

Facility Name & ID Number Lexington Health Care Center of Schaumburg, Inc.

0036095 Report Period Beginning: 1/1/17 Ending: 12/31/17

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	214	Skilled (SNF)	214	78,110	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	214	TOTALS	214	78,110	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF			10,341	10,341	8
9	SNF/PED					9
10	ICF	37,530	8,282	3,209	49,021	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	37,530	8,282	13,550	59,362	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.00%

D. How many bed reserve days during this year were paid by the Department? None (Do not include bed reserve 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 04/01/90

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 214 and days of care provided 8,106

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2017 Fiscal Year: 12/31/2017

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

Facility Name & ID Number Lexington Health Care Center of Schaumbur # 0036095 Report Period Beginning: 1/1/17 Ending: 12/31/17

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	409,624	36,630	7,500	453,754		453,754	-	453,754		1
2	Food Purchase		380,569		380,569		380,569	(1,067)	379,502		2
3	Housekeeping	463,332	38,876	-	502,208		502,208	318	502,526		3
4	Laundry	-	21,629	-	21,629	-	21,629	-	21,629		4
5	Heat and Other Utilities			263,639	263,639		263,639	9,108	272,747		5
6	Maintenance	36,569	-	244,590	281,159		281,159	115,188	396,347		6
7	Other (specify):* Mgmt Co. - Allocated	-	-	-	-		-	16,566	16,566		7
8	TOTAL General Services	909,525	477,704	515,729	1,902,958	-	1,902,958	140,113	2,043,071		8
	B. Health Care and Programs										
9	Medical Director	-	-	23,750	23,750		23,750	-	23,750		9
10	Nursing and Medical Records	5,589,035	377,715	194,802	6,161,552		6,161,552	27,057	6,188,609		10
10a	Therapy	-	-	-	-		-	-	-		10a
11	Activities	180,152	25,379	5,587	211,118		211,118	-	211,118		11
12	Social Services	187,941	-	3,283	191,224		191,224	-	191,224		12
13	CNA Training	-	-	-	-		-	-	-		13
14	Program Transportation	-	-	-	-		-	-	-		14
15	Other (specify):* Mgmt Co. - Allocated	-	-	-	-		-	3,595	3,595		15
16	TOTAL Health Care and Programs	5,957,128	403,094	227,422	6,587,644	-	6,587,644	30,652	6,618,296		16
	C. General Administration										
17	Administrative	148,631	-	1,881,942	2,030,573		2,030,573	(1,817,807)	212,766		17
18	Directors Fees			-	-		-	-	-		18
19	Professional Services			186,145	186,145		186,145	55,039	241,184		19
20	Dues, Fees, Subscriptions & Promotions			64,063	64,063		64,063	8,678	72,741		20
21	Clerical & General Office Expenses	169,970	24,487	40,549	235,006		235,006	869,960	1,104,966		21
22	Employee Benefits & Payroll Taxes			1,195,813	1,195,813		1,195,813	-	1,195,813		22
23	Inservice Training & Education			8,873	8,873		8,873	545	9,418		23
24	Travel and Seminar			82	82		82	957	1,039		24
25	Other Admin. Staff Transportation		-	3,020	3,020		3,020	15,240	18,260		25
26	Insurance-Prop.Liab.Malpractice			397,502	397,502		397,502	9,648	407,150		26
27	Other (specify):* Mgmt Co. - Allocated	-	-	-	-		-	119,628	119,628		27
28	TOTAL General Administration	318,601	24,487	3,777,989	4,121,077	-	4,121,077	(738,112)	3,382,965		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,185,254	905,285	4,521,140	12,611,679	-	12,611,679	(567,347)	12,044,332		29

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

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

Facility Name & ID Number Lexington Health Care Center of Schaumburg, Inc. #0036095 Report Period Beginning: 1/1/17 Ending: 12/31/17

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			111,736	111,736		111,736	317,765	429,501		30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-		31
32	Interest			63,971	63,971		63,971	388,611	452,582		32
33	Real Estate Taxes			-	-		-	458,752	458,752		33
34	Rent-Facility & Grounds			1,843,717	1,843,717		1,843,717	(1,838,589)	5,128		34
35	Rent-Equipment & Vehicles			92,664	92,664		92,664	2,217	94,881		35
36	Other (specify):*			-	-		-	-	-		36
37	TOTAL Ownership			2,112,088	2,112,088	-	2,112,088	(671,244)	1,440,844		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation	-	-	-	-		-	-	-		38
39	Ancillary Service Centers	-	392,052	1,207,607	1,599,659		1,599,659	-	1,599,659		39
40	Barber and Beauty Shops	-	-	15,523	15,523		15,523	(15,523)	-		40
41	Coffee and Gift Shops	-	-	1,087	1,087		1,087	-	1,087		41
42	Provider Participation Fee			424,242	424,242		424,242	-	424,242		42
43	Other (specify):* Non-Allowable Cos	92,678	-	378,828	471,506		471,506	(471,506)	-		43
44	TOTAL Special Cost Centers	92,678	392,052	2,027,287	2,512,017	-	2,512,017	(487,029)	2,024,988		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,277,932	1,297,337	8,660,515	17,235,784	-	17,235,784	(1,725,620)	15,510,164		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	(1,067)	2		4
5	Telephone, TV & Radio in Resident Rooms	(12,587)	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	4,021	30		9
10	Interest and Other Investment Income	(30,808)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(13,219)	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	(4,839)	43		18
19	Entertainment				19
20	Contributions	(100)	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	(300,720)	43		24
25	Fund Raising, Advertising and Promotional	(16,112)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(212)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	61,102	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (314,541)		\$	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)	(1,411,079)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,411,079)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,725,620)		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 Health Care Center of Schaumburg, Inc.

