Company				4,920			6
7	TOTAL				\$ 8,520			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.	_____ /2017	\$ _____
13.	_____ /2018	\$ _____
14.	_____ /2019	\$ _____

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: \$ 91,543 Description: Copier-\$9,994;Postage-\$323;Printer-\$5,037;Med Eq-\$35,827;Oxygen-\$38,931;Alloc. Mgmt Co.-\$1,431

(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			902	20
21	TOTAL		\$	\$ 902	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.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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			
		1	2	3	4
		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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	17,104	\$ 508,831	\$	17,104	\$ 508,831	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		5,116	115,518		5,116	115,518	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		26,936	1,497,392		26,936	1,497,392	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				699,998		699,998	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Ambulance</u>	39(3)				17,424			17,424	12
13	Other (specify): <u>See Sch 16A</u>	39(2)					13,121		13,121	13
14	TOTAL			\$	49,156	\$ 2,139,165	\$ 713,119	49,156	\$ 2,852,284	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 Chicago Ridge
IDPH License ID Number: 0042739
Fiscal Year End: 12/31/2016

Schedule 16A

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): <u>DME</u>	39(2)					1,547			13
13	Other (specify): <u>Oxygen</u>	39(2)					11,574			
13	Other (specify):									
14	TOTAL			\$		\$	\$ 13,121		\$	14

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/2016**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,129,477	\$ 1,213,727	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>1,185,314</u>)	3,445,092	3,445,092	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	(3,492)	(3,492)	6
7	Other Prepaid Expenses	17,990	17,990	7
8	Accounts Receivable (owners or related parties)	(316)	1,754	8
9	Other(specify): <u>Interest Receivable</u>	20,397	20,397	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,609,148	\$ 4,695,468	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	8,090	8,090	12
13	Land		527,198	13
14	Buildings, at Historical Cost		5,143,342	14
15	Leasehold Improvements, at Historical Cost	1,456,473	3,864,564	15
16	Equipment, at Historical Cost	761,311	2,286,107	16
17	Accumulated Depreciation (book methods)	(1,492,144)	(7,093,373)	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 (spe			22
23	Other(specify): <u>Mortgage cost, net</u>		20,065	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 733,730	\$ 4,755,993	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,342,878	\$ 9,451,461	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 735,152	\$ 735,152	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	770,000	770,000	29
30	Accrued Salaries Payable	558,491	558,491	30
31	Accrued Taxes Payable (excluding real estate taxes)	32,368	32,368	31
32	Accrued Real Estate Taxes(Sch.IX-B)		796,000	32
33	Accrued Interest Payable		31,961	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Schedule 17A</u>	8,612,805	3,879,657	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 10,708,816	\$ 6,803,629	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		5,470,146	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 5,470,146	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,708,816	\$ 12,273,775	46
47	TOTAL EQUITY(page 18, line 24)	\$ (5,365,938)	\$ (2,822,314)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,342,878	\$ 9,451,461	48

*(See instructions.)

Facility Name: Lexington Chicago Ridge
 IDPH License ID Number: 0042739
 Fiscal Year End: 12/31/2016

Schedule 17A

XV. Balance Sheet

Line 9 Current Assets Other (specify):

Description	After	
	Operating	Consolidation
Total - Line 9	-	-

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

Description	After	
	Operating	Consolidation
Total - Line 23	-	-

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Account	Description	After	
		Operating	Consolidation
00-10140-00	Cash Patient Trust	(24,194)	(24,194)
00-13040-00	Rent Receivable	(4,803,985)	(9,607,970)
00-13090-00	Due From Remodeling	-	(32,007)
00-13250-00	Due To / From Rehab Care Therapy	1,762	1,762
00-13330-00	Due To/From Republic Construction	7,170	7,170
00-14530-00	Prepaid Insurance	35,117	35,117
00-21030-00	Cobra	415	415
00-21040-00	Withholding - Dental Insurance	(623)	(623)
00-21050-00	Withholding - Ep/Ci/WI	3,943	3,943
00-21085-00	Vision Withholding	(61)	(61)
00-21100-00	401K Withholding	-	-
00-22030-00	Accrued Expenses	250,590	250,590
00-22040-00	Accrued Resident Tax	83,016	83,016
00-22060-00	Accrued Royal / Vesta Mgmt Fees	2,600,272	2,600,272
00-22120-00	Accrued Rent	4,803,985	4,803,985
00-22140-00	Accrued Insurance	29,211	29,211
00-22270-00	Due To Patient Trust Fund	24,070	24,070
00-22290-00	Due To Prior Owner	48,000	48,000
00-22330-00	Advance - Biweekly Part A Paym	(12,347)	(12,347)
00-22360-00	Uncollectible Part A Co Pmts	(178,272)	(178,272)
00-23530-00	Due To - Royal Operations	15,752	15,752
00-23750-00	Due To LHCC Elmhurst	-	-
00-23820-00	Due To Wheeling	385	385
00-23870-00	Due To/From Lexington Financial Services	-	-
00-24345-00	Sambel Interest Rate Swap Liability	102,844	205,688
00-24400-00	Professional Liabilities Claims	892,607	892,607
Total - Line 36		3,879,657	(853,491)
		(4,733,148)	(4,733,148)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (3,704,182)	1
2	Restatements (describe):		2
3	Post closing adjustment	(188,878)	3
4	401k Adjustment	207	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (3,892,853)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,473,085)	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)	\$ (1,473,085)	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)	\$ (5,365,938)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Lexington Chicago Ridge

