

Facility Name & ID Number Lexington of Elmhurst

0037317 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	145	Skilled (SNF)	145	53,070	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	145	TOTALS	145	53,070	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 Patient Days by Level of Care and Primary Source of Payment			5 Total	
		2 Medicaid Recipient	3 Private Pay	4 Other		
8	SNF			16,431	16,431	8
9	SNF/PED					9
10	ICF	7,953	10,040	736	18,729	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	7,953	10,040	17,167	35,160	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 66.25%

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 11/12/91

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

YES Date _____ NO

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

YES NO If YES, enter number of beds certified 142 and days of care provided 12,026

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 of Elmhurst # 0037317 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	564,327	26,893	1,827	593,047		593,047		593,047		1
2	Food Purchase		265,641		265,641		265,641	(3,505)	262,136		2
3	Housekeeping	286,141	27,522		313,663		313,663	239	313,902		3
4	Laundry		13,638		13,638		13,638		13,638		4
5	Heat and Other Utilities			204,942	204,942		204,942	5,851	210,793		5
6	Maintenance	45,888		148,101	193,989		193,989	59,558	253,547		6
7	Other (specify):* Mgmt Co. Alloc. Bene							7,657	7,657		7
8	TOTAL General Services	896,356	333,694	354,870	1,584,920		1,584,920	69,800	1,654,720		8
	B. Health Care and Programs										
9	Medical Director			80,050	80,050		80,050		80,050		9
10	Nursing and Medical Records	4,215,922	315,855	103,264	4,635,041		4,635,041	26,577	4,661,618		10
10a	Therapy										10a
11	Activities	120,832	19,667	5,083	145,582		145,582		145,582		11
12	Social Services	168,579		3,322	171,901		171,901		171,901		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Mgmt Co. Alloc. Bene							3,467	3,467		15
16	TOTAL Health Care and Programs	4,505,333	335,522	191,719	5,032,574		5,032,574	30,044	5,062,618		16
	C. General Administration										
17	Administrative	166,910		1,198,512	1,365,422		1,365,422	(1,157,552)	207,870		17
18	Directors Fees										18
19	Professional Services			278,752	278,752		278,752	(37,911)	240,841		19
20	Dues, Fees, Subscriptions & Promotions			32,618	32,618		32,618	8,753	41,371		20
21	Clerical & General Office Expenses	154,159	26,719	40,047	220,925		220,925	522,963	743,888		21
22	Employee Benefits & Payroll Taxes			985,182	985,182		985,182		985,182		22
23	Inservice Training & Education			6,961	6,961		6,961	265	7,226		23
24	Travel and Seminar							802	802		24
25	Other Admin. Staff Transportation			1,755	1,755		1,755	8,744	10,499		25
26	Insurance-Prop.Liab.Malpractice			277,339	277,339		277,339	48,712	326,051		26
27	Other (specify):* Mgmt Co. Alloc. Bene							76,801	76,801		27
28	TOTAL General Administration	321,069	26,719	2,821,166	3,168,954		3,168,954	(528,423)	2,640,531		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,722,758	695,935	3,367,755	9,786,448		9,786,448	(428,579)	9,357,869		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			139,246	139,246		139,246	239,620	378,866		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			2,077	2,077		2,077	257,706	259,783		32
33	Real Estate Taxes							73,211	73,211		33
34	Rent-Facility & Grounds			1,082,428	1,082,428		1,082,428	(1,078,913)	3,515		34
35	Rent-Equipment & Vehicles			73,774	73,774		73,774	1,666	75,440		35
36	Other (specify):*										36
37	TOTAL Ownership			1,297,525	1,297,525		1,297,525	(506,710)	790,815		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		547,792	1,639,959	2,187,751		2,187,751		2,187,751		39
40	Barber and Beauty Shops			11,724	11,724		11,724		11,724		40
41	Coffee and Gift Shops			1,406	1,406		1,406	(926)	480		41
42	Provider Participation Fee			219,585	219,585		219,585		219,585		42
43	Other (specify):* Non-Allowable Cos	76,083		350,713	426,796		426,796	(426,796)			43
44	TOTAL Special Cost Centers	76,083	547,792	2,223,387	2,847,262		2,847,262	(427,722)	2,419,540		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,798,841	1,243,727	6,888,667	13,931,235		13,931,235	(1,363,011)	12,568,224		45

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

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	(3,505)	2		4
5	Telephone, TV & Radio in Resident Rooms	(8,212)	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	1,830	30		9
10	Interest and Other Investment Income	(1,472)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(8,310)	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	(4,535)	43		18
19	Entertainment				19
20	Contributions	(2,440)	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	(231,380)	43		24
25	Fund Raising, Advertising and Promotional	(30,685)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(1,114)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	33,965	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (255,858)		\$	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)	(1,107,153)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,107,153)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,363,011)		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	

Lexington of Elmhurst

ID# 0037317

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Labs-Part A	\$ (25,074)	43	1
2	X-Rays-Part A	(33,289)	43	2
3	Diagnostics Managed Care	(5,295)	43	3
4	Trust Fees	(166)	43	4
5	Marketing Software	(6,498)	19	5
6	Collection Fees	(9,111)	19	6
7	Out of Period Legal Fees	(683)	19	7
8	Marketing Salary	(76,462)	43	8
9	Non-Allowable Tax Consulting	(2,312)	19	9
10	Unrealized loss on FMV swap	197,462	43	10
11	Gift Shop Income	(926)	41	11
12	Non-Allowable IHCA & AHCA Dues	(2,347)	20	12
13	Non-Allowable Finance Charge	(1,334)	32	13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
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32				32
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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	33,965		49

