

Facility Name & ID Number The Carlton at the Lake

0025403 Report Period Beginning: 01/01/07 Ending: 12/31/07

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>244</u>	Skilled (SNF)	<u>244</u>	<u>89,060</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>244</u>	TOTALS	<u>244</u>	<u>89,060</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	<u>66,212</u>	<u>6,586</u>	<u>3,839</u>	<u>76,637</u>	8
9	SNF/PED					9
10	ICF	<u>6,224</u>			<u>6,224</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>72,436</u>	<u>6,586</u>	<u>3,839</u>	<u>82,861</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.04%

D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

N/A

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 08/01/1980

J. Was the facility purchased or leased after January 1, 1978?

YES Date 08/01/1980 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 244 and days of care provided 3,839

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/07 Fiscal Year: 12/31/07

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

Facility Name & ID Number The Carlton at the Lake # 0025403 Report Period Beginning: 01/01/07 Ending: 12/31/07

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	366,711	118,479	15,101	500,291		500,291	4,315	504,606		1
2	Food Purchase		493,550		493,550	(74,022)	419,528	(392)	419,136		2
3	Housekeeping		72,625	335,226	407,851		407,851	12,063	419,914		3
4	Laundry		46,722	142,254	188,976		188,976		188,976		4
5	Heat and Other Utilities			323,102	323,102		323,102	2,291	325,393		5
6	Maintenance	81,182	26,503	186,047	293,732		293,732	6,496	300,228		6
7	Other (specify):*										7
8	TOTAL General Services	447,893	757,879	1,001,730	2,207,502	(74,022)	2,133,480	24,773	2,158,253		8
	B. Health Care and Programs										
9	Medical Director			36,000	36,000		36,000		36,000		9
10	Nursing and Medical Records	3,162,347	330,906	24,806	3,518,059		3,518,059		3,518,059		10
10a	Therapy	86,823		18,010	104,833		104,833		104,833		10a
11	Activities	147,776	26,479	5,162	179,417		179,417		179,417		11
12	Social Services	60,255		5,104	65,359		65,359		65,359		12
13	CNA Training										13
14	Program Transportation			400	400		400		400		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,457,201	357,385	89,482	3,904,068		3,904,068		3,904,068		16
	C. General Administration										
17	Administrative	343,425		519,492	862,917		862,917	(390,589)	472,328		17
18	Directors Fees										18
19	Professional Services			534,107	534,107		534,107	(352,360)	181,747		19
20	Dues, Fees, Subscriptions & Promotions			66,084	66,084		66,084	(39,652)	26,432		20
21	Clerical & General Office Expenses	273,569	2,826	581,324	857,719		857,719	(286,555)	571,164		21
22	Employee Benefits & Payroll Taxes			683,635	683,635	74,022	757,657		757,657		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,115	2,115		2,115	1,941	4,056		24
25	Other Admin. Staff Transportation			5,324	5,324		5,324		5,324		25
26	Insurance-Prop.Liab.Malpractice			230,319	230,319		230,319	1,051	231,370		26
27	Other (specify):*							62,393	62,393		27
28	TOTAL General Administration	616,994	2,826	2,622,400	3,242,220	74,022	3,316,242	(1,003,771)	2,312,471		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,522,088	1,118,090	3,713,612	9,353,790		9,353,790	(978,998)	8,374,792		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number The Carlton at the Lake

#0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			316,289	316,289	316,289	229,917	546,206				30
31	Amortization of Pre-Op. & Org.						32	32				31
32	Interest			203,661	203,661	203,661	(75,163)	128,498				32
33	Real Estate Taxes			253,971	253,971	253,971	10,927	264,898				33
34	Rent-Facility & Grounds			1,335,900	1,335,900	1,335,900	(1,335,900)					34
35	Rent-Equipment & Vehicles			67,056	67,056	67,056	(13,973)	53,083				35
36	Other (specify):*			1,141	1,141	1,141	(1,141)					36
37	TOTAL Ownership			2,178,018	2,178,018	2,178,018	(1,185,301)	992,717				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		210,907	590,867	801,774	801,774		801,774				39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			133,590	133,590	133,590		133,590				42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		210,907	724,457	935,364	935,364		935,364				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,522,088	1,328,997	6,616,087	12,467,172	12,467,172	(2,164,299)	10,302,873				45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(203)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	146,948	30		9
10	Interest and Other Investment Income	(243,166)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(392)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(2,823)	21		18
19	Entertainment				19
20	Contributions	(18,100)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(342,455)	21		24
25	Fund Raising, Advertising and Promotional	(210)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(4,380)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(6,231)	20		28
29	Other-Attach Schedule	(284,419)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (755,431)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,408,868)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,408,868)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,164,299)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

NON-ALLOWABLE EXPENSES	Amount	Sch. V Line	Reference
1	Dividend Income	8	(52) 21 1
2	Misc. Income		(12) 21 2
3	Parking Fees		(420) 06 3
4	Bank Charges		(31,856) 21 4
5	Franchise Tax		(118) 21 5
6	Public Relations		(15,560) 20 6
7	KOPE Dues		(2,140) 20 7
8	Settlement		(56,108) 21 8
9	Non-Allowable Interest		(55,000) 21 9
10	Non-Allowable Management Fees		(2,000) 17 10
11	Non-Allowable Professional Fees		(4,800) 19 11
12	Non-Allowable Asset Loans		(16,746) 35 12
13	Miscellaneous Interest / Penalties		(933) 21 13
14	Amortization of Loan Costs		(1,141) 36 14
15	Pre-Period Legal Fees		(16,474) 19 15
16	Non-Allowable Expense		(59,914) 21 16
17	Non-Care Asset Depreciation		(9,020) 30 17
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
101	Total	(284,419)	101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary				4,315								4,315	1
2	Food Purchase	(392)											(392)	2
3	Housekeeping				12,063								12,063	3
4	Laundry													4
5	Heat and Other Utilities				2,291								2,291	5
6	Maintenance	(420)			6,916								6,496	6
7	Other (specify):*													7
8	TOTAL General Services	(812)			25,585								24,773	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records													10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs													16
	C. General Administration													
17	Administrative	(12,000)		(305,779)	(37,200)	7,708	(43,318)						(390,589)	17
18	Directors Fees													18
19	Professional Services	(23,276)		1,636	(330,432)	233	(521)						(352,360)	19
20	Fees, Subscriptions & Promotions	(42,249)			2,531		66						(39,652)	20
21	Clerical & General Office Expenses	(498,960)		3,736	207,045	50	1,574						(286,555)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar				1,941								1,941	24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice				1,051								1,051	26
27	Other (specify):*			7,889	47,233	406	6,865						62,393	27
28	TOTAL General Administration	(576,485)		(292,518)	(107,831)	8,397	(35,334)						(1,003,771)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(577,297)		(292,518)	(82,246)	8,397	(35,334)						(978,998)	29

STATE OF ILLINOIS

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

Summary B

12/31/07

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	137,919	78,835		13,163								229,917	30
31	Amortization of Pre-Op. & Org.				32								32	31
32	Interest	(298,166)	192,321		30,682								(75,163)	32
33	Real Estate Taxes				10,927								10,927	33
34	Rent-Facility & Grounds		(1,335,900)										(1,335,900)	34
35	Rent-Equipment & Vehicles	(16,746)			2,773								(13,973)	35
36	Other (specify):*	(1,141)											(1,141)	36
37	TOTAL Ownership	(178,134)	(1,064,744)		57,577								(1,185,301)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	TOTAL Special Cost Centers													44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(755,431)	(1,064,744)	(292,518)	(24,669)	8,397	(35,334)						(2,164,299)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Carlton Associates Limited Partnership		Building Co.

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent	\$ 1,335,900	Carlton Associates Limited Partnership	100.00%	\$	\$ (1,335,900)	1
2	V	32 Interest	325,686			518,007	192,321	2
3	V	30 Depreciation				78,835	78,835	3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,661,586			\$ 596,842	\$ * (1,064,744)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake# 0025403Report Period Beginning: 01/01/07Ending: 12/31/07**VII. RELATED PARTIES (continued)**

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 J. RAJCHENBACH-COMP.	\$	JLR MANAGEMENT CORP.	100.00%	\$ 26,804	\$ 26,804	15
16	V	19 PROFESSIONAL FEES				1,636	1,636	16
17	V	21 OFFICE				3,736	3,736	17
18	V	27 PAYROLL TAXES				3,153	3,153	18
19	V							19
20	V	17 C. RAJCHENBACH-COMP.				59,667	59,667	20
21	V	27 PAYROLL TAXES				4,736	4,736	21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V	17 MANAGEMENT FEES	392,250				(392,250)	29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 392,250			\$ 99,732	\$ * (292,518)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake# 0025403Report Period Beginning: 01/01/07Ending: 12/31/07

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	1	DIETARY	\$	ITEX / AK CARE COMPANY	100.00%	\$ 4,315	\$ 4,315	15
16	V	3	HOUSEKEEPING				12,063	12,063	16
17	V	5	UTILITIES				2,291	2,291	17
18	V	6	REPAIRS AND MAINT.				6,916	6,916	18
19	V	19	PROFESSIONAL FEES				8,508	8,508	19
20	V	20	FEES, SUBSCRIPTIONS				2,531	2,531	20
21	V	21	CLERICAL AND GENERAL				28,936	28,936	21
22	V	24	EDUCATION/SEMINARS				1,941	1,941	22
23	V	26	INSURANCE				1,051	1,051	23
24	V	30	DEPRECIATION				13,163	13,163	24
25	V	31	AMORTIZATION				32	32	25
26	V	32	INTEREST				30,682	30,682	26
27	V	33	REAL ESTATE TAXES				10,927	10,927	27
28	V	35	EQUIPMENT RENTAL				2,773	2,773	28
29	V								29
30	V								30
31	V								31
32	V	21	CLERICAL SALARIES				178,109	178,109	32
33	V	27	GEN ADMIN. - EMP. BEN.				47,233	47,233	33
34	V								34
35	V	17	Management Fees	37,200				(37,200)	35
36	V	19	Bookkeeping	338,940				(338,940)	36
37	V								37
38	V								38
39	Total			\$ 376,140			\$ 351,471	\$ * (24,669)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)			
15	V	17	BERNIE HOLLANDER-SAL.	\$	SHAYMARK MANAGEMENT CORP.	100.00%	\$ 7,708	\$ 7,708	15	
16	V	19	PROFESSIONAL FEES				233	233	16	
17	V	21	OFFICE				50	50	17	
18	V	27	PAYROLL TAXES				406	406	18	
19	V								19	
20	V								20	
21	V								21	
22	V	17	MANAGEMENT FEES						22	
23	V								23	
24	V								24	
25	V								25	
26	V								26	
27	V								27	
28	V								28	
29	V								29	
30	V								30	
31	V								31	
32	V								32	
33	V								33	
34	V								34	
35	V								35	
36	V								36	
37	V								37	
38	V								38	
39	Total		\$				\$ 8,397	\$ *	8,397	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 ADMINISTRATIVE	\$	CAREPATH HEALTH NETWORK	100.00%	\$ 34,724	\$ 34,724	15
16	V	19 PROFESSIONAL FEES				(521)	(521)	16
17	V	20 DUES AND SUBSCRIPRTIONS				66	66	17
18	V	21 CLERICAL AND GENERAL				1,574	1,574	18
19	V	27 GEN ADMIN.- EMP. BEN.				6,865	6,865	19
20	V							20
21	V							21
22	V							22
23	V							23
24	V	17 MANAGEMENT FEES	78,042				(78,042)	24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 78,042			\$ 42,708	\$ * (35,334)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake # 0025403 Report Period Beginning: 01/01/07 Ending: 12/31/07

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Bernard Hollander	Owner	Management	20.00%	See Attached	2.00	3.07%	Shaymark	\$ 7,708	17-7	1
2	Jack Rajchenbach	Relative	Management	0.00%	See Attached	18.00	27.69%	Sal,Alloc Sal	124,904	17-1, 17-7	2
3	Chaim Rajchenbach	Relative	Asst. Admin.	0.00%	See Attached	40.00	66.67%	Sal,Alloc Sal	119,797	17-1, 17-7	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 252,409		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization JLR MANAGEMENT CORP.
 Street Address 6633 NORTH LINCOLN
 City / State / Zip Code LINCOLNWOOD, IL. 60712
 Phone Number (847) 679-9141
 Fax Number (847) 679-1820

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	55	10	\$ 81,900	\$ 81,900	18	\$ 26,804	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	55	10	5,000		18	1,636	2
3	21	OFFICE	AVG. HOURS WORKED	55	10	11,414	11,414	18	3,736	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED	55	10	9,634		18	3,153	4
5										5
6										6
7	17	C. RAJCHENBACH-COMP.	AVG. HOURS WORKED	40	1	59,667	59,667	40	59,667	7
8	27	PAYROLL TAXES	AVG. HOURS WORKED	40	1	4,736		40	4,736	8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 172,351	\$ 152,981		\$ 99,732	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization ITEX / AK CARE COMPANY
 Street Address 6633 N. LINCOLN AVE.
 City / State / Zip Code LINCOLNWOOD, IL. 60712
 Phone Number (847) 679-9141
 Fax Number (847) 679-1820

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	DIETARY	AVAILABLE BED DAYS	412,656	5	\$ 20,328	\$ 87,600	\$ 4,315	1
2	3	HOUSEKEEPING	AVAILABLE BED DAYS	412,656	5	56,825	87,600	12,063	2
3	5	UTILITIES	AVAILABLE BED DAYS	412,656	5	10,791	87,600	2,291	3
4	6	REPAIRS AND MAINT.	AVAILABLE BED DAYS	412,656	5	32,579	87,600	6,916	4
5	19	PROFESSIONAL FEES	AVAILABLE BED DAYS	412,656	5	40,078	87,600	8,508	5
6	20	FEES, SUBSCRIPTIONS	AVAILABLE BED DAYS	412,656	5	11,921	87,600	2,531	6
7	21	CLERICAL AND GENERAL	AVAILABLE BED DAYS	412,656	5	136,311	87,600	28,936	7
8	24	EDUCATION/SEMINARS	AVAILABLE BED DAYS	412,656	5	9,145	87,600	1,941	8
9	26	INSURANCE	AVAILABLE BED DAYS	412,656	5	4,952	87,600	1,051	9
10	30	DEPRECIATION	AVAILABLE BED DAYS	412,656	5	62,006	87,600	13,163	10
11	31	AMORTIZATION	AVAILABLE BED DAYS	412,656	5	152	87,600	32	11
12	32	INTEREST	AVAILABLE BED DAYS	412,656	5	144,533	87,600	30,682	12
13	33	REAL ESTATE TAXES	AVAILABLE BED DAYS	412,656	5	51,475	87,600	10,927	13
14	35	EQUIPMENT RENTAL	AVAILABLE BED DAYS	412,656	5	13,061	87,600	2,773	14
15									15
16									16
17									17
18	21	CLERICAL SALARIES	DIRECT ALLOCATION		6	1,004,580	1,004,580	178,109	18
19	27	GEN ADMIN. - EMP. BEN.	DIRECT ALLOCATION		6	266,404		47,233	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,865,141	\$ 1,004,580	\$ 351,471	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization SHAYMARK MANAGEMENT CORP.
 Street Address 6633 NORTH LINCOLN
 City / State / Zip Code LINCOLNWOOD, IL. 60712
 Phone Number (847) 679-9141
 Fax Number (847) 679-1820

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	BERNIE HOLLANDER-SAL.	AVG. HOURS WORKED	43	5	\$ 165,728	\$ 165,728	2	\$ 7,708	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	43	5	5,000		2	233	2
3	21	OFFICE	AVG. HOURS WORKED	43	5	1,083	1,083	2	50	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED	43	5	8,721		2	406	4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 180,532	\$ 166,811		\$ 8,397	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning: 01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization CAREPATH HEALTH NETWORK
 Street Address 6633 N LINCOLN AVENUE
 City / State / Zip Code LINCOLNWOOD, IL 60712
 Phone Number (888) 707-6700
 Fax Number (847) 679-2150

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	ADMINISTRATIVE	CARE PATH FEES	388,800	9	\$ 175,237	\$ 175,237	77,042	\$ 34,724	1
2	19	PROFESSIONAL FEES	CARE PATH FEES	388,800	9	(2,628)	77,042	(521)		2
3	20	DUES AND SUBSCRIPRTIONS	CARE PATH FEES	388,800	9	332	77,042	66		3
4	21	CLERICAL AND GENERAL	CARE PATH FEES	388,800	9	7,946	77,042	1,574		4
5	27	GEN ADMIN.- EMP. BEN.	CARE PATH FEES	388,800	9	34,646	77,042	6,865		5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 215,533	\$ 175,237		\$ 42,708	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending: 12/31/07

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	LaSalle Bank		X	Mortgage			\$	\$ 6,000,000			\$ 467,500	1	
2	First Priority Leasing		X	Elevator	\$176.00	5/08/02		8,785	4/28/07			2	
3	Insurance Financing		X	Insurance							4,720	3	
4												4	
5	See Supplemental Schedule							64,167			2,277	5	
	Working Capital												
6	LaSalle Bank		X	Line of Credit				2,300,000			141,664	6	
7	Shareholder Loan	X		Working Capital				550,000			55,000	7	
8	See Supplemental Schedule										(55,000)	8	
9	TOTAL Facility Related				\$176.00		\$	8,785	\$	8,914,167	\$	616,161	9
	B. Non-Facility Related*												
10	Interest Income		X								(243,166)	10	
11	Allocated from ITEX/A.K. Care										30,682	11	
12	Intercompany Interest	X									50,507	12	
13	See Supplemental Schedule										(325,686)	13	
14	TOTAL Non-Facility Related						\$		\$		\$	(487,663)	14
15	TOTALS (line 9+line14)						\$	8,785	\$	8,914,167	\$	128,498	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

Facility Name & ID Number

The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6		7	8	9	10									
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
A. Directly Facility Related																				
Long-Term																				
1	Note Payable		X	Auto Loan			\$	\$ 64,167			\$ 2,277	1								
2												2								
3												3								
4												4								
5												5								
6												6								
7	TOTAL Long-Term							64,167			2,277	7								
Working Capital																				
8	Non-Allowable Interest						\$	\$			\$ (55,000)	8								
9												9								
10												10								
11												11								
12												12								
13												13								
14	TOTAL Working Capital										(55,000)	14								
B. Non-Facility Related*																				
15	Building Co. Interest Income						\$	\$			\$ (325,686)	15								
16												16								
17												17								
18												18								
19												19								
20	TOTAL Non-Facility Related										(325,686)	20								

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2006 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2007 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2006 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Carlton at the Lake COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0025403

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2006 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2006.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>14-16-300-003-0000</u>	<u>Long Term Care Property</u>	<u>\$ 71,577.80</u>	<u>\$ 71,577.80</u>
2. <u>14-16-300-004-0000</u>	<u>Long Term Care Property</u>	<u>\$ 73,307.10</u>	<u>\$ 73,307.10</u>
3. <u>14-16-300-005-0000</u>	<u>Long Term Care Property</u>	<u>\$ 69,714.83</u>	<u>\$ 69,714.83</u>
4. <u>14-16-300-006-0000</u>	<u>Long Term Care Property</u>	<u>\$ 71,577.80</u>	<u>\$ 71,577.80</u>
5. <u>14-16-300-007-0000</u>	<u>Long Term Care Property</u>	<u>\$ 1,546.60</u>	<u>\$ 1,546.60</u>
6. <u>14-16-300-008-0000</u>	<u>Long Term Care Property</u>	<u>\$ 8,592.58</u>	<u>\$ 8,592.58</u>
7. <u>10-35-312-022-0000</u>	<u>Home Office Allocation</u>	<u>\$ 51,474.80</u>	<u>\$ 10,927.24</u>
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	<u>\$ 347,791.51</u>	<u>\$ 307,243.95</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

PLEASE NOTE: Payment information from the Internet or otherwise is not considered acceptable tax bill documentation. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Carlton at the Lake COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0025403

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number The Carlton at the Lake# 0025403 Report Period Beginning:01/01/07 Ending:12/31/07**X. BUILDING AND GENERAL INFORMATION:**A. Square Feet: _____ B. General Construction Type: Exterior Brick Frame _____ Number of Stories 4C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

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

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

3. Current Period Amortization: 32 4. Dates Incurred: _____

Nature of Costs: _____

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1993</u>	<u>\$ 153,000</u>	1
2					2
3	TOTALS			\$ 153,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
		Improvement Type**									
9	Various		1980		105,427		20			105,426	9
10	Various		1981		5,718		20			5,718	10
11	Various		1982		2,618		20			2,618	11
12	Various		1983		22,673		20	48	48	22,660	12
13	Various		1984		31,340		20			31,337	13
14	Various		1985		72,850		20			72,843	14
15	Various		1986		24,885		20			24,885	15
16	Various		1988		6,456		20	141	141	6,347	16
17	Various		1989		61,753		20	2,683	2,683	56,857	17
18	Various		1990		71,334		20	3,567	3,567	62,592	18
19	Various		1991		165,717		20	8,286	8,286	125,404	19
20	Various		1992		228,201		20	9,200	9,200	177,008	20
21	Various		1993		40,886		20	513	513	32,307	21
22	Various		1994		51,259		20	2,063	2,063	37,551	22
23	Various		1995		92,308		20	4,616	4,616	58,969	23
24	Various		1996		58,573		20	2,678	2,678	36,018	24
25	Various		1997		204,822		20	10,242	10,242	125,391	25
26	Various		1998		26,362		20	1,319	1,319	13,052	26
27	Various		1999		27,003		20	1,350	1,350	11,479	27
28	Various		2000		408,272		20	20,417	20,417	159,261	28
29	Various		2001		220,555		20	11,029	11,029	70,793	29
30	Various		2002		48,490		20	4,039	4,039	22,159	30
31	Various		2003		59,780		20	6,146	6,146	27,542	31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		3,171,706	78,835		78,837	2	600,282	67
68		425,069	10,909		14,230	3,321	196,274	68
69			302,009			(302,009)		69
70		\$ 5,634,057	\$ 391,753		\$ 181,404	\$ (210,349)	\$ 2,084,773	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,634,057	\$ 391,753		\$ 181,404	\$ (210,349)	\$ 2,084,773	1
2	Thermostat / Knob Replacement	2004	546		20	109	109	418	2
3	Kitchen Call Sytem	2004	4,436		20	634	634	2,324	3
4	Booster Heater	2004	4,180		20	348	348	1,219	4
5	Radiator Motors	2004	1,530		20	306	306	1,046	5
6	Rooftop Exhaust Fan Circuits	2004	2,279		20	114	114	399	6
7	Blower Wheel	2004	1,745		20	175	175	538	7
8	Alarm System And Cctv Monitoring	2004	774		20	77	77	297	8
9	Window Repair	2004	755		20	76	76	283	9
10	Hvac	2004	1,303		20	130	130	478	10
11	Boiler Ignition Controls	2004	674		20	67	67	225	11
12	Hvac	2004	741		20	74	74	241	12
13	Boiler Hoses And Valves	2004	1,707		20	171	171	526	13
14	Windows	2004	798		20	80	80	306	14
15	Windows	2004	1,008		20	101	101	386	15
16	Electrical Work	2005	7,833		20	1,567	1,567	3,264	16
17	Phone Wiring	2005	4,290		20	858	858	1,788	17
18	Pipes	2005	4,627		20	925	925	2,082	18
19	Wallcoverings	2005	19,751		20	1,975	1,975	5,596	19
20	Draperies	2005	17,731		20	1,773	1,773	5,024	20
21	Window Treatment	2005	24,394		20	2,439	2,439	6,708	21
22	Draperies	2005	15,269		20	1,527	1,527	4,072	22
23	Draperies	2005	6,032		20	603	603	1,609	23
24	Draperies	2005	19,378		20	1,938	1,938	5,167	24
25	Wallcoverings	2005	23,815		20	2,382	2,382	5,954	25
26	Wallcoverings	2005	3,356		20	336	336	839	26
27	Draperies	2005	15,372		20	1,537	1,537	3,459	27
28	Curtains	2005	23,423		20	2,342	2,342	5,270	28
29	Draperies	2005	4,657		20	466	466	970	29
30	Curtains	2005	3,843		20	384	384	833	30
31	Window Treatment	2005	2,688		20	269	269	560	31
32	Counter Top	2005	2,330		20	466	466	1,282	32
33	Cove Base	2005	6,741		20	337	337	786	33
34	TOTAL (lines 1 thru 33)		\$ 5,862,063	\$ 391,753		\$ 205,990	\$ (185,763)	\$ 2,148,722	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 5,862,063	\$ 391,753		\$ 205,990	\$ (185,763)	\$ 2,148,722	1
2	Repair Piping	2005	2,150		20	108	108	233	2
3	Repair Rooftop Exhaust Fans	2005	2,515		20	126	126	314	3
4	Sump Pump Repair	2005	2,000		20	100	100	225	4
5	Replace Cast Iron Pipe	2005	2,130		20	107	107	249	5
6	Replace Walk-In Freezer Door	2005	2,895		20	145	145	302	6
7	5 Halide Light Fixtures	2006	3,246		20	649	649	1,190	7
8	Draperies	2006	10,696		20	2,139	2,139	4,278	8
9	Flooring	2006	1,058		20	212	212	388	9
10	Door Lights	2006	1,230		20	123	123	236	10
11	State Required Smoke Detectors	2006	3,547		20	355	355	621	11
12	Ceiling Work	2006	3,686		20	369	369	461	12
13	Ceiling Work	2006	2,906		20	291	291	339	13
14	Priming Drywall For Addition	2006	4,470		20	447	447	522	14
15	Downlights And Ceiling Work	2006	5,040		20	504	504	588	15
16	New Basement Ceilings	2006	1,710		20	171	171	185	16
17	Plumbing Work	2006	10,201		20	1,020	1,020	1,615	17
18	Building Addition - Architectural And Legal	2006	177,638		20	4,555	4,555	5,504	18
19	Building Addition - Architectural And Legal	2006	(16,424)		20	(421)	(421)	(509)	19
20	Building Addition - Idph Architectural Plan Approval	2006	17,100		20	438	438	530	20
21	Building Addition - Asbestos Removal	2006	1,200		20	31	31	37	21
22	Wallcovering	2006	19,385		20	14,539	14,539	19,385	22
23	Wallcovering & Paint	2006	96,000		20	72,000	72,000	96,000	23
24	Doors	2006	2,943		20	123	123	221	24
25	Fire Alarm System	2006	251,370		20	35,910	35,910	44,888	25
26	Sprinkler System Design & Project Management	2006	5,813		20	830	830	1,038	26
27	Fire Protection System	2006	37,975		20	5,425	5,425	10,850	27
28	Sprinkler System	2006	19,940		20	2,849	2,849	5,460	28
29	Sprinkler System	2006	26,710		20	3,816	3,816	4,770	29
30	Buildiing Addition - Permit Fees	2006	31,485		20	807	807	976	30
31	Voice And Data Lines	2006	9,503		20	950	950	1,188	31
32	Elevators (Passenger & Service)	2006	155,857		20	7,793	7,793	9,741	32
33	Flooring	2006	44,490		20	2,966	2,966	5,932	33
34	TOTAL (lines 1 thru 33)		\$ 6,802,528	\$ 391,753		\$ 365,467	\$ (26,286)	\$ 2,366,479	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 6,802,528	\$ 391,753		\$ 365,467	\$ (26,286)	\$ 2,366,479	1
2	Flooring Credit - Defective Material	2006	(25,280)		20	(1,685)	(1,685)	(3,371)	2
3	Cove Base And Corner Base	2006	2,579		20	129	129	247	3
4	Cubicle Curatins, Wallpaper	2006	661		20	33	33	52	4
5	Boiler Repair	2006	2,618		20	131	131	240	5
6	Electrical Wiring And Circuits	2007	7,950		20	486	486	486	6
7	Electrical Wiring And Circuits	2007	5,100		20	227	227	227	7
8	Electrical Wiring & Circuits	2007	2,800		20	124	124	124	8
9	Electrical Wiring & Circuits	2007	1,475		20	66	66	66	9
10	Carpeting	2007	19,334		20	2,762	2,762	2,762	10
11	Carpeting Installation	2007	2,538		20	302	302	302	11
12	Installing Cables In Walls	2007	1,957		20	87	87	87	12
13	Connections With Speakers And Dress	2007	647		20	29	29	29	13
14	Sprinkler System Outdoor	2007	6,800		20	189	189	189	14
15	Shrubbery, Trees, Boxes	2007	33,061		20	1,102	1,102	1,102	15
16	Relocating Master Fire Alarm Box	2007	5,100		20	227	227	227	16
17	Labor & Material Fire Sprinklers	2007	2,555		20	71	71	71	17
18	Labor & Materials Fire Sprinklers	2007	3,285		20	91	91	91	18
19	New Fire Alarm Bells	2007	2,130		20	178	178	178	19
20	Pendants & Sconces	2007	5,224		20	1,045	1,045	1,045	20
21	Wallpaper	2007	1,859		20	186	186	186	21
22	Wallpaper	2007	1,351		20	135	135	135	22
23	Wallpaper	2007	1,922		20	192	192	192	23
24	Wallpaper	2007	6,383		20	585	585	585	24
25	Wallpaper	2007	824		20	76	76	76	25
26	Wallpaper	2007	4,356		20	399	399	399	26
27	Wallpaper	2007	4,218		20	387	387	387	27
28	Wallpaper	2007	450		20	38	38	38	28
29	Wallpaper	2007	3,423		20	285	285	285	29
30	Wallpaper	2007	1,726		20	129	129	129	30
31	Wallpaper	2007	1,459		20	109	109	109	31
32	Lighting Fixtures	2007	15,916		20	1,061	1,061	1,061	32
33	Pleated Shades	2007	9,330		20	778	778	778	33
34	TOTAL (lines 1 thru 33)		\$ 6,936,279	\$ 391,753		\$ 375,421	\$ (16,332)	\$ 2,374,993	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 6,936,279	\$ 391,753		\$ 375,421	\$ (16,332)	\$ 2,374,993	1
2	Draperies	2007	6,623		20	442	442	442	2
3	Cubicle Curtains	2007	1,126		20	75	75	75	3
4	Wallpaper	2007	7,850		20	480	480	480	4
5	Electrical Work	2007	16,431		20	1,232	1,232	1,232	5
6	Electrical Work- Balance 06	2007	5,288		20	118	118	118	6
7	Electrical Work- Final	2007	20,980		20	699	699	699	7
8	Boiler Work	2007	10,591		20	971	971	971	8
9	Heating Repairs	2007	7,236		20	362	362	362	9
10	Repair Exhaust Fans	2007	2,681		20	119	119	119	10
11	Repair Fans	2007	2,137		20	95	95	95	11
12	Labor & Material Fan Sheaves	2007	4,663		20	389	389	389	12
13	New Fan Motor & Blade In Tower	2007	7,981		20	177	177	177	13
14	Boiler Work	2007	5,037		20	126	126	126	14
15	New Motor & Fan	2007	3,145		20	52	52	52	15
16	Electrical & Drywall	2007	2,000		20	200	200	200	16
17	Hallway Patch	2007	688		20	46	46	46	17
18	Bathroom Repairs	2007	8,850		20	811	811	811	18
19	Bathroom Repairs	2007	2,200		20	202	202	202	19
20	Bathroom Repairs	2007	1,300		20	119	119	119	20
21	Floor Repairs	2007	12,100		20	1,008	1,008	1,008	21
22	New Wall Dining Room Closet	2007	1,088		20	91	91	91	22
23	Bathroom Repairs	2007	5,900		20	492	492	492	23
24	Bathroom Repairs	2007	1,500		20	125	125	125	24
25	Corridor Flooring	2007	4,169		20	313	313	313	25
26	Beauty Shop Heating & Cooling	2007	6,100		20	458	458	458	26
27	Corridor, Dining & Pt Flooring	2007	29,039		20	2,178	2,178	2,178	27
28	Doors & Framing	2007	8,065		20	403	403	403	28
29	Vestibule Matting	2007	1,925		20	86	86	86	29
30	Plumbing Work	2007	1,050		20	47	47	47	30
31	Electrical Work	2007	1,600		20	71	71	71	31
32	Doors & Framing	2007	759		20	51	51	51	32
33	Drywall Repair	2007	450		20	20	20	20	33
34	TOTAL (lines 1 thru 33)		\$ 7,126,831	\$ 391,753		\$ 387,479	\$ (4,274)	\$ 2,387,051	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 7,126,831	\$ 391,753		\$ 387,479	\$ (4,274)	\$ 2,387,051	1
2	Electrical Work	2007	300		20	20	20	20	2
3	Drywall Repair	2007	550		20	24	24	24	3
4	Doors & Framing	2007	24,194		20	1,411	1,411	1,411	4
5	Doors & Framing	2007	4,290		20	250	250	250	5
6	Upcharge For Corridor Border	2007	960		20	56	56	56	6
7	Flooring- Prep And Tile	2007	7,259		20	423	423	423	7
8	Fire Glass	2007	4,810		20	281	281	281	8
9	Credit For Inv 462	2007	(346)		20	(17)	(17)	(17)	9
10	Flooring & Door Debris Removal	2007	666		20	33	33	33	10
11	Indicator Bolt	2007	113		20	7	7	7	11
12	Flooring Materials	2007	924		20	39	39	39	12
13	Install Sconces And Ceiling Lights	2007	625		20	26	26	26	13
14	Elevator Tiles	2007	1,350		20	56	56	56	14
15	New Suspended Rated Ceilings	2007	5,612		20	47	47	47	15
16	Telephone System	2007	28,451		20	4,268	4,268	4,268	16
17	8 Port Station Module	2007	1,300		20	195	195	195	17
18	Telephone System	2007	1,800		20	240	240	240	18
19	Elevator Work	2007	13,361		20	817	817	817	19
20	Porcelain Lobby Tile	2007	12,450		20	1,141	1,141	1,141	20
21	Concrete Flattening	2007	1,750		20	160	160	160	21
22	Wood Work	2007	30,000		20	4,500	4,500	4,500	22
23	Weil Pump	2007	5,142		20	514	514	514	23
24	Construction Draw	2007	65,814		20	4,388	4,388	4,388	24
25	Custom Front Door Awning	2007	4,044		20	135	135	135	25
26	Cable Installation	2007	3,989		20	299	299	299	26
27	Cctv Monitor	2007	2,578		20	344	344	344	27
28	Monitor Installation	2007	1,853		20	51	51	51	28
29	Tv Monitor	2007	1,645		20	110	110	110	29
30	Window Tints Rooms	2007	4,276		20	143	143	143	30
31	Boiler	2007	5,375		20	403	403	403	31
32	Water Heater	2007	7,625		20	572	572	572	32
33	Pump Replacement For Heater	2007	2,250		20	38	38	38	33
34	TOTAL (lines 1 thru 33)		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12K, Carried Forward		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12L, Carried Forward		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12M, Carried Forward		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12N, Carried Forward		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12O, Carried Forward		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12P, Carried Forward		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,371,841	\$ 391,753		\$ 408,453	\$ 16,700	\$ 2,408,025	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	244		1993	1971	\$ 1,255,206	\$ 32,185	39	\$ 32,185	\$	\$ 462,659	4
5											5
6											6
7											7
8											8
Improvement Type**											
9	Building Addition			2006	1,916,500	46,650	20	46,652	2	137,623	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9					
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation					
37		\$	\$		\$	\$	\$	37				
38								38				
39								39				
40								40				
41								41				
42								42				
43								43				
44								44				
45								45				
46								46				
47								47				
48								48				
49								49				
50								50				
51								51				
52								52				
53								53				
54								54				
55								55				
56								56				
57								57				
58								58				
59								59				
60								60				
61								61				
62								62				
63								63				
64								64				
65								65				
66								66				
67								67				
68								68				
69								69				
70	TOTAL (lines 4 thru 69)	\$	3,171,706	\$	78,835	\$	78,837	\$	2	\$	600,282	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	Allocated from ITEX / A.K. Care		1993	1993	\$ 340,514	\$ 8,731	35	\$ 9,729	\$ 998	\$ 141,880	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Allocated from ITEX / A.K. Care		1993		42,846	517	20	2,142	1,625	31,506	9
10	Allocated from ITEX / A.K. Care		1994		23,014	599	20	1,151	552	15,282	10
11	Allocated from ITEX / A.K. Care		1995		3,922	10	20	196	186	2,391	11
12	Allocated from ITEX / A.K. Care		1996		222	-	20	11	11	134	12
13	Allocated from ITEX / A.K. Care		1997		6,616	170	20	331	161	3,474	13
14	Allocated from ITEX / A.K. Care		1999		735	19	20	37	18	331	14
15	Allocated from ITEX / A.K. Care		2005		3,217	772	20	523	(249)	1,166	15
16	Allocated from ITEX / A.K. Care		2007		3,983	91	20	110	19	110	16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning:

01/01/07

Ending:

12/31/07

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9					
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation					
37		\$	\$		\$	\$	\$	37				
38								38				
39								39				
40								40				
41								41				
42								42				
43								43				
44								44				
45								45				
46								46				
47								47				
48								48				
49								49				
50								50				
51								51				
52								52				
53								53				
54								54				
55								55				
56								56				
57								57				
58								58				
59								59				
60								60				
61								61				
62								62				
63								63				
64								64				
65								65				
66								66				
67								67				
68								68				
69								69				
70	TOTAL (lines 4 thru 69)	\$	425,069	\$	10,909	\$	14,230	\$	3,321	\$	196,274	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Carlton at the Lake # 0025403 Report Period Beginning: 01/01/07 Ending: 12/31/07

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 885,674	\$ 1,423	\$ 113,277	\$ 111,854	10	\$ 739,671	71
72	Current Year Purchases	169,991	830	18,258	17,428	10	18,258	72
73	Fully Depreciated Assets	860,999		966	966	10	860,999	73
74								74
75	TOTALS	\$ 1,916,664	\$ 2,253	\$ 132,501	\$ 130,248		\$ 1,618,928	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		2003 Hondar Accord	2003	\$ 26,262	\$ 5,252	\$ 5,252		5	\$ 26,262	76
77										77
78										78
79										79
80	TOTALS			\$ 26,262	\$ 5,252	\$ 5,252			\$ 26,262	80

E. Summary of Care-Related Assets

	1 Description	Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 9,467,767	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 399,258	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 546,206	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 146,948	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,053,215	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	NON ALLOWABLE AUTOS - 2007	\$ 90,294	\$ 9,029	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 90,294	\$ 9,029	\$	91

G. Construction-in-Progress

	Description	Cost	
92			92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning: 01/01/07

Ending: 12/31/07

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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?

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12.	_____ /2008	\$ _____
13.	_____ /2009	\$ _____
14.	_____ /2010	\$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized _____
by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 45,943

Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Resident Transport</u>	<u>Ford Econoline</u>	\$ <u>549.19</u>	\$ <u>7,140</u>	17
18					18
19					19
20					20
21	TOTAL		\$ 549.19	\$ 7,140	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
 - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- SEE ACCOUNTANTS' COMPILATION REPORT

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 259,021	\$ 5,930		\$ 264,951	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			21,606			21,606	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			310,240			310,240	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				124,046		124,046	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental						80,931		80,931	13
14	TOTAL			\$		\$ 590,867	\$ 210,907		\$ 801,774	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake# 0025403Report Period Beginning: 01/01/07

Ending:

12/31/07**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/07

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ (207,366)	\$ (196,433)	1
2	Cash-Patient Deposits	116,447	116,447	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	2,750,303	2,750,303	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	130,467	130,467	6
7	Other Prepaid Expenses	7,702	7,702	7
8	Accounts Receivable (owners or related parties)	3,526,125	9,981,616	8
9	Other(specify): <u>See Attached Schedule</u>	1,013,694	1,013,694	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 7,337,372	\$ 13,803,796	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		153,000	13
14	Buildings, at Historical Cost		1,255,206	14
15	Leasehold Improvements, at Historical Cost	2,385,947	4,205,376	15
16	Equipment, at Historical Cost	2,740,961	2,862,961	16
17	Accumulated Depreciation (book methods)	(3,026,033)	(3,667,076)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	34,219	34,219	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(34,219)	(34,219)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	448,701	448,701	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,549,576	\$ 5,258,168	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,886,948	\$ 19,061,964	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,194,748	\$ 1,194,750	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	112,654	112,654	28
29	Short-Term Notes Payable	575,664	575,664	29
30	Accrued Salaries Payable	157,498	157,498	30
31	Accrued Taxes Payable (excluding real estate taxes)	20,894	20,894	31
32	Accrued Real Estate Taxes(Sch.IX-B)	311,133	311,133	32
33	Accrued Interest Payable	1,396	1,396	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	223,989	223,989	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,597,976	\$ 2,597,978	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	2,338,503	2,338,503	39
40	Mortgage Payable		6,000,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Attached Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,338,503	\$ 8,338,503	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,936,479	\$ 10,936,481	46
47	TOTAL EQUITY(page 18, line 24)	\$ 4,950,469	\$ 8,125,483	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 9,886,948	\$ 19,061,964	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,435,922	1
2	Restatements (describe):		2
3	<u>Rounding</u>	(2)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 4,435,920	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	514,549	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 514,549	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 4,950,469	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake# 0025403Report Period Beginning: 01/01/07Ending: 12/31/07**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,342,309	1
2	Discounts and Allowances for all Levels	(69,155)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,273,154	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,169,230	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,169,230	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	203	15
16	Rental of Facility Space		16
17	Sale of Drugs	143,837	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	9,503	19
20	Radiology and X-Ray		20
21	Other Medical Services	139,070	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 292,613	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	243,218	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 243,218	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	3,506	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,506	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,981,721	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,207,502	31
32	Health Care	3,904,068	32
33	General Administration	3,242,220	33
B. Capital Expense			
34	Ownership	2,178,018	34
C. Ancillary Expense			
35	Special Cost Centers	801,774	35
36	Provider Participation Fee	133,590	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,467,172	40
41	Income before Income Taxes (line 30 minus line 40)**	514,549	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 514,549	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number The Carlton at the Lake

0025403

Report Period Beginning: 01/01/07

Ending:

12/31/07

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,846	2,080	\$ 106,860	\$ 51.38	1
2	Assistant Director of Nursing					2
3	Registered Nurses	53,511	55,699	1,686,755	30.28	3
4	Licensed Practical Nurses	7,430	8,026	184,802	23.03	4
5	CNAs & Orderlies	91,056	96,144	1,021,176	10.62	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,750	6,214	86,823	13.97	8
9	Activity Director					9
10	Activity Assistants	13,063	14,415	147,776	10.25	10
11	Social Service Workers	3,961	4,346	60,255	13.86	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	2,032	2,248	42,248	18.79	14
15	Cook Helpers/Assistants	33,530	36,401	324,463	8.91	15
16	Dishwashers					16
17	Maintenance Workers	4,641	4,921	81,182	16.50	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	4,680	4,680	185,195	39.57	20
21	Assistant Administrator	2,080	2,080	60,130	28.91	21
22	Other Administrative	2,080	2,080	98,100	47.16	22
23	Office Manager					23
24	Clerical	17,986	19,732	273,569	13.86	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	7,929	8,682	162,754	18.75	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>					33
34	TOTAL (lines 1 - 33)	251,575	267,748	\$ 4,522,088 *	\$ 16.89	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	333	\$ 15,101	01-03	35
36	Medical Director	Monthly	36,000	09-03	36
37	Medical Records Consultant	Monthly	3,679	10-03	37
38	Nurse Consultant	332	8,285	10-03	38
39	Pharmacist Consultant	99	4,442	10-03	39
40	Physical Therapy Consultant	56	1,396	10a-03	40
41	Occupational Therapy Consultant	317	16,614	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	99	5,162	11-03	44
45	Social Service Consultant	5,104	5,104	12-03	45
46	Other(specify)				46
47	<u>Dental Director</u>	Monthly	4,800	10-03	47
48	<u>Utilization Review</u>	Monthly	3,600	10-03	48
49	TOTAL (lines 35 - 48)	6,340	\$ 104,183		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses			50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)		\$	53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

Report Period Beginning: 01/01/07 Ending:

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2004	6 FY2005	7 FY2006	8 FY2007	9 FY2008	10 FY2009	11 FY2010	12 FY2011	13 FY2012
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IL Assoc. HCF \$2,928, IL Council \$13,762
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 20,673 Line 10-02
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 133,590
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 74,022 Has any meal income been offset against related costs? No Indicate the amount. \$ No
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% ln 14
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT