

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2015  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2015)**

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> 1000059</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>  Number City Zip Code</p> <p><b>County:</b> <u>McHenry</u></p> <p><b>Telephone Number:</b> ( <u>847</u> ) <u>458-2800</u> Fax # ( <u>847</u> ) <u>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</u> ) <u>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>01/01/2015</u> to <u>12/31/2015</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>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) ( <u>847</u> ) <u>517-7070</u> Fax ( <u>847</u> ) <u>517-7067</u></td> <td></td> </tr> </table> <p align="center">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>RSM US LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u>			(Telephone) ( <u>847</u> ) <u>517-7070</u> Fax ( <u>847</u> ) <u>517-7067</u>	
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Facility Name Eastgate Manor of AlgonquinReport Period Beginning: 01/01/2015 Ending: 12/31/2015**III. STATISTICAL DATA****A. Certified units; enter number of units and unit days**Date of change in certified units See Attachment 6

	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	117	Single Unit Apartment	118	42,848	1
2	2	Double Unit Apartment	1	587	2
3		Other		3,142	3
4	119	TOTALS	119	46,577	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	21,207	15,088		36,295	5
6	Double Unit	356	135		491	6
7	Other	1,002	2,037	4	3,043	7
8	TOTALS	22,565	17,260	4	39,829	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.51%

D. Indicate the number of paid bed-hold days the SLF had during this year 651 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 337 (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: 12/31/15 Fiscal Year: 12/31/15

\* 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:

01/01/2015

Ending: 12/31/2015

## 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	344,744	279,537	1,596	625,877	(5,300)	620,577	1
2	Housekeeping, Laundry and Maintenance	110,830	29,911	161,085	301,826		301,826	2
3	Heat and Other Utilities			164,088	164,088		164,088	3
4	Other (specify):			928	928	(928)		4
5	<b>TOTAL General Services</b>	<b>455,574</b>	<b>309,448</b>	<b>327,697</b>	<b>1,092,719</b>	<b>(6,228)</b>	<b>1,086,491</b>	<b>5</b>
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	594,179		60	594,239		594,239	6
7	Activities and Social Services	93,583	10,810	17,953	122,346		122,346	7
8	Other (specify):	98,098			98,098		98,098	8
9	<b>TOTAL Health Care and Programs</b>	<b>785,860</b>	<b>10,810</b>	<b>18,013</b>	<b>814,683</b>		<b>814,683</b>	<b>9</b>
	<b>C. General Administration</b>							
10	Administrative and Clerical	198,184	20,029	609,445	827,658	(40,276)	787,382	10
11	Marketing Materials, Promotions and Advertising	108,296		81,767	190,063	(190,063)		11
12	Employee Benefits and Payroll Taxes			270,619	270,619		270,619	12
13	Insurance-Property, Liability and Malpractice			57,481	57,481		57,481	13
14	Other (specify):			21,619	21,619		21,619	14
15	<b>TOTAL General Administration</b>	<b>306,480</b>	<b>20,029</b>	<b>1,040,931</b>	<b>1,367,440</b>	<b>(230,339)</b>	<b>1,137,101</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,547,914</b>	<b>340,287</b>	<b>1,386,641</b>	<b>3,274,842</b>	<b>(236,567)</b>	<b>3,038,275</b>	<b>16</b>
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			68,843	68,843	264,810	333,653	17
18	Interest			12,309	12,309	486,764	499,073	18
19	Real Estate Taxes					186,698	186,698	19
20	Rent -- Facility and Grounds			1,107,507	1,107,507	(1,107,507)		20
21	Rent -- Equipment			4,414	4,414		4,414	21
22	Other (specify):			106,469	106,469	(381)	106,088	22
23	<b>TOTAL Ownership</b>			<b>1,299,542</b>	<b>1,299,542</b>	<b>(169,616)</b>	<b>1,129,926</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,547,914</b>	<b>340,287</b>	<b>2,686,183</b>	<b>4,574,384</b>	<b>(406,183)</b>	<b>4,168,201</b>	<b>24</b>

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning 01/01/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	3.09	\$ 26.94	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	3.31	14.51	4
5	Social Service Workers			5
6	Head Cook	5.75	16.14	6
7	Cook Helpers/Assistants	8.56	9.14	7
8	Dishwashers	1.28	8.65	8
9	Maintenance Workers	1.01	17.01	9
10	Housekeepers	3.49	9.81	10
11	Laundry			11
12	Managers	1.03	56.39	12
13	Other Administrative	1.86	34.30	13
14	Clerical	3.43	16.65	14
15	Marketing	2.03	26.49	15
16	Other Caregivers	15.60	11.52	16
17	<b>Total (lines 1 thru 16)</b>	<b>50.44</b>	<b>\$ 14.78</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>\$</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 <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>
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:

01/01/2015

Ending:

12/31/2015

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	\$ 1,782,855	1
2				2001	3,852,173		40	96,304	96,304	1,420,489	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Flagpoles			2001	2,637	176	10	176		2,549	6
7	Tub Conversion			2001	1,185		10			1,185	7
8	Nurses Station			2001	6,183	309	20	309		4,483	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		11,995	12
13	Asphalt Paving			2005	19,397	1,455	10	1,455		19,397	13
14	Apartments			2005	18,224	911	20	911		9,112	14
15	Nurse Call Station			2006	2,761	138	20	138		1,346	15
16	See Attachment 2				1,602,709	75,559		75,559		608,670	16
17	TOTAL (lines 1 thru 16)				\$ 10,210,581	\$ 79,622		\$ 292,907	\$ 213,285	\$ 3,866,687	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	\$ 1,107,170	\$ 21,375	\$ 28,972	7,597	10	\$ 948,959	18
19	Vehicles	58,868	11,774	11,774		5	31,397	19
20	TOTAL (lines 18 and 19)		\$ 1,166,038	\$ 33,149	\$ 40,746		\$ 980,356	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	N/A	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)		\$	\$	24

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning: 01/01/2015

Ending: 2/31/2015

**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	<b>TOTAL</b>			\$			7

8. Is movable equipment rental included in building rental?

YES  NO

9. Rental amount for movable equipment \$ 4,414

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			
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	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	\$ 7,738,977	1/1/33	Variable	\$ 488,379	1
2					/ /	Finance Charge - Insurance Policy		/ /		200	2
3					/ /	Amortization of Mortgage Costs		/ /		3,237	3
	<b>Working Capital</b>										
4	West Surburban bank		X	Vehicle Purchase	4/26/13	57,910	11,065	5/1/18	0.0450	1,614	4
5	Bank of America		X	Line of Credit	4/6/02	400,000	466,000	9/30/15	Variable	10,495	5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$ 9,852,910	\$ 8,216,042			\$ 503,925	7
	<b>B. Non-Facility Related</b>										
8	Interest Income Offset				/ /	Less: Interest Income		/ /		(4,852)	8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 9,852,910	\$ 8,216,042			\$ 499,073	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: 01/01/2015

Ending: 12/31/2015

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 542,904	\$ 554,562	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>384,241</u> )	1,015,322	1,015,322	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	25,724	25,724	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	71	275,987	8
9	Other(specify):	2,682	2,682	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,586,703	\$ 1,874,277	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	644,316	5,531,360	15
16	Equipment, at Historical Cost	322,043	1,166,038	16
17	Accumulated Depreciation (book methods)	(421,251)	(4,847,043)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		56,284	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>	\$ 639,660	\$ 6,991,977	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,226,363	\$ 8,866,254	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 48,067	\$ 48,067	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	477,065	477,065	29
30	Accrued Salaries Payable	117,179	117,179	30
31	Accrued Taxes Payable	2,049	188,049	31
32	Accrued Interest Payable		38,739	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	See Attachment 3	653,298	1,173,766	35
36	See Attachment 3	22,936	22,936	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,320,594	\$ 2,065,801	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	18,038	18,038	38
39	Mortgage Payable		7,738,977	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>	\$ 18,038	\$ 7,757,015	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 1,338,632	\$ 9,822,816	45
46	<b>TOTAL EQUITY</b>	\$ 887,731	\$ (956,562)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 2,226,363	\$ 8,866,254	47

\*(See instructions.)

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	\$ 4,593,033	1
2	Discounts and Allowances		2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 4,593,033	3
<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	24,442	8
9	Non-Resident Meals	5,300	9
10	Laundry		10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$ 29,742	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	4,852	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 4,852	14
<b>D. Other Revenue (specify):</b>			
15	Miscellaneous Income	150	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 150	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 4,627,777	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,092,719	19
20	Health Care/ Personal Care	814,683	20
21	General Administration	1,367,440	21
<b>B. Capital Expense</b>			
22	Ownership	1,299,542	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 4,574,384	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ 53,393	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ 53,393	31

East Gate Manor of Algonquin, LLC  
 12/31/2015  
 Attachment 1

VI.A

Owners:

<u>Name</u>	<u>% Ownership</u>	Okay based on email
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 SLP's and Healthcare Business      City