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	19 Professional Fees	\$	Sambell of Elmhurst II Limited Partnership	**	\$ 200	\$ 200	1
2	V	30 Depreciation		Sambell of Elmhurst II Limited Partnership	**	164,672	164,672	2
3	V	32 Interest expense		Sambell of Elmhurst II Limited Partnership	**	243,812	243,812	3
4	V	32 Amortization of mortgage costs		Sambell of Elmhurst II Limited Partnership	**	3,405	3,405	4
5	V	33 Property taxes		Sambell of Elmhurst II Limited Partnership	**	68,428	68,428	5
6	V	34 Rental expense	1,082,428	Sambell of Elmhurst II Limited Partnership	**		(1,082,428)	6
7	V	43 Unrealized loss on FMV swap	197,462	Sambell of Elmhurst II Limited Partnership	**		(197,462)	7
8	V	43 Trust fees		Sambell of Elmhurst II Limited Partnership	**	166	166	8
9	V							9
10	V							10
11	V							11
12	V			** The owners of Lexington Health Care Center of Elmhurst, Inc. own 100% of Sambell of Elmhurst II Limited Partnership				12
13	V							13
14	Total		\$ 1,279,890			\$ 480,683	\$ * (799,207)	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.	**	\$ 239	\$	239	15
16	V	5 Utilities - gas & electric		Royal Management Corp.	**	5,275		5,275	16
17	V	5 Utilities - water & sewer		Royal Management Corp.	**	222		222	17
18	V	5 Utilities - maintenance office		Royal Management Corp.	**	354		354	18
19	V	6 Management allocation - salaries		Royal Management Corp.	**	54,313		54,313	19
20	V	6 Repairs & maintenance		Royal Management Corp.	**	5,018		5,018	20
21	V	6 Scavenger & exterminating		Royal Management Corp.	**	227		227	21
22	V	7 Management allocation - employee benefits		Royal Management Corp.	**	7,657		7,657	22
23	V	10 Medical consultant		Royal Management Corp.	**	1,982		1,982	23
24	V	10 Management allocation - salaries		Royal Management Corp.	**	24,595		24,595	24
25	V	15 Management allocation - employee benefits		Royal Management Corp.	**	3,467		3,467	25
26	V	17 Management allocation - salaries		Royal Management Corp.	**	40,960		40,960	26
27	V	19 Computer consultant & supplies		Royal Management Corp.	**	10,965		10,965	27
28	V	19 Professional fees		Royal Management Corp.	**	16,074		16,074	28
29	V	20 Dues & subscriptions		Royal Management Corp.	**	1,633		1,633	29
30	V	20 Advertising - help wanted		Royal Management Corp.	**	9,467		9,467	30
31	V	21 Management allocation - salaries		Royal Management Corp.	**	503,821		503,821	31
32	V	21 Bank charges		Royal Management Corp.	**	2,017		2,017	32
33	V	21 Office supplies & printing		Royal Management Corp.	**	6,813		6,813	33
34	V	21 Postage		Royal Management Corp.	**	2,536		2,536	34
35	V	21 Telephone		Royal Management Corp.	**	7,776		7,776	35
36	V								36
37	V								37
38	V	** The owners of Lexington Health Care Center of Elmhurst, Inc. ov							38
39	Total		\$			\$ 705,411	\$ *	705,411	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:			
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)			
15	V	23 <u>Inservice Training</u>	\$	<u>Royal Management Corp.</u>	**	\$ 265	\$	265	15	
16	V	24 <u>Travel & seminar</u>		<u>Royal Management Corp.</u>	**	802		802	16	
17	V	25 <u>Auto expense</u>		<u>Royal Management Corp.</u>	**	8,744		8,744	17	
18	V	26 <u>Insurance general</u>		<u>Royal Management Corp.</u>	**	2,166		2,166	18	
19	V	27 <u>Management allocation - employee benefits</u>		<u>Royal Management Corp.</u>	**	76,801		76,801	19	
20	V	30 <u>Depreciation</u>		<u>Royal Management Corp.</u>	**	73,118		73,118	20	
21	V	32 <u>Interest</u>		<u>Royal Management Corp.</u>	**	11,649		11,649	21	
22	V	32 <u>Amortization of mortgage costs</u>		<u>Royal Management Corp.</u>	**	1,646		1,646	22	
23	V	33 <u>Property taxes</u>		<u>Royal Management Corp.</u>	**	4,783		4,783	23	
24	V	34 <u>Rent expense</u>		<u>Royal Management Corp.</u>	**	3,515		3,515	24	
25	V	35 <u>Equipment rental</u>		<u>Royal Management Corp.</u>	**	1,022		1,022	25	
26	V	17 <u>Management fees</u>	1,198,512	<u>Royal Management Corp.</u>	**			(1,198,512)	26	
27	V	35 <u>Auto Lease</u>		<u>Royal Management Corp.</u>	**	644		644	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	** The owners of Lexington Health Care Center of Elmhurst, Inc. own 100% of Royal Management Corp.								36
37	V								37	
38	V								38	
39	Total		\$ 1,198,512			\$ 185,155	\$ *	(1,013,357)	39	

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

Facility Name & ID Number

Lexington of Elmhurst

0037317

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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

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VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1					Sambell of	Bloomingtondale	Real Estate	1
2					Bloomingtondale Ltd. Pts		Property	2
3					Sambell of Chicago	Chicago Ridge	Real Estate	3
4					Ridge Ltd. Ptsp.		Property	4
5					Sambell of	LaGrange	Real Estate	5
6					LaGrange Ltd. Ptsp.		Property	6
7					Lexington Health	Lake Zurich	Real Estate	7
8					Care Systems of		Property	8
9					Lake Zurich Ltd. Ptsp.			9
10					Lexington Health	Lombard	Real Estate	10
11					Care Systems of		Property	11
12					Lombard Ltd. Ptsp.			12
13					Lexington Health	Orland Park	Real Estate	13
14					Care Systems of		Property	14
15					Orland Park Ltd. Ptsp			15
16					Sambell of	Schaumburg	Real Estate	16
17					Schaumburg Ltd. Ptsp		Property	17
18					Sambell of	Streamwood	Real Estate	18
19					Streamwood Ltd. Ptsp		Property	19
20					Lexington Health	Wheeling	Real Estate	20
21					Care Systems of		Property	21
22					Wheeling Ltd. Ptsp.			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

