FOR BHF USE

LL1

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2014)

I. IDPH License ID Number: 0036095

Facility Name: Lexington of Schaumburg

Address: 675 South Roselle Rd (Number) | Schaumburg (City) | 60193 (Zip Code)

County: Cook

Telephone Number: (847) 351-5500 **Fax #** (847) 352-8592

HFS ID Number:

Date of Initial License for Current Owners: 3/3/90

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Amanda Springborn **Telephone Number:** (314) 925-3838
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2014 to 12/31/2014 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address) McGladrey LLP, 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847) 517-7067

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 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: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF			15,316	15,316	8
9	SNF/PED					9
10	ICF	42,771	6,773		49,544	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	42,771	6,773	15,316	64,860	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.04%

D. How many bed-hold days during this year were paid by the Department?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

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

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 [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 214 and days of care provided 11,480

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/14 Fiscal Year: 12/31/14

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

Facility Name & ID Number Lexington of Schaumburg # 0036095 **Report Period Beginning:** 01/01/2014 **Ending:** 12/31/2014

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	420,825	39,168	3,350	463,343		463,343		463,343			1
2	Food Purchase		407,549		407,549		407,549	(21,233)	386,316			2
3	Housekeeping	371,166	37,446		408,612		408,612	280	408,892			3
4	Laundry	86,436	25,319		111,755		111,755		111,755			4
5	Heat and Other Utilities			258,234	258,234		258,234	8,377	266,611			5
6	Maintenance	32,712		204,639	237,351		237,351	55,279	292,630			6
7	Other (specify):* **Mgmt Co. - Allocated**							11,445	11,445			7
8	**TOTAL General Services**	911,139	509,482	466,223	1,886,844		1,886,844	54,148	1,940,992			8
	B. Health Care and Programs											
9	Medical Director			34,313	34,313		34,313		34,313			9
10	Nursing and Medical Records	5,283,539	497,598	111,356	5,892,493		5,892,493	50,193	5,942,686			10
10a	Therapy											10a
11	Activities	241,737	33,638	10,194	285,569		285,569		285,569			11
12	Social Services	121,461		4,267	125,728		125,728		125,728			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* **Mgmt Co. - Allocated**							6,858	6,858			15
16	**TOTAL Health Care and Programs**	5,646,737	531,236	160,130	6,338,103		6,338,103	57,051	6,395,154			16
	C. General Administration											
17	Administrative	125,316		1,704,646	1,829,962		1,829,962	(1,646,152)	183,810			17
18	Directors Fees											18
19	Professional Services			279,799	279,799		279,799	21,377	301,176			19
20	Dues, Fees, Subscriptions & Promotions			39,929	39,929		39,929	4,383	44,312			20
21	Clerical & General Office Expenses	167,726	23,844	52,393	243,963		243,963	679,894	923,857			21
22	Employee Benefits & Payroll Taxes			1,251,282	1,251,282		1,251,282	19,813	1,271,095			22
23	Inservice Training & Education			8,140	8,140		8,140	843	8,983			23
24	Travel and Seminar							1,731	1,731			24
25	Other Admin. Staff Transportation			7,297	7,297		7,297	15,510	22,807			25
26	Insurance-Prop.Liab.Malpractice			477,261	477,261		477,261	11,373	488,634			26
27	Other (specify):* **Mgmt Co. - Allocated**							107,178	107,178			27
28	**TOTAL General Administration**	293,042	23,844	3,820,747	4,137,633		4,137,633	(784,050)	3,353,583			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	6,850,918	1,064,562	4,447,100	12,362,580		12,362,580	(672,851)	11,689,729			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Lexington of Schaumburg #0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			219,936	219,936		219,936	357,709	577,645			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			47,661	47,661		47,661	390,645	438,306			32
33	Real Estate Taxes							793,459	793,459			33
34	Rent-Facility & Grounds			2,177,693	2,177,693		2,177,693	(2,172,995)	4,698			34
35	Rent-Equipment & Vehicles			92,285	92,285		92,285	2,664	94,949			35
36	Other (specify):*											36
37	**TOTAL Ownership**			2,537,575	2,537,575		2,537,575	(628,518)	1,909,057			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		619,412	1,530,044	2,149,456		2,149,456		2,149,456			39
40	Barber and Beauty Shops	6,989		6,110	13,099		13,099		13,099			40
41	Coffee and Gift Shops			3,781	3,781		3,781		3,781			41
42	Provider Participation Fee			442,608	442,608		442,608		442,608			42
43	Other (specify):* Non-Allowable Cos	151,557		167,077	318,634		318,634	(318,634)				43
44	**TOTAL Special Cost Centers**	158,546	619,412	2,149,620	2,927,578		2,927,578	(318,634)	2,608,944			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	7,009,464	1,683,974	9,134,295	17,827,733		17,827,733	(1,620,003)	16,207,730			45

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

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,420)	2		4
5	Telephone, TV & Radio in Resident Rooms	(7,176)	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	113	30		9
10	Interest and Other Investment Income	(47,279)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(13,763)	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	(2,860)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(67,635)	43		24
25	Fund Raising, Advertising and Promotional	(29,640)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(2,009)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		43		28
29	Other-Attach Schedule See Page 5A	(43,406)	Var.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (215,075)		$	30

BHF USE ONLY								
48		49		50		51		52

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

		1 Amount	2 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)	(1,404,928)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (1,404,928)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,620,003)		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 Yes	2 No	3 Amount	4 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

Lexington of Schaumburg

ID# 0036095

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Labs-Part A	$ (16,328)	43	1
2	X-Rays-Part A	(21,514)	43	2
3	Diagnostics Managed Care	(6,152)	43	3
4	Trust Fees	(120)	43	4
5	Out of period legal/Collections	(4,454)	19	5
6	Marketing Software	(5,004)	19	6
7	Marketing Salary	(151,557)	43	7
8	Unrealized loss on FMV swap	188,605	43	8
9	Disallow Marketing Software	(229)	20	9
10	Capitalize R/M over $2,500	(26,653)	06	10
11				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
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(43,406)		49

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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-Supplemen		

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. [X] 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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: 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	**	283,102	283,102	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	**	417,521	417,521	4
5	V	33	Property taxes		Sambell of Schaumburg Limited Partnership	**	785,693	785,693	5
6	V	34	Rental expense	2,177,693	Sambell of Schaumburg Limited Partnership	**		(2,177,693)	6
7	V	43	Trust fees		Sambell of Schaumburg Limited Partnership	**	120	120	7
8	V	43	Unrealized gain FMV swap	188,605	Sambell of Schaumburg Limited Partnership	**		(188,605)	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			$ 2,366,298			$ 1,489,353	$ * (876,945)	14

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

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	3	Housekeeping supplies	$	Royal Management Corp.	**	$ 280	$ 280	15
16	V	5	Utilities - gas & electric		Royal Management Corp.	**	7,304	7,304	16
17	V	5	Utilities - water & sewer		Royal Management Corp.	**	327	327	17
18	V	5	Utilities - maintenance office		Royal Management Corp.	**	746	746	18
19	V	6	Management allocation - salaries		Royal Management Corp.	**	75,297	75,297	19
20	V	6	Repairs & maintenance		Royal Management Corp.	**	6,600	6,600	20
21	V	6	Scavenger & exterminating		Royal Management Corp.	**	35	35	21
22	V	7	Management allocation - employee benefits		Royal Management Corp.	**	11,445	11,445	22
23	V	10	Medical consultant		Royal Management Corp.	**	5,076	5,076	23
24	V	10	Management allocation - salaries		Royal Management Corp.	**	45,117	45,117	24
25	V	15	Management allocation - employee benefits		Royal Management Corp.	**	6,858	6,858	25
26	V	17	Management allocation - salaries		Royal Management Corp.	**	58,494	58,494	26
27	V	19	Computer consultant & supplies		Royal Management Corp.	**	16,750	16,750	27
28	V	19	Professional fees		Royal Management Corp.	**	13,885	13,885	28
29	V	20	Dues & subscriptions		Royal Management Corp.	**	2,261	2,261	29
30	V	20	Advertising - help wanted		Royal Management Corp.	**	2,351	2,351	30
31	V	21	Management allocation - salaries		Royal Management Corp.	**	646,622	646,622	31
32	V	21	Bank charges		Royal Management Corp.	**	2,619	2,619	32
33	V	21	Office supplies & printing		Royal Management Corp.	**	13,234	13,234	33
34	V	21	Postage		Royal Management Corp.	**	4,687	4,687	34
35	V	21	Telephone		Royal Management Corp.	**	12,732	12,732	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			$			$ 932,720	$ * 932,720	39

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

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	23	Inservice Training	$	Royal Management Corp.	**	$ 843	$ 843	15
16	V	24	Travel & seminar		Royal Management Corp.	**	1,731	1,731	16
17	V	25	Auto expense		Royal Management Corp.	**	15,510	15,510	17
18	V	26	Insurance general		Royal Management Corp.	**	11,373	11,373	18
19	V	27	Management allocation - employee benefits		Royal Management Corp.	**	107,178	107,178	19
20	V	30	Depreciation		Royal Management Corp.	**	74,494	74,494	20
21	V	32	Interest		Royal Management Corp.	**	15,094	15,094	21
22	V	32	Amortization of mortgage costs		Royal Management Corp.	**	2,592	2,592	22
23	V	33	Property taxes		Royal Management Corp.	**	7,766	7,766	23
24	V	34	Rent expense		Royal Management Corp.	**	4,698	4,698	24
25	V	35	Equipment rental		Royal Management Corp.	**	1,514	1,514	25
26	V	17	Management fees	1,704,646	Royal Management Corp.	**		(1,704,646)	26
27	V	35	Auto Lease		Royal Management Corp.	**	1,150	1,150	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			$ 1,704,646			$ 243,943	$ * (1,460,703)	39