ID# 0036095

Report Period Beginning: 1/1/17

Ending: 12/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Labs-Part A	\$ (16,820)	43	1
2	X-Rays-Part A	(12,244)	43	2
3	Diagnostics Managed Care	(1,975)	43	3
4	Trust Fees	(50)	43	4
5	Offset Barber & Beauty	(15,523)	40	5
6	Collections & Out of Period Legal	(11,925)	19	6
7	Marketing Salary	(92,678)	43	7
8	Unrealized loss on FMV swap	265,486	43	8
9	Capitalize R/M over 2500\$	(17,828)	6	9
10	Lobbying Dues	(4,944)	20	10
11	Non-Allowable Finance Charge	(30,397)	32	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
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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	61,102		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 Schaumburg Limited Partnership	**	\$ 200	\$ 200	1	
2	V	30 Depreciation		Sambell of Schaumburg Limited Partnership	**	246,090	246,090	2	
3	V	32 Amortization of mortgage costs		Sambell of Schaumburg Limited Partnership	**	2,717	2,717	3	
4	V	32 Interest expense		Sambell of Schaumburg Limited Partnership	**	425,784	425,784	4	
5	V	33 Property taxes		Sambell of Schaumburg Limited Partnership	**	451,717	451,717	5	
6	V	34 Rental expense	1,843,717	Sambell of Schaumburg Limited Partnership	**		(1,843,717)	6	
7	V	43 Trust fees		Sambell of Schaumburg Limited Partnership	**	50	50	7	
8	V	43 Unrealized gain FMV swap	265,486	Sambell of Schaumburg Limited Partnership	**		(265,486)	8	
9	V							9	
10	V	** The owners of Lexington Health Care Center of Schaumburg, Inc. own 100% of Sambell of Schaumburg Ltd. Ptsp.							10
11	V							11	
12	V							12	
13	V							13	
14	Total		\$ 2,109,203			\$ 1,126,558	\$ * (982,645)	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.	**	\$ 318	\$	318	15	
16	V	5 Utilities - gas & electric		Royal Management Corp.	**	8,134		8,134	16	
17	V	5 Utilities - water & sewer		Royal Management Corp.	**	339		339	17	
18	V	5 Utilities - maintenance office		Royal Management Corp.	**	635		635	18	
19	V	6 Management allocation - salaries		Royal Management Corp.	**	124,677		124,677	19	
20	V	6 Repairs & maintenance		Royal Management Corp.	**	8,004		8,004	20	
21	V	6 Scavenger & exterminating		Royal Management Corp.	**	335		335	21	
22	V	7 Management allocation - employee benefits		Royal Management Corp.	**	16,566		16,566	22	
23	V	10 Management allocation - salaries		Royal Management Corp.	**	27,057		27,057	23	
24	V	15 Management allocation - employee benefits		Royal Management Corp.	**	3,595		3,595	24	
25	V	17 Management allocation - salaries		Royal Management Corp.	**	64,135		64,135	25	
26	V	19 Computer consultant & supplies		Royal Management Corp.	**	38,331		38,331	26	
27	V	19 Professional fees		Royal Management Corp.	**	28,433		28,433	27	
28	V	20 Dues & subscriptions		Royal Management Corp.	**	1,558		1,558	28	
29	V	20 Advertising - help wanted		Royal Management Corp.	**	12,064		12,064	29	
30	V	21 Management allocation - salaries		Royal Management Corp.	**	836,198		836,198	30	
31	V	21 Bank charges		Royal Management Corp.	**	3,377		3,377	31	
32	V	21 Office supplies & printing		Royal Management Corp.	**	13,648		13,648	32	
33	V	21 Postage		Royal Management Corp.	**	4,040		4,040	33	
34	V	21 Telephone		Royal Management Corp.	**	12,697		12,697	34	
35	V								35	
36	V								36	
37	V	** The owners of Lexington Health Care Center of Schaumburg, Inc. own 100% of Royal Management Corp.								37
38	V								38	
39	Total		\$			\$ 1,204,141	\$ *	1,204,141	39	

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

Facility Name & ID Number Lexington Health Care Center of Schaumburg, Inc.

0036095

Report Period Beginning: 1/1/17

Ending: 12/31/17

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.	**	\$ 545	\$	545	15
16	V	24 Travel & seminar		Royal Management Corp.	**	957		957	16
17	V	25 Auto expense		Royal Management Corp.	**	15,240		15,240	17
18	V	26 Insurance general		Royal Management Corp.	**	9,648		9,648	18
19	V	27 Management allocation - employee benefits		Royal Management Corp.	**	119,628		119,628	19
20	V	30 Depreciation		Royal Management Corp.	**	67,654		67,654	20
21	V	32 Interest		Royal Management Corp.	**	18,842		18,842	21
22	V	32 Amortization of mortgage costs		Royal Management Corp.	**	2,473		2,473	22
23	V	33 Property taxes		Royal Management Corp.	**	7,035		7,035	23
24	V	34 Rent expense		Royal Management Corp.	**	5,128		5,128	24
25	V	35 Equipment rental		Royal Management Corp.	**	1,566		1,566	25
26	V	17 Management fees	1,881,942	Royal Management Corp.	**			(1,881,942)	26
27	V	35 Auto Lease		Royal Management Corp.	**	651		651	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	** The owners of Lexington Health Care Center of Schaumburg, Inc							37
38	V								38
39	Total		\$ 1,881,942			\$ 249,367	\$ *	(1,632,575)	39

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

Facility Name & ID Number

Lexington Health Care Center of Schaumburg, Inc.

0036095

Report Period Beginning:

1/1/17

Ending:

12/31/17

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 Bloomingdale, Inc.	Bloomingdale	of Algonquin, LLC		Living Facility	2
3	Cynthia Thiem Discretionary Trust	33.34	Lexington HC Ctr. of Chicago Ridge, Inc.	Chicago Ridge	Lexington Square	Lombard	Independent	3
4			Lexington HC Ctr. of Elmhurst, Inc.	Elmhurst	Life Care of		and Assisted	4
5			Lexington HC Ctr. of LaGrange, Inc.	LaGrange	Lombard, LLC		Living Facility	5
6			Lexington HC Ctr. of Lake Zurich, Inc.	Lake Zurich	Lexington Square	Elmhurst	Independent	6
7			Lexington HC Ctr. of Streamwood, Inc.	Streamwood	Life Care of		Living Facility	7
8			Lexington HC Ctr. of Wheeling, Inc.	Wheeling	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	Schaumburg	Real Estate	11
12					Schaumburg		Property	12
13					Ltd. Ptsp.			13
14					Royal Management	Lombard	Mgmt. Company	14
15					Corporation			15
16					Lexington Financial	Lombard	Finance	16
17					Services, LLC		Company	17
18					Heron Point	Lombard	Mgmt. Company	18
19					Management Corp.			19
20					Samvest of	Lombard	Lessor	20
21					Lombard II, LLC			21
22					North Heron	Lombard	Finance Company	22
23					Investments, LLC			23
24					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					Merit Sleep Mgmt, LL	Lombard	Mgmt. Company	30

Facility Name & ID Number

Lexington Health Care Center of Schaumburg, Inc.

