

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2017  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2017)**

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>1000059</u></p> <p><b>Facility Name:</b> <u>Eastgate Manor of Algonquin</u></p> <hr/> <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> <b>Fax #</b> ( <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>	<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>01/01/2017</u> to <u>12/31/2017</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> <b>Fax</b> ( <u>847</u> ) <u>517-7067</u></td> <td></td> </tr> </table>	<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> <b>Fax</b> ( <u>847</u> ) <u>517-7067</u>	
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<p><b>In the event there are further questions about this report, please contact:</b></p> <p><b>Name:</b> <u>Amanda Springborn</u> <b>Telephone Number:</b> ( <u>314</u> ) <u>925-3838</u></p> <p><b>Email Address:</b> _____</p>		<p><b>MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001</b></p> <p align="right"><b>Phone # (217) 782-1630</b></p>																																												

Facility Name Eastgate Manor of Algonquin

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

**III. STATISTICAL DATA**

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

Date of change in certified units See Attachment 7

	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	118	Single Unit Apartment	119	43,435	1
2	1	Double Unit Apartment			2
3		Other		2,190	3
4	119	TOTALS	119	45,625	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	27,899	8,615		36,514	5
6	Double Unit					6
7	Other	1,639	365		2,004	7
8	TOTALS	29,538	8,980		38,518	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.42%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
611 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 273 (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: 12/31/17 Fiscal Year: 12/31/17

\* 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:

01/01/2017

Ending: 12/31/2017

## 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	388,973	293,539	1,824	684,336	(5,506)	678,830	1
2	Housekeeping, Laundry and Maintenance	118,207	29,115	199,735	347,057		347,057	2
3	Heat and Other Utilities			165,609	165,609		165,609	3
4	Other (specify): Satellite TV			273	273	(273)		4
5	<b>TOTAL General Services</b>	<b>507,180</b>	<b>322,654</b>	<b>367,441</b>	<b>1,197,275</b>	<b>(5,779)</b>	<b>1,191,496</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	565,417		77	565,494		565,494	6
7	Activities and Social Services	101,089	7,240	25,022	133,351		133,351	7
8	Other (specify): Nursing Administration	166,509			166,509		166,509	8
9	<b>TOTAL Health Care and Programs</b>	<b>833,015</b>	<b>7,240</b>	<b>25,099</b>	<b>865,354</b>		<b>865,354</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	211,924	18,601	765,691	996,216	79,765	1,075,981	10
11	Marketing Materials, Promotions and Advertising	98,406		55,655	154,061	(154,061)		11
12	Employee Benefits and Payroll Taxes			279,013	279,013		279,013	12
13	Insurance-Property, Liability and Malpractice			58,568	58,568		58,568	13
14	Other (specify): Beauty Shop			19,443	19,443		19,443	14
15	<b>TOTAL General Administration</b>	<b>310,330</b>	<b>18,601</b>	<b>1,178,370</b>	<b>1,507,301</b>	<b>(74,296)</b>	<b>1,433,005</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,650,525</b>	<b>348,495</b>	<b>1,570,910</b>	<b>3,569,930</b>	<b>(80,075)</b>	<b>3,489,855</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			73,242	73,242	253,994	327,236	17
18	Interest			63,309	63,309	504,444	567,753	18
19	Real Estate Taxes					186,496	186,496	19
20	Rent -- Facility and Grounds			1,099,239	1,099,239	(1,099,239)		20
21	Rent -- Equipment			3,362	3,362		3,362	21
22	Other (specify): Other Administrative			27,391	27,391	(27,391)		22
23	<b>TOTAL Ownership</b>			<b>1,266,543</b>	<b>1,266,543</b>	<b>(181,696)</b>	<b>1,084,847</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,650,525</b>	<b>348,495</b>	<b>2,837,453</b>	<b>4,836,473</b>	<b>(261,771)</b>	<b>4,574,702</b>	<b>24</b>

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	3.05	\$ 27.70	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	2.25	13.45	4
5	Social Service Workers			5
6	Head Cook	6.96	17.63	6
7	Cook Helpers/Assistants	8.24	10.69	7
8	Dishwashers	0.71	9.70	8
9	Maintenance Workers	0.79	18.77	9
10	Housekeepers	3.77	10.49	10
11	Laundry			11
12	Managers	1.03	49.39	12
13	Other Administrative	4.02	23.94	13
14	Clerical	3.45	17.05	14
15	Marketing	2.75	24.51	15
16	Other: Caregivers	14.20	12.10	16
17	<b>Total (lines 1 thru 16)</b>	<b>51.22</b>	<b>\$ 15.41</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 6	\$ Attachment 6	1	
2					2	
3					3	
4					4	
5					5	
				<b>Total</b>	<b>\$ Attachment 6</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:

01/01/2017

Ending:

12/31/2017

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	\$ 2,016,811	1
2				2001	3,852,173		40	96,304	96,304	1,613,098	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Flagpoles		2001	2,637		10			2,637	6
7		Tub Conversion - Disposed in 2016		2001							7
8		Nurses Station		2001	6,183	225	20	309	84	5,101	8
9		2nd Floor Carpet - Disposed in 2016		2001							9
10		Fire Alarm Doors - Disposed in 2016		2001							10
11		2 Exterior Signs - Disposed in 2016.		2001							11
12		Nurse Call Station		2004	21,485	781	20	1,074	293	14,144	12
13		Asphalt Paving		2005	19,397	1,145	10		(1,145)	19,397	13
14		Apartments		2005	18,224		20	911	911	10,934	14
15		Nurse Call Station		2006	2,761		20	138	138	1,622	15
16		See Attachments 2 & 3			1,627,217	65,066		69,422	4,356	749,139	16
17		TOTAL (lines 1 thru 16)			\$ 10,229,299	\$ 67,217		\$ 285,139	\$ 217,922	\$ 4,432,883	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	\$ 1,068,274	\$ 2,634	\$ 30,323	27,689		\$ 958,461	18
19	Vehicles	58,868	3,391	11,774	8,383	5	54,943	19
20	TOTAL (lines 18 and 19)	\$ 1,127,141	\$ 6,025	\$ 42,097	36,072		\$ 1,013,404	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: 01/01/2017

Ending: 2/31/2017

**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 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  NO

9. Rental amount for movable equipment \$ 3,362

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	\$ 7,192,025	1/1/33	Variable	\$ 501,207	1
2					/ /	Amortization of Mortgage Costs		/ /		3,237	2
3					/ /	Insurance Escrow Account		/ /		434	3
	<b>Working Capital</b>										
4	West Suburban bank		X	Vehicle Purchase	4/26/13	57,910	5,426	5/1/18	0.0450	561	4
5	Bank of America		X	Line of Credit	4/6/02	400,000	1,166,000	4/30/18	Variable	58,373	5
6					/ /	Line of Credit Fee		/ /		1,166	6
7	<b>TOTAL Facility Related</b>					\$ 9,852,910	\$ 8,363,451			\$ 564,978	7
	<b>B. Non-Facility Related</b>										
8	Interest Income Offset				/ /	Miscellaneous Expense		/ /		2,655	8
9					/ /	Microsoft Financing		/ /		120	9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 9,852,910	\$ 8,363,451			\$ 567,753	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: 01/01/2017

Ending:

12/31/2017

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,504,304	\$ 1,516,553	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>751,512</u> )	540,743	540,743	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	95,444	95,444	6
7	Other Prepaid Expenses	21,184	21,184	7
8	Accounts Receivable (owners or related parties)	37,934	275,052	8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,199,609	\$ 2,448,976	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	663,034	5,550,078	15
16	Equipment, at Historical Cost	283,146	1,127,141	16
17	Accumulated Depreciation (book methods)	(509,802)	(5,446,287)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		53,809	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>	\$ 530,930	\$ 6,370,079	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,730,539	\$ 8,819,055	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 44,863	\$ 44,863	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,171,426	1,171,426	29
30	Accrued Salaries Payable	156,640	156,640	30
31	Accrued Taxes Payable	2,244	204,544	31
32	Accrued Interest Payable	8,939	92,713	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	See Attachment 4	754,226	365,519	35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 2,138,338	\$ 2,035,705	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable		7,192,025	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>	\$	\$ 7,192,025	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 2,138,338	\$ 9,227,730	45
46	<b>TOTAL EQUITY</b>	\$ 592,201	\$ (408,675)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 2,730,539	\$ 8,819,055	47

\*(See instructions.)

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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

		1	
I. Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 4,371,872	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 4,371,872</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	22,929	8
9	Non-Resident Meals	5,506	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 28,435</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 4,400,307</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,197,275	19
20	Health Care/ Personal Care	865,354	20
21	General Administration	1,507,301	21
<b>B. Capital Expense</b>			
22	Ownership	1,266,543	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>\$ 4,836,473</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (436,166)</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>\$ (436,166)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 3,344,732	32
33	Private Pay - Net Inpatient Revenue	1,142,711	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>PA Pending</u>	(115,571)	35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 4,371,872</b>	<b>37</b>