Facility Name & ID Number

Lexington of Elmhurst

0037317

Report Period Beginning:

01/01/2016

Ending:

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	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	\$ 6,830	L 17, C7	1
2	John Samatas	Owner/Officer	Admin/Plant Ops	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	4,751	L 17, C7	2
3	Cynthia Thiem	Owner/Officer	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	6,335	L 17, C7	3
4	Daniel Thiem	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	9,488	L 17, C7	4
5	Jason Samatas	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	13,555	L 17, C7	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 40,960		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 Elmhurst

0037317

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	3	Housekeeping supplies	Bed Days Available	724,314	10	\$ 3,263	\$ 53,070	\$ 239	1	
2	5	Utilities - gas & electric	Bed Days Available	724,314	10	72,000	53,070	5,275	2	
3	5	Utilities - water & sewer	Bed Days Available	724,314	10	3,036	53,070	222	3	
4	5	Utilities - maintenance office	Bed Days Available	724,314	10	4,835	53,070	354	4	
5	6	Management allocation - salaries	Bed Days Available	724,314	10	741,281	741,281	53,070	54,313	5
6	6	Repairs & maintenance	Bed Days Available	724,314	10	68,481	53,070	5,018	6	
7	6	Scavenger & exterminating	Bed Days Available	724,314	10	3,101	53,070	227	7	
8	7	Management allocation - employees	Bed Days Available	724,314	10	104,504	53,070	7,657	8	
9	10	Medical consultant	Bed Days Available	724,314	10	27,047	53,070	1,982	9	
10	10	Management allocation - salaries	Bed Days Available	724,314	10	335,674	335,674	53,070	24,595	10
11	15	Management allocation - employees	Bed Days Available	724,314	10	47,322	53,070	3,467	11	
12	17	Management allocation - salaries	Bed Days Available	724,314	10	559,036	559,036	53,070	40,960	12
13	19	Computer consultant & supplies	Bed Days Available	724,314	10	149,651	53,070	10,965	13	
14	19	Professional fees	Bed Days Available	724,314	10	219,386	53,070	16,074	14	
15	20	Dues & subscriptions	Bed Days Available	724,314	10	22,289	53,070	1,633	15	
16	20	Advertising - help wanted	Bed Days Available	724,314	10	129,203	53,070	9,467	16	
17	21	Management allocation - salaries	Bed Days Available	724,314	10	6,876,284	6,876,284	53,070	503,821	17
18	21	Bank charges	Bed Days Available	724,314	10	27,523	53,070	2,017	18	
19	21	Office supplies & printing	Bed Days Available	724,314	10	92,982	53,070	6,813	19	
20	21	Postage	Bed Days Available	724,314	10	34,606	53,070	2,536	20	
21	21	Telephone	Bed Days Available	724,314	10	106,126	53,070	7,776	21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 9,627,630	\$ 8,512,275	\$ 705,411	25	

Facility Name & ID Number Lexington of Elmhurst

0037317 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 Available	724,314	10	\$ 3,621	\$ 53,070	\$ 265	1
2	24	Travel and Seminar	Bed Days Available	724,314	10	10,947	53,070	802	2
3	25	Auto expense	Bed Days Available	724,314	10	119,337	53,070	8,744	3
4	26	Insurance general	Bed Days Available	724,314	10	29,556	53,070	2,166	4
5	27	Management allocation - employees	Bed Days Available	724,314	10	1,048,208	53,070	76,801	5
6	30	Depreciation	Bed Days Available	724,314	10	997,930	53,070	73,118	6
7	32	Interest	Bed Days Available	724,314	10	158,994	53,070	11,649	7
8	32	Amortization of mortgage costs	Bed Days Available	724,314	10	22,462	53,070	1,646	8
9	33	Property taxes	Bed Days Available	724,314	10	65,273	53,070	4,783	9
10	34	Rent expense	Bed Days Available	724,314	10	47,968	53,070	3,515	10
11	35	Equipment rental	Bed Days Available	724,314	10	13,953	53,070	1,022	11
12	35	Auto Lease	Bed Days Available	724,314	10	8,793	53,070	644	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	\$	\$ 185,155	25

Facility Name & ID Number Lexington of Elmhurst

0037317

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	\$ 5,391,000	\$ 3,690,934	5/1/2017	0.0650	243,812	2								
3												3								
4												4								
5				Finance Charge - Insurance Policy							1,334	5								
Working Capital																				
6												6								
7												7								
8												8								
9	TOTAL Facility Related						\$ 5,391,000	\$ 3,690,934			\$ 245,146	9								
B. Non-Facility Related*																				
10								Amortization of Loan Cost			3,405	10								
11								Microsoft Software Interest			57	11								
12								Interest Income offset			(1,472)	12								
13								See Sch 9A			12,647	13								
14	TOTAL Non-Facility Related						\$	\$			\$ 14,637	14								
15	TOTALS (line 9+line14)						\$ 5,391,000	\$ 3,690,934			\$ 259,783	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name: Lexington of Elmhurst
 IDPH License ID Number: 0037317
 Fiscal Year End: 12/31/2016