0036095

Report Period Beginning:

1/1/17

Ending:

12/31/17

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1					Sambell of	Bloomingtondale	Real Estate	1
2					Bloomingtondale Ltd. Ptsp.		Property	2
3					Sambell of Chicago	Chicago Ridge	Real Estate	3
4					Ridge Ltd. Ptsp.		Property	4
5					Sambell of	Elmhurst	Real Estate	5
6					Elmhurst II Ltd. Ptsp.		Property	6
7					Sambell of	LaGrange	Real Estate	7
8					LaGrange Ltd. Ptsp.		Property	8
9					Lexington Health	Lake Zurich	Real Estate	9
10					Care Systems of		Property	10
11					Lake Zurich Ltd. Ptsp.		Real Estate	11
12					Lexington Health	Lombard	Property	12
13					Care Systems of			13
14					Lombard Ltd. Ptsp.			14
15					Lexington Health	Orland Park	Real Estate	15
16					Care Systems of		Property	16
17					Orland Park Ltd. Ptsp.			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					Samvest of	Algonquin	Real Estate	22
23					Algonquin Ltd. Ptsp.		Property	23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Lexington Health Care Center of Schaumburg # 0036095 Report Period Beginning: 1/1/17 Ending: 12/31/17

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	James Samatas	Owner/Officer	Administrative	33.33	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	\$ 10,077	L17, C7	1
2	John Samatas	Owner/Officer	Admin/Plant Ops	33.33	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	6,999	L17, C7	2
3	Cynthia Thiem	Owner/Officer	Administrative	33.34	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	9,333	L17, C7	3
4	Daniel Thiem	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	13,089	L17, C7	4
5	Jason Samatas	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	17,257	L17, C7	5
6	Phil Thiem	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	2,703	L17, C7	6
7	Jeremy Thiem	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	4,677	L17, C7	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 64,135		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 Health Care Center of Schaumburg, Inc. # 0036095 Report Period Beginning: 1/1/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Royal Management Corp.
 Street Address 665 W. North Avenue, Suite 500
 City / State / Zip Code Lombard, IL 60148
 Phone Number (630) 458-4700
 Fax Number (630) 458-4796

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	3	Housekeeping supplies	Bed Days Available	722,335	10	\$ 2,937	\$ 78,110	\$ 318	1
2	5	Utilities - gas & electric	Bed Days Available	722,335	10	75,222	78,110	8,134	2
3	5	Utilities - water & sewer	Bed Days Available	722,335	10	3,135	78,110	339	3
4	5	Utilities - maintenance office	Bed Days Available	722,335	10	5,869	78,110	635	4
5	6	Management allocation - salaries	Bed Days Available	722,335	10	1,152,969	1,152,969	124,677	5
6	6	Repairs & maintenance	Bed Days Available	722,335	10	74,022	78,110	8,004	6
7	6	Scavenger & exterminating	Bed Days Available	722,335	10	3,102	78,110	335	7
8	7	Management allocation - employees	Bed Days Available	722,335	10	153,196	78,110	16,566	8
9	10	Management allocation - salaries	Bed Days Available	722,335	10	250,218	250,218	27,057	9
10	15	Management allocation - employees	Bed Days Available	722,335	10	33,247	78,110	3,595	10
11	17	Management allocation - salaries	Bed Days Available	722,335	10	593,100	593,100	64,135	11
12	19	Computer consultant & supplies	Bed Days Available	722,335	10	354,473	78,110	38,331	12
13	19	Professional fees	Bed Days Available	722,335	10	262,937	78,110	28,433	13
14	20	Dues & subscriptions	Bed Days Available	722,335	10	14,411	78,110	1,558	14
15	20	Advertising - help wanted	Bed Days Available	722,335	10	111,560	78,110	12,064	15
16	21	Management allocation - salaries	Bed Days Available	722,335	10	7,732,875	7,732,875	836,198	16
17	21	Bank charges	Bed Days Available	722,335	10	31,229	78,110	3,377	17
18	21	Office supplies & printing	Bed Days Available	722,335	10	126,211	78,110	13,648	18
19	21	Postage	Bed Days Available	722,335	10	37,365	78,110	4,040	19
20	21	Telephone	Bed Days Available	722,335	10	117,421	78,110	12,697	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 11,135,499	\$ 9,729,162	\$ 1,204,141	25

Facility Name & ID Number Lexington Health Care Center of Schaumburg, Inc. # 0036095 Report Period Beginning: 1/1/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Royal Management Corp.
 Street Address 665 W. North Avenue, Suite 500
 City / State / Zip Code Lombard, IL 60148
 Phone Number (630) 458-4700
 Fax Number (630) 458-4796

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	23	Inservice Training	Bed Days Available	722,335	10	\$ 5,038	\$ 78,110	\$ 545	1
2	24	Travel and Seminar	Bed Days Available	722,335	10	8,850	78,110	957	2
3	25	Auto expense	Bed Days Available	722,335	10	140,934	78,110	15,240	3
4	26	Insurance general	Bed Days Available	722,335	10	89,225	78,110	9,648	4
5	27	Management allocation - employees	Bed Days Available	722,335	10	1,106,283	78,110	119,628	5
6	30	Depreciation	Bed Days Available	722,335	10	625,643	78,110	67,654	6
7	32	Interest	Bed Days Available	722,335	10	174,244	78,110	18,842	7
8	32	Amortization of mortgage costs	Bed Days Available	722,335	10	22,869	78,110	2,473	8
9	33	Property taxes	Bed Days Available	722,335	10	65,056	78,110	7,035	9
10	34	Rent expense	Bed Days Available	722,335	10	47,418	78,110	5,128	10
11	35	Equipment rental	Bed Days Available	722,335	10	14,486	78,110	1,566	11
12	35	Auto Lease	Bed Days Available	722,335	10	6,017	78,110	651	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					\$ 2,306,063	\$	\$ 249,367	25

Facility Name & ID Number Lexington Health Care Center of Schaumbur # 0036095 Report Period Beginning: 1/1/17 Ending: 12/31/17

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 LLC	X		Mortgage	Varies	5/22/08	7,982,000	6,089,551	01/01/2033	Variable	428,089	2								
3												3								
4				Finance Charge - Insurance Policy							30,397	4								
5												5								
Working Capital																				
6	Bank of America		X	Working Capital	Varies	9/30/13	13,700,000		1/31/2018	Prime/Libor	2,437	6								
7	Shareholder	X		Working Capital	Varies	5/11/12	452,000	452,000	Demand	Variable	28,368	7								
8												8								
9	TOTAL Facility Related						\$ 22,134,000	\$ 6,541,551			\$ 489,291	9								
B. Non-Facility Related*																				
10										Amortization of Loan Cost	2,717	10								
11										Interest Income offset	(2,441)	11								
12										Nonallowable shareholder interest	(28,368)	12								
13										See Sch. 9A	(8,617)	13								
14	TOTAL Non-Facility Related						\$	\$			\$ (36,709)	14								
15	TOTALS (line 9+line14)						\$ 22,134,000	\$ 6,541,551			\$ 452,582	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 Health Care Center of Schaumburg, Inc.
 IDPH License II 0036095
 Fiscal Year End: 12/31/17

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													10	
11													11	
12													12	
13													13	
14	TOTAL Non-Facility Related				\$0.00		\$	0	\$	0		\$	(8,617)	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 2016 report.			\$ 627,000	1	
	2016				
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.)			\$ 578,572	2	
3. Under or (over) accrual (line 2 minus line 1).			\$ (48,428)	3	
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)			\$ 596,000	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.)			\$ 27,772	5	
		Alloc Fr. Mgmt Co.	7,035		
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 \$ (123,627) For 2013-15 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$ (123,627)	6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$ 458,752	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2012	397,653	8		
	2013	580,544	9		
	2014	565,184	10		
	2015	571,449	11		
	2016	578,572	12		
See attached real estate accrual sheet					
				FOR BHF USE ONLY	
	13	FROM R. E. TAX STATEMENT FOR 2016	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

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

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

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

FACILITY IDPH LICENSE NUMBER 0036095

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 2016 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 2016.

(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>07-27-201-039-000</u>	<u>Nursing Facility</u>	\$ <u>578,572.00</u>	\$ <u>578,572.00</u>
2. <u>Royal Management Corp. (Samvest of Lombard II)</u>		\$ _____	\$ _____
3. <u>05-01-202-021</u>	<u>Land & Building</u>	\$ <u>257,787.52</u>	\$ <u>7,035.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>836,359.52</u></u>	\$ <u><u>585,607.00</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES _____ NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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 Health Care Center of Schaumburg, Inc.

0036095

Report Period Beginning:

1/1/17

Ending:

12/31/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 85,541 B. General Construction Type: Exterior Concrete 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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Rows include Resident Care, Management Company Allocation, and TOTALS.

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	214		1990	1990	\$ 6,091,126	\$ -	35	\$ 174,032	\$ 174,032	\$ 4,826,568	4
5			1995	1995	146,217	4,178	35	4,178		89,822	5
6											6
7											7
8											8
	Improvement Type**										
9		Building improvements	1991		3,521		10			3,491	9
10		Building improvements	1992		860	25	35	25		631	10
11		Land improvements	1992		5,764		20			5,764	11
12		Land improvements	1992		5,000		20			5,000	12
13		Fan coil units in offices	1996		5,149	147	35	147		3,162	13
14		Basement rehab	1997		14,697		10			14,697	14
15		Brick	1997		1,500	43	35	43		876	15
16		Dining room rehab	1997		6,422		10			6,422	16
17		Parking lot repave and restripe	1998		2,777		10			2,777	17
18		Wiring	1998		3,667		10			3,667	18
19		Retile 2nd and 3rd floor corridors	1998		10,100		10			10,100	19
20		Plumbing for HVAC	1998		2,263		5			2,263	20
21		Lobby-floor tile	1999		7,478		10			7,478	21
22		Wallpaper-labor	1999		9,705		10			9,705	22
23		New patio	1999		19,039		15			19,039	23
24		New pay phone/wiring	1999		2,975		10			2,975	24
25		Roof repairs	2000		9,625		10			9,625	25
26		Water heater	2000		6,688		10			6,688	26
27		Automatic door	2000		1,300		10			1,300	27
28		Rehab project - paint resident rooms, carpet hallways, and tile	2000		52,760		10			52,760	28
29		Water heater and storage tanks	2001		12,102		10			12,102	29
30		Garbage area	2001		4,788		20			4,788	30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Lexington Health Care Center of Schaumburg, Inc.

0036095

Report Period Beginning:

1/1/17

Ending:

12/31/17

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	Roof	2002	\$ 25,600	\$	10	\$	\$	\$ 25,600	37
38	Facility rehab - paint resident rooms, carpet hallways, and tile	2002	327,253	16,363	20	16,363		268,179	38
39	Elevator electronic curtain	2002	4,500		10			4,500	39
40	Elevator upgrade	2002	5,471		10			5,471	40
41	Painting and decorating	2003	13,477		10			13,477	41
42	Electrical improvements	2003	844	42	20	42		592	42
43	Repave parking lot	2004	28,840	721	40	721		9,673	43
44	Dining room remodel - paint	2004	11,387	569	20	569		7,778	44
45	Landscaping	2005	593	30	20	30		372	45
46	HVAC upgrade	2005	17,734	887	20	887		10,717	46
47	Generator upgrade	2005	19,650	983	20	983		12,778	47
48	Window replacement	2005	3,899	195	20	195		2,405	48
49	Flooring replacement	2005	1,483	74	20	74		913	49
50	Lobby, lounge and reception rehab	2005	27,180	1,359	20	1,359		16,308	50
51	Therapy room rehab	2005	35,135	1,757	20	1,757		21,375	51
52	Create first floor therapy room	2005	32,045	1,602	20	1,602		20,560	52
53	Create transitional care unit	2005	29,170	1,458	20	1,458		17,619	53
54	Basement renovation	2005	5,996	300	20	300		3,600	54
55	Countertops	2005	845		5			845	55
56	Interior signs	2005	4,412		5			4,412	56
57	Window treatments	2005	912		5			912	57
58	Wall covering	2005	439		5			439	58
59	Panel Brick Replacement	2006	17,387	869	20	869		9,704	59
60	Landscaping Enhancement	2006	7,608	507	15	507		5,704	60
61	HVAC	2006	12,232	612	20	612		6,783	61
62	Sink	2006	2,331	117	20	117		1,364	62
63	TCU Units	2006	16,379	819	20	819		9,214	63
64	Employee lunch room rehab	2006	8,127	406	20	406		4,670	64
65	Dining room rehab	2006	2,357	118	20	118		1,357	65
66	Basement renovation	2006	9,465	473	20	473		5,361	66
67	Oxygen room rehab	2006	2,664	133	20	133		1,508	67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,100,938	\$ 34,787		\$ 208,819	\$ 174,032	\$ 5,595,890	70

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

Facility Name & ID Number Lexington Health Care Center of Schaumburg, Inc.