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

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	Bloomingdale	Real Estate	1
2					Bloomingdale Ltd. Ptsp.		Property	2
3								3
4					Sambell of Chicago	Chicago Ridge	Real Estate	4
5					Ridge Ltd. Ptsp.		Property	5
6								6
7					Sambell of	Elmhurst	Real Estate	7
8					Elmhurst II Ltd. Ptsp.		Property	8
9								9
10					Sambell of	LaGrange	Real Estate	10
11					LaGrange Ltd. Ptsp.		Property	11
12								12
13					Lexington Health	Lake Zurich	Real Estate	13
14					Care Systems of		Property	14
15					Lake Zurich Ltd. Ptsp.			15
16								16
17					Lexington Health	Lombard	Real Estate	17
18					Care Systems of		Property	18
19					Lombard Ltd. Ptsp.			19
20								20
21					Lexington Health	Orland Park	Real Estate	21
22					Care Systems of		Property	22
23					Orland Park Ltd. Ptsp.			23
24								24
25					Sambell of	Streamwood	Real Estate	25
26					Streamwood Ltd. Ptsp.		Property	26
27								27
28					Lexington Health	Wheeling	Real Estate	28
29					Care Systems of		Property	29
30					Wheeling Ltd. Ptsp.			30

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	James Samatas	Owner/Officer	Administrative	22.33%	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	$ 10,273	L17, C7	1
2	John Samatas	Owner/Officer	Admin/Plant Ops	22.33%	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	7,486	L17, C7	2
3	Cynthia Thiem	Owner/Officer	Administrative	22.34%	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	9,379	L17, C7	3
4	Daniel Thiem	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	12,189	L17, C7	4
5	Jason Samatas	Executive Committee	Administrative	0.00	See Schedule 7A	See Sch 7B	See Sch 7B	Salary	19,167	L17, C7	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 58,494		13

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

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

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 2/31/2014

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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	3	Housekeeping supplies	Bed Days Available	723,430	10	$ 2,591	$	78,110	$ 280	1
2	5	Utilities - gas & electric	Bed Days Available	723,430	10	67,650		78,110	7,304	2
3	5	Utilities - water & sewer	Bed Days Available	723,430	10	3,027		78,110	327	3
4	5	Utilities - maintenance office	Bed Days Available	723,430	10	6,910		78,110	746	4
5	6	Management allocation - salaries	Bed Days Available	723,430	10	697,374	697,374	78,110	75,297	5
6	6	Repairs & maintenance	Bed Days Available	723,430	10	61,125		78,110	6,600	6
7	6	Scavenger & exterminating	Bed Days Available	723,430	10	320		78,110	35	7
8	7	Management allocation - employe	Bed Days Available	723,430	10	106,001		78,110	11,445	8
9	10	Medical consultant	Bed Days Available	723,430	10	47,016		78,110	5,076	9
10	10	Management allocation - salaries	Bed Days Available	723,430	10	417,860	417,860	78,110	45,117	10
11	15	Management allocation - employe	Bed Days Available	723,430	10	63,515		78,110	6,858	11
12	17	Management allocation - salaries	Bed Days Available	723,430	10	541,757	541,757	78,110	58,494	12
13	19	Computer consultant & supplies	Bed Days Available	723,430	10	155,132		78,110	16,750	13
14	19	Professional fees	Bed Days Available	723,430	10	128,599		78,110	13,885	14
15	20	Dues & subscriptions	Bed Days Available	723,430	10	20,945		78,110	2,261	15
16	20	Advertising - help wanted	Bed Days Available	723,430	10	21,776		78,110	2,351	16
17	21	Management allocation - salaries	Bed Days Available	723,430	10	5,988,811	5,988,811	78,110	646,622	17
18	21	Bank charges	Bed Days Available	723,430	10	24,252		78,110	2,619	18
19	21	Office supplies & printing	Bed Days Available	723,430	10	122,570		78,110	13,234	19
20	21	Postage	Bed Days Available	723,430	10	43,413		78,110	4,687	20
21	21	Telephone	Bed Days Available	723,430	10	117,921		78,110	12,732	21
22										22
23										23
24										24
25	TOTALS					$ 8,638,565	$ 7,645,802		$ 932,720	25

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 2/31/2014

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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	23	Inservice Training	Bed Days Available	723,430	10	$ 7,807	$	78,110	$ 843	1
2	24	Travel and Seminar	Bed Days Available	723,430	10	16,032		78,110	1,731	2
3	25	Auto expense	Bed Days Available	723,430	10	143,653		78,110	15,510	3
4	26	Insurance general	Bed Days Available	723,430	10	105,333		78,110	11,373	4
5	27	Management allocation - employe	Bed Days Available	723,430	10	992,646		78,110	107,178	5
6	30	Depreciation	Bed Days Available	723,430	10	689,938		78,110	74,494	6
7	32	Interest	Bed Days Available	723,430	10	139,794		78,110	15,094	7
8	32	Amortization of mortgage costs	Bed Days Available	723,430	10	24,007		78,110	2,592	8
9	33	Property taxes	Bed Days Available	723,430	10	71,926		78,110	7,766	9
10	34	Rent expense	Bed Days Available	723,430	10	43,516		78,110	4,698	10
11	35	Equipment rental	Bed Days Available	723,430	10	14,023		78,110	1,514	11
12	35	Auto Lease	Bed Days Available	723,430	10	10,648		78,110	1,150	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					$ 2,259,323	$		$ 243,943	25