0042739

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 24,933,021	1
2	Discounts and Allowances for all Levels	(15,749,005)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,184,016	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	7,434,442	6
7	Oxygen	30,822	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 7,465,264	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	11,194	12
13	Barber and Beauty Care	17,589	13
14	Non-Patient Meals	381	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,142,811	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	487,962	19
20	Radiology and X-Ray	36,245	20
21	Other Medical Services	521,352	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,217,534	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,825	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,825	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)	\$ 18,869,639	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,005,144	31
32	Health Care	7,224,606	32
33	General Administration	4,758,770	33
B. Capital Expense			
34	Ownership	2,407,431	34
C. Ancillary Expense			
35	Special Cost Centers	3,515,938	35
36	Provider Participation Fee	430,835	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 20,342,724	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,473,085)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,473,085)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 6,266,823	44
45	Private Pay - Net Inpatient Revenue	790,263	45
46	Medicare - Net Inpatient Revenue	1,254,132	46
47	Other-(specify) <u>Managed Care</u>	872,798	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,184,016	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 Chicago Ridge

0042739

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	1,703	2,093	\$ 128,312	\$ 61.31	1
2	Assistant Director of Nursing	2,349	2,799	123,515	44.13	2
3	Registered Nurses	37,071	47,849	1,589,905	33.23	3
4	Licensed Practical Nurses	35,392	45,741	1,183,091	25.87	4
5	CNAs & Orderlies	117,157	142,570	1,926,390	13.51	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,943	2,221	41,340	18.62	9
10	Activity Assistants	8,706	9,931	109,791	11.06	10
11	Social Service Workers	8,463	10,974	195,449	17.81	11
12	Dietician	3,340	4,037	103,859	25.73	12
13	Food Service Supervisor	1,496	2,303	44,131	19.16	13
14	Head Cook	1,777	2,154	44,346	20.58	14
15	Cook Helpers/Assistants	26,689	32,625	333,911	10.23	15
16	Dishwashers					16
17	Maintenance Workers	1,748	2,204	38,226	17.35	17
18	Housekeepers	34,229	43,815	470,494	10.74	18
19	Laundry					19
20	Administrator	1,728	2,121	145,628	68.67	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,815	14,006	257,168	18.36	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	1,619	2,010	35,249	17.54	31
32	Other Health C: <u>See Sch 20A</u>	31,728	39,006	1,090,881	27.97	32
33	Other(specify) <u>Marketing</u>	1,771	2,010	72,781	36.21	33
34	TOTAL (lines 1 - 33)	329,722	410,467	\$ 7,934,468 *	\$ 19.33	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 90,000	9(3)	36
37	Medical Records Consultant	Monthly 861	10(3)	37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly 15,594	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 4,704	11(3)	44
45	Social Service Consultant	Monthly 3,052	12(3)	45
46	Other(specify) <u>Medical Consultant</u>	Monthly 2,774	10(7)	46
47	<u>Pulmonary Exchange</u>	Monthly 98,787	10(3)	47
48	<u>See Sch 20B</u>	Monthly 11,106	10(3)	48
49	TOTAL (lines 35 - 48)	\$ 226,878		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$		50
51	Licensed Practical Nurses	N/A		51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	\$		53

Facility Name: Lexington Chicago Ridge
 IDPH License ID Number: 0042739
 Fiscal Year End: 12/31/2016

Schedule 20A

XVIII. Staffing and Salary Costs
 Line 32 Other Health Care (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Staffing Coordinator	1,698	2,187	32,408	\$ 14.82
Unit Secretary	8,527	10,663	236,883	\$ 22.21
Accounts Coordinator	1,761	2,163	29,045	\$ 13.43
Admissions	3,671	4,369	116,108	\$ 26.58
Case Manager	2,851	3,306	72,908	\$ 22.06
MDS	3,302	4,105	160,083	\$ 39.00
Clinical Coordinator	5,392	6,766	252,454	\$ 37.31
Transitional Care Nurse	1,782	2,093	70,201	\$ 33.54
Wound Care Coordinator	2,743	3,355	120,793	\$ 36.01
Total - Line 32 Other Health Care (specify):	31,728	39,006	1,090,881	\$ 27.97

XVIII. Staffing and Salary Costs
 Line 33 Other (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Total - Line 33 Other (specify):	-	-	-	

