



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

# 0036095 Report Period Beginning: 1/1/18 Ending: 12/31/18

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			9,057	9,057	8
9	SNF/PED					9
10	ICF	37,520	5,934	2,054	45,508	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	37,520	5,934	11,111	54,565	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.86%

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 6,958

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: 12/31/2018 Fiscal Year: 12/31/2018

\* 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: 1/1/18 Ending: 12/31/18

**V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)**

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	471,993	33,703	1,303	506,999		506,999	-	506,999		1
2	Food Purchase		352,336		352,336		352,336	(1,983)	350,353		2
3	Housekeeping	433,686	40,283	-	473,969		473,969	292	474,261		3
4	Laundry	1,957	21,146	-	23,103		23,103	-	23,103		4
5	Heat and Other Utilities			248,785	248,785		248,785	8,316	257,101		5
6	Maintenance	48,334	-	185,807	234,141		234,141	135,626	369,767		6
7	Other (specify):* <b>Mgmt Co. - Allocated</b>	-	-	-				13,619	13,619		7
8	<b>TOTAL General Services</b>	955,970	447,468	435,895	1,839,333		1,839,333	155,870	1,995,203		8
	<b>B. Health Care and Programs</b>										
9	Medical Director	-	-	23,000	23,000		23,000	-	23,000		9
10	Nursing and Medical Records	5,481,229	354,714	76,973	5,912,916		5,912,916	24,882	5,937,798		10
10a	Therapy	-	-	-				-			10a
11	Activities	124,072	15,809	9,485	149,366		149,366	-	149,366		11
12	Social Services	180,725	-	3,179	183,904		183,904	-	183,904		12
13	CNA Training	-	-	-				-			13
14	Program Transportation	-	-	-				-			14
15	Other (specify):* <b>Mgmt Co. - Allocated</b>	-	-	-				2,606	2,606		15
16	<b>TOTAL Health Care and Programs</b>	5,786,026	370,523	112,637	6,269,186		6,269,186	27,488	6,296,674		16
	<b>C. General Administration</b>										
17	Administrative	168,835	-	1,653,012	1,821,847		1,821,847	(1,632,286)	189,561		17
18	Directors Fees			-				-			18
19	Professional Services			206,020	206,020		206,020	93,959	299,979		19
20	Dues, Fees, Subscriptions & Promotions			38,328	38,328		38,328	15,055	53,383		20
21	Clerical & General Office Expenses	98,246	34,080	59,425	191,751		191,751	980,455	1,172,206		21
22	Employee Benefits & Payroll Taxes			1,021,026	1,021,026		1,021,026	-	1,021,026		22
23	Inservice Training & Education			8,632	8,632		8,632	569	9,201		23
24	Travel and Seminar			-				737	737		24
25	Other Admin. Staff Transportation		-	1,160	1,160		1,160	16,381	17,541		25
26	Insurance-Prop.Liab.Malpractice			615,578	615,578		615,578	2,966	618,544		26
27	Other (specify):* <b>Mgmt Co. - Allocated</b>	-	-	-				103,972	103,972		27
28	<b>TOTAL General Administration</b>	267,081	34,080	3,603,181	3,904,342		3,904,342	(418,192)	3,486,150		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	7,009,077	852,071	4,151,713	12,012,861		12,012,861	(234,834)	11,778,027		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: 1/1/18 Ending: 12/31/18

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			111,813	111,813		111,813	275,638	387,451			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			56,847	56,847		56,847	483,749	540,596			32
33	Real Estate Taxes			-				682,189	682,189			33
34	Rent-Facility & Grounds			1,594,074	1,594,074		1,594,074	(1,589,621)	4,453			34
35	Rent-Equipment & Vehicles			80,111	80,111		80,111	1,927	82,038			35
36	Other (specify):*			-				-				36
37	<b>TOTAL Ownership</b>			1,842,845	1,842,845		1,842,845	(146,118)	1,696,727			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation	-	-	-				-				38
39	Ancillary Service Centers	-	351,364	1,103,028	1,454,392		1,454,392	-	1,454,392			39
40	Barber and Beauty Shops	-	-	12,928	12,928		12,928	(12,928)				40
41	Coffee and Gift Shops	-	-	1,546	1,546		1,546	-	1,546			41
42	Provider Participation Fee			411,001	411,001		411,001	-	411,001			42
43	Other (specify):* <b>Non-Allowable Cos</b>	2,241	-	442,486	444,727		444,727	(444,727)				43
44	<b>TOTAL Special Cost Centers</b>	2,241	351,364	1,970,989	2,324,594		2,324,594	(457,655)	1,866,939			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	7,011,318	1,203,435	7,965,547	16,180,300		16,180,300	(838,607)	15,341,693			45

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

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

# **0036095**

Report Period Beginning:

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Ending:

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**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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,983)	2		4
5	Telephone, TV & Radio in Resident Rooms	(14,041)	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	4,957	30		9
10	Interest and Other Investment Income	(61,758)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(9,591)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(200)	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	(358,999)	43		24
25	Fund Raising, Advertising and Promotional	(30,963)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(2,445)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule <b>See PG5A</b>	(10,173)	Var.		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (485,196)		\$	30

<b>BHF USE ONLY</b>							
48		49		50		51	

**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	
		<b>Amount</b>	<b>Reference</b>	
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)	(353,411)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (353,411)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (838,607)		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	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

Lexington Health Care Center of Schaumburg, Inc.

