		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.

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

I. IDPH License ID Number: 0028860

Facility Name: Lexington Hlth Cr Ctr Lombrd

Address: 2100 South Finley Rd (Number) Lombard (City) 60148 (Zip Code)

County: DuPage

Telephone Number: 630-495-4000 **Fax #** 630-495-2809

HFS ID Number:

Date of Initial License for Current Owners: 10/09/84

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: Rob Schlicht **Telephone Number:** 414-431-9335
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 01/01/2020 to 12/31/2020 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) Rob Schlicht, Director
(Firm Name & Address) Wipfli LLP, 10000 Innovation Drive, Suite 250, Milwaukee WI 53226
(Telephone) 414-431-9335 Fax # 414-431-9303

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 Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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 _____

	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	224	Skilled (SNF)	224	81,984	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	224	TOTALS	224	81,984	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			6,149	6,149	8
9	SNF/PED					9
10	ICF	30,258	3,882	3,158	37,298	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	30,258	3,882	9,307	43,447	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 52.99%

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 [x] NO [ ]

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 10/9/84

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 4,113

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: 12/31/20 Fiscal Year: 12/31/20

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

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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		22,277	996,921	1,019,198		1,019,198		1,019,198			1
2	Food Purchase		(1,285)		(1,285)		(1,285)	734	(551)			2
3	Housekeeping		770	558,944	559,714		559,714		559,714			3
4	Laundry											4
5	Heat and Other Utilities			266,998	266,998		266,998	27,708	294,706			5
6	Maintenance	52,146	590	154,913	207,649		207,649	121,092	328,741			6
7	Other (specify):*							12,786	12,786			7
8	**TOTAL General Services**	52,146	22,352	1,977,776	2,052,274		2,052,274	162,320	2,214,594			8
	B. Health Care and Programs											
9	Medical Director			57,425	57,425		57,425		57,425			9
10	Nursing and Medical Records	4,640,577	509,588	735,569	5,885,734		5,885,734	29,967	5,915,701			10
10a	Therapy											10a
11	Activities	180,177	5,845	909	186,931		186,931		186,931			11
12	Social Services	147,620			147,620		147,620		147,620			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*							3,667	3,667			15
16	**TOTAL Health Care and Programs**	4,968,374	515,433	793,903	6,277,710		6,277,710	33,634	6,311,344			16
	C. General Administration											
17	Administrative	152,112		1,574,172	1,726,284		1,726,284	(606,636)	1,119,648			17
18	Directors Fees											18
19	Professional Services			281,200	281,200		281,200	197,549	478,749			19
20	Dues, Fees, Subscriptions & Promotions			29,236	29,236		29,236	16,575	45,811			20
21	Clerical & General Office Expenses	263,533	29,095	65,024	357,652		357,652	1,317,412	1,675,064			21
22	Employee Benefits & Payroll Taxes			1,019,840	1,019,840		1,019,840		1,019,840			22
23	Inservice Training & Education							1,094	1,094			23
24	Travel and Seminar							106	106			24
25	Other Admin. Staff Transportation			800	800		800	20,975	21,775			25
26	Insurance-Prop.Liab.Malpractice			936,580	936,580		936,580	6,806	943,386			26
27	Other (specify):*							156,820	156,820			27
28	**TOTAL General Administration**	415,645	29,095	3,906,852	4,351,592		4,351,592	1,110,701	5,462,293			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	5,436,165	566,880	6,678,531	12,681,576		12,681,576	1,306,655	13,988,231			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 Hlth Cr Ctr Lombrd #0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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			167,706	167,706		167,706	150,184	317,890			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			27,112	27,112		27,112	400,242	427,354			32
33	Real Estate Taxes							211,591	211,591			33
34	Rent-Facility & Grounds			797,679	797,679		797,679	(797,521)	158			34
35	Rent-Equipment & Vehicles			40,597	40,597		40,597	6,034	46,631			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,033,094	1,033,094		1,033,094	(29,470)	1,003,624			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		204,527	1,076,531	1,281,058		1,281,058		1,281,058			39
40	Barber and Beauty Shops			2,122	2,122		2,122	(2,122)				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			360,179	360,179		360,179		360,179			42
43	Other (specify):* **non-allowables**			98,169	98,169		98,169	(98,169)				43
44	**TOTAL Special Cost Centers**		204,527	1,537,001	1,741,528		1,741,528	(100,291)	1,641,237			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	5,436,165	771,407	9,248,626	15,456,198		15,456,198	1,176,894	16,633,092			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 Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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				4
5	Telephone, TV & Radio in Resident Rooms	(17,673)	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	33,296	30		9
10	Interest and Other Investment Income	(10,119)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(9,085)	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	(649)	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	(23,549)	43		24
25	Fund Raising, Advertising and Promotional	(19,792)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(141,022)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (188,593)		$	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)	1,365,487		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 1,365,487		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 1,176,894		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.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Lexington Hlth Cr Ctr Lombrd