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Lexington Financial						$	$			$	1
2	Services LLC	X		Mortgage	Varies	5/22/08	7,982,000	6,797,291	01/01/2033	Variable	417,521	2
3												3
4								Finance Charge - Insurance Policy			1,399	4
5												5
	Working Capital											
6	Bank of America		X	Working Capital	Varies	9/30/13	13,700,000	610,000	9/30/15	Prime/Libor	23,833	6
7	Shareholder	X		Working Capital	Varies	5/11/12	452,000	452,000	Demand	Variable	22,430	7
8												8
9	TOTAL Facility Related						$ 22,134,000	$ 7,859,291			$ 465,182	9
	B. Non-Facility Related*											
10								Amortization of loan cost			2,717	10
11								Interest Income offset			(24,849)	11
12								Allocate from Home Office			17,686	12
13								Less shareholder interest			(22,430)	13
14	TOTAL Non-Facility Related						$	$			$ (26,876)	14
15	TOTALS (line 9+line14)						$ 22,134,000	$ 7,859,291			$ 438,306	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 & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2013 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 438,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2013	$ 580,544	2
3. Under or (over) accrual (line 2 minus line 1).		$ 142,544	3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 633,600	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.)		$ 10,333	5
	Allocated from Managment Co.	7,766	
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 $ 784 For 2012/2 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		$ (784)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 793,459	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2009	357,470	8
	2010	383,165	9
	2011	379,311	10
	2012	397,653	11
	2013	580,544	12

See attached real estate accrual sheet

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2013	$	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.

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Lexington of Schaumburg 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 2013 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 2013.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	07-27-201-039-000	Land & Building	$ 580,544.53	$ 580,544.53
2.	Royal Management Corp. (Samvest of Lombard II)		$	$
3.	05-01-202-021	Land & Building	$ 282,411.00	$ 7,766.00
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 862,955.53	$ 588,310.53

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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

PLEASE NOTE: ***Payment information from the Internet*** or otherwise is ***not considered acceptable tax bill documentation*** . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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 [X] (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? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (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 [X] NO
If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Resident Care	230,000	1988	$ 211,532	1
2	Management Company Allocation			22,398	2
3	TOTALS	230,000		$ 233,930	3

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	214		1990	1990	$ 6,091,126	$	35	$ 174,032	$ 174,032	$ 4,304,472	4
5			1995	1995	146,217	4,178	35	4,178		77,288	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		556	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		2,721	13
14	Basement rehab			1997	14,697		10			14,697	14
15	Brick			1997	1,500	43	35	43		747	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	954	15	954		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 of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 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		219,090	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		466	42
43	Repave parking lot	2004	28,840	721	40	721		7,510	43
44	Dining room remodel - paint	2004	11,387	569	20	569		6,071	44
45	Landscaping	2005	593	30	20	30		282	45
46	HVAC upgrade	2005	17,734	887	20	887		8,056	46
47	Generator upgrade	2005	19,650	983	20	983		9,829	47
48	Window replacement	2005	3,899	195	20	195		1,820	48
49	Flooring replacement	2005	1,483	74	20	74		691	49
50	Lobby, lounge and reception rehab	2005	27,180	1,359	20	1,359		12,231	50
51	Therapy room rehab	2005	35,135	1,757	20	1,757		16,104	51
52	Create first floor therapy room	2005	32,045	1,602	20	1,602		15,754	52
53	Create transitional care unit	2005	29,170	1,458	20	1,458		13,245	53
54	Basement renovation	2005	5,996	300	20	300		2,700	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		7,097	59
60	Landscaping Enhancement	2006	7,608	507	15	507		4,183	60
61	HVAC	2006	12,232	612	20	612		4,947	61
62	Sink	2006	2,331	117	20	117		1,013	62
63	TCU Units	2006	16,379	819	20	819		6,757	63
64	Employee lunch room rehab	2006	8,127	406	20	406		3,452	64
65	Dining room rehab	2006	2,357	118	20	118		1,003	65
66	Basement renovation	2006	9,465	473	20	473		3,942	66
67	Oxygen room rehab	2006	2,664	133	20	133		1,109	67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 7,100,938	$ 35,741		$ 209,773	$ 174,032	$ 4,969,433	70