ID# 0036095

Report Period Beginning: 1/1/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Labs-Part A	\$ (14,788)	43	1
2	X-Rays-Part A	(5,896)	43	2
3	Diagnostics Managed Care	(5,563)	43	3
4	Trust Fees	(50)	43	4
5	Offset Barber & Beauty	(12,928)	40	5
6	Collections & Out of Period Legal	(12,339)	19	6
7	Marketing Salary	(2,241)	43	7
8	Unrealized loss on FMV swap	88,811	43	8
9	Gain and loss on disposal of mortgage costs	(40,680)	43	9
10	Lobbying Dues	(1,535)	20	10
11	Non-Allowable Finance Charge	(2,964)	32	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
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32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(10,173)		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 Expense		Sambell of Schaumburg Limited Partnership	**	246,089	246,089	2
3	V	32 Amortization of Mortgage Cost		Sambell of Schaumburg Limited Partnership	**	55,562	55,562	3
4	V	32 Interest		Sambell of Schaumburg Limited Partnership	**	475,402	475,402	4
5	V	33 Property Tax		Sambell of Schaumburg Limited Partnership	**	675,647	675,647	5
6	V	34 Rent	1,594,074	Sambell of Schaumburg Limited Partnership	**		(1,594,074)	6
7	V	43 Unrealized loss on FMV of Swap	88,811	Sambell of Schaumburg Limited Partnership	**		(88,811)	7
8	V	43 (Gain)/Loss - disposal - mortgage costs		Sambell of Schaumburg Limited Partnership	**	40,680	40,680	8
9	V	21 Miscellaneous Expense		Sambell of Schaumburg Limited Partnership	**	2	2	9
10	V	43 Trust fees		Sambell of Schaumburg Limited Partnership	**	50	50	10
11	V							11
12	V			** The owners of Lexington Health Care Center of Bloomingdale, Inc.				12
13	V			own 100% of Sambell of Bloomingdale Limited Partnership				13
14	Total		\$ 1,682,885			\$ 1,493,632	\$ * (189,253)	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		Royal Management Corp.	**	\$ 292	\$ 292	15	
16	V	5		Royal Management Corp.	**	7,572	7,572	16	
17	V	5		Royal Management Corp.	**	201	201	17	
18	V	5		Royal Management Corp.	**	543	543	18	
19	V	6		Royal Management Corp.	**	127,415	127,415	19	
20	V	6		Royal Management Corp.	**	7,881	7,881	20	
21	V	6		Royal Management Corp.	**	330	330	21	
22	V	7		Royal Management Corp.	**	13,619	13,619	22	
23	V	10		Royal Management Corp.	**	503	503	23	
24	V	10		Royal Management Corp.	**	24,379	24,379	24	
25	V	15		Royal Management Corp.	**	2,606	2,606	25	
26	V	17		Royal Management Corp.	**	20,726	20,726	26	
27	V	19		Royal Management Corp.	**	20,970	20,970	27	
28	V	19		Royal Management Corp.	**	85,128	85,128	28	
29	V	20		Royal Management Corp.	**	1,581	1,581	29	
30	V	20		Royal Management Corp.	**	15,009	15,009	30	
31	V	21		Royal Management Corp.	**	951,993	951,993	31	
32	V	21		Royal Management Corp.	**	2,585	2,585	32	
33	V	21		Royal Management Corp.	**	8,792	8,792	33	
34	V	21		Royal Management Corp.	**	4,354	4,354	34	
35	V	21		Royal Management Corp.	**	12,729	12,729	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		\$			\$ 1,309,208	\$ * 1,309,208	39	

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	23 Inservice Training	\$	Royal Management Corp.	**	\$ 569	\$ 569	15	
16	V	24 Travel & seminar		Royal Management Corp.	**	737	737	16	
17	V	25 Auto expense		Royal Management Corp.	**	16,381	16,381	17	
18	V	26 Insurance general		Royal Management Corp.	**	2,966	2,966	18	
19	V	27 Management allocation - employee benefits		Royal Management Corp.	**	103,972	103,972	19	
20	V	30 Depreciation		Royal Management Corp.	**	24,592	24,592	20	
21	V	32 Interest		Royal Management Corp.	**	15,226	15,226	21	
22	V	32 Amortization of mortgage costs		Royal Management Corp.	**	2,281	2,281	22	
23	V	33 Property taxes		Royal Management Corp.	**	6,542	6,542	23	
24	V	34 Rent expense		Royal Management Corp.	**	4,453	4,453	24	
25	V	35 Equipment rental		Royal Management Corp.	**	1,711	1,711	25	
26	V	17 Management fees	1,653,012	Royal Management Corp.	**	0	(1,653,012)	26	
27	V	35 Auto Lease		Royal Management Corp.	**	216	216	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. own 100% of Royal Management Corp.							37
38	V							38	
39	Total		\$ 1,653,012			\$ 179,646	\$ * (1,473,366)	39	

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

Facility Name &amp; ID Number

Lexington Health Care Center of Schaumburg, Inc.

# 0036095

Report Period Beginning:

1/1/18

Ending:

12/31/18

## 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

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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	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					Curatess, LLC	Lombard	Telemedicine	24
25					Republic Construction	Lombard	Construction Comp	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: 1/1/18 Ending: 12/31/18

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	\$ 5,324	L17, C7	1
2	John Samatas	Owner/Officer	Admin/Plant Ops	33.33	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	3,993	L17, C7	2
3	Cynthia Thiem	Owner/Officer	Administrative	33.34	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	5,324	L17, C7	3
4	Daniel Thiem	Executive Committee	Administrative		See Schedule 7A	See Sch 7B	See Sch 7B	Salary	3,993	L17, C7	4
5	Phil Thiem	Executive Committee	Administrative		See Schedule 7A	See Sch 7B	See Sch 7B	Salary	842	L17, C7	5
6	Jeremy Thiem	Executive Committee	Administrative		See Schedule 7A	See Sch 7B	See Sch 7B	Salary	1,252	L17, C7	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 20,726		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: 1/1/18 Ending: 12/31/18