ID# 0028860

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	LABORATORY	$ (16,033)	43	1
2	RADIOLOGY	(11,035)	43	2
3				3
4	PERSONAL ITEM REPLACEMENT	(353)	43	4
5	COLLECTIONS	(4,621)	19	5
6	BARBER & BEAUTY	(2,122)	40	6
7	LOBBYING	(2,146)	20	7
8	SALESFORCE COMPUTER CONSULTING	(6,510)	19	8
9	MISCELLANEOUS INTEREST	(1,304)	32	9
10				10
11				11
12				12
13	OFFSET SHAREHOLDER INTEREST	(96,898)	32	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**	(141,022)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	734	0	0	0	0	0	0	0	734	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	27,708	0	0	0	0	0	0	0	0	27,708	5
6	Maintenance	0	0	121,092	0	0	0	0	0	0	0	0	121,092	6
7	Other (specify):*	0	0	12,786	0	0	0	0	0	0	0	0	12,786	7
8	**TOTAL General Services**	0	0	161,586	734	0	0	0	0	0	0	0	162,320	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	29,967	0	0	0	0	0	0	0	0	29,967	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	3,667	0	0	0	0	0	0	0	0	3,667	15
16	**TOTAL Health Care and Programs**	0	0	33,634	0	0	0	0	0	0	0	0	33,634	16
	C. General Administration													
17	Administrative	0	0	0	(606,636)	0	0	0	0	0	0	0	(606,636)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(11,131)	350	208,330	0	0	0	0	0	0	0	0	197,549	19
20	Fees, Subscriptions & Promotions	(2,146)	0	18,721	0	0	0	0	0	0	0	0	16,575	20
21	Clerical & General Office Expenses	0	50	1,317,362	0	0	0	0	0	0	0	0	1,317,412	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	1,094	0	0	0	0	0	0	0	1,094	23
24	Travel and Seminar	0	0	0	106	0	0	0	0	0	0	0	106	24
25	Other Admin. Staff Transportation	0	0	0	20,975	0	0	0	0	0	0	0	20,975	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	6,806	0	0	0	0	0	0	0	6,806	26
27	Other (specify):*	0	0	0	156,820	0	0	0	0	0	0	0	156,820	27
28	**TOTAL General Administration**	(13,277)	400	1,544,413	(420,835)	0	0	0	0	0	0	0	1,110,701	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(13,277)	400	1,739,633	(420,101)	0	0	0	0	0	0	0	1,306,655	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	33,296	62,417	0	54,471	0	0	0	0	0	0	0	150,184	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(108,321)	443,269	0	65,294	0	0	0	0	0	0	0	400,242	32
33	Real Estate Taxes	0	180,439	0	31,152	0	0	0	0	0	0	0	211,591	33
34	Rent-Facility & Grounds	0	(797,521)	0	0	0	0	0	0	0	0	0	(797,521)	34
35	Rent-Equipment & Vehicles	0	0	0	6,034	0	0	0	0	0	0	0	6,034	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(75,025)	(111,396)	0	156,951	0	0	0	0	0	0	0	(29,470)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	(2,122)	0	0	0	0	0	0	0	0	0	0	(2,122)	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(98,169)	0	0	0	0	0	0	0	0	0	0	(98,169)	43
44	**TOTAL Special Cost Centers**	(100,291)	0	0	0	0	0	0	0	0	0	0	(100,291)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(188,593)	(110,996)	1,739,633	(263,150)	0	0	0	0	0	0	0	1,176,894	45

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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. [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	$	Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	$ 350	$ 350	1
2	V	30	Depreciation Expense		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	62,417	62,417	2
3	V	32	Amortization of Mortgage Cost		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	68,660	68,660	3
4	V	32	Interest		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	374,609	374,609	4
5	V	33	Property Tax		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	180,439	180,439	5
6	V	34	Rent	797,521	Lexington Health Care Systems of Lombard Ltd. Ptsp.	**		(797,521)	6
7	V	43	Office Supplies		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**			7
8	V	43	(Gain)/Loss - disposal of assets		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**			8
9	V	21	Miscellaneous Expense		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**	50	50	9
10	V	43	State Replacement tax		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**			10
11	V	43	Penalties		Lexington Health Care Systems of Lombard Ltd. Ptsp.	**			11
12	V				** The owners of Lexington Health Care Center of Lombard, Inc. own				12
13	V				100% of Lexington Health Care Systems of Lombard Limted Partnership.				13
14	Total			$ 797,521			$ 686,525	$ * (110,996)	14

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

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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 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.	**	$	$	15
16	V	5	Utilities - gas & electric		Royal Management Corp.	**	26,928	26,928	16
17	V	5	Utilities - water & sewer		Royal Management Corp.	**	780	780	17
18	V	5	Utilities - maintenance office		Royal Management Corp.	**			18
19	V	6	Management Allocation - salaries		Royal Management Corp.	**	104,475	104,475	19
20	V	6	Repairs & maintenance		Royal Management Corp.	**	16,617	16,617	20
21	V	6	Scavenger & exterminating		Royal Management Corp.	**			21
22	V	7	Management Allocation - empoyee benefits		Royal Management Corp.	**	12,786	12,786	22
23	V	10	Medical consultant		Royal Management Corp.	**			23
24	V	10	Management Allocation - salaries		Royal Management Corp.	**	29,967	29,967	24
25	V	15	Management Allocation - empoyee benefits		Royal Management Corp.	**	3,667	3,667	25
26	V	17	Management Allocation - salaries		Royal Management Corp.	**			26
27	V	19	Computer consultant & supplies		Royal Management Corp.	**	57,088	57,088	27
28	V	19	Professional fees		Royal Management Corp.	**	151,242	151,242	28
29	V	20	Dues & subscriptions		Royal Management Corp.	**	1,602	1,602	29
30	V	20	Advertising - help wanted		Royal Management Corp.	**	17,119	17,119	30
31	V	21	Management Allocation - salaries		Royal Management Corp.	**	1,281,385	1,281,385	31
32	V	21	Bank charges		Royal Management Corp.	**	6,977	6,977	32
33	V	21	Office supplies & printing		Royal Management Corp.	**	4,191	4,191	33
34	V	21	Postage		Royal Management Corp.	**	5,776	5,776	34
35	V	21	Telephone		Royal Management Corp.	**	19,033	19,033	35
36	V								36
37	V								37
38	V		** The owners of Lexington Health Care Center of Lombard Inc. own 100% of Royal Management Corp						38
39	Total			$			$ 1,739,633	$ * 1,739,633	39

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

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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 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	**	$ 1,094	$ 1,094	15
16	V	24	Travel & seminar		Royal Management Corp	**	106	106	16
17	V	25	Auto expense		Royal Management Corp	**	20,975	20,975	17
18	V	26	Insurance general		Royal Management Corp	**	6,806	6,806	18
19	V	27	Management Allocation - employee benefits		Royal Management Corp	**	156,820	156,820	19
20	V	30	Depreciation		Royal Management Corp	**	54,471	54,471	20
21	V	32	Interest		Royal Management Corp	**	65,294	65,294	21
22	V	2	Amortization of mortgage costs		Royal Management Corp	**	734	734	22
23	V	33	Property taxes		Royal Management Corp	**	31,152	31,152	23
24	V	34	Rent expense		Royal Management Corp	**			24
25	V	35	Equipment rental		Royal Management Corp	**	6,034	6,034	25
26	V	17	Management fees	606,636	Royal Management Corp	**		(606,636)	26
27	V	35	Auto lease		Royal Management Corp	**			27
28	V	6	security		Royal Management Corp	**			28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V	** The owners of Lexington Health Care Center of Lombard Inc. own 100% of Royal Management Corp.							38
39	Total			$ 606,636			$ 343,486	$ * (263,150)	39

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

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	33.33	Lexington HC Ctr. of Lake Zurich, Inc.	Lake Zurich	Eastgage Manor	Algonquin	Supportive Living	1
2	John Samatas	33.33	Lexington HC Ctr. of Elmhurst, Inc.	Elmhurst	of Algonquin, LLC		Living Facility	2
3	Cynthia Theim	33.34	Lexington HC Ctr. of LaGrange, Inc.	LaGrange	Vesta Mgmt	Lombard	Mgmt. Company	3
4			Lexington HC Ctr. of Orland Park, Inc.	Orland Park	Group, LLC			4
5			Lexington HC Ctr. of Schaumburg, Inc.	Schaumburg	Lexington Square	Lombard	Independent and	5
6			Lexington HC Ctr. of Chicago Ridge, Inc.	Chicago Ridge	Life Care of		Assisted Living	6
7			Lexington HC Ctr. of Bloomingdale Inc.	Bloomingdale	Lombard, LLC		Facility	7
8					Lexington Square	Elmhurst	Independent	8
9					Life Care of		Living Facility	9
10					Elmhurst, LLC			10
11					Lexington Health	Lombard	Real Estate	11
12					Care Systems of		Property	12
13					Lombard Ltd. Pts			13
14					Royal Management	Lombard	Mgmt Company	14
15					Corporation			15
16					Lexington Financial	Lombard	Finance Company	16
17					Services, LLC			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 Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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. Pts		Property	2
3					Sambell of Chicago	Chicago Ridge	Real Estate	3
4					Ridge Ltd. Ptsp.		Property	4
5					Sambell of Elmhurst	Elmhurst	Real Estate	5
6					II Ltd. Ptsp.		Property	6
7					Sambell of LaGrange	LaGrange	Real Estate	7
8					Ltd. Ptsp.		Property	8
9					Lexington Health Care	Lake Zurich	Real Estate	9
10					Systems of Lake Zuric		Property	10
11					Ltd. Ptsp.			11
12					Lexington Health Care	Orland Park	Real Estate	12
13					Systems of Orland		Property	13
14					Park Ltd. Ptsp.			14
15					Sambell of	Schaumburg	Real Estate	15
16					Schaumburg Ltd. Ptsp		Property	16
17					Samvest of Algonquin	Algonquin	Real Estate	17
18					Ltd. Ptsp.		Property	18
19					Curates,LLC	Lombard	Telemedicine	19
20					Republic Construction		Construction	20
21					of Illinois , Inc	Lombard	Company	21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	owners took no salary in 2020								$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		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 Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 2/31/2020

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 svailable	565,750	8	$	$	81,760	$ 0	1
2	5	Utilities - gas & electric	Bed days svailable	565,750	8	186,333		81,760	26,928	2
3	5	Utilities - water & sewer	Bed days svailable	565,750	8	5,398		81,760	780	3
4	5	Utilities - maintenance office	Bed days svailable	565,750	8			81,760	0	4
5	6	Management Allocation - salaries	Bed days svailable	565,750	8	722,929	722,929	81,760	104,475	5
6	6	Repairs & maintenance	Bed days svailable	565,750	8	114,986		81,760	16,617	6
7	6	Scavenger & exterminating	Bed days svailable	565,750	8			81,760	0	7
8	7	Management Allocation - empoyee ber	Bed days svailable	565,750	8	88,474		81,760	12,786	8
9	10	Medical consultant	Bed days svailable	565,750	8			81,760	0	9
10	10	Management Allocation - salaries	Bed days svailable	565,750	8			81,760	0	10
11	15	Management Allocation - empoyee ber	Bed days svailable	565,750	8	25,377		81,760	3,667	11
12	17	Management Allocation - salaries	Bed days svailable	565,750	8	207,358	207,358	81,760	29,967	12
13	19	Computer consultant & supplies	Bed days svailable	565,750	8	395,029		81,760	57,088	13
14	19	Professional fees	Bed days svailable	565,750	8	1,046,538		81,760	151,242	14
15	20	Dues & subscriptions	Bed days svailable	565,750	8	11,082		81,760	1,602	15
16	20	Advertising - help wanted	Bed days svailable	565,750	8	118,456		81,760	17,119	16
17	21	Management Allocation - salaries	Bed days svailable	565,750	8	8,866,730	8,866,730	81,760	1,281,385	17
18	21	Bank charges	Bed days svailable	565,750	8	48,277		81,760	6,977	18
19	21	Office supplies & printing	Bed days svailable	565,750	8	29,001		81,760	4,191	19
20	21	Postage	Bed days svailable	565,750	8	39,969		81,760	5,776	20
21	21	Telephone	Bed days svailable	565,750	8	131,703		81,760	19,033	21
22										22
23										23
24										24
25	TOTALS					$ 12,037,640	$ 9,797,017		$ 1,739,633	25

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 2/31/2020

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	565,750	8	$ 7,573	$	81,760	$ 1,094	1
2	24	Travel & seminar	Bed days available	565,750	8	735		81,760	106	2
3	25	Auto expense	Bed days available	565,750	8	145,140		81,760	20,975	3
4	26	Insurance general	Bed days available	565,750	8	47,093		81,760	6,806	4
5	27	Management Allocation - employee be	Bed days available	565,750	8	1,085,139		81,760	156,820	5
6	30	Depreciation	Bed days available	565,750	8	376,924		81,760	54,472	6
7	32	Interest	Bed days available	565,750	8	451,812		81,760	65,294	7
8	2	Amortization of mortgage costs	Bed days available	565,750	8	5,077		81,760	734	8
9	33	Property taxes	Bed days available	565,750	8	215,565		81,760	31,153	9
10	34	Rent expense	Bed days available	565,750	8			81,760		10
11	35	Equipment rental	Bed days available	565,750	8	41,748		81,760	6,033	11
12	17	Management fees	Bed days available	565,750	8			81,760		12
13	35	Auto lease	Bed days available	565,750	8			81,760		13
14	6	Security	Bed days available	565,750	8			81,760		14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 2,376,806	$		$ 343,487	25

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	Midcap Financial Trust		x	mortgage	varies	5/29/2018	$ 5,803,182	$ 5,689,562	5/29/21	libor+5.25	$ 403,281	1
2												2
3												3
4								Offset miscellaneous interst			(1,304)	4
5								Miscellaneous interest			1,304	5
	Working Capital											
6	Shareholder loan	x		capital improvements	varies	7/16/2008	499,000	558,025	demand	prime	17,718	6
7	Shareholder loan	x		working capital	varies	4/30/2008	2,230,000	2,493,782	demand	prime	79,180	7
8	West Suburban Bank		x	PPP Loan	none	5/7/20	1,232,590	1,232,590	5/5/22	0.0100	8,183	8
9	TOTAL Facility Related						$ 9,764,772	$ 9,973,959			$ 508,362	9
	B. Non-Facility Related*											
10								interest income offset			(117,971)	10
11								amortization			68,567	11
12								allocated from mgmt co			65,294	12
13								offset shareholder interest			(96,898)	13
14	TOTAL Non-Facility Related						$	$			$ (81,008)	14
15	TOTALS (line 9+line14)						$ 9,764,772	$ 9,973,959			$ 427,354	15

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

* 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 Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	207,684	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.)	$	200,011	2
3. Under or (over) accrual (line 2 minus line 1).	$	(7,673)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)	$	188,112	4
allocated from management co		31,152	
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.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	211,591	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2015	186,772	8
	2016	196,570	9
	2017	201,157	10
	2018	196,600	11
	2019	200,011	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2019	$	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.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Lexington Hlth Cr Ctr Lombrd COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0028860

CONTACT PERSON REGARDING THIS REPORT Christine Thompson

TELEPHONE 630-458-4700 FAX #: 630-458-4796

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2019 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 2019.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	06-19-307-002	land & building	$ 200,011.00	$ 200,011.00
2.	Royal Management Corp (Samvest of Lombard II)		$ 215,565.00	$ 31,153.00
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 415,576.00	$ 231,164.00

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? _____ 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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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 Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 78,770 B. General Construction Type: Exterior concrete block 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? [ ] (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).

Lexington Square Life Care of Lombard LLC: Rtirement Community; 273 units; 309000 square feet

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

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	30,000	1984	$ 616,761	1
2	allocated from mgmt			26,642	2
3	TOTALS	30,000		$ 643,403	3

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	215		1984	1984	$ 3,661,472	$	35	$	$	$ 3,661,472	4
5	9		1995	1995	284,156	8,119	35	8,119		198,911	5
6											6
7											7
8											8
	Improvement Type**										
9	Building Improvements			1990	96,219		10			96,218	9
10	Leasehold Improvements Addition			1995	71,493		10			71,493	10
11	Building Improvements			1994	20,200		10			20,200	11
12	Building Improvements			1995	14,535	415	35	415		10,586	12
13	Building Improvements - dishwater hood			1996	2,748		10			2,748	13
14	Building Improvements - outside painting			1996	11,308		10			11,308	14
15	Building Improvements - dining room			1996	3,752		10			3,752	15
16	Leasehold Improvements			1992	16,299	466	35	466		13,277	16
17	Leasehold Improvements			1994	21,836		10			21,836	17
18	Leasehold Improvements - 2nd floor			1996	19,319		10			18,353	18
19	Leasehold Improvements - bathroom reha			1996	9,216		10			8,909	19
20	Leasehold Improvements - fan coil repair			1996	6,669	191	35	191		4,643	20
21	Land Improvements			1993	2,985		15			2,985	21
22	Land Improvements			1995	4,596		15			4,595	22
23	Capitalized Repairs			1986	1,730		10			1,730	23
24	Building Improvements - basemen			1996	18,993		10			18,993	24
25	Leasehold Improvements - Corner Guard			1997	520		10			520	25
26	Leasehold Improvements - Corridor flooring			1997	10,380		10			10,380	26
27	BI: Kitchen Rehab			1998	2,494		10			2,494	27
28	Wiring for MDS project			1998	3,365		10			3,365	28
29	Install Fire Sprinklers in Mechanical Rms			1998	4,600	131	35	131		2,952	29
30	Tile for Lobby			1998	20,530		10			20,530	30
31	Walk in Freezers/Coolers			1998	3,183	91	35	91		2,047	31
32	Fire Wall Repairs			1998	12,411	355	35	355		7,984	32
33	Underground storage tank			1998	2,613		10			2,613	33
34	Repave parking lot			1999	7,625		15			7,625	34
35	Lounge Floor Tile			1999	2,963		10			2,963	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 Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	Rewire Building	1999	$ 9,083	$ 260	35	$ 260	$	$ 5,586	37
38	Heat exchanger for water heater	1999	1,660		5			1,660	38
39	Compressor and tank for freezer	1999	2,924		5			2,924	39
40	Plumbing Improvements	2000	2,833		10			2,833	40
41	Relocate 2nd floor sprinklers	2000	2,200	63	35	63		1,290	41
42	Water heater repairs	2000	3,831		5			3,831	42
43	Automatic door	2000	4,556	130	35	130		2,669	43
44	Install sprinklers	2001	6,082		10			6,082	44
45	Infrared curtains for elevator	2001	4,500		10			4,500	45
46	Elevator upgrade	2002	3,006		5			3,006	46
47	Condensor	2002	2,679		5			2,679	47
48	Resurfacing Parking Lot	2003	30,690	1,535	20	1,535		26,732	48
49	Plumbing loop repairs	2003	6,125		10			6,125	49
50	Fire alarm panel/call system	2003	8,495	425	20	425		7,613	50
51	Facility Rehab - Painting	2003	6,872		10			6,872	51
52	Facility Rehab - Floor Tile	2003	28,888	1,444	20	1,444		24,964	52
53	Nurse call system	2003	49,451	2,473	20	2,473		42,245	53
54	Brick paved sidewalk/entryway	2003	5,855	293	20	293		5,102	54
55	Facility redecorating - painting/wallpaper	2003	314,478	15,724	20	15,724		283,032	55
56	Fire alarm panel/call system	2003	276,327	13,816	20	13,816		248,690	56
57	Floor Tile	2003	58,720	2,936	20	2,936		52,848	57
58	Carpeting/cove base	2003	29,518		10			29,518	58
59	Water heater	2004	9,209		10			9,209	59
60	Kitchen sewer and dishroom	2004	31,233	1,562	20	1,562		25,121	60
61	Landscaping	2005	3,255	163	20	163		2,512	61
62	HVAC	2005	8,028	401	20	401		6,083	62
63	Kitchen sewer, dishroom and ceiling	2005	22,924	1,146	20	1,146		17,859	63
64	Lobby and reception redecorating - painting/wallpaper	2005	37,999	1,900	20	1,900		29,767	64
65	Rehab therapy room - electrical, carpet, tile	2005	66,393	3,320	20	3,320		52,012	65
66	Rehab 1st floor therapy room - electrical, carpet, tile	2005	39,341	1,967	20	1,967		30,816	66
67	Wallpaper, tile, electrical for transitional unit	2005	22,946	1,147	20	1,147		18,066	67
68	Window treatments	2005	8,053	403	20	403		6,279	68
69	Tile, flooring, and wallpaper	2005	57,699	2,885	20	2,885		44,958	69
70	TOTAL (lines 4 thru 69)		$ 5,504,063	$ 63,761		$ 63,761	$	$ 5,248,965	70

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

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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		$ 5,504,063	$ 63,761		$ 63,761	$	$ 5,248,965	1
2	Countertops	2005	845		5			845	2
3	Curtains and blinders	2005	4,672		5			4,672	3
4	Mini scroll	2005	527		5			527	4
5	Medical Records Storage/Office Room	2006	5,901	148	40	148		2,096	5
6	Office Remodel	2006	5,537	138	40	138		1,932	6
7	Piping	2006	4,511	301	15	301		4,314	7
8	HVAC	2006	7,985	200	40	200		2,800	8
9	Emergency A/C	2006	9,385	235	40	235		3,290	9
10	Adm Office-HVAC	2006	6,421	161	40	161		2,320	10
11	Sink installation	2006	2,561	64	40	64		944	11
12	Land Improvements Patio	2006	23,736	1,582	15	1,582		22,676	12
13	Brick Pavers	2007	8,500	567	15	567		7,749	13
14	Landscaping	2007	16,420	821	20	821		11,015	14
15	Parking Lot	2007	13,219	661	20	661		8,868	15
16	Roof	2007	9,800	490	20	490		6,738	16
17	HVAC	2007	8,197	410	20	410		5,535	17
18	LHI-Emergency A/C	2007	11,126	556	20	556		7,321	18
19	LHI-Plumbing & Sprinkler	2007	6,799		10			6,799	19
20	Automatic Doors is Common Areas	2007	20,874	1,044	20	1,044		14,007	20
21	Tike System & Foundation	2007	4,500	225	20	225		2,954	21
22	Exterior of Building Painting	2007	16,600	830	20	830		10,998	22
23	Landscaping	2008	21,600	1,440	15	1,440		18,360	23
24	Parking Lot	2008	9,625	481	20	481		6,053	24
25	Roof Repair	2008	11,001	550	20	550		6,783	25
26	HVAC	2008	20,164	1,102	20	1,102		13,769	26
27	Sink and Toliet	2008	4,000		10			4,000	27
28	Elevator Upgrades	2008	171,955	4,299	40	4,299		52,663	28
29	Metal Doors	2008	3,907	195	20	195		2,487	29
30	Basement Renovation	2008	25,195	1,260	20	1,260		15,960	30
31	Trash Compactor	2008	11,590	580	20	580		7,250	31
32	Painting Gazebo	2008	4,450	223	20	223		2,768	32
33									33
34	TOTAL (lines 1 thru 33)		$ 5,975,666	$ 82,324		$ 82,324	$	$ 5,507,458	34