0036095

Report Period Beginning:

1/1/17

Ending:

12/31/17

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		\$ 7,100,938	\$ 34,787		\$ 208,819	\$ 174,032	\$ 5,595,890	1
2	Replace Sidewalk	2007	14625	731	20	731		7615	2
3	Landscaping	2007	15700	785	20	785		8046	3
4	Emergency A/C	2007	15545	777	20	777		8223	4
5	1st Floor Remodel - Carpentry, Flooring, Plumbing, Paint	2007	676072		40	16,902	16,902	174654	5
6	Bathroom Faucets	2007	12358	618	20	618		6231	6
7	Landscaping	2008	10000	667	15	667		6447	7
8	Roofing	2008	11950	598	20	598		5581	8
9	HVAC-Air tank	2008	2671	67	40	67		631	9
10	HVAC-Spot Cooler	2008	3790	95	40	95		855	10
11	Electrical-Fire panel upgrade	2008	71077	1,777	40	1,777		17178	11
12	Electrical-Replace Gasket	2008	6125	613	10	613		5823	12
13	2nd floor remodel-carpentry, painting, plumbing,electrical	2008	558949		27	20,325	20,325	186313	13
14	Panel Brick Replacement	2009	184595	9,230	20	9,230		73840	14
15	Land Improvements	2009	12400	620	20	620		5270	15
16	Parking Lot	2009	4600	230	20	230		1955	16
17	Front Entrance Improvements	2009	28660	717	40	717		5975	17
18	HVAC Quick Connectors	2009	5591	140	40	140		1178	18
19	HVAC Spot Cooler	2009	4254	106	40	106		892	19
20	1st floor Admin-Tile,electical	2009	11679	292	40	292		2336	20
21	Kitchen Plumbing	2009	8210	821	10	821		6979	21
22	Fire Alarm Electrical	2009	31710	793	40	793		6608	22
23	Glass & Mirror Med Room	2009	2836	284	10	284		2485	23
24	2nd Floor Remodel -Carpentry	2009	14592	730	20	730		6458	24
25	Patio Pergola	2009	9505	475	20	475		3919	25
26	Patio Fence	2009	5100	255	20	255		2061	26
27	Landscaping	2009	17332	1,155	15	1,155		9818	27
28	3rd Floor Remodel-Carpentry, flooring,electrical,painting	2009	627866		27	22,832	22,832	188364	28
29	Landscaping Enhancement	2010	14885	992	15	992		7606	29
30	Physician Office carpentry	2010	4849	177	27	177		1254	30
31	Kitchen Pantries construction	2010	5676	207	27	207		1449	31
32	HVAC Admin Office	2010	7357	268	27	268		1910	32
33	Loading Ramp/Foundation Wall	2010	3000	200	15	200		1583	33
34	TOTAL (lines 1 thru 33)		\$ 9,504,497	\$ 59,207		\$ 293,298	\$ 234,091	\$ 6,355,427	34

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

Facility Name & ID Number Lexington Health Care Center of Schaumburg, Inc.

0036095

Report Period Beginning:

1/1/17

Ending:

12/31/17

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		\$ 9,504,497	\$ 59,207		\$ 293,298	\$ 234,091	\$ 6,355,427	1
2	Hallway doors	2010	14,916	1,492	10	1,492		10,568	2
3	Library/Lounge carpentry,electrical,painting,signs	2010	5,009	183	27	183		1,281	3
4	Basement carpentry	2010	3,945	144	27	144		1,128	4
5	Patio/Pergola	2010	12,005	1,201	10	1,201		8,607	5
6	Office carpentry,flooring,electrical,painting,signs,HVAC	2010	50,935	2,091	27	2,091		24,143	6
7									7
8	Fire Dampers	2011	65,681		27	2,388	2,388	14,529	8
9	Parking Lot Remodel	2011	169,749		27	6,173	6,173	37,038	9
10	Kitchen Hood/duct work	2011	22,604	822	27	822		5,137	10
11	Payroll Office Remodel - Electrical and Wiring	2011	2,696	98	27	98		645	11
12	Metal edging & drain tile	2011	5,442	363	27	363		2,208	12
13	Repair doors on 1st floor	2011	39,986	1,454	27	1,454		8,724	13
14	Office Remodel - carpentry,flooring,electrical,painting,signs	2011	22,584	821	27	821		4,994	14
15	Exhaust Study HVAC	2011	5,736	209	27	209		1,410	15
16	Pipe and fitting	2011	4,375	159	27	159		994	16
17	Laundry Room Remodel - Flooring, Ceiling Tiles and Painting	2011	9,388	341	27	341		2,188	17
18	New Marker Boards	2011	9,887	360	27	360		2,490	18
19	Interior Doors	2011	6,183	225	27	225		1,406	19
20	2nd Floor Doors	2011	27,318	993	27	993		6,289	20
21									21
22	End Air Louvers	2012	3,744		27	136	136	782	22
23	Parking Lot	2012	11,735		27	427	427	2,454	23
24	Kitchen steel hood, floor, sink, drywall and tile	2012	7,307	266	27	266		1,523	24
25	Fire Pump basement	2012	3,461	126	27	126		724	25
26	Replace holding tank	2012	21,985	799	27	799		4,528	26
27	1st floor door opener	2012	8,646	314	27	314		1,701	27
28									28
29	EMR Wiring - Entire Facility	2013	20,058	729	27	729		3,038	29
30	Landscaping - Stump Removal/Trees	2013	42,118		15	2,808	2,808	11,762	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,101,989	\$ 72,397		\$ 318,420	\$ 246,023	\$ 6,515,718	34

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

Facility Name & ID Number Lexington Health Care Center of Schaumburg, Inc.

0036095

Report Period Beginning:

1/1/17

Ending:

12/31/17

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		\$ 10,101,989	\$ 72,397		\$ 318,420	\$ 246,023	\$ 6,515,718	1
2									2
3	Elevator Renovation - Centrally located	2014	183,936	6,689	27	6,689		21,181	3
4	R/M Reclass: Adding Double Egress Doors (Basement)	2014	3,279		27	121	121	424	4
5	R/M Reclass: Install container fence & garbage container	2014	5,674		15	378	378	1,323	5
6	R/M Reclass: Cast iron waste line for grease trap (kitchen)	2014	8,000		27	296	296	1,036	6
7	R/M Reclass: Patching and crack sealing (parking lot)	2014	9,700		20	485	485	1,698	7
8	Kitchen Sewer Line Addition	2014	7,075	193	27	193		772	8
9									9
10	EMR Wiring - Entire Facility	2015	5,896	214	6	214		553	10
11	R/M Reclass: Decorating & Tile for Service Ramp	2015	3,503		20	176	176	438	11
12	R/M Reclass: Striping & Sealing Parking Lot	2015	5,400		20	270	270	676	12
13	R/M Reclass: Landscaping to the Entire property	2015	13,693		15	913	913	2,282	13
14									14
15	Electrical Wiring - Entire Facility	2016	4,474	447	10	447		672	15
16	Chair Rail Installation in First Floor Rooms	2016	11,516	419	27.5	419		524	16
17	R/M Reclass: Underground sanitary pipe replacement in the lower level entrance to ramp area and back elevator hallway	2016	10,500		15	700	700	1,050	17
18									18
19	R/M: Rusted end dome caps repair (cutting, grinding, welding) in the mechanical room	2016	2,750		15	183	183	275	19
20									20
21									21
22	Window replacement's	2017	20,739	86	20	86		86	22
23	R/M Reclass : Furnish and install freeze door - kitchen	2017	2,845		27	53	53	53	23
24	R/M Reclass : Removal of Trees and Stumps	2017	5,225		15	174	174	174	24
25	R/M Reclass : Cooling Water Treatment, Water Biocide	2017	5,571		10	279	279	279	25
26	R/M Reclass : Furnish, Remove & Install 15 doors across the building (1st floor utility room 2nd floor staff restroom, 2nd floor tub/shower room 2nd floor lounge, Room 310, Room 316, 3rd floor servery, 3rd floor linen room, 3rd floor tub/shower, 3rd floor staff restroom, LL Equip room, 1st floor staff restroom)	2017	4,187		27	78	78	78	26
27									27
28									28
29									29
30									30
31									31
32									32
33	Reconcile to book			18			(18)		33
34	TOTAL (lines 1 thru 33)		\$ 10,415,953	\$ 80,463		\$ 330,574	\$ 250,111	\$ 6,549,295	34

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

Facility Name & ID Number Lexington Health Care Center of Schaumburg, Inc.

0036095

Report Period Beginning:

1/1/17

Ending:

12/31/17

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 12D, Carried Forward		\$ 10,415,953	\$ 80,463		\$ 330,574	\$ 250,111	\$ 6,549,295	1
2									2
3	Building - management company	2002	316,883		40	7,044	7,044	147,823	3
4	HVAC, electrical, security system - management company	2003	2,783		30	672	672	2,295	4
5	Key card system - management company	2004	437		20	21	21	293	5
6	VAV TX controls - management company	2005	133		20	6	6	85	6
7	Interior Signs - management company	2006	97		20	6	6	72	7
8	Building improvements - management company	2008	14,357		20	167	167	6,129	8
9	Building improvements - management company	2009	2,821		20	52	52	1,301	9
10	Building improvements - management company	2010	2,753		20	51	51	1,182	10
11	Building improvements - management company	2011	1,972		20	90	90	597	11
12	Building improvements - management company	2012	6,670		20	13	13	1,386	12
13	Building improvements - management company	2013	5,148		20	366	366	1,600	13
14	Building improvements - management company	2014	2,786		20	272	272	978	14
15	Building improvements - management company	2015	490		20	58	58	150	15
16	Building improvements - management company	2016	8,084		20	586	586	833	16
17	Building improvements - management company	2017	5,257		20	65	65	99	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)		\$ 10,786,624	\$ 80,463		\$ 340,043	\$ 259,580	\$ 6,714,118	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	\$ 249,144	\$ 31,218	\$ 31,218	\$	5-20	\$ 181,173	71
72	Current Year Purchases	40,216	55	55		7	55	72
73	Fully Depreciated Assets	754,115				5-7	754,115	73
74	Allocated from Mgmt. Co.	644,384		55,778	55,778	5-7	579,540	74
75	TOTALS	\$ 1,687,859	\$ 31,273	\$ 87,051	\$ 55,778		\$ 1,514,883	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.			57,964	-	2,407	2,407	5	53,935	79
80	TOTALS			\$ 57,964	\$	\$ 2,407	\$ 2,407		\$ 53,935	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)	\$ 12,766,878	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 111,736	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 429,501	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 317,765	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,282,936	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 Health Care Center of Schaumburg, Inc. # 0036095 Report Period Beginning: 1/1/17 Ending: 12/31/17

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	Allocated from Mgmt. Co.				5,128			6
7	TOTAL				\$ 5,128			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.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

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: \$ 94,230 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	Allocated from Mgmt. Co.			651	20
21	TOTAL		\$	\$ 651	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 Health Care Center of Schaumburg, Inc.
IDPH License ID Number: 0036095
Fiscal Year End: 12/31/17

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Copier	7,416
Mailing System	323
Printer	2,663
Medical Equipment	38,568
Oxygen	43,694
Allocated from Mgmt. Company	1,566
Total - Line 16	94,230

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	\$	9,074	\$ 462,320	\$	9,074	\$ 462,320	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		3,162	122,263		3,162	122,263	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(2), (3)	hrs		13,921	617,570	7,150	13,921	624,720	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				375,144		375,144	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Ambulance</u>	39(3)				5,454			5,454	12
13	Other (specify): <u>See Sch. 16A</u>	39(2)					9,758		9,758	13
14	TOTAL			\$	26,157	\$ 1,207,607	\$ 392,052	26,157	\$ 1,599,659	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 Health Care Center of Schaumburg, Inc.
IDPH License ID Number: 0036095
Fiscal Year End: 12/31/17

Schedule 16A

XIV. Special Services (Direct Cost)

Line 13 Other (specify)

Description	Schedule V	
	Line & Column	Amount
	Reference	
Oxygen	39(2)	6,457
DME	39(2)	3,301
Total - Line 13		9,758

Facility Name & ID Number Lexington Health Care Center of Schaumburg, Inc.

0036095

Report Period Beginning: 1/1/17

Ending: 12/31/17

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/17

(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	\$ 593,849	\$ 677,608	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>1,306,722</u>)	1,204,440	1,204,440	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	182,966	182,966	6
7	Other Prepaid Expenses	39,420	39,420	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,020,675	\$ 2,104,434	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	80,308	80,308	12
13	Land		234,431	13
14	Buildings, at Historical Cost		6,091,126	14
15	Leasehold Improvements, at Historical Cost	2,020,932	4,695,498	15
16	Equipment, at Historical Cost	553,784	1,745,823	16
17	Accumulated Depreciation (book methods)	(1,482,071)	(8,282,936)	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 <u>Rec. fr. Ins. Recovery</u>)	6,338	6,338	22
23	Other(specify): <u>Mortgage Cost, Net</u>		45,812	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,179,291	\$ 4,616,400	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,199,966	\$ 6,720,834	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 571,516	\$ 571,516	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	491,547	491,547	30
31	Accrued Taxes Payable (excluding real estate taxes)	19,155	19,155	31
32	Accrued Real Estate Taxes(Sch.IX-B)		596,000	32
33	Accrued Interest Payable		44,535	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Schedule 17A</u>	8,591,635	3,108,005	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 9,673,853	\$ 4,830,758	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	452,000	452,000	39
40	Mortgage Payable		6,089,551	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)	\$ 452,000	\$ 6,541,551	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,125,853	\$ 11,372,309	46
47	TOTAL EQUITY(page 18, line 24)	\$ (6,925,887)	\$ (4,651,475)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,199,966	\$ 6,720,834	48

*(See instructions.)