Lexington Health Care Center of Bloomingdale, Inc.	Bloomingdale
Lexington Health Care Center of Chicago Ridge, Inc.	Chicago Ridge
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 Lombard, Inc.	Lombard
Lexington Health Care Center of Orland Park, Inc.	Orland Park
Lexington Health Care Center of Schaumburg, Inc.	Schaumburg
Lexington Health Care Center of Streamwood, Inc.	Streamwood
Lexington Health Care Center of Wheeling, Inc.	Wheeling

<u>Other Related Business Entities</u>	<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
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
Heron Point Management Corporation	Lombard	Management Company
Samvest of Lombard II, LLC	Lombard	Lessor
North Heron Investments, LLC	Lombard	Finance Co.
Merit Sleep Management, LLC	Lombard	Management Company
Lexington Home Health Care, Inc.	Lombard	Home Health
Lexington Hospice Services, LLC	Lombard	Hospice
Lexington Private Home Care	Lombard	Healthcare

Improvement Type	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Sealcoat parking lot	2006		3,240		10		-	2,322	18
Kitchen Rehab	2006		10,222	511	20	511	-	4,856	19
Apartments	2006		81,813	4,091	20	4,091	-	38,863	20
Roof Repairs	2007		3,000	150	20	150	-	1,263	21
Sheers	2007		2,877	288	10	288	-	2,375	22
Sheers	2008		5,001	500	10	500	-	3,703	23
Painting	2008		2,700	270	10	270	-	2,070	24
Land Improvements-patio,topsoil	2009		6,420	428	15	428	-	2,804	25
Paint doors and elevators	2009		5,990	599	10	599	-	3,694	26
Nurses call system	2009		36,265	3,626	10	3,626	-	22,363	27
Apartment conversions - Samvest Rep Prj	2009		265,855		40	9,752	9,752	67,453	28
Dining Room/Lobby/Corridor - Samvest Rep Prj	2009		524,378		15	23,360	23,360	144,053	29
HVAC Repairs	2010		3,131	313	10	313	-	1,618	30
Remodel Offices	2010		37,280	1,864	20	1,864	-	9,948	31
Apartment conversions - Eastgate Manor	2010		3,528	176	20	176	-	970	32
Roof Repairs	2011		5,418	271	20	271	-	1,084	33
Apartment conversions - Eastgate Manor	2011		133,905	6,695	20	6,695	-	28,455	34
Roofing: Spouts, Gutters & Roof - East Wing	2012		43,577	2,179	20	2,179	-	6,718	35
Install Draft Damper - Dining Room	2012		4,988	532	10	532	-	1,705	36
Walk-In Cooler Repair - Kitchen	2012		11,599	1,160	10	1,160	-	3,963	37
Apartment conversions - Eastgate Manor (342 & 14	2012		35,051	1,753	20	1,753	-	6,048	38
Smoking/Shower Room	2012		12,944	647	20	647	-	2,103	39
Sealcoat and strip parking lot	2013		2,600	260	10	260	-	628	40
HVAC - Heat Exchanger	2013		3,886	389	10	389	-	915	41
Furnish and Install 6 ton rooftop unit (RTU)	2013		10,551	1,055	10	1,055	-	2,374	42
Install new grease trap & adjust air fans	2013		8,900	890	10	890	-	1,780	43
Lobby Bathrooms - Labor, Paint, Plumbing	2013		20,489	2,049	10	2,049	-	4,915	44
Roof Repairs - West Wing	2015		66,100	551	20	551.00	-	551	45
Building Wiring	2015		4,610	134	20	134	-	134	46
Water Conditioner	2015		4,995	250	10	250	-	250	47
							-		48
Allocation from Real Estate Entity							-		49
Land Improvements	2000		79,149		15		-	79,149	50
Land Improvements	2001		162,248		15	10,817	10,817	159,544	51
									52
Total (Attachment 1) to Schedule VIII - Line 16			\$ 1,602,709	\$ 31,630		\$ 75,559	\$ 43,929	\$ 608,670	53

East Gate Manor of Algonquin, LLC  
12/31/2015  
Attachment 3  
Supplementary Information

<u>XI.C.Line 35</u>	<u>Operating</u>	<u>After Consolidation</u>
Withholding Dental Insurance	(295)	(295)
Withholding EP/CI/WI	847	847
Withholding Short Term Disability	(473)	(473)
Vision Withholding	131	131
401k Withholding	-	-
Accrued 401K	6,533	6,533
Accrued Expenses	26,342	26,342
Accrued Management Fees Nexgen	18,940	18,940
Accrued Management Fees Royal	56,940	56,940
Accrued Rent	221,419	
Interest Rate Swap	-	741,887
Due From Royal (Operations)	(895)	(895)
Due to Republic Construction	(3,846)	(3,846)
Due to National	2,462	2,462
Due to Streamwood	-	-
Due to Royal General	13,668	13,668
Security Deposits	207,121	207,121
Resident Trust Fund Liability	12,273	12,273
Due to Resident - RFMS Funds	2,027	2,027
Credit balances (AR Reclass)	90,104	90,104
	<u>653,298</u>	<u>1,173,766</u>

<u>XI.C.Line 36</u>	<u>Operating</u>	<u>After Consolidation</u>
Due to/from Square Lombard	2,867	2,867
Due to/from Vesta	9,396	9,396
Due to Master Insurance	10,673	10,673
	<u>22,936</u>	<u>22,936</u>

Attachment 4

Related Party Management Company-Royal Management Corp

Management co. expenses allocated to nursing home	\$11,400,091	78.71%
Management co. expenses allocated to other entities	\$3,082,831	21.29%
Including Eastgate Manor	<u>\$14,482,922</u>	<u>100.00%</u>

Basis for allocation of the \$3,082,831 - accumulated costs of the other entities, including Eastgate Manor.

East Gate Manor of Algonquin, LLC	4,142,862
Other entities managed by Royal Management (other than ten nursing homes)	28,565,952
	<u>32,708,814</u>
Eastgate Manor amount	390,468
Less Management fee in line 10, page 3	341,640
	<u>48,828</u>

Allocation of management company expenses to Eastgate and its proportionate share of Royal Management Corp total expenses of \$14,482,922. The specific expenses to Eastgate Manor would be calculated at 2.70% (21.29% x 12.67%) of individual expenses of Royal Management Corp as shown on the attached detail.

Attachment 5

Related Party Management Company-Nexgen

Accumulated Costs:		
Other Entities Managed by Nexgen	2,558,016	38.17%
Eastgate Manor	4,142,862	61.83%
	<u>6,700,878</u>	<u>100.00%</u>

Total Nexgen Expenses 18,176

Eastgate Manor allocated amount	11,238	11,238.22
Less Management fee in line 10, page 3	<u>103,829</u>	
	<u>(92,591)</u>	

Allocation of management company expenses to Eastgate Manor and its proportionate share of Nexgen total expenses of \$18,176

<b>Owners' Compensation and Hours Worked</b>	<u>Yearly Hours</u>	<u>Compensation</u>
<i>1/1/14 thru 12/31/14</i>		
Daniel Thiem	4.00	\$ 500.00
Phil Thiem	4.00	\$ 500.00
Jason Samatas	4.00	\$ 500.00
Jeremy Samatas	4.00	\$ 500.00
Jillayne Benjamin	4.00	\$ 500.00
Collin Samatas	4.00	\$ 500.00
Gabrielle Samatas	4.00	\$ 500.00
	<u>28.00</u>	<u>\$ 3,500.00</u>

Eastgate Manor of Algonquin, LLC

Units days available

Attachment 6

12/31/15

Converted the following units in 2015:

Converted Unit 242 from Companions to Cabridge 1 BR's; 8/11/15

Based on Occupancy of Companion Suites (per instructions)

Units from 1/1/15 to 8/10/15

Single units; licensed double	78	x	222	=	17,316
Single units; licensed single	39	x	222	=	8,658
Double units; licensed double	2	x	222	=	444
	<u>119</u>				

Single Units with double occupancy

Backer, Beaumont, Bland, Butski, Jensen, Mowbray, Prellberg	7		222		1,554
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<u>Double units with 2 residents</u>	2	x	222	=	444
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(Note: 1 companion suite did not have a 2nd resident for all or substantially all of 2015)

28,416

Effective 8/11/15-12/31/15 Converted 242 from Companion to Cambridge/1BR

Single units; licensed double	79	x	143	=	11,297
Single units; licensed single	39	x	143	=	5,577
Double units; licensed double	1	x	143	=	143
	<u>119</u>				

Single Units with Double Occupancy

Backer, Beaumont, Bland, Butski, Jensen, Mowbray, Prellberg	7	x	143		1,001
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<u>Double units with 2 residents</u>	1	x	143	=	143
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18,161

365      46,577

TOTAL FOR YEAR	Beginning	End	Unit Days
Single Units	117	118	42,848
Double Units	<u>2</u>	<u>1</u>	587
	<u>119</u>	<u>119</u>	
Other			3,142
			<u>46,577</u>