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	722,335	10	\$ 2,704	\$ 78,110	\$ 292	1	
2	5	Utilities - gas & electric	Bed Days Available	722,335	10	70,024	78,110	7,572	2	
3	5	Utilities - water & sewer	Bed Days Available	722,335	10	1,855	78,110	201	3	
4	5	Utilities - maintenance office	Bed Days Available	722,335	10	5,025	78,110	543	4	
5	6	Management allocation - salaries	Bed Days Available	722,335	10	1,178,292	1,178,292	78,110	127,415	5
6	6	Repairs & maintenance	Bed Days Available	722,335	10	72,883	78,110	7,881	6	
7	6	Scavenger & exterminating	Bed Days Available	722,335	10	3,054	78,110	330	7	
8	7	Management allocation - employees	Bed Days Available	722,335	10	125,945	78,110	13,619	8	
9	10	Medical Consultant	Bed Days Available	722,335	10	4,651	78,110	503	9	
10	10	Management allocation - salaries	Bed Days Available	722,335	10	225,449	225,449	78,110	24,379	10
11	15	Management allocation - employees	Bed Days Available	722,335	10	24,098	78,110	2,606	11	
12	17	Management allocation - salaries	Bed Days Available	722,335	10	191,670	191,670	78,110	20,726	12
13	19	Computer consultant & supplies	Bed Days Available	722,335	10	193,924	78,110	20,970	13	
14	19	Professional fees	Bed Days Available	722,335	10	787,232	78,110	85,128	14	
15	20	Dues & subscriptions	Bed Days Available	722,335	10	14,624	78,110	1,581	15	
16	20	Advertising - help wanted	Bed Days Available	722,335	10	138,799	78,110	15,009	16	
17	21	Management allocation - salaries	Bed Days Available	722,335	10	8,803,710	8,803,710	78,110	951,993	17
18	21	Bank charges	Bed Days Available	722,335	10	23,902	78,110	2,585	18	
19	21	Office supplies & printing	Bed Days Available	722,335	10	81,306	78,110	8,792	19	
20	21	Postage	Bed Days Available	722,335	10	40,262	78,110	4,354	20	
21	21	Telephone	Bed Days Available	722,335	10	117,714	78,110	12,729	21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 12,107,123	\$ 10,399,121	\$ 1,309,208	25	

Facility Name & ID Number Lexington Health Care Center of Schaumburg, Inc. # 0036095 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	\$ 5,261	\$ 78,110	\$ 569	1
2	24	Travel and Seminar	Bed Days Available	722,335	10	6,817	78,110	737	2
3	25	Auto expense	Bed Days Available	722,335	10	151,483	78,110	16,381	3
4	26	Insurance general	Bed Days Available	722,335	10	27,426	78,110	2,966	4
5	27	Management allocation - employees	Bed Days Available	722,335	10	961,496	78,110	103,972	5
6	30	Depreciation	Bed Days Available	722,335	10	227,415	78,110	24,592	6
7	32	Interest	Bed Days Available	722,335	10	140,807	78,110	15,226	7
8	32	Amortization of mortgage costs	Bed Days Available	722,335	10	21,094	78,110	2,281	8
9	33	Property taxes	Bed Days Available	722,335	10	60,494	78,110	6,542	9
10	34	Rent expense	Bed Days Available	722,335	10	41,178	78,110	4,453	10
11	35	Equipment rental	Bed Days Available	722,335	10	15,819	78,110	1,711	11
12	35	Auto Lease	Bed Days Available	722,335	10	1,993	78,110	216	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					\$ 1,661,283	\$	\$ 179,646	25

Facility Name & ID Number Lexington Health Care Center of Schaumbur # 0036095 Report Period Beginning: 1/1/18 Ending: 12/31/18

## 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
	<b>A. Directly Facility Related</b>																			
	<b>Long-Term</b>																			
1	Lexington Financial						\$				\$	1								
2	Services, L.L.C.	X		Mortgage	Varies	5/22/2008		6,375,000		1/1/2033	Variable	192,361	2							
3	Midcap Financial Trust		X	Mortgage	Varies	5/29/2018		5,058,006	6,333,137	5/29/2021	Libor + 5.25%	283,041	3							
4				Finance Charge - Insurance Policy								2,964	4							
5													5							
	<b>Working Capital</b>																			
6	Bank of America		X	Working Capital	None	9/30/2013		300,000		1/31/2019	Prime/Libor		6							
7	LHCS of Lombard LP	X		Working Capital	None	2/20/2018		300,000	603,926	2/19/2020	Libor + 5.25%	23,908	7							
8	Shareholder	X		Working Capital	Varies	5/11/2012		452,000	469,813	Demand	Variable	29,975	8							
9	TOTAL Facility Related						\$	12,485,006	\$ 7,406,876			\$ 532,249	9							
	<b>B. Non-Facility Related*</b>																			
10												55,562	10							
11												(31,783)	11							
12												17,507	12							
13												(32,939)	13							
14	TOTAL Non-Facility Related						\$		\$			\$ 8,347	14							
15	TOTALS (line 9+line14)						\$	12,485,006	\$ 7,406,876			\$ 540,596	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.)

**Schedule 9A**

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

	1	2		3	4	5	6		7	8	9	10
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	<b>A. Directly Facility Related</b>											
	<b>Long-Term</b>											
1							\$	\$			\$	1
2												2
3												3
4												4
5												5
	<b>Working Capital</b>											
6												6
7												7
8												8
9	<b>TOTAL Facility Related</b>				\$0.00		\$ 0	\$ 0			\$ 0	9
	<b>B. Non-Facility Related*</b>											
10												10
11												11
12												12
13												13
14	<b>TOTAL Non-Facility Related</b>				\$0.00		\$ 0	\$ 0			\$ (32,939)	14

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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2017 report.			\$ <u>596,000</u>	1	
	2017				
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.)			\$ <u>618,691</u>	2	
3. Under or (over) accrual (line 2 minus line 1).			\$ <u>22,691</u>	3	
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)			\$ <u>637,273</u>	4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$ <u>16,135</u>	5	
		Alloc Fr. Mgmt Co.	6,542		
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ <u>452</u> For <u>2014-15</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$ <u>(452)</u>	6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$ <u>682,189</u>	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2013	<u>580,544</u>	8		
	2014	<u>565,184</u>	9		
	2015	<u>571,449</u>	10		
	2016	<u>578,572</u>	11		
	2017	<u>618,691</u>	12		
<a href="#">See attached real estate accrual sheet</a>					
				<b>FOR BHF USE ONLY</b>	
				13	13
				14	14
				15	15
				16	16

**NOTES:**

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

**2017 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 2017 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 2017.