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

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 7,100,938	$ 35,741		$ 209,773	$ 174,032	$ 4,969,433	1
2	Replace Sidewalk	2007	14,625	731	20	731		5,422	2
3	Landscaping	2007	15,700	785	20	785		5,691	3
4	Emergency A/C	2007	15,545	777	20	777		5,892	4
5	1st Floor Remodel - Carpentry, Flooring, Plumbing, Paint	2007	676,072		40	16,902	16,902	123,948	5
6	Bathroom Faucets	2007	12,358	618	20	618		4,377	6
7	Landscaping	2008	10,000	667	15	667		4,446	7
8	Roofing	2008	11,950	598	20	598		3,787	8
9	HVAC-Air tank	2008	2,671	67	40	67		430	9
10	HVAC-Spot Cooler	2008	3,790	95	40	95		570	10
11	Electrical-Fire panel upgrade	2008	71,077	1,777	40	1,777		11,847	11
12	Electrical-Replace Gasket	2008	6,125	613	10	613		3,984	12
13	2nd floor remodel-carpentry, painting, plumbing,electrical	2008	558,949		27	20,325	20,325	125,338	13
14	Panel Brick Replacement	2009	184,595	9,230	20	9,230		46,150	14
15	Land Improvements	2009	12,400	620	20	620		3,410	15
16	Parking Lot	2009	4,600	230	20	230		1,265	16
17	Front Entrace Improvements	2009	28,660	717	40	717		3,824	17
18	HVAC Quick Connectors	2009	5,591	140	40	140		758	18
19	HVAC Spot Cooler	2009	4,254	106	40	106		574	19
20	1st floor Admin-Tile,electical	2009	11,679	292	40	292		1,460	20
21	Kitchen Plumbing	2009	8,210	821	10	821		4,516	21
22	Fire Alarm Electrical	2009	31,710	793	40	793		4,229	22
23	Glass & Mirror Med Room	2009	2,836	284	10	284		1,633	23
24	2nd Floor Remodel -Carpentry	2009	14,592	730	20	730		4,268	24
25	Patio Pergola	2009	9,505	475	20	475		2,494	25
26	Patio Fence	2009	5,100	255	20	255		1,296	26
27	Landscaping	2009	17,332	1,155	15	1,155		6,353	27
28	3rd Floor Remodel-Carpentry,flooring,electrical,painting	2009	627,866		27	22,832	22,832	119,868	28
29	Landscaping Enhancement	2010	14,885	992	15	992		4,630	29
30	Physician Office carpentry	2010	4,849	177	27	177		723	30
31	Kitchen Pantries construction	2010	5,676	207	27	207		828	31
32	HVAC Admin Office	2010	7,357	268	27	268		1,106	32
33	Loading Ramp/Foundation Wall	2010	3,000	200	15	200		983	33
34	TOTAL (lines 1 thru 33)		$ 9,504,497	$ 60,161		$ 294,252	$ 234,091	$ 5,475,533	34

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

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 9,504,497	$ 60,161		$ 294,252	$ 234,091	$ 5,475,533	1
2	Hallway doors	2010	14,916	1,492	10	1,492		6,092	2
3	Library/Lounge carpentry,electrical,painting,signs	2010	5,009	183	27	183		732	3
4	Basement carpentry	2010	3,945	144	27	144		696	4
5	Patio/Pergola	2010	12,005	1,201	10	1,201		5,004	5
6	Office carpentry,flooring,electrical,painting,signs,HVAC	2010	50,935	3,993	27	3,993		15,972	6
7									7
8	Fire Dampers	2011	65,681		27	2,388	2,388	7,364	8
9	Parking Lot Remodel	2011	169,749		27	6,173	6,173	18,519	9
10	Kitchen Hood/duct work	2011	22,604	822	27	822		2,671	10
11	Payroll Office Remodel - Electrical and Wiring	2011	2,696	98	27	98		351	11
12	Metal edging & drain tile	2011	5,442	363	27	363		1,119	12
13	Repair doors on 1st floor	2011	39,986	1,454	27	1,454		4,362	13
14	Office Remodel - carpentry,flooring,electrical,painting,signs	2011	22,584	821	27	821		2,531	14
15	Exhaust Study HVAC	2011	5,736	209	27	209		783	15
16	Pipe and fitting	2011	4,375	159	27	159		517	16
17	Laundry Room Remodel - Flooring, Ceiling Tiles and Painting	2011	9,388	341	27	341		1,165	17
18	New Marker Boards	2011	9,887	360	27	360		1,410	18
19	Interior Doors	2011	6,183	225	27	225		731	19
20	2nd Floor Doors	2011	27,318	993	27	993		3,310	20
21									21
22	End Air Louvers	2012	3,744		27	136	136	374	22
23	Parking Lot	2012	11,735		27	427	427	1,173	23
24	Kitchen steel hood, floor, sink, drywall and tile	2012	7,307	266	27	266		725	24
25	Fire Pump basement	2012	3,461	126	27	126		346	25
26	Replace holding tank	2012	21,985	799	27	799		2,131	26
27	1st floor door opener	2012	8,646	314	27	314		759	27
28									28
29	EMR Wiring - Entire Facility	2013	20,058	729	27	729		851	29
30	Landscaping - Stump Removal/Trees	2013	42,118		15	2,808	2,808	3,338	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,101,990	$ 75,253		$ 321,276	$ 246,023	$ 5,558,560	34