Schedule 9A

IX. Interest Expense and Real Estate Tax Expense

	1	2		3	4	5	6		7	8	9	10
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	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				Non-Use Fee for Line of Credit								686
11				Non-Allowable Finance Charge								(1,334)
12				Allocated from Mgmt. Co.								13,295
13												13
14	TOTAL Non-Facility Related				\$0.00		\$ 0	\$ 0			\$ 12,647	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.			\$	79,200	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	\$	72,948	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(6,252)	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	75,000	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.)			\$	(320)	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 \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	4,783	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	73,211	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2011	69,832	8	FOR BHF USE ONLY	
	2012	73,433	9	13	FROM R. E. TAX STATEMENT FOR 2015 \$
	2013	75,652	10	14	PLUS APPEAL COST FROM LINE 5 \$
	2014	76,511	11	15	LESS REFUND FROM LINE 6 \$
	2015	72,948	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
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 Elmhurst, Inc. COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0037317

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>06-14-317-008</u>	<u>Land & Building</u>	\$ <u>72,948.10</u>	\$ <u>72,948.10</u>
2. <u>Royal Management Corp. (Samvest of Lombard II)</u>		\$ _____	\$ _____
3. <u>05-01-202-021</u>	<u>Land & Building</u>	\$ <u>249,002.30</u>	\$ <u>4,783.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>321,950.40</u></u>	\$ <u><u>77,731.10</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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 52,608 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).

Lexington Square Life Care of Elmhurst, Inc.: Retirement Community: 342 units

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>55,000</u>	<u>1991</u>	<u>\$ 1,277,670</u>	<u>1</u>
2	<u>Management Company Allocation</u>			<u>14,865</u>	<u>2</u>
3	TOTALS	55,000		\$ 1,292,535	3

Facility Name & ID Number Lexington of Elmhurst

0037317

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	133		1991	1991	\$ 4,110,586	\$	35	\$ 117,445	\$ 117,445	\$ 2,948,900	4
5	12		1995	1995	73,302	2,095	35	2,095		45,356	5
6			2001	2001							6
7											7
8											8
	Improvement Type**										
9		Building Improvement	1992		693	20	35	20		481	9
10		Land Improvement	1995		7,500		15			7,500	10
11		Fan Coil Units	1996		4,904	140	35	140		2,872	11
12		Patio	1996		2,322		15			2,322	12
13		Basement rehab	1997		17,151		10			17,151	13
14		Baseboards	1997		3,129		10			3,129	14
15		Wiring	1998		3,090		10			3,090	15
16		Lobby Tile	1999		19,354		10			19,354	16
17		Patio	1999		4,196		15			4,196	17
18		Automatic Door	2000		1,300		10			1,300	18
19		Wallpaper	2000		6,853		10			6,853	19
20		Patio	2000		1,242		15			1,242	20
21		Storage closet for HVAC	2000		3,745		15			3,745	21
22		Fire pump system	2001		4,140		10			4,140	22
23		Door releases	2001		4,420		10			4,420	23
24		Infrared curtains for elevators	2001		3,000		10			3,000	24
25		Parking lot	2002		2,532		10			2,532	25
26		Kitchen tile and plumbing	2002		9,661		10			9,661	26
27		Elevator upgrade	2002		2,596		5			2,596	27
28		Facility Rehab-Painting/wallpaper/carpeting	2003		175,251		10			175,251	28
29		Facility Rehab-Floor tile/room upgrade	2003		38,140	1,907	20	1,907		26,539	29
30		Facility Rehab-Carpeting	2003		7,861		10			7,861	30
31		Parking lot	2004		2,000		5			2,000	31
32		Roof	2004		15,000	750	20	750		9,313	32
33		Landscaping	2005		5,396	270	20	270		3,102	33
34		Paint for building	2005		9,000		10			9,000	34
35		Roof	2005		14,300	715	20	715		7,984	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 Elmhurst

0037317

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	HVAC upgrade	2005	\$ 3,230	\$ 162	20	\$ 162		\$ 1,884	37
38	Sprinkler system	2005	1,060	53	20	53		596	38
39	Lobby, lounge and reception rehabilitation	2005	27,602	1,380	20	1,380		16,446	39
40	Window treatment	2005	1,932		10			1,932	40
41	Cubicle curtains	2005	820		5			820	41
42	Countertop	2005	845		5			845	42
43	HVAC	2006	3,793	190	20	190		1,913	43
44	Automatic Door Lock	2006	2,784	139	20	139		1,392	44
45	Storeroom Door Lock	2006	1,904	95	20	95		968	45
46	Service Door	2006	2,545	127	20	127		1,273	46
47	Landscaping Enhancement-Patio	2006	2,340	156	15	156		1,625	47
48	PT Therapy Room	2006	570	14	40	14		140	48
49									49
50									50
51									51
52	Transitional Unit	2007	1,864	93	20	93		909	52
53	Employee Lunch Room	2007	2,827	141	20	141		1,343	53
54	PT Room Rehab	2007	58,628	2,941	20	2,941		27,254	54
55	Landscaping-brick pavers	2008	43,813	2,921	15	2,921		24,097	55
56	Parking Lot	2008	31,700	1,585	20	1,585		13,605	56
57	Roof Repairs	2008	4,200	280	15	280		2,427	57
58	HVAC-New Chillers	2008	118,557	5,928	20	5,928		49,399	58
59	Emergency A/C	2008	5,706	285	20	285		2,377	59
60	Building Addition	2008			27				60
61	Kitchen Upgrade	2008	7,214		27	262	262	2,140	61
62	2nd Floor Remodel-painting, flooring, electrical	2008	561,274		27	20,410	20,410	166,682	62
63	Foundation Stabilization	2008	66,195		27	2,407	2,407	19,657	63
64	Irrigation System	2009	15,485	1,032	15	1,032		7,570	64
65	Landscaping Enhancements	2009	26,798	1,787	15	1,787		13,250	65
66	Patio Fence	2009	9,319	466	20	466		3,533	66
67	Chiller	2009	82,310	4,115	20	4,115		31,895	67
68	Plumbing	2009	4,280	214	20	214		1,498	68
69	2nd floor remodel-MDS office, HR office, Nursing call system	2009	6,853	250	27	250		1,760	69
70	TOTAL (lines 4 thru 69)		\$ 5,649,111	\$ 30,251		\$ 170,775	\$ 140,524	\$ 3,734,120	70