Schedule 20B

XVIII. Staffing and Salary Costs
 B. Consultant Services

Description	# of Hrs. Paid and Accrued	Total Consultant Cost	Ref.
Post Acute Consulting	Monthly	1,956	10(3)
Telemedicine	Monthly	9,150	10(3)
Total - Line 48	Monthly	11,106	

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				
Kristin Mitchell	Administrator	0	\$ 145,628	Workers' Compensation Insurance	\$ 250,164	IDPH License Fee	\$ 1,990				
				Unemployment Compensation Insurance	83,646	Advertising: Employee Recruitment	3,906				
				FICA Taxes	596,139	Health Care Worker Background Check					
				Employee Health Insurance	320,909	(Indicate # of checks performed 308)	3,700				
				Employee Meals		Patient Background Checks	926 11,107				
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Licenses & Fees	7,222				
				401K	26,897	Miscellaneous Dues & Subscriptions	7,869				
				Other Employee Benefits	37,434	IHCA	6,678				
				Uniform Allowance	2,565	Less: Non-Allowable Dues	(2,638)				
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 145,628	TOTAL (agree to Schedule V, line 22, col.8)			\$ 1,317,754	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 55,373	
(List each licensed administrator separately.)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**				
B. Administrative - Other				Description			Description		Amount		
Management Fees-Royal Operating				\$ 1,322,244			Out-of-State Travel		\$		
Management Fees-Vesta Mgmt.				563,330			In-State Travel				
Management Fees (Eliminated in Column 7)							Seminar Expense				
TOTAL (agree to Schedule V, line 17, col. 3)				\$ 1,885,574			Management Company Allocation		1,123		
(Attach a copy of any management service agreement)							Entertainment Expense		()		
C. Professional Services				Vendor/Payee			Type		Amount		
American Chartered Bank				Financial					39,885		
Attadale Partners				Operations Consulting					9,990		
Cash Receipts				Collections					6,688		
Cassiday Schade				Legal					156,289		
Duane Morris				Legal					1,094		
Filpi & Filpi				Legal					100		
Grabowski Law Center				Collections					3,576		
Generation Law				Legal					874		
Much Shelist				Legal					3,012		
North Heron Insurance				Insurance					140,228		
Personnel Planners				U/C Consulting					2,325		
See Schedule 21C				See Schedule 21C					130,736		
TOTAL (agree to Schedule V, line 19, column 3)				\$ 494,797			TOTAL			\$	
(For legal fee disclosure, see page 39 of instructions)											

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Lexington Chicago Ridge
 IDPH License ID Number: 0042739
 Fiscal Year End: 12/31/2016

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
Pension Administrators	401K Administration	1,300
RSM US LLP	Accounting	41,798
SB2, Inc.	Medicaid Consulting	2,484
Scott & Kraus	Legal	98
Secretary of State	Filing Fees	100
Serpico, Petrosino, Dipiero & O'Shea	Legal	1,950
Jefferies	Tax Consulting	1,949
Ability Network	Computer Services	5,980
Availity	Computer Services	252
Avatier	Computer Services	193
Cinetec	Computer Services	851
Citrix	Computer Services	702
Corepoint	Computer Services	1,531
DocuSign	Computer Services	462
E-Health	Computer Services	863
HealthMedx	Computer Services	16,038
Infor	Computer Services	8,004
MHC Software	Computer Services	1,005
Microcenter	Computer Services	157
Microsoft	Computer Services	898
National Datacare	Computer Services	2,335
NTT Data	Computer Services	8,116
OnShift	Computer Services	8,898
Provinet	Computer Services	112
Relias Learning	Computer Services	11,036
Salesforce	Computer Services	6,498
Softchoice	Computer Services	4,516
Symbria	Computer Services	2,200
Tableu Software	Computer Services	411
Total (agree to Schedule V, line 19, column 3)		494,797
Less:		
Salesforce		(6,498)
Non-Allowable Legal		(14,388)
Reclass to Insurance Settlement		(140,228)
Allocated from Real Estate		
Secretary of State		200
		<u>200</u>
Samvest of Lombard		
Accounting		124
Filing Fees		9
		<u>133</u>
Allocated from Mgmt Co.		
RSM US LLP		Accounting 3,405
Marcum LLP		Accounting 407
Gilson Labus & Silverman		Accounting 105
Illinois Secretary of State		Filing Fees 49
LaSalle Network		Recruiting/Finance 2,367
Callan Associates, Ltd.		Recruiting 12,677
Pension Administrators, Inc.		401K Administration 406
Voya Financial		401K Administration 17
Gene Whitehorn		Medicaid Reimb Specialist 1,827
M. Werner Consulting		Financial Consultant 972
M. Rodeghier Consulting		Process Improvement Consultant 74
Wordy.com		Proofreading 65
Computer Services		Computer Consulting <u>15,351</u>
		37,722
Total (agree to Schedule V, line 19, column 8)		371,738

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 - \$4,040
- (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? N/A
- (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. \$ 430,835
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. \$ N/A Has any meal income been offset against related costs? Yes Indicate the amount. \$ 381
- (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