Facility Name: Lexington Health Care Center of Schaumburg, Inc.
IDPH License ID Number: 0036095
Fiscal Year End: 12/31/17

Schedule 17A

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

<u>Acct. No.</u>	<u>Description</u>	<u>Operating</u>	<u>After Consolidation</u>
00-10140-00	CASH PATIENT TRUST	(20,677)	(20,677)
00-13040-00	RENT RECEIVABLE	-	(5,622,769)
00-13240-00	DUE TO LEX FIN SVCS I	6,575	6,575
00-13250-00	DUE TO / FROM REHAB CARE THERAPY	8,976	8,976
00-13700-00	Due from LLC	-	1,598
00-13715-00	Due from/(to) LHCC Schaumburg	-	32,229
00-14530-00	PREPAID INSURANCE	29,970	29,970
00-21030-00	COBRA	3,024	3,024
00-21040-00	WITHHOLDING - DENTAL INSURANCE	1,806	1,806
00-21050-00	WITHHOLDING - EP/CI/WL	3,894	3,894
00-21085-00	Vision Withholding	(251)	(251)
00-21100-00	401K WITHHOLDING	4,881	4,881
00-22030-00	ACCRUED EXPENSES	85,268	85,268
00-22040-00	ACCRUED RESIDENT TAX	51,165	51,165
00-22060-00	ACCRUED VESTA 3% MANAGEMENT FEES	2,806,787	2,806,787
00-22065-00	ACCRUED ROYAL MANAGEMENT FEES	(66,199)	(66,199)
00-22410-00	DUE FROM COOK COUNTY (1996 RET	(164,835)	(164,835)
00-22120-00	ACCRUED RENT	5,622,769	5,622,769
00-22140-00	ACCRUED INSURANCE	106,351	106,351
00-22270-00	DUE TO PATIENT TRUST FUND	20,677	20,677
00-22330-00	ADVANCE - BIWEEKLY PART A PAYM	2,219	2,219
00-23530-00	DUE TO - ROYAL OPERATIONS	57,440	57,440
00-23720-00	DUE TO REPUBLIC	7,465	7,465
00-23730-00	Due to Bloomingdale	(23,699)	(23,699)
00-23750-00	Due to LHCC Elmhurst	317	317
00-23760-00	Due to LaGrange	27,486	27,486
00-23770-00	Due to Lake Zurich	(63)	(63)
00-23820-00	Due to Wheeling	1,951	1,951
00-24345-00	Interest Rate Swap Liability	-	105,312
00-24400-00	PROFESSIONAL LIABILITIES CLAIM	18,338	18,338
	Total - Line 36	8,591,635	3,108,005

- -

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,266,616)	1
2	Restatements (describe):		2
3	Post closing adjustment	254,300	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (5,012,316)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,913,571)	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)	\$ (1,913,571)	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)	\$ (6,925,887)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

1			
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 20,115,458	1
2	Discounts and Allowances for all Levels	(10,150,297)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,965,161	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,981,109	6
7	Oxygen	32,210	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 4,013,319	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	235	12
13	Barber and Beauty Care	17,196	13
14	Non-Patient Meals	1,067	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	727,394	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	163,819	19
20	Radiology and X-Ray	17,882	20
21	Other Medical Services	413,700	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,341,293	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,440	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,440	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)	\$ 15,322,213	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,902,958	31
32	Health Care	6,587,644	32
33	General Administration	4,121,077	33
B. Capital Expense			
34	Ownership	2,112,088	34
C. Ancillary Expense			
35	Special Cost Centers	2,087,775	35
36	Provider Participation Fee	424,242	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,235,784	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,913,571)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,913,571)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 4,108,547	44
45	Private Pay - Net Inpatient Revenue	1,934,645	45
46	Medicare - Net Inpatient Revenue	853,072	46
47	Other-(specify) Managed Care	3,068,897	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,965,161	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 Health Care Center of Schaumburg, Inc.

0036095

Report Period Beginning:

1/1/17

Ending:

12/31/17

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	1,550	1,856	\$ 130,970	\$ 70.55	1
2	Assistant Director of Nursing	1,760	2,143	92,088	42.97	2
3	Registered Nurses	36,767	46,859	1,605,952	34.27	3
4	Licensed Practical Nurses	31,771	40,532	1,034,104	25.51	4
5	CNAs & Orderlies	112,835	136,107	2,025,285	14.88	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	896	968	16,761	17.31	9
10	Activity Assistants	12,736	14,609	163,392	11.18	10
11	Social Service Workers	7,953	9,227	187,941	20.37	11
12	Dietician	1,787	2,095	63,025	30.09	12
13	Food Service Supervisor	1,046	1,362	36,410	26.73	13
14	Head Cook	1,758	2,155	40,094	18.60	14
15	Cook Helpers/Assistants	20,829	25,417	270,094	10.63	15
16	Dishwashers					16
17	Maintenance Workers	1,762	2,036	36,569	17.96	17
18	Housekeepers	35,275	42,050	463,332	11.02	18
19	Laundry					19
20	Administrator	2,076	3,255	148,631	45.66	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,374	7,842	169,970	21.67	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	1,879	2,153	39,374	18.29	31
32	Other Health C: See Sch 20A	22,618	27,420	661,263	24.12	32
33	Other(specify) Marketing	2,684	2,969	92,678	31.21	33
34	TOTAL (lines 1 - 33)	303,356	371,057	\$ 7,277,932 *	\$ 19.61	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	\$ 4,745	1(3)	35
36	Medical Director	Monthly	23,750	9(3)	36
37	Medical Records Consultant	Monthly	780	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	20,932	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	4,721	11(3)	44
45	Social Service Consultant	Monthly	3,283	12(3)	45
46	Other(specify) Pulmonary Exchange	Monthly	35,948	10(3)	46
47	Post Acute Consultant	Monthly	1,398	10(3)	47
48	Telemedicine - Consultant	Monthly	9,100	10(3)	48
49	TOTAL (lines 35 - 48)		\$ 104,657		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	379	\$ 22,368	10(3)	50
51	Licensed Practical Nurses	245	9,922	10(3)	51
52	Certified Nurse Assistants/Aides	3,426	94,154	10(3)	52
53	TOTAL (lines 50 - 52)	4,050	\$ 126,444		53

Facility Name: Lexington Health Care Center of Schaumburg, Inc.
IDPH License ID Number: 0036095
Fiscal Year End: 12/31/17

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	1,846	2,263	37,874	\$ 16.74
Admissions	1,101	1,383	28,995	\$ 20.96
Clinical Coordinator	4,833	5,944	193,866	\$ 32.62
Dietetic Technician	1,861	2,276	50,309	\$ 22.11
MDS	1,864	2,213	81,129	\$ 36.66
Intake Manager	4,385	5,148	103,551	\$ 20.12
Staffing Coordinator	712	829	15,039	\$ 18.14
Transitional Care Nurse	442	612	21,444	\$ 35.04
Unit Secretary	3,624	4,321	49,211	\$ 11.39
Wound Care Coordinator	1,951	2,432	79,845	\$ 32.83
Total - Line 32 Other Health Care (specify):	22,618	27,420	661,263	\$ 24.12

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	
Theresa Schultz	Administrator	0	\$ 48,404	Workers' Compensation Insurance	\$ 149,768	IDPH License Fee	\$ 1,990	
Rachel Mabe	Administrator	0	39,669	Unemployment Compensation Insurance	48,186	Advertising: Employee Recruitment	29,801	
Patrick DiPaolo	Administrator	0	60,558	FICA Taxes	546,039	Health Care Worker Background Check (Indicate # of checks performed <u>85</u>)	1,022	
				Employee Health Insurance	382,946	Patient Background Checks <u>453</u>	5,434	
				Employee Meals		Miscellaneous Licenses & Fees	4,426	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Dues & Subscriptions	6,892	
				401K Contributions	37,254	IHCA	14,497	
				Other Employee Benefits	25,466	Non allowable dues	(4,944)	
				Uniform Allowance	917	Management Company Allocation	13,623	
				Tuition	5,237	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 148,631	TOTAL (agree to Schedule V, line 22, col.8)		\$ 1,195,813	TOTAL (agree to Sch. V, line 20, col. 8)	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees-Royal Operating			\$ 1,424,957	N/A			Out-of-State Travel	\$
Management Fees-Vesta Mgmt.			456,985					
Management Fees (Eliminated in Column 7)							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,881,942				Seminar Expense	82
C. Professional Services				TOTAL			Management Company Allocation	
Vendor/Payee	Type		Amount				Entertainment Expense	
RSM US LLP	Accounting		\$ 36,283				()	
Much Shelist	Legal		4,436				(agree to Sch. V, line 24, col. 8)	
Secretary Of State	Filing Fees		100				\$ 1,039	
Serpico, Petrosino, Dipiero & Oshea I.	Legal		69					
Hughes Socol Piers	Legal		369					
Duane Morris	Legal		4,051					
Mcguire Woods	Legal		5,367					
Personnel Planners Inc	U/C Consulting		1,215					
Attadale	Operations Consulting		(18)					
Pension Administrators Inc	401K Administration		1,793					
Lexington Financial Services	Financial		26,110					
See Sch 21C	See Sch 21C		106,370					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 186,145					

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Lexington Health Care Center of Schaumburg, Inc.
 IDPH License ID Number: 0036095
 Fiscal Year End: 12/31/17

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Various	Collections	11,856
BSI LUC	Computer Services	1,226
Computer Supply	Computer Services	37,582
Infor	Computer Services	1,635
Softchoice Corporation	Computer Services	12,278
Relias	Computer Services	1,808
Salesforce.com	Computer Services	(4,594)
Information Controls	Computer Services	(78)
OnShift	Computer Services	(1,530)
Symbria	Computer Services	400
Ability Network	Computer Services	271
CPMP	Computer Services	16,158
MHC Software	Computer Services	677
National DataCare Corp.	Computer Services	2,451
ICIMS	Computer Services	3,679
MB Credit card	Computer Services	50
Availity	Computer Services	13
MRK	Computer Services	1,025
RYL	Computer Services	2,940
Microsoft	Computer Services	8,458
Microsoft Licensing-sales tax refund	Computer Services	1,302
NetSmart	Computer Services	8,763
Total (agree to Schedule V, line 19, column 3)		186,145

Less: Non-Allowable Legal Fees
 Out of Period Legal (69)
 Non-allowable Legal (11,856)

<i>Allocated from Management Company</i>	<i>Type</i>	
Much Shelist	Legal	1,805
Hinshaw & Culbertson LLP	Legal	248
Duane Morris	Legal	2,130
Serpico, Petrosino	Legal	13
Golan and Christie	Legal	22
RSM	Accounting	1,478
Friedman & Huey	Accounting	790
IL Secretary of State	Filing Fees	52
Gilson Labus & Silverman LLC	Accounting	702
Marcum LLP	Accounting	346
LaSalle Network	Recruiting / Finance	1,242
Pension Administrators, Inc.	401K Administration	(128)
Gene Whitehorn	Medicaid Reimb Specialist	2,017
M Werner Consulting	Financial Consulting	1,034
Eisen Alliance LLC	Workplace Consultant	322
Barry Lazarus	Health Care Consultant	276
Mark Rodeghier	Survey Preparation Consultant	713
Pathway Health Services	Operational & Financial Consulti	2,477
IMEC	Operational & Financial Consulti	6,023
Forest Performance	Performance Consulting	1,844
Reputation.com	Performance Consulting	1,104
Devree Molnar	Strategy/Operations Consulting	155
Steven Wood	Strategy/Operations Consulting	319
Susan Parker	Social Service Consultant	18
Focus Pointe Global	Strategic Planning	1,268
CLIN-SCIENCE RESEARCH	General Business Consulting	417
Provinet Solutions	Technical Consulting	16
ANDRZJ STANKIEWIC	General Business Consulting	99
DLC	Financial Planning & Analysis	1,471
Computer Services	Computer Consulting	38,331

<i>Allocated from SV of Lombard II</i>	<i>Type</i>	
Friedman & Huey	Accounting	144
Illinois Secretary of State	Filing Fees	17
Allocated from Real estate	Professional Services	200

Total (agree to Schedule V, line 19, column 8) **241,184**

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 - \$14,497
- (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? 5-7 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 60,443 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. \$ 424,242
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. \$ 1,067
- (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