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

Facility Name & ID Number Lexington of Elmhurst

0037317

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		\$ 5,649,111	\$ 30,251		\$ 170,775	\$ 140,524	\$ 3,734,120	1
2	Patio Pergola	2009	12,814	641	20	641		4,698	2
3	Tub Room carpentry, flooring, electrical	2009	5,828	212	27	212		1,483	3
4	2nd Floor remodel-Carpentry, doors, flooring, electrical	2009	455,801		7	16,575	16,575	128,456	4
5	painting, sprinkler system								5
6	Landscaping	2010	3,314	221	15	221		1,381	6
7	Physician office remodel-carpentry, tiling	2010	6,450	235	27	235		1,427	7
8	Front Entrance-door and drain tile	2010	4,418	216	27	216		1,340	8
9	Nurse pull cord station	2010	3,256	118	27	118		710	9
10	Remodel Pantry-shelves	2010	7,146	260	27	260		1,559	10
11	Director of Nursing office painting	2010	5,539	201	27	201		1,209	11
12	Cooridor remodel-flag pole, tiling	2010	13,777	550	27	550		3,368	12
13	Library/Lounge remodel-art, carpentry, electrical	2010	11,870	432	27	432		2,590	13
14	Steel frame remodel	2010	6,740	245	27	245		1,593	14
15	2nd Floor remodel-Carpentry, doors, flooring, electrical	2010	17,168	624	27	624		4,370	15
16	Tub Room carpentry, plumbing	2010	11,731	427	27	427		2,915	16
17	Pergola	2010	8,180		5			8,180	17
18	Stamped concrete	2010	17,260	628	27	628		3,975	18
19	Landscaping	2011	4,443	296	15	296		1,580	19
20	Offices-doors, locks, keys	2011	66,131	2,405	27	2,405		13,427	20
21	Seal and stripe parking lot	2011	3,500	127	27	127		668	21
22	Laundry room-electrical, painting	2011	6,412	233	27	233		1,282	22
23	Floor install	2011	10,158	369	27	369		2,155	23
24	2nd floor doors	2011	9,654	351	27	351		2,077	24
25									25
26	Front entrance door	2012	3,733	136	27	136		577	26
27	Shower-Electrical	2012	4,982	181	27	181		755	27
28	Fire Dampers	2012	7,392	269	27	269		1,098	28
29	Low voltage wiring	2012	5,186	189	27	189		880	29
30	EMR Wiring	2012	14,543	529	27	529		2,159	30
31	1st floor doors	2012	8,476	308	27	308		1,361	31
32	Back patio fence	2012	3,536	129	27	129		621	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,388,549	\$ 40,783		\$ 197,882	\$ 157,099	\$ 3,932,014	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 12B, Carried Forward		\$ 6,388,549	\$ 40,783		\$ 197,882	\$ 157,099	\$ 3,932,014	1
2	1st Fl. Rm. Reconfigure. - labor, electrical, drywall, plumbing	2013	39,603	1,440	27	1,440		5,640	2
3									3
4	MDS Office Millwork & Electrical	2014	15,401	560	27	560		1,353	4
5	Automate Front Doors (Front Entrance)	2014	9,593	349	27	349		785	5
6	Install LED Lights throughout facility	2014	44,958	1,635	27	1,635		3,270	6
7	Wiring -Fiber connection throughout facility	2014	5,597	204	27	204		475	7
8									8
9									9
10	Parking Lot - Replace Aprons and Curbs	2015	27,000	1,800	15	1,800		2,550	10
11	EMR Wiring - Entire Facility	2015	5,087	185	27	185		308	11
12									12
13	R&M Reclasp: Parking Lot - crack sealing, coating, and striping	2015	3,800		20	190	190	285	13
14	R&M Reclasp: Landscaping on left and ride side of driveway	2015	8,676		15	578	578	867	14
15	and side of building								15
16									16
17	Physical Therapy Room Construction - Surfacing, Equipment	2016	12,981	120	27	120		120	17
18	Relocating, Plumbing, Drywalls, Wiring, Painting								18
19	Resident Rooms Remodeling - Chair Rail Installations in First	2016	24,495	151	27	151		151	19
20	Floor and Second Floor Rooms								20
21									21
22									22
23	Reconcile to book depreciation			630			(630)		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)		\$ 6,585,740	\$ 47,857		\$ 205,094	\$ 157,237	\$ 3,947,818	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	\$ 6,585,740	\$ 47,857		\$ 205,094	\$ 157,237	\$ 3,947,818		1
2									2
3	Building - management company	2002 205,696		40	6,040	6,040	91,269		3
4	HVAC, electrical, security system - management company	2003 1,807		30	429	429	1,435		4
5	Key card system - management company	2004 284		20	14	14	176		5
6	VAV TX controls - management company	2005 86		20	4	4	51		6
7	Interior Signs - management company	2006 63		20	4	4	43		7
8	Building improvements - management company	2008 9,967		20	110	110	4,356		8
9	Building improvements - management company	2009 1,861		20	34	34	755		9
10	Building improvements - management company	2010 1,814		20	33	33	697		10
11	Building improvements - management company	2011 1,280		20	59	59	328		11
12	Building improvements - management company	2012 4,421		20	8	8	755		12
13	Building improvements - management company	2013 3,342		20	240	240	795		13
14	Building improvements - management company	2014 1,808		20	179	179	454		14
15	Building improvements - management company	2015 318		20	38	38	58		15
16	Building improvements - management company	2016 5,247		20	149	149	149		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)	\$ 6,823,734	\$ 47,857		\$ 212,435	\$ 164,578	\$ 4,049,139		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	\$ 867,456	\$ 90,933	\$ 100,199	\$ 9,266	5-10	\$ 744,813	71
72	Current Year Purchases	4,562	456	456	-	5	456	72
73	Fully Depreciated Assets	627,809			-	5-7	627,809	73
74	Allocated from Mgmt. Co.	426,628		63,874	63,874	5-7	352,023	74
75	TOTALS	\$ 1,926,455	\$ 91,389	\$ 164,529	\$ 73,140		\$ 1,725,101	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.			38,460	-	1,902	1,902	5	34,151	79
80	TOTALS			\$ 38,460	\$ -	\$ 1,902	\$ 1,902		\$ 34,151	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)	\$ 10,081,184	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 139,246	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 378,866	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 239,620	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,808,391	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6	<u>Allocated from Management Company</u>				<u>3,515</u>			6
7	TOTAL				\$ <u>3,515</u>			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12.	<u>/2017</u>	\$ _____
13.	<u>/2018</u>	\$ _____
14.	<u>/2019</u>	\$ _____