East Gate Manor of Algonquin, LLC

12/31/2017

Attachment 1

V.I.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

<u>Related Organizations: Related SLF's and Healthcare Business:</u>	<u>City</u>
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
Sambell of Bloomingdale Ltd. Ptsp.	Bloomingdale	Real Estate Partnership
Sambell of Chicago Ridge Ltd. Ptsp.	Chicago Ridge	Real Estate Partnership
Sambell of Elmhurst II Ltd. Ptsp.	Elmhurst	Real Estate Partnership
Sambell of LaGrange Ltd. Ptsp.	LaGrange	Real Estate Partnership
Lexington Healthcare Systems of Lake Zurich Ltd. Ptsp.	Lake Zurich	Real Estate Partnership
Lexington Healthcare Systems of Lombard Ltd. Ptsp.	Lombard	Real Estate Partnership
Lexington Healthcare Systems of Orland Park Ltd. Ptsp.	Orland Park	Real Estate Partnership
Sambell of Schaumburg Ltd. Ptsp.	Schaumburg	Real Estate Partnership
Sambell of Streamwood Ltd. Ptsp.	Streamwood	Real Estate Partnership
Lexington Healthcare Systems of Wheeling Ltd. Ptsp.	Wheeling	Real Estate Partnership

	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		10		-	2,322	18
19	Kitchen Rehab	2006		10,222		20	511	511	5,878	19
20	Apartments	2006		81,813	3,638	20	4,091	453	47,042	20
21	Roof Repairs	2007		3,000	109	20	150	41	1,563	21
22	Sheers	2007		2,877		10	216	216	2,877	22
23	Sheers	2008		5,001		10	500	500	4,703	23
24	Painting	2008		2,700		10	270	270	2,610	24
25	Land Improvements-patio,topsoil	2009		6,420	190	15	428	238	3,660	25
26	Paint doors and elevators	2009		5,990		10	599	599	4,892	26
27	Nurses call system	2009		36,265		10	3,626	3,626	29,616	27
28	Apartment conversions - Samvest Rep Prj	2009		265,855		40	9,752	9,752	86,958	28
29	Dining Room/Lobby/Corridor - Samvest Rep Prj	2009		524,378	14,119	15	23,360	9,241	190,772	29
30	HVAC Repairs	2010		3,131	114	10	313	199	2,244	30
31	Remodel Offices	2010		37,280	1,171	20	1,864	693	13,676	31
32	Apartment conversions - Eastgate Manor	2010		3,528	128	20	176	48	1,323	32
33	Roof Repairs	2011		5,418	197	20	271	74	1,625	33
34	Apartment conversions - Eastgate Manor	2011		133,905		20	6,695	6,695	41,845	34
35	Roofing: Spouts, Gutters & Roof - East Wing	2012		43,577	1,585	20	2,179	594	11,076	35
36	Install Draft Damper - Dining Room	2012		4,988	201	10	532	331	2,769	36
37	Walk-In Cooler Repair - Kitchen	2012		11,599	334	10	1,160	826	6,283	37
38	Apartment conversions - Eastgate Manor (342 & 141)	2012		35,051	1,274	20	1,753	479	9,553	38
39	Smoking/Shower Room	2012		12,944	471	20	647	176	3,398	39
40	Sealcoat and strip parking lot	2013		2,600	90	10	260	170	1,148	40
41	HVAC - Heat Exchanger	2013		3,886	141	10	389	248	1,692	41
42	Furnish and Install 6 ton rooftop unit (RTU)	2013		10,551	384	10	1,055	671	4,484	42
43	Install new grease trap & adjust air fans	2013		8,900	403	10	890	487	3,560	43
44	Lobby Bathrooms - Labor, Paint, Plumbing	2013		20,488	745	10	2,049	1,304	9,012	44
45	Roof Repairs - West Wing	2015		66,100		20	3,305	3,305	7,161	45
46	Building Wiring	2015		4,610	168	20	231	63	596	46
47	Water Conditioner	2015		4,995	479	10	500	21	1,249	47
48								-		48
49	Allocation from Real Estate Entity							-		49
50	Land Improvements	2000		79,149		15		-	79,149	50
51	Land Improvements	2001		162,248		15		-	162,248	51
52										52
53	Total (Attachment 2)			\$ 1,602,708	\$ 25,941		\$ 67,771	\$ 41,830	\$ 746,984	53

	Improvement Type	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
54	Total From Attachment I			1,602,708	25,941		67,771	41,830	746,984	18
55								-		19
56	Install Exterior Marquee Sign (4)	2016		2,300	368	15	153	(215)	153	20
57	Dumpster Pad	2016		5,500	261	15	367	106	581	21
58	Room 327 Remodel	2016		2,970	108	10	297	189	446	22
59	Install Motion Access Operator	2016		5,638	902	10	564	(338)	705	23
60								-		24
61	Stainless Steel heat exchanger	2017		8,100	8,100	5	270	(7,830)	270	25
62								-		26
63								-		27
64								-		28
65								-		29
66								-		30
67								-		31
68								-		32
69								-		33
70	Adjust to Book Depreciation				29,386			(29,386)		34
71								-		35
72								-		36
73								-		37
74								-		38
75								-		39
76								-		40
77								-		41
78								-		42
79								-		43
80								-		44
81								-		45
82								-		46
83								-		47
84								-		48
85								-		49
86								-		50
87								-		51
88								-		52
89	Total (Attachment 2) to Schedule VIII - Line 16			\$ 1,627,217	\$ 65,066		\$ 69,422	\$ 4,356	\$ 749,139	53

East Gate Manor of Algonquin, LLC  
12/31/2017  
Attachment 4  
Supplementary Information

<u>XI.C.Line 35</u>	<u>Operating</u>	<u>After Consolidation</u>
Due from Lexington Financial Services	9,708	9,708
Withholding Dental Insurance	(572)	(572)
Withholding EP/CI/WI	(2,439)	(2,439)
Withholding Short Term Disability	2,158	2,158
Vision Withholding	115	115
401k Withholding	(66)	(66)
Accrued 401K	4,435	4,435
Accrued Expenses	38,153	38,153
Accrued Management Fees Nexgen	16,699	16,699
Accrued Management Fees Royal	24,720	24,720
Accrued Rent	512,682	
Interest Rate Swap	-	123,975
Due to Republic Construction	(2,841)	(2,841)
Due to National	2,462	2,462
Due to Streamwood	(183)	(183)
Due to Royal General	12,413	12,413
Security Deposits	120,391	120,391
Resident Trust Fund Liability	10,774	10,774
Due to Resident - RFMS Funds	5,617	5,617
	<u>754,226</u>	<u>365,519</u>
	-	-

Attachment 5

Related Party Management Company-Royal Management Corp

Management co. expenses allocated to nursing home	\$13,441,562	81.18%
Management co. expenses allocated to other entities	\$3,115,516	18.82%
Including Eastgate Manor	<u>\$16,557,078</u>	<u>100.00%</u>

Basis for allocation of the \$3,115,516 - accumulated costs of the other entities, including Eastgate Manor.

East Gate Manor of Algonquin, LLC	4,495,921
Other entities managed by Royal Management (other than ten nursing homes)	25,602,255
	<u>30,098,176</u>
Eastgate Manor amount	465,381
Less Management fee in line 10, page 3	296,640
	<u>168,741</u>

Allocation of management company expenses to Eastgate and its proportionate share of Royal Management Corp total expenses of \$16,557,078. The specific expenses to Eastgate Manor would be calculated at 2.81% (18.82% x 14.94%) of individual expenses of Royal Management Corp as shown on the attached detail.

Attachment 6

Related Party Management Company-Nexgen

Accumulated Costs:		
Other Entities Managed by Nexgen	2,575,333	36.42%
Eastgate Manor	4,495,921	63.58%
	<u>7,071,254</u>	<u>100.00%</u>

Total Nexgen Expenses 10,995

Eastgate Manor allocated amount	6,991
Less Management fee in line 10, page 3	<u>96,951</u>
	<u>(89,960)</u>

Allocation of management company expenses to Eastgate Manor and its proportionate share of Nexgen total expenses of \$10,995

<u>Owners' Compensation and Hours Worked</u>	<u>Yearly Hours</u>	<u>Compensation</u>
<u>1/1/17 thru 12/31/17</u>		
Daniel Thiem	4.00	\$ 250.00
Phil Thiem	4.00	\$ 250.00
Jason Samatas	4.00	\$ 250.00
Jeremy Samatas	4.00	\$ 250.00
Jillayne Benjamin	4.00	\$ 250.00
Collin Samatas	4.00	\$ 250.00
Gabrielle Samatas	4.00	\$ 250.00
	<u>28.00</u>	<u>\$ 1,750.00</u>

Eastgate Manor of Algonquin, LLC  
 Unit days available  
 12/31/17

Converted the following units in 2017:  
 none

**Based on Occupancy of Companion Suites (per instructions)**

Units from 1/1/17 to 12/31/17

Single units; licensed double	80	x	365	=	29,200
Single units; licensed single	39	x	365	=	14,235
Double units; licensed double	0	x	365	=	-
	<u>119</u>				
<u>Single Units with double occupancy</u>	0		365		-
<u>Double units with 2 residents</u>	6	x	365	=	2,190
					<u>45,625</u>

Single units; licensed double		x		=	-
Single units; licensed single		x	0	=	-
Double units; licensed double		x	0	=	-
	<u>0</u>				
<u>Single Units with Double Occupancy</u>	0	x	0		-
<u>Double units with 2 residents</u>		x	0	=	-
					<u>-</u>
			<u>365</u>		<u>45,625</u>

TOTAL FOR YEAR	Beginning	End	Unit Days
Single Units	119	0	43,435
Double Units	<u>0</u>	<u>0</u>	-
	<u>119</u>	<u>0</u>	
Other			2,190
			<u>45,625</u>