

		FOR BHF USE			

LL2

Supportive Living Facility

**2009
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2009)**

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I.

Facility Name: Eastgate Manor of Algonquin

Address: 101 Eastgate Court Algonquin 60102
 Number City Zip Code

County: McHenry

Telephone Number: (847) 458-2800 Fax # (847) 458-0017

Federal Employer ID Number: 364368806001

Date Current Owners were Certified: 2/27/06

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	
	<input checked="" type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

In the event there are further questions about this report, please contact:
 Name: Michael W. Martin Telephone Number: (217) 258-8888
 Email Address: mike.martin@rsmi.com

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2009 to 12/31/2009 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) <u>See Accountants' Compilation Report</u>	
	(Firm Name & Address) <u>McGladrey & Pullen, LLP</u> <u>20 North Martingale, Suite 500 Schaumburg, IL 60173</u>	
	(Telephone) <u>(847) 514-7070</u> Fax <u>(847) 517-7067</u>	

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

Facility Name Eastgate Manor of Algonquin

Report Period Beginning: 01/01/2009 Ending: 12/31/2009

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	90	Single Unit Apartment	99	35,685	1
2	16	Double Unit Apartment	15	9,905	2
3		Other			3
4	106	TOTALS	114	45,590	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	12,681	16,674		29,355	5
6	Double Unit	7,159	965		8,124	6
7	Other					7
8	TOTALS	19,840	17,639		37,479	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 82.21%

D. Indicate the number of paid bed-hold days the SLF had during this year
452 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 252 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES NO

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO

G. List all services provided by your facility for non-residents.
 (E.g., day care, "meals on wheels", outpatient therapy)

None

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/09 Fiscal Year: 12/31/09

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

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

STATE OF ILLINOIS

Page 3

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning:

01/01/2009

Ending: 12/31/2009

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	248,145	255,326	2,051	505,522	(100)	505,422	1
2	Housekeeping, Laundry and Maintenance	100,010	5,839	124,233	230,082		230,082	2
3	Heat and Other Utilities			148,989	148,989		148,989	3
4	Other (specify): Cable			457	457	(457)		4
5	TOTAL General Services	348,155	261,165	275,730	885,050	(557)	884,493	5
B. Health Care and Programs								
6	Health Care/ Personal Care	516,776			516,776		516,776	6
7	Activities and Social Services	65,694	4,842	14,677	85,213		85,213	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	582,470	4,842	14,677	601,989		601,989	9
C. General Administration								
10	Administrative and Clerical	248,702		339,695	588,397	105,971	694,368	10
11	Marketing Materials, Promotions and Advertising	3,900		78,539	82,439	(82,439)		11
12	Employee Benefits and Payroll Taxes			147,939	147,939		147,939	12
13	Insurance-Property, Liability and Malpractice			55,765	55,765		55,765	13
14	Other (specify): Bad Debts			80,000	80,000	(80,000)		14
15	TOTAL General Administration	252,602		701,938	954,540	(56,468)	898,072	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,183,227	266,007	992,345	2,441,579	(57,025)	2,384,554	16
Capital Expenses								
D. Ownership								
17	Depreciation			23,100	23,100	315,215	338,315	17
18	Interest			23,310	23,310	574,705	598,015	18
19	Real Estate Taxes					135,224	135,224	19
20	Rent -- Facility and Grounds			1,095,033	1,095,033	(1,095,033)		20
21	Rent -- Equipment			175	175		175	21
22	Other (specify): Beautician & Barber			10,845	10,845		10,845	22
23	TOTAL Ownership			1,152,463	1,152,463	(69,889)	1,082,574	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,183,227	266,007	2,144,808	3,594,042	(126,914)	3,467,128	24

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning 01/01/2009 Ending: 12/31/2009

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	3.54	\$ 30.45	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	2.37	13.23	4
5	Social Service Workers			5
6	Head Cook	3.85	13.87	6
7	Cook Helpers/Assistants	8.98	8.14	7
8	Dishwashers			8
9	Maintenance Workers	1.50	13.72	9
10	Housekeepers	3.16	8.63	10
11	Laundry			11
12	Managers Administrator	0.89	39.63	12
13	Other Administrative	7.08	12.44	13
14	Clerical			14
15	Marketing			15
16	Other Caregivers	12.47	10.94	16
17	Total (lines 1 thru 16)	43.84	\$ 12.89	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	See Attachment 1		See Attachment 5	See Attachment 5	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$ None	1
2		2
Total		\$ 3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES	
Name <u>1</u>	City <u>2</u>
See Attachment 1	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES NO
 Name of related entity: N/A If yes, what is the value of those services? \$ N/A
 (Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES NO
 If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

VIII. OWNERSHIP COSTS

A. Purchase price of land 311,565 Year land was acquired 2000

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

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

	1 Units*	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	
1	114			2000	\$ 4,679,221	\$	40	\$ 116,981	\$ 116,981	\$ 1,080,968	1
2				2001	3,852,173		40	96,304	96,304	842,662	2
3											3
4											4
5											5
Improvement Type											
6	Flagpoles			2001	2,637	177	10	177		1,497	6
7	Tub Conversion			2001	1,185	119	10	119		1,008	7
8	Nurses Station			2001	6,183	309	20	309		2,628	8
9	2nd Floor Carpet			2001	1,339	134	10	134		1,138	9
10	Fire Alarm Doors			2001	835	83	10	83		709	10
11	2 Exterior Signs			2001	2,432	243	10	243		2,067	11
12	Nurse Call Station			2004	21,485	1,074	20	1,074		5,550	12
13	Asphalt Paving			2005	19,397	1,940	10	1,940		8,244	13
14	Apartments			2005	18,224	911	20	911		3,645	14
15	Nurse Call Station			2006	2,761	138	20	138		518	15
16	See Attachment 2				1,189,157	7,074		35,999	28,925	191,169	16
17	TOTAL (lines 1 thru 16)				\$ 9,797,029	\$ 12,202		\$ 254,412	\$ 242,210	\$ 2,141,803	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 1,031,784	\$ 10,898	\$ 83,903	73,005	10	\$ 722,705	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 1,031,784	\$ 10,898	\$ 83,903	73,005		\$ 722,705	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22			N/A		22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning: 01/01/2009

Ending: 2/31/2009

IX. RENTAL COSTS

A. Building and Fixed Equipment

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? YES NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building	N/A		/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ N/A

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
		Related**				Amount of Note					
	Name of Lender	YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Int. Expense	
A. Directly Facility Related											
Long-Term											
1	Lexington Financial Services	X		Mortgage	5/22/08	\$ 9,395,000	\$ 9,106,463	1/1/33	Variable	\$ 592,216	1
2						Security Deposits and other				561	2
3					/ /	Amortization of Mortgage Costs		/ /		3,237	3
Working Capital											
4	Members loans-East Gate	X		Working Capital	Various	1,792,483	1,998,454	/ /	Variable	19,687	4
5	Members loans-Samvest	X		Working Capital	Various	2,540,438		/ /	Variable	2,828	5
6	Bank of America		X	Line of Credit	4/6/02	400,000	225,000	6/30/10	Variable	3,062	6
7	TOTAL Facility Related					\$ 14,127,921	\$ 11,329,917			\$ 621,591	7
B. Non-Facility Related											
8					/ /	Less interest income		/ /		-306	8
9					/ /	Related party interest		/ /		-23,270	9
10	TOTALS (lines 7, 8 and 9)					\$ 14,127,921	\$ 11,329,917			\$ 598,015	10

* If there is an option to buy the building, please provide complete details on an attached schedule.
 ** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning: 01/01/2009

Ending: 12/31/2009

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2009

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 258,092	\$ 260,079	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 192,899)	632,685	632,685	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	51,526	51,526	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	757,387	77,913	8
9	Other(specify): See attachment 3		220,068	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,699,690	\$ 1,242,271	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	94,552	94,552	12
13	Land		311,565	13
14	Buildings, at Historical Cost		4,679,221	14
15	Leasehold Improvements, at Historical Cost	234,004	5,117,808	15
16	Equipment, at Historical Cost	187,789	1,031,784	16
17	Accumulated Depreciation (book methods)	(98,183)	(2,864,508)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		80,931	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(5,224)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 418,162	\$ 8,446,129	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,117,852	\$ 9,688,400	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 55,500	\$ 55,500	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	225,000	225,000	29
30	Accrued Salaries Payable	85,778	85,778	30
31	Accrued Taxes Payable	2,183	141,883	31
32	Accrued Interest Payable		44,253	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See attachment 3	219,231	1,166,527	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 587,692	\$ 1,718,941	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,998,454	1,998,454	38
39	Mortgage Payable		9,106,463	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 1,998,454	\$ 11,104,917	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,586,146	\$ 12,823,858	45
46	TOTAL EQUITY	\$ (468,294)	\$ (3,135,458)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,117,852	\$ 9,688,400	47

*(See instructions.)

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,656,471	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,656,471	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	13,931	8
9	Non-Resident Meals	2,040	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 15,971	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	306	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 306	14
D. Other Revenue (specify):			
15	Carpet Proration-\$4457;Mini Market-\$54	4,511	15
16	Vending-\$100;Misc. Income-\$343	443	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,954	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,677,702	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	885,050	19
20	Health Care/ Personal Care	601,989	20
21	General Administration	954,540	21
B. Capital Expense			
22	Ownership	1,152,463	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,594,042	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 83,660	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 83,660	31

See Accountants' Compilation Report

VI.A

Owners:

<u>Name</u>	<u>% Ownership</u>
Jason Samatas Discretionary Trust	8.571%
Jeremy Samatas Discretionary Trust	8.571%
Jillayne Samatas Discretionary Turst	8.571%
James Samatas Discretionary Trust	17.143%
Philip Them Discretionary Trust	8.571%
Daniel Thiem Discretionary Trust	8.571%
Chester Plodzien	20.000%
George Samatas 1998 Gamma Trust for Jason UAD 11/25/98	2.858%
George Samatas 1998 Gamma Trust for Jeremy UAD 11/25/98	2.857%
George Samatas 1998 Gamma Trust for Jillayne UAD 11/25/98	2.857%
George Samatas 1998 Gamma Trust for Collin UAD 11/25/98	2.857%
George Samatas 1998 Gamma Trust for Gabrielle UAD 11/25/98	2.857%
George Samatas 1998 Gamma Trust for Philip UAD 11/25/98	2.857%
George Samatas 1998 Gamma Trust for Daniel UAD 11/25/98	2.857%

VIII. A

Related Organizations: Related SLF's and Healthcare Business

	<u>City</u>
Lexington Health Care Center of Lombard, Inc.	Lombard
Lexington Health Care Center of Bloomingdale, Inc.	Bloomingdale
Lexington Health Care Center of Elmhurst, Inc.	Elmhurst
Lexington Health Care Center of LaGrange, Inc.	LaGrange
Lexington Health Care Center of Lake Zurich, Inc.	Lake Zurich
Lexington Health Care Center of Schaumburg, Inc.	Schaumburg
Lexington Health Care Center of Streamwood, Inc.	Streamwood
Lexington Health Care Center of Wheeling, Inc.	Wheeling
Lexington Health Care Center of Orland Park, Inc.	Orland Park
Lexington Health Care Center of Chicago Ridge, Inc.	Chicago Ridge

Other Related Business Entities

	<u>City</u>	<u>Type</u>
Samvest of Algonquin Limited Partnership	Algonquin	Real Estate Partnership
Royal Management Company	Lombard	Management Company
Lexington Financial Services, L.L.C.	Lombard	Finance Co.
Nexgen Partners, LLC	Lombard	Management Company

Eastgate Manor of Algonquin
Leasehold Improvements (continued)
12/31/2009

Attachment 2

See Accountants' Compilation Report

	Improvement Type	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
18	Sealcoat parking lot	2006		3,240	324	10	324		1,161	18	
19	Kitchen Rehab	2006		10,222	511	20	511		1,789	19	
20	Apartments	2006		81,813	4,091	20	4,091		14,318	20	
21	Roof Repairs	2007		3,000	150	20	150		363	21	
22	Sheers	2007		2,877	288	10	288		648	22	
23	Sheers	2008		5,001	500	10	500		703	23	
24	Painting	2008		2,700	270	10	270		450	24	
25	Land Improvements-patio,topsoil	2009		6,420	236	15	236		236	25	
26	Paint doors and elevators	2009		5,990	100	10	100		100	26	
27	Nurses call system	2009		36,265	604	10	604		604	27	
28										28	
29	Allocation Real Estate Entity									29	
30	Land Improvements	2000		79149		15	5,277	(5,277)	63,317	30	
31	Land Improvements	2001		162248		15	10,817	(10,817)	94,645	31	
32								0		32	
33	Apartment conversions	2009		265,854		40	8,938	(8,938)	8,942	33	
34	Dining Room/Lobby/Corridor	2009		524,378		15	3,893	(3,893)	3,893	34	
35										35	
36										36	
37										37	
38	Total (Attachment 2) to Schedule VIII - Line 16			\$ 1,189,157	\$ 7,074		\$ 35,999	\$ -	\$ (28,925)	\$ 191,169	38

Eastgate Manor of Algonquin
12/31/2009
Attachment 3
Supplementary Information

See Accountants' Compilation Report

XI.A.Line 9

Due to Samvest of Algonquin

<u>Operating</u>	<u>After Consolidation</u>
	220,068
-	220,068

XI.C.Line 35

Due from Royal
Due from Lex Fin Serv LLC
Accrued 401K
Due to Republic Construction
Accrued Expenses
Accrued Management Fees
Interest Rate Swap
Security Deposits

<u>Operating</u>	<u>After Consolidation</u>
2,954	2,954
1,173	1,173
4,884	4,884
10,048	10,048
25,931	25,931
31,108	31,108
-	947,296
143,133	143,133
219,231	1,166,527

See Accountants' Compilation Report

Attachment 5

Related Party Management Company-Nexgen

Other Entities Managed by Nexgen	6,255,587	64.03%
Eastgate	3,514,042	35.97%
	<u>9,769,629</u>	<u>100.00%</u>

Total Nexgen Expenses 385,374

Eastgate Manor amount 138,615
Less Management fee in line 10, page 3 110,351
28,264

Eastgate's allocation of management company expenses is its proportionate share of Nexgen total expenses of \$385,374

Owners' Compensation and Average Hours Worked	Average Hours	Compensation
Jason Samatas	3.5	1,794
Jeremy Samatas	38.5	19,734
Daniel Thiem	3.5	1,794
Phil Thiem	3.5	1,794