(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>618,691.00</u>	\$ <u>618,691.00</u>
2. <u>Royal Management Corp. (Samvest of Lombard II)</u>		\$ _____	\$ _____
3. <u>05-01-202-021</u>	<u>Land &amp; Building</u>	\$ <u>253,934.82</u>	\$ <u>6,542.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u>872,625.82</u>	\$ <u>625,233.00</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

**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:

1/1/18

Ending:

12/31/18

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 85541 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

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 an index column. 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	\$ 5,000,600	4
5			1995	1995	146,217	4,178	35	4,178		94,000	5
6						-		-			6
7						-		-			7
8						-		-			8
	<b>Improvement Type**</b>										
9		Building improvements	1991		3,521	-	10	-		3,491	9
10		Building improvements	1992		860	25	35	25		656	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		3,309	13
14		Basement rehab	1997		14,697	-	10	-		14,697	14
15		Brick	1997		1,500	43	35	43		919	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		Refile 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 &amp; ID Number Lexington Health Care Center of Schaumburg, Inc.

# 0036095

Report Period Beginning:

1/1/18

Ending:

12/31/18

**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		284,542	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		634	42
43	Repave parking lot	2004	28,840	721	40	721		10,394	43
44	Dining room remodel - paint	2004	11,387	569	20	569		8,347	44
45	Landscaping	2005	593	30	20	30		402	45
46	HVAC upgrade	2005	17,734	887	20	887		11,604	46
47	Generator upgrade	2005	19,650	983	20	983		13,761	47
48	Window replacement	2005	3,899	195	20	195		2,600	48
49	Flooring replacement	2005	1,483	74	20	74		987	49
50	Lobby, lounge and reception rehab	2005	27,180	1,359	20	1,359		17,667	50
51	Therapy room rehab	2005	35,135	1,757	20	1,757		23,132	51
52	Create first floor therapy room	2005	32,045	1,602	20	1,602		22,162	52
53	Create transitional care unit	2005	29,170	1,458	20	1,458		19,077	53
54	Basement renovation	2005	5,996	300	20	300		3,900	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		10,573	59
60	Landscaping Enhancement	2006	7,608	507	15	507		6,211	60
61	HVAC	2006	12,232	612	20	612		7,395	61
62	Sink	2006	2,331	117	20	117		1,481	62
63	TCU Units	2006	16,379	819	20	819		10,033	63
64	Employee lunch room rehab	2006	8,127	406	20	406		5,076	64
65	Dining room rehab	2006	2,357	118	20	118		1,475	65
66	Basement renovation	2006	9,465	473	20	473		5,834	66
67	Oxygen room rehab	2006	2,664	133	20	133		1,641	67
68				-		-			68
69				-		-			69
70	TOTAL (lines 4 thru 69)		\$ 7,100,938	\$ 34,787		\$ 208,819	\$ 174,032	\$ 5,804,709	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:

1/1/18

Ending:

12/31/18**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 7,100,938	\$ 34,787		\$ 208,819	\$ 174,032	\$ 5,804,709	1
2	Replace Sidewalk	2007	14,625	731	20	731		8,346	2
3	Landscaping	2007	15,700	785	20	785		8,831	3
4	Emergency A/C	2007	15,545	777	20	777		9,000	4
5	1st Floor Remodel - Carpentry, Flooring, Plumbing, Paint	2007	676,072	-	40	16,902	16,902	191,556	5
6	Bathroom Faucets	2007	12,358	618	20	618		6,849	6
7	Landscaping	2008	10,000	667	15	667		7,114	7
8	Roofing	2008	11,950	598	20	598		6,179	8
9	HVAC-Air tank	2008	2,671	67	40	67		698	9
10	HVAC-Spot Cooler	2008	3,790	95	40	95		950	10
11	Electrical-Fire panel upgrade	2008	71,077	1,777	40	1,777		18,955	11
12	Electrical-Replace Gasket	2008	6,125	613	10	302	(311)	6,125	12
13	2nd floor remodel-carpentry, painting, plumbing,electrical	2008	558,949	-	27	20,325	20,325	206,638	13
14	Panel Brick Replacement	2009	184,595	9,230	20	9,230		83,070	14
15	Land Improvements	2009	12,400	620	20	620		5,890	15
16	Parking Lot	2009	4,600	230	20	230		2,185	16
17	Front Entrance Improvements	2009	28,660	717	40	717		6,692	17
18	HVAC Quick Connectors	2009	5,591	140	40	140		1,318	18
19	HVAC Spot Cooler	2009	4,254	106	40	106		998	19
20	1st floor Admin-Tile,electical	2009	11,679	292	40	292		2,628	20
21	Kitchen Plumbing	2009	8,210	821	10	821		7,800	21
22	Fire Alarm Electrical	2009	31,710	793	40	793		7,401	22
23	Glass & Mirror Med Room	2009	2,836	284	10	284		2,769	23
24	2nd Floor Remodel -Carpentry	2009	14,592	730	20	730		7,188	24
25	Patio Pergola	2009	9,505	475	20	475		4,394	25
26	Patio Fence	2009	5,100	255	20	255		2,316	26
27	Landscaping	2009	17,332	1,155	15	1,155		10,973	27
28	3rd Floor Remodel-Carpentry, flooring,electrical,painting	2009	627,866	-	27	22,832	22,832	211,196	28
29	Landscaping Enhancement	2010	14,885	992	15	992		8,598	29
30	Physician Office carpentry	2010	4,849	177	27	177		1,431	30
31	Kitchen Pantries construction	2010	5,676	207	27	207		1,656	31
32	HVAC Admin Office	2010	7,357	268	27	268		2,178	32
33	Loading Ramp/Foundation Wall	2010	3,000	200	15	200		1,783	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,504,497	\$ 59,207		\$ 292,987	\$ 233,780	\$ 6,648,414	34

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

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

# 0036095

Report Period Beginning:

1/1/18

Ending:

12/31/18

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 9,504,497	\$ 59,207		\$ 292,987	\$ 233,780	\$ 6,648,414	1
2	Hallway doors	2010	14,916	1,492	10	1,492		12,060	2
3	Library/Lounge carpentry,electrical,painting,signs	2010	5,009	183	27	183		1,464	3
4	Basement carpentry	2010	3,945	144	27	144		1,272	4
5	Patio/Pergola	2010	12,005	1,201	10	1,201		9,808	5
6	Office carpentry, flooring, electrical, painting, signs, HVAC	2010	50,935	2,091	27	2,091		26,234	6
7				-		-			7
8	Fire Dampers	2011	65,681	-	27	2,388	2,388	16,918	8
9	Parking Lot Remodel (Adjusted for Capital Audit)	2011	141,596	-	27	6,173	6,173	43,211	9
10	Kitchen Hood/duct work	2011	22,604	822	27	822		5,959	10
11	Payroll Office Remodel - Electrical and Wiring	2011	2,696	98	27	98		743	11
12	Metal edging & drain tile	2011	5,442	363	27	363		2,571	12
13	Repair doors on 1st floor	2011	39,986	1,454	27	1,454		10,178	13
14	Office Remodel - carpentry, flooring, electrical, painting, signs	2011	22,584	821	27	821		5,815	14
15	Exhaust Study HVAC	2011	5,736	209	27	209		1,619	15
16	Pipe and fitting	2011	4,375	159	27	159		1,153	16
17	Laundry Room Remodel - Flooring, Ceiling Tiles and Painting	2011	9,388	341	27	341		2,529	17
18	New Marker Boards	2011	9,887	360	27	360		2,850	18
19	Interior Doors	2011	6,183	225	27	225		1,631	19
20	2nd Floor Doors	2011	27,318	993	27	993		7,282	20
21				-		-			21
22	End Air Louvers	2012	3,744	-	27	136	136	918	22
23	Parking Lot (Adjusted for Capital Audit)	2012	-	-		-		-	23
24	Kitchen steel hood, floor, sink, drywall and tile	2012	7,307	266	27	266		1,789	24
25	Fire Pump basement	2012	3,461	126	27	126		850	25
26	Replace holding tank	2012	21,985	799	27	799		5,327	26
27	1st floor door opener	2012	8,646	314	27	314		2,015	27
28				-		-			28
29	EMR Wiring - Entire Facility	2013	20,058	729	27	729		3,767	29
30	Landscaping - Stump Removal/Trees	2013	42,118	-	15	2,808	2,808	14,570	30
31				-		-			31
32				-		-			32
33				-		-			33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,062,101	\$ 72,397		\$ 317,682	\$ 245,285	\$ 6,830,947	34

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

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

# 0036095

Report Period Beginning:

1/1/18

Ending:

12/31/18

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 10,062,101	\$ 72,397		\$ 317,682	\$ 245,285	\$ 6,830,947	1
2				-		-			2
3	Elevator Renovation - Centrally located	2014	183,936	6,689	27	6,689		27,870	3
4	R/M Reclass: Adding Double Egress Doors (Basement)	2014	3,279	-	27	121	121	545	4
5	R/M Reclass: Install container fence & garbage container	2014	5,674	-	15	378	378	1,701	5
6	R/M Reclass: Cast iron waste line for grease trap (kitchen)	2014	8,000	-	27	296	296	1,332	6
7	R/M Reclass: Patching and crack sealing (parking lot)	2014	9,700	-	20	485	485	2,183	7
8	Kitchen Sewer Line Addition	2014	7,075	193	27	193		965	8
9				-		-			9
10	EMR Wiring - Entire Facility	2015	5,896	214	6	214		767	10
11	R/M Reclass: Decorating & Tile for Service Ramp	2015	3,503	-	20	176	176	614	11
12	R/M Reclass: Striping & Sealing Parking Lot	2015	5,400	-	20	270	270	947	12
13	R/M Reclass: Landscaping to the Entire property	2015	13,693	-	15	913	913	3,195	13
14				-		-			14
15	Electrical Wiring - Entire Facility	2016	4,474	447	10	447		1,120	15
16	Chair Rail Installation in First Floor Rooms	2016	11,516	419	27.5	419		943	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	1,750	17
18				-		-			18
19	R/M: Rusted end dome caps repair (cutting, grinding, welding) in the mechanical room	2016	2,750	-	15	183	183	458	19
20				-		-			20
21				-		-			21
22	Window replacement's	2017	20,739	1,037	20	1,037	(0)	1,123	22
23	R/M Reclass : Furnish and install freeze door - kitchen	2017	2,845	-	27	105	105	158	23
24	R/M Reclass : Removal of Trees and Stumps	2017	5,225	-	15	348	348	522	24
25	R/M Reclass : Cooling Water Treatment, Water Biocide	2017	5,571	-	10	557	557	836	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 server, 3rd floor linen room, 3rd floor tub/shower, 3rd floor staff restroom, LL Equip room, 1st floor staff restroom)	2017	4,187	-	27	155	155	233	26
27				-		-			27
28				-		-			28
29				-		-			29
30				-		-			30
31				-		-			31
32				-		-			32
33	Reconcile to book			-1,072		-	1,072		33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,376,065	\$ 80,324		\$ 331,370	\$ 251,046	\$ 6,878,212	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:

1/1/18

Ending:

12/31/18

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 10,376,065	\$ 80,324		\$ 331,370	\$ 251,046	\$ 6,878,212	1
2				-		-			2
3	Building - management company	2002	285,241	-	40	6,165	6,165	139,381	3
4	HVAC, electrical, security system - management company	2003	2,505	-	30	214	214	2,142	4
5	Key card system - management company	2004	394	-	20	19	19	284	5
6	VAV TX controls - management company	2005	120	-	20	6	6	83	6
7	Interior Signs - management company	2006	87	-	20	6	6	71	7
8	Building improvements - management company	2008	12,610	-	20	148	148	5,707	8
9	Building improvements - management company	2009	2,405	-	20	129	129	1,246	9
10	Building improvements - management company	2010	2,359	-	20	99	99	1,133	10
11	Building improvements - management company	2011	1,774	-	20	81	81	620	11
12	Building improvements - management company	2012	5,577	-	20	201	201	1,366	12
13	Building improvements - management company	2013	4,634	-	20	262	262	1,709	13
14	Building improvements - management company	2014	2,508	-	20	245	245	1,131	14
15	Building improvements - management company	2015	441	-	20	53	53	189	15
16	Building improvements - management company	2016	7,277	-	20	527	527	1,290	16
17	Building improvements - management company	2017	4,654	-	20	196	196	288	17
18	Building improvements - management company	2018	883	-	20	18	18	19	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,709,534	\$ 80,324		\$ 339,739	\$ 259,415	\$ 7,034,871	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	\$ 191,174	\$ 31,096	\$ 31,096	\$ -	5-20	\$ 114,139	71
72	Current Year Purchases	11,004	393	393	-	7	393	72
73	Fully Depreciated Assets	852,301			-	5-7	852,301	73
74	Allocated from Mgmt. Co.	547,684		14,356	14,356	5-7	501,760	74
75	TOTALS	\$ 1,602,163	\$ 31,489	\$ 45,845	\$ 14,356		\$ 1,468,592	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.			51,837	-	1,867	1,867		46,876	79
80	TOTALS			\$ 51,837	\$ -	\$ 1,867	\$ 1,867		\$ 46,876	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)	\$ 12,595,679	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 111,813	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 387,451	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 275,638	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,550,338	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	Allocated from Mgmt. Co.				4,453			6
7	TOTAL				\$ 4,453			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.	_____ /2019	\$ _____
13.	_____ /2020	\$ _____
14.	_____ /2021	\$ _____

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: \$ 81,822 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.			216	20
21	TOTAL		\$	\$ 216	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:** 12/31/18

**Schedule 14A**

**XIV. Rental Costs**

**Line 16 Rental Amount for Moveable Equipment**

<u>Rental Description</u>	<u>Amount</u>
Copier	6,298
Mailing System	162
Medical Equipment	34,806
Oxygen	38,845
Allocated from Mgmt. Company	1,711
Total	<u>81,822</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>
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**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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

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

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

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

	Service	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	\$	7,777	\$ 429,344	\$	7,777	\$ 429,344	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		2,542	101,034		2,542	101,034	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(2), (3)	hrs		11,804	567,220	2,873	11,804	570,093	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				337,411		337,411	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Ambulance</u>	39(3)				5,430			5,430	12
13	Other (specify): <u>See Sch. 16A</u>	39(2)					11,080		11,080	13
14	TOTAL			\$	22,122	\$ 1,103,028	\$ 351,364	22,122	\$ 1,454,392	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:** 12/31/18

**Schedule 16A**

**XIV. Special Services (Direct Cost)**

**Line 13 Other (specify)**

<b>Description</b>	<b>Schedule V line and column reference</b>	<b>Amount</b>
Oxygen	39(2)	10,946
DME	39(2)	134
<b>Total - Line 13</b>		<b><u>11,080</u></b>

Facility Name & ID Number Lexington Health Care Center of Schaumburg, Inc. # 0036095 Report Period Beginning: 1/1/18 Ending: 12/31/18  
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/18 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 26,493	\$ 104,542	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>1,642,286</u> )	812,606	812,606	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	198,810	198,810	6
7	Other Prepaid Expenses	36,338	36,338	7
8	Accounts Receivable (owners or related parties)	354	354	8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,074,601	\$ 1,152,650	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		232,145	13
14	Buildings, at Historical Cost		6,091,126	14
15	Leasehold Improvements, at Historical Cost	2,020,931	4,618,408	15
16	Equipment, at Historical Cost	564,789	1,654,000	16
17	Accumulated Depreciation (book methods)	(1,593,884)	(8,550,338)	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 (sp) <u>Rec. fr. Ins. Recovery</u>	6,000	6,000	22
23	Other(specify): <u>Mortgage Cost, Net</u>		225,081	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 997,836	\$ 4,276,422	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,072,437	\$ 5,429,072	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 525,697	\$ 525,697	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	432,557	432,557	30
31	Accrued Taxes Payable (excluding real estate taxes)	16,447	16,447	31
32	Accrued Real Estate Taxes(Sch.IX-B)		637,273	32
33	Accrued Interest Payable		41,442	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Schedule 17A</u>	9,257,364	3,230,185	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 10,232,065	\$ 4,883,601	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	1,073,739	1,073,739	39
40	Mortgage Payable		6,333,137	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 1,073,739	\$ 7,406,876	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 11,305,804	\$ 12,290,477	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (9,233,367)	\$ (6,861,405)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,072,437	\$ 5,429,072	48

\*(See instructions.)

**Facility Name:** Lexington Health Care Center of Schaumburg, Inc.  
**IDPH License ID Number:** 0036095  
**Fiscal Year End:** 12/31/18

**Schedule 17A**

**XV. Balance Sheet**

**Line 36 Other Current Liabilities (specify):**

Description	Operating	After Consolidation
CASH PATIENT TRUST	28,284	28,284
RENT RECEIVABLE	-	(6,104,612)
DUE FROM SAMBELL SCHAUMBURG	(77,433)	(77,433)
DUE TO LEX FIN SVCS I	(1)	(1)
DUE TO / FROM REHAB CARE THERAPY	8,976	8,976
PREPAID INSURANCE	46,898	46,898
COBRA	3,081	3,081
WITHHOLDING - DENTAL INSURANCE	1,106	1,106
WITHHOLDING - EP/CI/WL	2,231	2,231
Vision Withholding	224	224
401K WITHHOLDING	4,829	4,829
ACCRUED EXPENSES	44,259	44,259
ACCRUED RESIDENT TAX	-	-
ACCRUED VESTA 3% MANAGEMENT FEES	2,817,639	2,817,639
ACCRUED ROYAL MANAGEMENT FEES	(77,051)	(77,051)
ACCRUED RENT	6,104,612	6,104,612
ACCRUED INSURANCE	145,479	145,479
DUE TO PATIENT TRUST FUND	(24,117)	(24,117)
ADVANCE - BIWEEKLY PART A PAYM	36,847	36,847
UNCOLLECTIBLE PART A CO PVTS	-	-
DUE TO - ROYAL OPERATIONS	25,039	25,039
DUE TO REPUBLIC	10,061	10,061
Due to LHCC Elmhurst	-	-
Due to LaGrange	45,106	45,106
Due to LHCC Lombard	120,000	120,000
Due to Wheeling	-	-
Due From Ins Carrier	(20,705)	(20,705)
Due from/(to) Lhcc Schaumburg	-	77,433
PROFESSIONAL LIABILITIES CLAIM	12,000	12,000
<b>Total - Line 36</b>	<b>9,257,364</b>	<b>3,230,185</b>