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

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 10,101,990	$ 75,253		$ 321,276	$ 246,023	$ 5,558,560	1
2									2
3	Elevator Renovation - Centrally located	2014	183,936	1,115	27	1,115		1,115	3
4	R/M Reclass: Adding Double Egress Doors (Basement)	2014	3,279		27	61	61	61	4
5	R/M Reclass: Install container fence & garbage container	2014	5,674		15	189	189	189	5
6	R/M Reclass: Cast iron waste line for grease trap (kitchen)	2014	8,000		27	148	148	148	6
7	R/M Reclass: Patching and crack sealing (parking lot)	2014	9,700		20	243	243	243	7
8	Kitchen Sewer Line Addition	2014	7,075	193	27	193		193	8
9									9
10									10
11									11
12									12
13	Reconcile to book			269			(269)		13
14									14
15									15
16									16
17								119,083	17
18	Building - management company	2002	309,939		40	8,929	8,929	1,996	18
19	HVAC, electrical, security system - management company	2003	2,722		30	645	645	223	19
20	Key card system - management company	2004	428		20	21	21	64	20
21	VAV TX controls - management company	2005	130		20	6	6	52	21
22	Interior Signs - management company	2006	95		5	6	6	5,624	22
23	Building improvements - management company	2008	14,968		5	483	483	825	23
24	Building improvements - management company	2009	2,781		15	50	50	814	24
25	Building improvements - management company	2010	2,712		15	109	109	313	25
26	Building improvements - management company	2011	1,929		15	87	87	640	26
27	Building improvements - management company	2012	6,593		15	12	12	464	27
28	Building improvements - management company	2013	5,035		15	355	355	139	28
29			2,725		15	134	134		29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,669,711	$ 76,830		$ 334,065	$ 257,235	$ 5,690,746	34

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

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,350,651	$ 140,695	$ 177,515	$ 36,820	5	$ 963,808	71
72	Current Year Purchases	36,693	2,411	2,411		5	2,411	72
73	Fully Depreciated Assets	289,102				5	289,102	73
74	Allocated from Mgmt. Co.	528,597		59,627	59,627	5-7	340,238	74
75	TOTALS	$ 2,205,043	$ 143,106	$ 239,553	$ 96,447		$ 1,595,558	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.			56,071		4,027	4,027	5	49,053	79
80	TOTALS			$ 56,071	$	$ 4,027	$ 4,027		$ 49,053	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)	$ 13,164,755	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 219,936	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 577,645	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 357,709	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 7,335,357	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		$	92
93			93
94			94
95		$	95

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

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

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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.				4,698			6
7	TOTAL				$ 4,698 **			7

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: *

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.	/2015	$
13.	/2016	$
14.	/2017	$

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: $ 93,799 Description: Copier-$5,199;Mail Sys.-$157;Printer-$4,687;Med Equip-$40,631;Oxygen-$38,563;Alloc. Mgmt Co.-$1,514
    (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.			1,150	20
21	TOTAL		$	$ 1,150	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 & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   [ ] YES
   [X] NO

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.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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.

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39(3)	hrs	$	10,677	$ 471,690	$	10,677	$ 471,690	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		4,169	211,995		4,169	211,995	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(2), (3)	hrs		27,490	846,142	7,708	27,490	853,850	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				602,133		602,133	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Ambulance	39(3)				217			217	12
13	Other (specify): See Sch. 16A						9,571		9,571	13
14	TOTAL			$	42,336	$ 1,530,044	$ 619,412	42,336	$ 2,149,456	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.

Lexington Health Care Center of Schaumburg, Inc.
Provider # 0036095
12/31/2014

Schedule 16A

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Oxygen	39(2)					8,378		8,378	12
13	Other (specify): DME	39(2)					1,193		1,193	13
14	TOTAL			$		$	$ 9,571		$ 9,571	14

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 466,615	$ 469,295	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 594,124)	3,072,379	3,072,379	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	31,744	31,744	6
7	Other Prepaid Expenses	6,980	6,980	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Interest Receivable	31,547	31,547	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,609,265	$ 3,611,945	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	80,308	80,308	12
13	Land		233,930	13
14	Buildings, at Historical Cost		6,091,126	14
15	Leasehold Improvements, at Historical Cost	2,006,743	4,578,585	15
16	Equipment, at Historical Cost	826,833	2,261,114	16
17	Accumulated Depreciation (book methods)	(1,445,049)	(7,335,357)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Mortgage Cost, Net		49,964	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,468,835	$ 5,959,670	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,078,100	$ 9,571,615	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 640,862	$ 640,862	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,062,000	1,062,000	29
30	Accrued Salaries Payable	660,967	660,967	30
31	Accrued Taxes Payable (excluding real estate taxes)	6,019	6,019	31
32	Accrued Real Estate Taxes(Sch.IX-B)		633,600	32
33	Accrued Interest Payable		31,929	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Schedule 17A	5,605,469	3,018,196	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 7,975,317	$ 6,053,573	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		6,797,291	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)**	$	$ 6,797,291	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 7,975,317	$ 12,850,864	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (2,897,217)	$ (3,279,249)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,078,100	$ 9,571,615	48