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

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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		$ 5,975,666	$ 82,324		$ 82,324	$	$ 5,507,458	1
2	2nd floor remodel-Electric, flooring,painting	2008	561,165		27	20,406	20,406	246,573	2
3	Kitchen Upgrade-Carpentry, painting, plumbing	2008	18,364		27	668	668	8,072	3
4	1st floor remodel-painting, electrical, flooring,plumbing	2008	547,836		27	19,921	19,921	257,313	4
5	Irrigation System	2009	14,235	949	15	949		10,834	5
6	Landscaping Enhancements	2009	22,005	1,467	15	1,467		16,871	6
7	Roof	2009	139,578	6,979	20	6,979		79,677	7
8	Fan Coil	2009	5,607	280	20	280		3,291	8
9	Quick Connectors	2009	5,300	265	20	265		3,092	9
10	Room Convector	2009	4,962	248	20	248		2,790	10
11	Nurse Call System	2009	35,509	1,291	27	1,291		14,628	11
12	Electrical key pad	2009	5,995	218	27	218		2,489	12
13	PT Room Countertops	2009	4,050	147	27	147		1,630	13
14	2nd floor remodel-Electric, flooring,painting	2009	2,935	107	27	107		1,266	14
15	Patio Pergola	2009	10,849	542	20	542		6,053	15
16	Landscaping/Retaining wall	2010	4,741	316	15	316		3,318	16
17	Ejector Pump	2010	6,983	466	15	466		4,892	17
18	Parking lot repair/signs	2010	8,970	533	15	533		6,890	18
19	Repair Roof	2010	24,000	1,200	20	1,200		12,100	19
20	Key pad entrance	2010	3,085	308	10	308		3,312	20
21	Canopy	2010	2,567	257	10	257		2,719	21
22	Exhaust HVAC	2010	4,003	146	27	146		1,484	22
23	Drainline	2010	4,130	151	27	151		1,522	23
24	Pantry carpentry,electrical,plumbing	2010	7,566	276	27	276		2,875	24
25	Paint over bed lights	2010	6,319	231	27	231		2,463	25
26	Library/Lounge carpentry,painting,signs	2010	8,441	308	27	308		3,183	26
27	Second floor doors	2010	3,144	314	10	314		3,376	27
28	Med Room carpentry,plumbing	2010	7,678	280	27	280		2,917	28
29	Patio Pergola	2010	11,695		5			11,695	29
30	Stamped concrete	2010	15,862	1,057	15	1,057		11,305	30
31	Office carpentry,flooring,electrical,painting,plumbing,signs	2010	64,446	1,793	27	1,793		39,626	31
32	3rd floor remodel-carpentry,plumbing,electrical,painting	2010	753,399		27	60,085	60,085	575,814	32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,291,085	$ 102,453		$ 203,533	$ 101,080	$ 6,851,528	34

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

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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		$ 8,291,085	$ 102,453		$ 203,533	$ 101,080	$ 6,851,528	1
2									2
3	Office Remodel - carpentry,plumbing,electrical,painting	2011	11,187	407	27	407		3,934	3
4	Front Entrance remodel of kitchen doors	2011	3,584	130	27	130		1,170	4
5	Remodel Shower Room - Carpentry, Flooring, Electrical,	2011	53,886	1,959	27	1,959		18,121	5
6	-Plumbing, Showers, Millwork & Painting								6
7	Boiler Coll HVAC	2011	3,175	115	27	115		1,094	7
8	Roof Top Unit HVAC	2011	40,890	1,487	27	1,487		13,755	8
9	Fire Dampers HVAC	2011	67,012	2,437	27	2,437		22,136	9
10	Remodel Laundry Room - Electrical, Painting and Flooring	2011	9,814	357	27	357		3,362	10
11	Replace Doors on 1st Floor	2011	57,237	2,081	27	2,081		18,902	11
12	Replace doors on 2nd Floor	2011	39,952	1,453	27	1,453		13,561	12
13	Doctors office-keys, painting, flooring	2012	5,484	199	27	199		1,211	13
14	Generator Exhaust	2012	21,590	785	27	785		6,803	14
15	Sprinklers in building - Front Canopy & Lobby Area	2012	11,558	420	27	420		3,430	15
16	Replace sanitary pipe	2012	5,800	211	27	211		1,811	16
17	Replace lights, mirrors in 1st floor resident rooms	2012	10,962	399	27	399		3,391	17
18	Replacement faucets in 1st floor resident rooms	2012	6,410	233	27	233		1,961	18
19	EMR Wiring- Entire Facility	2012	18,690	680	27	680		5,553	19
20									20
21	Fence- Entire Facility	2013	5,840	389	15	389		2,788	21
22	Sprinkler Heads- Entire Facility	2013	25,361	922	27	922		7,069	22
23	Holding Tank- Kitchen	2013	25,724	935	27	935		6,545	23
24									24
25	R/M Reclass: Generator transfer switch in Mechanical Room	2014	4,681		12	390	390	2,535	25
26	R/M Reclass: Landscaping for flowers around main entrance	2014	2,840		15	189	189	1,230	26
27									27
28	Add EMR Wiring 1st floor	2015	5,268	192	27	192		1,071	28
29	Replaced four boilers in boiler room	2015	173,357	6,304	27	6,304		32,045	29
30	R/M Reclass: Sealcoating and paving parking lot	2015	4,200		20	210	210	1,155	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,905,587	$ 124,548		$ 226,417	$ 101,869	$ 7,026,161	34

