

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2013  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2013)**

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.

<p><b>I. Facility ID Number:</b> <u>100059</u></p> <p><b>Facility Name:</b> <u>Eastgate Manor of Algonquin</u></p> <p><b>Address:</b> <u>101 Eastgate Court</u> <u>Algonquin</u> <u>60102</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>McHenry</u></p> <p><b>Telephone Number:</b> ( <u>847</u> ) <u>458-2800</u> Fax # <u>(847) 458-0017</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>2/27/06</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Amanda Springborn</u> <b>Telephone Number:</b> <u>(314) 925-3838</u>  <b>Email Address:</b> _____</p>	<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	<b>IRS Exemption Code</b> _____	<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 _____		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2013</u> to <u>12/31/2013</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) <u>McGladrey LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 517-7070</u> Fax <u>(847) 517-7067</u></td> <td></td> </tr> </table> <p align="right">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</p>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		<b>Paid Preparer</b>	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) <u>McGladrey LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u>			(Telephone) <u>(847) 517-7070</u> Fax <u>(847) 517-7067</u>	
<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																																												
<b>IRS Exemption Code</b> _____	<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 _____																																													
<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____																																												
	(Type or Print Name) _____																																													
	(Title) _____																																													
<b>Paid Preparer</b>	(Signed) _____	(Date) _____																																												
	(Print Name and Title) _____																																													
	(Firm Name & Address) <u>McGladrey LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u>																																													
	(Telephone) <u>(847) 517-7070</u> Fax <u>(847) 517-7067</u>																																													

Facility Name Eastgate Manor of Algonquin

Report Period Beginning: 01/01/2013 Ending: 12/31/2013

**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	113	Single Unit Apartment	113	41,245	1
2	6	Double Unit Apartment	6	2,190	2
3		Other		1,451	3
4	119	TOTALS	119	44,886	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	28,713	10,380		39,093	5
6	Double Unit	2,406	867		3,273	6
7	Other					7
8	TOTALS	31,119	11,247		42,366	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.39%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
866 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 501 (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  Note : Non-allowable costs have been eliminated in Schedule IV, Column 5.

**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: 12/31/13 Fiscal Year: 12/31/13

\* 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

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning:

01/01/2013

Ending: 12/31/2013

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	325,287	286,983	1,822	614,092	(4,699)	609,393	1
2	Housekeeping, Laundry and Maintenance	114,062	27,490	146,222	287,774		287,774	2
3	Heat and Other Utilities			152,978	152,978		152,978	3
4	Other (specify): Satellite TV			823	823	(823)		4
5	<b>TOTAL General Services</b>	<b>439,349</b>	<b>314,473</b>	<b>301,845</b>	<b>1,055,667</b>	<b>(5,522)</b>	<b>1,050,145</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	592,224			592,224		592,224	6
7	Activities and Social Services	90,250	7,177	16,564	113,991		113,991	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>682,474</b>	<b>7,177</b>	<b>16,564</b>	<b>706,215</b>		<b>706,215</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	186,079	22,781	371,081	579,941	44,071	624,012	10
11	Marketing Materials, Promotions and Advertising	103,375		88,274	191,649	(191,649)		11
12	Employee Benefits and Payroll Taxes			238,061	238,061		238,061	12
13	Insurance-Property, Liability and Malpractice			55,018	55,018		55,018	13
14	Other (specify): Other Administrative			19,432	19,432	(19,432)		14
15	<b>TOTAL General Administration</b>	<b>289,454</b>	<b>22,781</b>	<b>771,866</b>	<b>1,084,101</b>	<b>(167,010)</b>	<b>917,091</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,411,277</b>	<b>344,431</b>	<b>1,090,275</b>	<b>2,845,983</b>	<b>(172,532)</b>	<b>2,673,451</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			61,867	61,867	264,813	326,680	17
18	Interest			10,502	10,502	454,942	465,444	18
19	Real Estate Taxes					189,059	189,059	19
20	Rent -- Facility and Grounds			1,097,798	1,097,798	(1,097,798)		20
21	Rent -- Equipment			256	256		256	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>1,170,423</b>	<b>1,170,423</b>	<b>(188,984)</b>	<b>981,439</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,411,277</b>	<b>344,431</b>	<b>2,260,698</b>	<b>4,016,406</b>	<b>(361,516)</b>	<b>3,654,890</b>	<b>24</b>