- -

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b>	
		<b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(6,925,887)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Changes in Equity and Post Closing Adjustment</b>	<b>(140,490)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(7,066,377)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(2,166,990)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(2,166,990)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(9,233,367)</b>	<b>24</b> *

\* 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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 19,202,469	1
2	Discounts and Allowances for all Levels	(9,986,861)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 9,215,608	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,684,232	6
7	Oxygen	47,919	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 3,732,151	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	706	12
13	Barber and Beauty Care	14,426	13
14	Non-Patient Meals	1,983	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	475,459	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	127,804	19
20	Radiology and X-Ray	10,817	20
21	Other Medical Services	402,573	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 1,033,768	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income****	31,783	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 31,783	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28			28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 14,013,310	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,839,333	31
32	Health Care	6,269,186	32
33	General Administration	3,904,342	33
<b>B. Capital Expense</b>			
34	Ownership	1,842,845	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,913,593	35
36	Provider Participation Fee	411,001	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 16,180,300	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(2,166,990)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (2,166,990)	43
<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 2,489,201	44
45	Private Pay - Net Inpatient Revenue	1,168,573	45
46	Medicare - Net Inpatient Revenue	868,585	46
47	Other-(specify) <u>Managed Care</u>	4,689,249	47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 9,215,608	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:

1/1/18

Ending:

12/31/18

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	1,768	2,145	\$ 145,469	\$ 67.82	1
2	Assistant Director of Nursing	2,901	3,589	154,248	42.98	2
3	Registered Nurses	36,358	46,865	1,559,120	33.27	3
4	Licensed Practical Nurses	23,613	30,228	795,657	26.32	4
5	CNAs & Orderlies	108,752	133,840	2,079,891	15.54	5
6	CNA Trainees	-	-	-		6
7	Licensed Therapist	-	-	-		7
8	Rehab/Therapy Aides	-	-	-		8
9	Activity Director	1,593	2,257	32,440	14.37	9
10	Activity Assistants	7,410	8,670	91,632	10.57	10
11	Social Service Workers	7,183	8,632	180,725	20.94	11
12	Dietician	1,677	1,962	60,107	30.63	12
13	Food Service Supervisor	1,456	1,716	53,035	30.91	13
14	Head Cook	376	730	22,804	31.25	14
15	Cook Helpers/Assistants	22,771	28,268	336,047	11.89	15
16	Dishwashers	-	-	-		16
17	Maintenance Workers	1,974	2,220	48,334	21.77	17
18	Housekeepers	30,039	36,924	433,686	11.75	18
19	Laundry	-	-	1,957		19
20	Administrator	1,683	2,220	168,835	76.04	20
21	Assistant Administrator	-	-	-		21
22	Other Administrative	-	-	-		22
23	Office Manager	-	-	-		23
24	Clerical	4,674	6,152	98,246	15.97	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	1,678	2,068	38,375	18.56	31
32	Other Health C: See Sch 20A	20,773	26,001	708,470	27.25	32
33	Other(specify) <u>Marketing</u>	-	-	2,241		33
34	TOTAL (lines 1 - 33)	276,677	344,486	\$ 7,011,318 *	\$ 20.35	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	\$ 252	1(3)	35
36	Medical Director	Monthly	23,000	9(3)	36
37	Medical Records Consultant	Monthly	764	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	17,643	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	4,752	11(3)	44
45	Social Service Consultant	Monthly	3,179	12(3)	45
46	Other(specify) <u>Pulmonary Exchange</u>	Monthly	42,436	10(3)	46
47	<u>Medical Consultant</u>	Monthly	503	10(7)	47
48	<u>See Sch 20B</u>	Monthly	13,134	10(3)	48
49	TOTAL (lines 35 - 48)		\$ 105,663		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	50	\$ 2,996	10(3)	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	50	\$ 2,996		53

**Facility Name:** Lexington Health Care Center of Schaumburg, Inc.  
**IDPH License ID Number:** 0036095  
**Fiscal Year End:** 12/31/18

**Schedule 20A**

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

<b>Description</b>	<b># of Hrs. Actually Worked</b>	<b># of Hrs. Paid and Accrued</b>	<b>Total Salaries</b>	<b>Average Hourly Wage</b>
Accounts Coordinator	1,725	2,139	36,936	17.27
Admissions	542	644	18,459	28.67
Clinical Coordinator	3,346	4,421	158,103	35.76
Dietetic Technician	1,563	1,941	43,366	22.34
MDS	3,558	4,508	147,481	32.71
Staffing Coordinator	1,946	2,349	43,451	18.50
Memory Program Director	(378)	(405)	(10,952)	27.06
Unit Secretary	6,669	8,119	197,909	24.38
Wound Care Coordinator	1,802	2,285	73,717	32.27
<b>Total - Line 32 Other Health Care (specify):</b>	<b>20,773</b>	<b>26,001</b>	<b>708,470</b>	

**Facility Name:** Lexington Health Care Center of Schaumburg, Inc.  
**IDPH License ID Number:** 0036095  
**Fiscal Year End:** 12/31/18