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: \$ 74,796 Description: See Schedule 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	<u>Allocated from Management Company</u>			<u>644</u>	20
21	TOTAL		\$	\$ <u>644</u>	21

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

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

Facility Name: Lexington of Elmhurst
IDPH License ID Number: 0037317
Fiscal Year End: 12/31/2016

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

<u>Rental Description</u>	<u>Amount</u>
Copier	7,980
Printer	3,227
Postage	323
Medical Equip	33,098
Oxygen	29,146
Management Co.	1,022
Total - Line 16	<u>74,796</u>

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	\$	13,259	\$ 478,765	\$	13,259	\$ 478,765	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		4,352	202,026		4,352	202,026	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(2),(3)	hrs		21,755	958,318	6,324	21,755	964,642	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 prescrpts				530,467		530,467	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Ambulance</u>	39(3)				850			850	12
13	Other (specify): <u>See Sch. 16A</u>	39(2)					11,001		11,001	13
14	TOTAL			\$	39,366	\$ 1,639,959	\$ 547,792	39,366	\$ 2,187,751	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 Elmhurst
IDPH License ID Number: 0037317
Fiscal Year End: 12/31/2016

Schedule 16A

XIV. Special Services (Direct Cost)

Line 13 Other (specify)

<u>Description</u>	<u>Units</u>	<u>Amount</u>
Oxygen		9,579
DME		1,422
Total - Line 13		11,001

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	\$ 1,313,002	\$ 1,524,061	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 872,702)	2,915,882	2,915,882	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,019	4,019	6
7	Other Prepaid Expenses	11,694	11,694	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>PA Interest Receivable</u>	3,954	3,954	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,248,551	\$ 4,459,610	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	6,319	6,319	12
13	Land		1,292,535	13
14	Buildings, at Historical Cost		4,110,586	14
15	Leasehold Improvements, at Historical Cost	1,195,571	2,713,148	15
16	Equipment, at Historical Cost	723,507	1,964,915	16
17	Accumulated Depreciation (book methods)	(1,086,934)	(5,808,391)	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 Net Cost</u>		53,054	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 838,463	\$ 4,332,166	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,087,014	\$ 8,791,776	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 524,140	\$ 524,140	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	326,587	326,587	30
31	Accrued Taxes Payable (excluding real estate taxes)	14,254	14,254	31
32	Accrued Real Estate Taxes(Sch.IX-B)		75,000	32
33	Accrued Interest Payable		21,197	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Schedule 17A</u>	2,032,169	2,074,132	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,897,150	\$ 3,035,310	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		3,690,934	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)	\$	\$ 3,690,934	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,897,150	\$ 6,726,244	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,189,864	\$ 2,065,532	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,087,014	\$ 8,791,776	48

*(See instructions.)

Facility Name: Lexington of Elmhurst
IDPH License ID Number: 0037317
Fiscal Year End: 12/31/2016

Schedule 17A

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	Operating	After Consolidation
00-10140-00 Cash Patient Trust	33,876	33,876
00-13040-00 Sambell Rent Receivable	0	(37,001)
00-13310-00 Due from LHCS Orland Park - RE	(904)	(904)
00-13330-00 Due to/from Republic Construction	3,387	3,387
00-13380-00 Due from Elmhurst Square-AR	(2,103)	(2,103)
00-13701-00 Sambell Due from LLC II	0	(1,373)
00-13850-00 Due from Lexington Fin Serv LLC	246	246
00-14530-00 Prepaid Insurance	11,263	11,263
00-21030-00 COBRA	(14,439)	(14,439)
00-21100-00 401K Withholding	2,056	2,056
00-22030-00 Accrued Expenses	210,499	210,499
00-22040-00 Accrued Resident Tax	48,360	48,360
00-22060-00 Accrued Royal / Vesta Mgmt Fees	748,373	748,373
00-22120-00 Accrued Rent	37,001	37,001
00-22140-00 Accrued Insurance	19,811	19,811
00-22270-00 Due to Patient Trust Fund	(33,821)	(33,821)
00-22330-00 Advance - Biweekly Part A Payment	(54,822)	(54,822)
00-22360-00 Uncollectible Part A Co Pmts	(107,144)	(107,144)
00-23530-00 Due to - Royal Operations	16,829	16,829
00-23780-00 Due to LHCC Lombard	(53)	(53)
00-23820-00 Due to Wheeling	255	255
00-24345-00 Sambell Interest Rate Swap Liability	0	80,337
00-24400-00 Professional Liabilities Claims	1,113,499	1,113,499
Total - Line 36	2,032,169	2,074,132