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning 01/01/2013 Ending: 12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	4.36	\$ 29.15	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	2.91	14.52	4
5	Social Service Workers			5
6	Head Cook	5.55	14.95	6
7	Cook Helpers/Assistants	10.15	8.99	7
8	Dishwashers			8
9	Maintenance Workers	1.10	20.31	9
10	Housekeepers	3.39	9.44	10
11	Laundry			11
12	Managers Administrator	1.04	46.84	12
13	Other Administrative	3.38	13.17	13
14	Clerical			14
15	Marketing	2.01	24.27	15
16	Other Caregivers	14.46	10.78	16
17	<b>Total (lines 1 thru 16)</b>	<b>48.35</b>	<b>\$ 13.98</b>	<b>17</b>

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	\$ Attachment 5	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		\$ 2
<b>Total</b>		<b>\$ 3</b>

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	1	City	2
See Attachment 1			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attachment 1					

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:

01/01/2013

Ending:

12/31/2013

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				2000	\$ 4,679,221	\$	40	\$ 116,981	\$ 116,981	\$ 1,548,893	1
2				2001	3,852,173		40	96,304	96,304	1,227,879	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Flagpoles		2001	2,637	176	10	176		2,198	6
7		Tub Conversion		2001	1,185		10			1,185	7
8		Nurses Station		2001	6,183	309	20	309		3,864	8
9		2nd Floor Carpet		2001	1,339		10			1,339	9
10		Fire Alarm Doors		2001	835		10			835	10
11		2 Exterior Signs		2001	2,432		10			2,432	11
12		Nurse Call Station		2004	21,485	1,074	20	1,074		9,847	12
13		Asphalt Paving		2005	19,397	1,940	10	1,940		16,003	13
14		Apartments		2005	18,224	911	20	911		7,290	14
15		Nurse Call Station		2006	2,761	138	20	138		1,070	15
16		See Attachment 2			1,527,004	27,569		71,500	43,931	458,486	16
17		TOTAL (lines 1 thru 16)			\$ 10,134,876	\$ 32,117		\$ 289,333	\$ 257,216	\$ 3,281,321	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	\$ 1,100,304	\$ 21,902	\$ 29,499	7,597	10	\$ 890,423	18
19	Vehicles	58,868	7,849	7,849		5	7,849	19
20	TOTAL (lines 18 and 19)	\$ 1,159,172	\$ 29,750	\$ 37,347	7,597		\$ 898,272	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					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning: 01/01/2013

Ending: 2/31/2013

**IX. RENTAL COSTS****A. Building and Fixed Equipment**1. Name of Party Holding Lease: N/A2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  YES  NO

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

8. Is movable equipment rental included in building rental?  
 YES  NO9. Rental amount for movable equipment \$ 256

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 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1	Lexington Financial Services	X		Mortgage	5/22/08	\$ 9,395,000	\$ 8,247,574	1/1/33	Variable	\$ 502,497	1
2					/ /			/ /			2
3					/ /	Amortization of Mortgage Costs		/ /		3,237	3
	<b>Working Capital</b>										
4	West Suburban Bank		X	Vehicle Purchase	4/26/13	57,910	51,704	5/1/18	0.0450	1,743	4
5	Bank of America		X	Line of Credit	4/6/02	400,000	254,000	9/30/14	Variable	8,760	5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$ 9,852,910	\$ 8,553,278			\$ 516,236	7
	<b>B. Non-Facility Related</b>										
8					/ /	Less interest income		/ /		(50,792)	8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 9,852,910	\$ 8,553,278			\$ 465,444	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: 01/01/2013

Ending:

12/31/2013

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 536,673	\$ 589,524	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 251,754 )	648,680	648,680	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	35,844	274,927	8
9	Other(specify): <u>Interest Receivable</u>	670	670	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,221,867	\$ 1,513,801	10
	<b>B. Long-Term Assets</b>			
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	568,611	5,455,655	15
16	Equipment, at Historical Cost	315,177	1,159,172	16
17	Accumulated Depreciation (book methods)	(283,421)	(4,179,593)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		62,758	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 694,919	\$ 7,583,330	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,916,786	\$ 9,097,131	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 53,165	\$ 53,165	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	305,704	305,704	29
30	Accrued Salaries Payable	84,269	84,269	30
31	Accrued Taxes Payable	2,979	185,979	31
32	Accrued Interest Payable		36,299	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<u>See Attachment 3</u>	214,493	1,511,836	35
36	<u>See Attachment 3</u>	6,223	6,223	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 666,833	\$ 2,183,475	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable		8,247,574	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$	\$ 8,247,574	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 666,833	\$ 10,431,049	45
46	<b>TOTAL EQUITY</b>	\$ 1,249,953	\$ (1,333,918)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 1,916,786	\$ 9,097,131	47

\*(See instructions.)

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 4,438,033	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 4,438,033</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	3,841	8
9	Non-Resident Meals	4,465	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 8,306</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	50,792	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 50,792</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attachment 3	3,991	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 3,991</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 4,501,122</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,055,667	19
20	Health Care/ Personal Care	706,215	20
21	General Administration	1,084,101	21
<b>B. Capital Expense</b>			
22	Ownership	1,170,423	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 4,016,406</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 484,716</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 484,716</b>	<b>31</b>

East Gate Manor of Algonquin, LLC

12/31/2013

Attachment 1

VI.A

Owners:

<u>Name</u>	<u>% Ownership</u>
Jason Samatas Discretionary Trust	8.571%
Jeremy Samatas Discretionary Trust	8.571%
Jillayne Samatas Discretionary Trust	8.571%
Collin Samatas Discretionary Trust	8.572%
Gabrielle Samatas Discretionary Trust	8.572%
Philip Thiem 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	2.858%
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**

	<b><u>City</u></b>	<b><u>Type</u></b>
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
Lexington Square Life Care of Lombard, LLC	Lombard	Independent and Assisted Living Facility
Lexington Square Life Care of Elmhurst, LLC	Elmhurst	Independent Living Facility
Vesta Management Group, LLC	Lombard	Management Company

	Improvement Type	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments
18	Sealcoat parking lot	2006		3,240	189	10	189	-
19	Kitchen Rehab	2006		10,222	511	20	511	-
20	Apartments	2006		81,813	4,091	20	4,091	-
21	Roof Repairs	2007		3,000	150	20	150	-
22	Sheers	2007		2,877	288	10	288	-
23	Sheers	2008		5,001	500	10	500	-
24	Painting	2008		2,700	270	10	270	-
25	Land Improvements-patio,topsoil	2009		6,420	428	15	428	-
26	Paint doors and elevators	2009		5,990	599	10	599	-
27	Nurses call system	2009		36,265	3,626	10	3,626	-
28	Apartment conversions - Samvest Rep Prj	2009		265,855		40	9,752	(9,752)
29	Dining Room/Lobby/Corridor - Samvest Rep Prj	2009		524,378		15	23,360	(23,360)
30	HVAC Repairs	2010		3,131	313	10	313	-
31	Remodel Offices	2010		37,280	1,864	20	1,864	-
32	Apartment conversions - Eastgate Manor	2010		3,528	176	20	176	-
33	Roof Repairs	2011		5,418	271	20	271	-
34	Apartment conversions - Eastgate Manor	2011		133,905	6,695	20	6,695	-
35	Roofing: Spouts, Gutters & Roof - East Wing	2012		43,577	2,179	20	2,179	-
36	Install Draft Damper - Dining Room	2012		4,987	532	10	532	-
37	Walk-In Cooler Repair - Kitchen	2012		11,599	1,160	10	1,160	-
38	Apartment conversions - Eastgate Manor (342 & 141)	2012		35,051	1,753	20	1,753	-
39	Smoking/Shower Room	2012		12,944	647	20	647	-
40	Sealcoat and strip parking lot	2013		2,600	108	10	108	-
41	HVAC - Heat Exchanger	2013		3,887	138	10	138	-
42	Furnish and Install 6 ton rooftop unit (RTU)	2013		10,551	264	10	264	-
43	Install new grease trap & adjust air fans	2013		8,900	-	10	-	-
44	Lobby Bathrooms - Labor, Paint, Plumbing	2013		20,489	817	10	817	-

45									
46									
47									
48	Allocation from Real Estate Entity								
49	Land Improvements	2000		79,149		15	2		(2)
50	Land Improvements	2001		162,248		15	10,817		(10,817)
51									
52	Total (Attachment 2) to Schedule VIII - Line 16			\$ 1,527,004	\$ 27,569		\$ 71,500		\$ (43,931)

Accumulated  
Depreciation

2,322	18
3,833	19
30,681	20
963	21
1,799	22
2,703	23
1,530	24
1,948	25
2,496	26
15,110	27
47,949	28
97,334	29
992	30
6,220	31
617	32
542	33
15,064	34
2,361	35
641	36
1,643	37
2,543	38
809	39
108	40
138	41
264	42
-	43
817	44

	45
	46
	47
	48
79,149	49
137,910	50
	51
\$ 458,486	52

East Gate Manor of Algonquin, LLC  
 12/31/2013  
 Attachment 3  
 Supplementary Information

<u>XI.C.Line 35</u>	<u>Operating</u>	<u>After Consolidation</u>
Withholding Dental Insurance	(256)	(256)
Withholding EP/CI/WI	(189)	(189)
401k Withholding	10	10
Accrued 401K	7,253	7,253
Accrued Expenses	8,768	8,768
Accrued Management Fees Nexgen	21,292	21,292
Interest Rate Swap	-	1,297,343
Due to Republic Construction	5,267	5,267
Due to Royal General	5,481	5,481
Security Deposits	158,844	158,844
Resident Trust Fund Liability	8,023	8,023
	<u>214,493</u>	<u>1,511,836</u>
	-	-

<u>XI.C.Line 36</u>	<u>Operating</u>	<u>After Consolidation</u>
Prepaid Insurance	(17,060)	(17,060)
Due to Escrow	23,283	23,283
	<u>6,223</u>	<u>6,223</u>
	-	-

<u>XII.D.Line 15</u>	<u>Amount</u>
Carpet Proration	3,377
Supportive Living Mini Market	234
Miscellaneous Income	380
	<u>3,991</u>
	-

Attachment 4

Related Party Management Company-Royal Management Corp

Total cost allocated to nursing home	\$10,828,112	79.16%
Total cost allocated to other entities	\$2,851,249	20.84%
Including Eastgate Manor	<u>\$13,679,361</u>	<u>100.00%</u>

Basis for allocation of the \$2,851,249-accumulated costs of the other entities, including Eastgate Manor.

East Gate Manor of Algonquin, LLC	3,611,713
Other entities managed by Royal Management (other than ten nursing homes)	46,218,694
	<u>49,830,407</u>

Eastgate Manor percentage of the \$2,851,249	7.25%
--	-------

Eastgate Manor amount	206,659
Less Management fee in line 10, page 3	146,244
	<u>60,415</u>

Eastgate Manor's allocation of management company expenses is its proportionate share of Royal Management Corp total expenses of \$13,679,361. The specific expenses to Eastgate Manor would be calculated at 1.51% (20.84% x 7.25%) of individual expenses of Royal Management Corp as shown on the attached detail.

Attachment 5

Related Party Management Company-Nexgen

Other Entities Managed by Nexgen	9,015,678	71.40%
Eastgate Manor	3,611,713	28.60%
	<u>12,627,391</u>	<u>100.00%</u>

Total Nexgen Expenses	412,202
Eastgate Manor amount	117,899
Less Management fee in line 10, page 3	135,137
	<u>(17,238)</u>

Eastgate Manor's allocation of management company expenses is its proportionate share of Nexgen total expenses of \$412,202.

Owners' Compensation and Average Hours Worked	<u>Average Hours</u>	<u>Compensation</u>
1/1/13 thru 12/31/13		
Jeremy Samatas	15.0	68,645
Phil Thiem	2.5	11,441