**Schedule 20B**

**B. CONSULTANT SERVICES**

<b>Description</b>	<b>Number of Hrs. Paid &amp; Accrued</b>	<b>Total Consultant Cost for Reporting Period</b>	<b>Schedule V Line &amp; Column Reference</b>
Post Acute Consultant	Monthly	4,009	10(3)
Telemedicine Consultant	Monthly	9,125	10(3)
<b>Total - Line 48</b>		<b>13,134</b>	

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries			Ownership	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%	Amount	Description	Amount	Description	Amount	
Patrick DiPaolo	Administrator	0	\$ 145,739	Workers' Compensation Insurance	\$ 138,514	IDPH License Fee	\$ 1,990	
Ma. Mavietter Gleeson	Administrator	0	23,096	Unemployment Compensation Insurance	45,209	Advertising: Employee Recruitment	17,704	
				FICA Taxes	526,014	Health Care Worker Background Check (Indicate # of checks performed 107 )	1,289	
				Employee Health Insurance	256,378	Patient Background Checks	571	
				Employee Meals		Miscellaneous Licenses & Fees	5,100	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Dues & Subscriptions	576	
				401K Contributions	16,605	IHCA	4,818	
				Other Employee Benefits	28,919	Non allowable dues	(1,535)	
				Uniform Allowance	2,619	Management Company Allocation	16,590	
				Tuition	6,768	Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 168,835	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 1,021,026		\$ 53,383		
B. Administrative - Other			Amount	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			\$ 923,520	N/A			Out-of-State Travel	\$
Royal-Shared services			729,492				In-State Travel	
							Seminar Expense	
							Management Company Allocation	737
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,653,012	TOTAL		\$	Entertainment Expense	( )
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 737
C. Professional Services			Amount					
Vendor/Payee	Type		Amount					
Much Shelist	Legal		\$ 16,082					
Duane Morris	Legal		1,432					
McGuire Woods	Legal		3,755					
Secretary of State	Legal		100					
Hinshaw & Culbertson	Legal		234					
Huges Socol Piers	Legal		942					
Midcap Financial	Legal		2,761					
Generation Law Limited	Legal		3,147					
Monahan Law Group ,LLC	Legal		1,343					
Bert Spilker & Associates	Legal		76					
See Sch 21C	See Sch 21C		176,149					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 206,020					

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name: Lexington Health Care Center of Schaumburg, Inc.  
 IDPH License ID Number: 0036095  
 Fiscal Year End: 12/31/18

**Schedule 21C**

**NIX. SUPPORT SCHEDULES**  
**C. Professional Services**

Vendor	Type	Amount
National Datacare Corp.	Computer Services	1,772
Amda	Computer Services	395
Comp Supply	Computer Services	1,436
Touch Point	Computer Services	2,553
Health Medx Software	Computer Services	674
Gp Software	Computer Services	6,044
Lawson	Computer Services	12,720
Computer Services - Prof Services	Computer Services	3,399
Computer Software	Computer Services	16,625
Connected For Care Llc	Computer Services	10,665
Hardware Support	Computer Services	59
Icims	Computer Services	4,838
Info Controls	Computer Services	2,688
Mhc Sw	Computer Services	22
Ms Licensing	Computer Services	12,255
Netsmart	Computer Services	2,921
On Shift	Computer Services	8,442
Refias	Computer Services	9,540
Salesforce	Computer Services	8,705
Softchoice	Computer Services	5,164
Various	Collections	11,679
RSM US LLP	Accounting	36,686
The Joint Commission	Joint Commission consultant	6,525
Royal Management Operatoin	Consulting	1,201
Personnal Planners	U/C Consulting	840
Lexington Financial Services	Financial	4,343
Midcap Financial	Rent	3,958

**Total (agree to Schedule V, line 19, column 3) 206,020**

Allocated from Management Company Professional Services 200  
 Less: Non-Allowable Legal Fees (12,339)  
193,881

<b>Allocated from Mgmt Co.</b>		
Much Shelist	Legal	1,596
Duane Morris	Legal	1,021
Partridge Partners	Legal	77
RSM	Accounting	1,752
Friedman & Huey	Accounting	528
IL Secretary of State	Filing Fees	5
West Suburban Bank	Banking	6
Personnel Planners	U/C Consultant	11
LaSalle Network	Recruiting / Finance	9,255
Pension Administrators, Inc.	401K Administration	241
Gene Whitehorn	Public Aid Pending Consultant	1,595
Steely Group LLC	Financial Consulting	2,602
M Werner Consulting	Public Aid Consultant	72
Early Stage Solutions	Financial Consulting	17,643
Objective Arts	Public Aid Pending Consultants	323
Adam Leflon	Financial Consulting	7,482
Brilliant Staffing LLC	Financial Consulting	2,487
Mark J Eemigenburg	Budgeting Consultant	2,328
Deloitte Consulting LLP	Compensation Consulting	1,091
John Mattone Partners	Workplace Consultant	6,016
Mark Rodeghier	Survey Preparation Consultant	322
JGC Advisors LLC	Contracting Consultant	151
Michel Desjardins	Contracting Consultant	81
Pathway Health Services	Operational & Financial Consulting	(172)
Brandlin & Associates	Banking Consultants	23,207
Steven Wood	Strategy/Operations Consulting	915
Susan Parker	Social Service Consultant	15
Focus Pointe Global	Strategic Planning	253
Andrzej Stankiewicz	General Business Consulting	212
DLC	Financial Planning & Analysis	3,400
Fieldwork	Recruitment Consultant	454
Computer Services	Computer Consulting	20,970
		<u>105,939</u>

Allocated from SV of Lombard II  
 Friedman & Huey Accounting 131  
 Duane Morris Legal 25  
 Illinois Secretary of State Filing Fees 3  
159

**Total (agree to Schedule V, line 19, column 8) 299,979**

Facility Name & ID Number Lexington Health Care Center of Schaumburg, Inc.# 0036095

Report Period Beginning:

1/1/18

Ending:

12/31/18**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 - \$4818
- (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? 7 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 48,325 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. \$ 411,001  
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. \$ Yes Has any meal income been offset against related costs? Yes Indicate the amount. \$ 1983
- (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? Yes  
Firm Name: RSM US LLP
- (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.