***(See instructions.)**

Lexington Health Care Center of Schaumburg, Inc.
Provider # 0036095
12/31/2014

Schedule 17A

XV. Balance Sheet
C. Current Liabilities

36. Other current liabilities

Description	Operating	After Consolidation
Due from Remodeling	2,166	2,166
Due from Lexington Financial Services I	208	208
Due to/from Rehab Care Therapy	5,504	5,504
Due from LLC		1,766
Due from/(to) Schaumburg		(2,166)
Prepaid Insurance	19,882	19,882
Vision Witholding	(71)	(71)
Accrued Expenses	76,412	76,412
Accrued Resident Tax	54,229	54,229
Accrued Royal / Vesta Mgmt Fees	1,324,826	1,324,826
Accrued Rent	3,472,363	-
Accrued Insurance	38,933	38,933
Due to Patient Trust Fund	(7,020)	(7,020)
Advance - Biweekly Part A Paym	(9,951)	(9,951)
Uncollectible Part A Co Pvts	(16,337)	(16,337)
Due to - Royal Operations	25,643	25,643
Due to Republic	(2,781)	(2,781)
Interest Rate Swap Liability		885,490
Professional Liabilities Claims	621,463	621,463
	5,605,469	**3,018,196**
	-	-

Facility Name & ID Number Lexington of Schaumburg **#** 0036095 **Report Period Beginning:** 01/01/2014 **Ending:** 12/31/2014

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ (1,252,791)	1	
2	Restatements (describe):		2	
3	**Post closing adjustment**	(114,952)	3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (1,367,743)	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,529,474)	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)**	$ (1,529,474)	17	
	B. Transfers (Itemize):			
18			18	
19			19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (2,897,217)	24	*

*** This must agree with page 17, line 47.**

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 20,697,932	1
2	Discounts and Allowances for all Levels	(11,079,309)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,618,623	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,167,297	6
7	Oxygen	13,951	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 5,181,248	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	4,414	12
13	Barber and Beauty Care	19,440	13
14	Non-Patient Meals	1,420	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	843,555	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	195,023	19
20	Radiology and X-Ray	30,964	20
21	Other Medical Services	378,723	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,473,539	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	24,849	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 24,849	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)**	$ 16,298,259	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,886,844	31
32	Health Care	6,338,103	32
33	General Administration	4,137,633	33
	B. Capital Expense		
34	Ownership	2,537,575	34
	C. Ancillary Expense		
35	Special Cost Centers	2,484,970	35
36	Provider Participation Fee	442,608	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 17,827,733	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,529,474)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,529,474)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 6,408,906	44
45	Private Pay - Net Inpatient Revenue	1,689,775	45
46	Medicare - Net Inpatient Revenue	1,216,227	46
47	Other-(specify) Managed Care	303,715	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 9,618,623	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.**

^This entity is a cash basis taxpayer

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,634	2,020	$ 129,968	$ 64.34	1
2	Assistant Director of Nursing	33,742	40,596	1,119,818	27.58	2
3	Registered Nurses	31,541	40,306	1,304,191	32.36	3
4	Licensed Practical Nurses	27,503	35,960	921,363	25.62	4
5	CNAs & Orderlies	119,451	146,505	1,770,021	12.08	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	12,591	14,848	169,805	11.44	10
11	Social Service Workers	5,370	6,398	121,461	18.98	11
12	Dietician	3,055	3,659	84,336	23.05	12
13	Food Service Supervisor	1,631	1,835	43,613	23.77	13
14	Head Cook	1,363	1,593	27,632	17.35	14
15	Cook Helpers/Assistants	19,352	21,956	213,860	9.74	15
16	Dishwashers	5,307	6,039	51,384	8.51	16
17	Maintenance Workers	1,699	1,972	32,712	16.59	17
18	Housekeepers	32,162	38,138	371,166	9.73	18
19	Laundry	7,052	8,636	86,436	10.01	19
20	Administrator	1,420	1,967	125,316	63.71	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,800	10,248	167,726	16.37	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	1,834	2,304	38,178	16.57	31
32	Other Health C: Memory Care	3,466	3,881	71,932	18.53	32
33	Other(specify) See Sch 20A	4,156	4,654	158,546	34.07	33
34	TOTAL (lines 1 - 33)	322,129	393,515	$ 7,009,464 *	$ 17.81	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthly	34,313	9(3)	36
37	Medical Records Consultant	Monthly	638	10(3)	37
38	Nurse Consultant	Monthly	50,345	10(3)	38
39	Pharmacist Consultant	Monthly	14,558	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	4,651	11(3)	44
45	Social Service Consultant	Monthly	4,267	12(3)	45
46	Other(specify) Pulmonary	Monthly	45,815	10(3)	46
47	Medical Consultant	Monthly	5,076	10(7)	47
48					48
49	TOTAL (lines 35 - 48)		$ 159,663		49