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

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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 12D, Carried Forward		$ 8,905,587	$ 124,548		$ 226,417	$ 101,869	$ 7,026,161	1
2									2
3	Chair Rail Installation in First and Second Floor Rooms	2016	10,199	378	27	378		1,132	3
4	R&M Reclass: Doors Installation on: 2nd and 3rd Floors North Si	2016	5,786		10	579	579	2,026	4
5	and South Side Shower Entrances								5
6	R/M Reclass: Underground Sanitary Pipe Replacement in the Low	2016	2,500		15	167	167	584	6
7	Level Entrance to Ramp Area and Back Elevator Hallway								7
8	R/M Reclass: Fire Pump Overhaul and New Gauge Tap and Gaug	2016	4,495		15	300	300	1,050	8
9	Installation in the Fire Pump Room in the Basement								9
10									10
11	Paver/concrete replacement/repairs and street light replace	2019	101,939	4,078	25	4,078		6,457	11
12	Kitchen/laundry room combustion air/HVAC	2019	30,640	4,377	7	4,377	(0)	5,471	12
13	Provide power for touchscreens	2019	3,053	611	5	611	0	966	13
14									14
15	R&M Reclass: Repair dmgd lawn/turf, landscp, inst. outcropping	2019	3,090		10	309	309	489	15
16									16
17	Boiler replacement	2020	15,835	403	10	403		403	17
18									18
19	reconcile to book			(459)			459		19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,083,124	$ 133,936		$ 237,619	$ 103,683	$ 7,044,739	34

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

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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 12E, Carried Forward		$ 9,083,124	$ 133,936		$ 237,619	$ 103,683	$ 7,044,739	1
2									2
3	Building-management company	2002	368,667		40	13,277	13,277	172,268	3
4	HVAC, electrical, security system-management company	2003	3,238		30	160	160	2,581	4
5	Key card system-management company	2004	509		20	41	41	372	5
6	VAV TX controls-management compnay	2005	155		20	13	13	110	6
7	Building Improvements-Management Company	2006	113		20	12	12	96	7
8	Building Improvements-Management Company	2008	15,960		20	594	594	7,024	8
9	Building Improvements-Management Company	2009	2,963		20	261	261	1,698	9
10	Building Improvements-Management Company	2010	2,921		20	205	205	1,514	10
11	Building Improvements-Management Company	2011	2,294		20	174	174	941	11
12	Building Improvements-Management Company	2012	6,750		20	407	407	2,015	12
13	Building Improvements-Management Company	2013	5,989		20	275	275	2,283	13
14	Building Improvements-Management Company	2014	3,241		20	527	527	2,035	14
15	Building Improvements-Management Company	2015	570		20	113	113	377	15
16	Building Improvements-Management Company	2016	9,406		20	1,136	1,136	3,133	16
17	Building Improvements-Management Company	2017	5,931		20	418	418	945	17
18	Building Improvements-Management Company	2018	1,066		20	63	63	116	18
19	Building Improvements-Management Company	2019	19,213		20	521	521	961	19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,532,110	$ 133,936		$ 255,816	$ 121,880	$ 7,243,208	34

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

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	$ 779,225	$ 29,766	$ 29,766	$	5	$ 310,335	71
72	Current Year Purchases	28,789	4,004	4,004			4,004	72
73	Fully Depreciated Assets	1,214,213					1,214,213	73
74	allocated by mgmt co	713,872		23,833	23,833		551,482	74
75	TOTALS	$ 2,736,099	$ 33,770	$ 57,603	$ 23,833		$ 2,080,034	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 by mgmt co			67,240		4,471	4,471		51,579	79
80	TOTALS			$ 67,240	$	$ 4,471	$ 4,471		$ 51,579	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)	$ 12,978,852	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 167,706	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 317,890	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 150,184	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 9,374,821	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		$	$	$	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 Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

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								6
7	TOTAL				$ **			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.	/2021	$
13.	/2022	$
14.	/2023	$

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: $ 10,097 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 management company				20
21	TOTAL		$	$	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 Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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

   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.

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

	Service	1 Schedule V Line & Column Reference	2 Staff Units of Service	3 Staff Cost	4 Outside Practitioner (other than consultant) Units	5 Outside Practitioner (other than consultant) Cost	6 Supplies (Actual or) Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39(3)	hrs	$	8,666	$ 375,219	$	8,666	$ 375,219	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		6,720	118,518		6,720	118,518	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(2 & 3)	hrs		11,083	502,933		11,083	502,933	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				181,844		181,844	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): ambulance	39(3)				8,009			8,009	12
13	Other (specify): see sch 16a	39(2)					22,683		22,683	13
14	TOTAL			$	26,469	$ 1,004,679	$ 204,527	26,469	$ 1,209,206	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.

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XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020 (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	$ 3,428,960	$ 4,596,821	1
2	Cash-Patient Deposits	42,242	42,242	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 2,375,754)	3,328,714	3,328,714	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	(7,495)	(7,495)	6
7	Other Prepaid Expenses	43,994	43,995	7
8	Accounts Receivable (owners or related parties)	1,413,082	3,816,120	8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 8,249,497	$ 11,820,397	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		616,761	13
14	Buildings, at Historical Cost		3,661,473	14
15	Leasehold Improvements, at Historical Cost	3,248,612	5,129,376	15
16	Equipment, at Historical Cost	632,918	1,260,977	16
17	Accumulated Depreciation (book methods)	(2,543,507)	(7,760,171)	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):	1,745,163	1,745,163	22
23	Other(specify): def financing		29,967	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,083,186	$ 4,683,546	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 11,332,683	$ 16,503,943	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,733,198	$ 1,733,198	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	60,841	60,841	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	312,143	312,143	30
31	Accrued Taxes Payable (excluding real estate taxes)	19,035	19,035	31
32	Accrued Real Estate Taxes(Sch.IX-B)		188,112	32
33	Accrued Interest Payable	8,183	42,478	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	see schedule 17A	9,566,547	6,353,959	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 11,699,947	$ 8,709,766	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,790,616	1,790,616	39
40	Mortgage Payable		8,183,343	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)**	$ 1,790,616	$ 9,973,959	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 13,490,563	$ 18,683,725	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (2,157,880)	$ (2,179,782)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 11,332,683	$ 16,503,943	48