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,270,703	1
2	Restatements (describe):		2
3	Post closing adjustment	(287,773)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,982,930	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(734,862)	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	(60,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Rounding	7	15
16	Other (describe) Accrued 401K Adjustment	1,789	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (793,066)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,189,864	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Lexington of Elmhurst

0037317

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	\$ 13,934,374	1
2	Discounts and Allowances for all Levels	(7,912,268)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,022,106	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,667,420	6
7	Oxygen	32,529	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 5,699,949	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	926	12
13	Barber and Beauty Care	13,027	13
14	Non-Patient Meals	3,505	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	890,834	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	251,580	19
20	Radiology and X-Ray	47,804	20
21	Other Medical Services	265,170	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,472,846	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,472	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,472	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)	\$ 13,196,373	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,584,920	31
32	Health Care	5,032,574	32
33	General Administration	3,168,954	33
B. Capital Expense			
34	Ownership	1,297,525	34
C. Ancillary Expense			
35	Special Cost Centers	2,627,677	35
36	Provider Participation Fee	219,585	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,931,235	40
41	Income before Income Taxes (line 30 minus line 40)**	(734,862)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (734,862)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 1,479,372	44
45	Private Pay - Net Inpatient Revenue	2,574,064	45
46	Medicare - Net Inpatient Revenue	1,746,427	46
47	Other-(specify) Managed Care	222,243	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 6,022,106	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 Elmhurst

0037317

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	1,707	2,023	\$ 153,799	\$ 76.01	1
2	Assistant Director of Nursing	1,700	1,987	76,875	38.70	2
3	Registered Nurses	28,467	36,859	1,229,297	33.35	3
4	Licensed Practical Nurses	20,007	25,217	694,933	27.56	4
5	CNAs & Orderlies	75,938	90,340	1,265,660	14.01	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,826	2,068	43,605	21.08	9
10	Activity Assistants	5,790	6,657	77,227	11.60	10
11	Social Service Workers	8,156	8,746	168,579	19.27	11
12	Dietician	2,081	2,200	47,210	21.46	12
13	Food Service Supervisor	2,990	3,227	72,534	22.48	13
14	Head Cook	788	823	15,034	18.27	14
15	Cook Helpers/Assistants	34,376	39,936	429,549	10.76	15
16	Dishwashers					16
17	Maintenance Workers	1,855	2,152	45,888	21.33	17
18	Housekeepers	24,979	27,210	286,141	10.52	18
19	Laundry					19
20	Administrator	2,003	2,571	166,910	64.93	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,210	10,306	154,159	14.96	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	1,497	1,818	30,845	16.97	31
32	Other Health C: See Sch 20A	23,168	29,561	764,513	25.86	32
33	Other(specify) Marketing	1,850	2,166	76,083	35.12	33
34	TOTAL (lines 1 - 33)	247,388	295,867	\$ 5,798,841 *	\$ 19.60	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	Monthly	\$ 228	1(3)	35
36	Medical Director	Monthly	80,050	9(3)	36
37	Medical Records Consultant	Monthly	845	10(3)	37
38	Nurse Consultant			10(3)	38
39	Pharmacist Consultant	Monthly	9,057	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	2,352	11(3)	44
45	Social Service Consultant	Monthly	3,322	12(3)	45
46	Other(specify) Pulmonary Consultan	Monthly	75,094	10(3)	46
47	Medical Consultant	Monthly	1,982	10(7)	47
48	See Sch 20B	Monthly	12,106	10(3)	48
49	TOTAL (lines 35 - 48)		\$ 185,036		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	10	\$ 551	10(3)	50
51	Licensed Practical Nurses	230	5,611	10(3)	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	240	\$ 6,162		53

Facility Name: Lexington of Elmhurst
IDPH License ID Number: 0037317
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
Accounts Coordinator	1,672	2,122	33,082	\$ 15.59
Admissions	2,722	3,274	76,825	\$ 23.46
Clinical Coordinator	2,915	3,780	119,421	\$ 31.59
Concierge	631	979	16,186	\$ 16.53
MDS	3,027	4,140	122,579	\$ 29.61
Staffing Coordinator	1,764	2,143	36,253	\$ 16.92
Transitional Care Nurse	1,642	1,973	61,013	\$ 30.93
Unit Secretary	5,512	6,920	166,298	\$ 24.03
Wound Care Coordinator	3,283	4,231	132,856	\$ 31.40
Total - Line 32 Other Health Care (specify):	23,168	29,561	764,513	\$ 25.86

Facility Name: Lexington of Elmhurst
IDPH License ID Number: 0037317
Fiscal Year End: 12/31/2016

Schedule 20B

XVIII. Staffing and Salary Costs
Consultant Services
Line 48

Description	# of Hrs. Paid and Accrued	Total Consultant Cost	Ref.
Post Acute Consultant	Monthly	2,956	10(3)
Telemedicine Consultant	Monthly	9,150	10(3)
Total - Line 48	Monthly	12,106	