C. CONTRACT NURSES

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

Facility Name: **Lexington of Schaumburg**
IDPH License ID Number: **0036095**
Fiscal Year End: **12/31/2014**

Schedule 20A

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

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Barber Beauty	540	636	6,989	$ 11.00
Marketing	3,616	4,018	151,557	$ 37.72
Total - Line 33 Other (specify):	**4,156**	**4,654**	**158,546**	**$ 34.07**

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Patricia Stoudt	Administrator	0	$ 76,220
Theresa Bowen	Administrator	0	49,096
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 125,316

B. Administrative - Other

Description	Amount
Management Fees-Royal Operating	$ 1,217,875
Management Fees-Vesta Mgmt.	486,771
Management Fees (Eliminated in Column 7)	
TOTAL (agree to Schedule V, line 17, col. 3)	$ 1,704,646
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Cassiday Schade LLP	Legal	$ 108,153
Generation Law	Legal	5,966
Grabowski Law Center	Collections	965
McGladrey LLP	Accounting	43,602
Much Shelist	Legal	20,174
Standard & Poor	Financial Services	1,240
Personnel Planners	U/C Consulting	2,903
Pension Administrations	401K Administration	1,425
Serpico, Pertosino	Legal	3,288
Stotis & Baird	Legal	1,173
SNR Dention	Legal	2,618
See Sch 21C		88,292
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 279,799

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 229,123
Unemployment Compensation Insurance	74,734
FICA Taxes	547,170
Employee Health Insurance	330,439
Employee Meals	19,813
Illinois Municipal Retirement Fund (IMRF)*	
401K Contributions	30,142
Other Employee Benefits	31,740
Uniform Allowance	2,001
Tuition	5,933
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,271,095

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
N/A		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	17,805
Health Care Worker Background Check	
(Indicate # of checks performed 118)	1,419
Patient Background Checks 629	7,545
Misc. Dues & Subscriptions	5,219
Misc. License & Fees	5,951
Non Allowable Dues	(229)
Management Company Allocation	4,612
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 44,312

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
Management Company Allocation	1,731
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,731

**See instructions.

Facility Name: **Lexington of Schaumburg**
IDPH License ID Number: **0036095**
Fiscal Year End: **12/31/2014**

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
Secretary of State	Filing Fees	148
Gilson Labus Silverman	Accounting	1135
Ability Network	Computer Services	1,513
Availity	Computer Services	139
Avalere Health	Computer Services	2,000
Centino	Computer Services	750
Citrix	Computer Services	348
Corepoint	Computer Services	945
E-Health Data Solutions	Computer Services	3,450
Health MedX	Computer Services	15,935
HP Commercial Repair	Computer Services	20
ILHIE	Computer Services	200
Information Controls	Computer Services	11,149
Lintech L LC	Computer Services	73
MS LICENSING	Computer Services	17,576
National Datacare	Computer Services	2,475
national Research	Computer Services	513
On Shift	Computer Services	7,912
Relias	Computer Services	8,041
Salesforce.com	Computer Services	5,004
Server Licensing	Computer Services	772
Soft choice Corporation	Computer Services	2,900
Symbria	Computer Services	1,200
Telemedicine	Computer Services	1,800
Trisis	Computer Services	1,716
Touchpoint	Computer Services	235
Tympani	Computer Services	342

		88,292
	Total (agree to Schedule V, line 19, column 3)	279,799
To disallow collection fees/Out of period Legal		(4,454)
Salesforce.com		(5,004)
Reclassed Insurance		(9,458)
Legal allocated from Real Estate		200
Secretary of State		
Samvest of Lombard		
Accounting		109
Filing Fees		17
		126
Allocated from Mgmt Co.		
Much Shelist	Legal	173
Serpico, Petrosino, Dipiero & O'Shea, LTD	Legal	56
Duane Morris	Legal	298
McGladrey LLP	Accounting	1,559
Frost, Ruttenberg & Rothblatt, P.C	Accounting	108
Gilson Labus & Silverman	Accounting	1,148
Illinois Secretary of State	Filing Fees	42
LaSalle Network	Recruiting/Finance	5,747
Pension Administrators, Inc.	401K Administration	358
Gene Whitehorn	Medicaid Reimb Specialist	1,548
M. Werner Consulting	Financial Consultant	2,031
McNamara & Associates	SNF Consultants	297
Healthcents	Managed Care Consultants	394
Computer Services	Computer Consulting	16,750
		30,509
	Total (agree to Schedule V, line 19, column 8)	301,176

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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

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

Facility Name & ID Number Lexington of Schaumburg # 0036095 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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? **No**
If YES, give association name and amount. **N/A**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **5 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **69,601** 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. $ **442,608**
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. $ **19,813** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **1,420**

(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 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.