***(See instructions.)**

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XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (715,474)	1
2	Restatements (describe):		2
3	**post closing adjustments**	(526,302)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (1,241,776)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(916,104)	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)**	$ (916,104)	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)**	$ (2,157,880)	24 *

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

Facility Name & ID Number Lexington Hlth Cr Ctr Lombrd # 0028860 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	$ 18,572,755	1
2	Discounts and Allowances for all Levels	(9,146,750)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,426,005	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,339,595	6
7	Oxygen	(224)	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 3,339,371	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		12
13	Barber and Beauty Care	3,692	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	184,542	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	111,288	19
20	Radiology and X-Ray	(1,125)	20
21	Other Medical Services	124,485	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 422,882	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	10,119	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 10,119	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**miscellaneous**	23,075	28
28a	**provider relief funds**	1,318,642	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,341,717	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 14,540,094	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,052,274	31
32	Health Care	6,277,710	32
33	General Administration	4,351,592	33
	B. Capital Expense		
34	Ownership	1,033,094	34
	C. Ancillary Expense		
35	Special Cost Centers	1,381,349	35
36	Provider Participation Fee	360,179	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 15,456,198	40
41	**Income before Income Taxes (line 30 minus line 40)****	(916,104)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (916,104)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 5,980,744	44
45	Private Pay - Net Inpatient Revenue	1,079,729	45
46	Medicare - Net Inpatient Revenue	746,250	46
47	Other-(specify) **managed care and other**	1,619,282	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 9,426,005	49

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ 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.**

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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	1,549	2,026	$ 138,608	$ 68.41	1
2	Assistant Director of Nursing	1,281	1,730	75,183	43.46	2
3	Registered Nurses	44,405	58,211	2,121,660	36.45	3
4	Licensed Practical Nurses	9,813	12,585	418,319	33.24	4
5	CNAs & Orderlies	58,040	75,209	1,502,174	19.97	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,612	2,131	48,281	22.66	9
10	Activity Assistants	6,058	7,965	131,896	16.56	10
11	Social Service Workers	4,366	5,088	147,620	29.01	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	1,750	2,251	52,146	23.17	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,596	2,017	152,112	75.41	20
21	Assistant Administrator					21
22	Other Administrative	5,538	6,548	158,692	24.24	22
23	Office Manager					23
24	Clerical					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	3,343	4,390	85,879	19.56	31
32	Other Health Care(specify)					32
33	Other(specify) see sch 20a	11,393	14,403	403,595	28.02	33
34	TOTAL (lines 1 - 33)	150,744	194,554	$ 5,436,165 *	$ 27.94	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	monthly	$ 39,146	1-3	35
36	Medical Director	monthly	57,425	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	monthly	18,188	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	monthly	2,938	19-3	44
45	Social Service Consultant	monthly	3,436	19-3	45
46	Other(specify) marketing	monthly	1,050	43-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 122,183		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	1,543	$ 97,186	10-3	50
51	Licensed Practical Nurses	2,859	142,097	10-3	51
52	Certified Nurse Assistants/Aides	16,255	476,920	10-3	52
53	TOTAL (lines 50 - 52)	20,657	$ 716,203		53

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Jennifer Miller	Administrator	0	$ 152,112
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 152,112

B. Administrative - Other

Description	Amount
Royal Mgmt fees	$ 606,636
shared services	967,536
TOTAL (agree to Schedule V, line 17, col. 3)	$ 1,574,172
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Cassiday	legal	$ 2,648
Markoff	legal	697
Duane Morris	legal	20,823
Much Shelist	legal	22,098
Generation	legal	13,954
Midcap	legal	2,586
Much Shelist	collections	4,621
RSM	accounting	26,140
Wipfli	accounting	5,000
Midcap	DDS Exam fees	17,906
Personnel Planners	u/c consulting	1,440
see sched 21c		163,287
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 281,200

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 258,023
Unemployment Compensation Insurance	37,182
FICA Taxes	407,247
Employee Health Insurance	313,519
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401k contribution	(26,082)
Tuition	13
Uniform	7,235
other fringes	22,703
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,019,840

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	9,429
Health Care Worker Background Check	
(Indicate # of checks performed)	
Patient Background Checks	5,335
IHCA	8,862
miscellaneous dues and subscriptions	1,584
miscellaneous licenses and permits	2,036
non-allowable lobbying portion of dues	(2,146)
allocated from management co	18,721
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 45,811

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
allocated from manaagement co	106
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 106

**See instructions.

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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 8862**

(3) Did the nursing home make political contributions or payments to a political action organization? **yes** If YES, have these costs been properly adjusted out of the cost report? **yes**

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

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

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **45,363** 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.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **360,179**
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. $ **0** Has any meal income been offset against related costs? **no** Indicate the amount. $ **0**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **no**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **no** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **n/a**
c. What percent of all travel expense relates to transportation of nurses and patients? **0**
d. Have vehicle usage logs been maintained? **adequate records have been maintained**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **n/a**
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. $ **n/a**

(17) Has an audit been performed by an independent certified public accounting firm? **no**
Firm Name:

(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.