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	
<u>Tremaine Brown</u>	<u>Administrator</u>	<u>0</u>	\$ <u>166,910</u>	<u>Workers' Compensation Insurance</u>	\$ <u>178,350</u>	<u>IDPH License Fee</u>	\$ <u>1,990</u>	
				<u>Unemployment Compensation Insurance</u>	<u>72,993</u>	<u>Advertising: Employee Recruitment</u>	<u>3,698</u>	
				<u>FICA Taxes</u>	<u>419,041</u>	<u>Health Care Worker Background Check</u>	<u>8,479</u>	
				<u>Employee Health Insurance</u>	<u>274,526</u>	(Indicate # of checks performed <u>707</u>)		
				<u>Employee Meals</u>		<u>Patient Background Checks</u>	<u>261</u>	
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>		<u>Miscellaneous Licenses & Fees</u>	<u>1,772</u>	
				<u>401K</u>	<u>13,353</u>	<u>IHCA / AHCA</u>	<u>6,014</u>	
				<u>Other Employee Benefits</u>	<u>26,069</u>	<u>Miscellaneous Subscriptions & Dues</u>	<u>7,528</u>	
				<u>Uniform Allowance</u>	<u>(1,920)</u>	<u>Less: Lobbying</u>	<u>(2,347)</u>	
				<u>Tuition</u>	<u>2,770</u>	<u>Allocated from Home Office</u>	<u>11,100</u>	
						<u>Less: Public Relations Expense</u>	()	
						<u>Non-allowable advertising</u>	()	
						<u>Yellow page advertising</u>	()	
TOTAL (agree to Schedule V, line 17, col. 1)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
(List each licensed administrator separately.)				\$ <u>985,182</u>			\$ <u>41,371</u>	
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
<u>Management Fees-Royal Operating</u>			\$ <u>803,268</u>	<u>N/A</u>			<u>Out-of-State Travel</u>	\$
<u>Management Fees-Vesta Mgmt.</u>			<u>395,244</u>					
<u>Management Fees (Eliminated in Column 7)</u>							<u>In-State Travel</u>	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ <u>1,198,512</u>				<u>Seminar Expense</u>	
(Attach a copy of any management service agreement)							<u>Allocation from Home Office</u>	<u>802</u>
C. Professional Services								
Vendor/Payee	Type							
<u>Various</u>	<u>Collections</u>	\$ <u>3,961</u>						
<u>Cassiday Schade, LLP</u>	<u>Legal</u>	<u>84,304</u>						
<u>Grabowski Law</u>	<u>Collections</u>	<u>1,843</u>						
<u>American Chartered Bank</u>	<u>Financial</u>	<u>11,490</u>						
<u>Attadale Partners</u>	<u>Operations Consulting</u>	<u>9,990</u>						
<u>RSM US LLP</u>	<u>Accounting</u>	<u>41,123</u>						
<u>Much Shelist- Collections</u>	<u>Collections</u>	<u>3,307</u>						
<u>Much Shelist- Legal</u>	<u>Legal</u>	<u>5,880</u>						
<u>Pension Administrator</u>	<u>401K Administration</u>	<u>920</u>						
<u>Personnel Planner</u>	<u>U/C Consulting</u>	<u>2,100</u>						
<u>SB2, Inc.</u>	<u>Medicaid Consulting</u>	<u>2,484</u>						
<u>See Schedule 21C</u>	<u>Various</u>	<u>111,350</u>						
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
(For legal fee disclosure, see page 39 of instructions)				\$			\$ <u>802</u>	

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Lexington of Elmhurst
 IDPH License ID Number: 0037317
 Fiscal Year End: 12/31/2016

Schedule 21C

XIX. SUPPORT SCHEDULES
 C. Professional Services

Vendor	Type	Amount
Duane Morris	Legal	854
Secretary of State	Filing Fees	100
Jefferies	Tax Consulting	2,312
Voya	Financial	5
Scott & Kraus	Legal	77
North Heron Insurance	Insurance Settlement	46,546
NTT DATA	Computer Services	864
MHC Software	Computer Services	10,076
Ability Network	Computer Services	5,980
Avatier	Computer Services	134
Cinetec	Computer Services	851
Citrix	Computer Services	702
Corepoint	Computer Services	1,389
DocuSign Inc.	Computer Services	462
Information Controls	Computer Services	0
OnShift	Computer Services	6,169
Relias	Computer Services	7,609
Salesforce.com	Computer Services	6,498
Softchoice Corporation	Computer Services	3,714
Symbria	Computer Services	2,200
Tableau	Computer Services	411
Availity	Computer Services	252
E-Health Data Solutions	Computer Services	863
HealthMedx	Computer Services	10,355
National Datacare	Computer Services	1,284
Provinet	Computer Services	112
Microcenter	Computer Services	157
Microsoft Licensing	Computer Services	1,374
	Total of Above	111,350
	Total (agree to Schedule V, line 19, column 3)	278,752
Less:		
Insurance Settlement Reclass		(46,546)
Non-allowable tax consulting		(2,312)
Salesforce.com		(6,498)
Out of Period Legal		(683)
Non-allowable Legal		(9,111)
Total Disallowance		(65,150)
Allocated from Real Estate		
Secretary of State		200
Samvest of Lombard		
Accounting		89
Filing Fees		7
		96
Allocated from Mgmt Co.		
RSM US LLP	Accounting	2,432
Marcum LLP	Accounting	291
Gilson Labus & Silverman	Accounting	75
Illinois Secretary of State	Filing Fees	35
LaSalle Network	Recruiting/Finance	1,691
Callan Associates, Ltd.	Recruiting	9,053
Pension Administrators, Inc.	401K Administration	290
Voya Financial	401K Administration	12
Gene Whitehorn	Medicaid Reimb Specialist	1,305
M. Werner Consulting	Financial Consultant	694
M. Rodeghier Consulting	Process Improvement Consultant	53
Wordy.com	Proofreading	47
Computer Services	Computer Consulting	10,965
		26,943
	Total (agree to Schedule V, line 19, column 8)	240,841

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 & AHCA - \$6,014
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 38,532 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. \$ 219,585
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. \$ - Has any meal income been offset against related costs? Yes Indicate the amount. \$ 3,505
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
 - c. What percent of all travel expense relates to transportation of nurses and patients? 0
 - d. Have vehicle usage logs been maintained? Adequate records have been maintained
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
 - g. **Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees