



Facility Name & ID Number The Carlton at the Lake

# 0025403 Report Period Beginning: 01/01/08 Ending: 12/31/08

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	244	Skilled (SNF)	244	89,304	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	244	TOTALS	244	89,304	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				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	64,451	4,655	6,887	75,993	8
9	SNF/PED					9
10	ICF	6,078	91		6,169	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	70,529	4,746	6,887	82,162	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.00%

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 6,778

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2008 Fiscal Year: 12/31/2008

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

Facility Name & ID Number      The Carlton at the Lake      #      0025403      Report Period Beginning:      01/01/08      Ending:      12/31/08

**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
	<b>A. General Services</b>										
1	Dietary	420,995	126,182	15,943	563,120		563,120	5,058	568,178		1
2	Food Purchase		509,048		509,048	(76,860)	432,188	(293)	431,895		2
3	Housekeeping		63,328	346,568	409,896		409,896	9,322	419,218		3
4	Laundry		49,692	148,529	198,221		198,221		198,221		4
5	Heat and Other Utilities			312,591	312,591		312,591	2,945	315,536		5
6	Maintenance	83,132	48,524	263,582	395,238		395,238	6,524	401,762		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	504,127	796,774	1,087,213	2,388,114	(76,860)	2,311,254	23,556	2,334,810		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			31,200	31,200		31,200		31,200		9
10	Nursing and Medical Records	3,217,449	323,260	24,400	3,565,109		3,565,109	(52)	3,565,057		10
10a	Therapy	89,332		12,735	102,067		102,067		102,067		10a
11	Activities	180,043	16,825	8,115	204,983		204,983		204,983		11
12	Social Services	46,941	1,260	6,688	54,889		54,889		54,889		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	3,533,765	341,345	83,138	3,958,248		3,958,248	(52)	3,958,196		16
	<b>C. General Administration</b>										
17	Administrative	315,148		571,572	886,720		886,720	(468,528)	418,192		17
18	Directors Fees										18
19	Professional Services			498,874	498,874		498,874	(363,584)	135,290		19
20	Dues, Fees, Subscriptions & Promotions			110,486	110,486		110,486	(77,904)	32,582		20
21	Clerical & General Office Expenses	291,302	3,636	520,767	815,705		815,705	(173,092)	642,613		21
22	Employee Benefits & Payroll Taxes			685,287	685,287	76,860	762,147		762,147		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,700	5,700		5,700	1,874	7,574		24
25	Other Admin. Staff Transportation			6,333	6,333		6,333	(132)	6,201		25
26	Insurance-Prop.Liab.Malpractice			259,358	259,358		259,358	1,191	260,549		26
27	Other (specify):*							63,598	63,598		27
28	<b>TOTAL General Administration</b>	606,450	3,636	2,658,377	3,268,463	76,860	3,345,323	(1,016,577)	2,328,746		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,644,342	1,141,755	3,828,728	9,614,825		9,614,825	(993,073)	8,621,752		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: 01/01/08 Ending: 12/31/08

## 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
	<b>D. Ownership</b>										
30	Depreciation			345,153	345,153	345,153	158,100	503,253			30
31	Amortization of Pre-Op. & Org.										31
32	Interest			189,356	189,356	189,356	(107,523)	81,833			32
33	Real Estate Taxes			324,611	324,611	324,611	11,918	336,529			33
34	Rent-Facility & Grounds			1,335,900	1,335,900	1,335,900	(1,335,900)				34
35	Rent-Equipment & Vehicles			54,056	54,056	54,056	(8,120)	45,936			35
36	Other (specify):*			2,477	2,477	2,477	(2,477)				36
37	<b>TOTAL Ownership</b>			2,251,553	2,251,553	2,251,553	(1,284,002)	967,551			37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		322,314	665,619	987,933	987,933		987,933			39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			133,956	133,956	133,956		133,956			42
43	Other (specify):*	23,779			23,779	23,779	(23,779)				43
44	<b>TOTAL Special Cost Centers</b>	23,779	322,314	799,575	1,145,668	1,145,668	(23,779)	1,121,889			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	4,668,121	1,464,069	6,879,856	13,012,046	13,012,046	(2,300,854)	10,711,192			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: 01/01/08

Ending: 12/31/08

**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	(152)	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	73,786	30		9
10	Interest and Other Investment Income	(196,361)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(293)	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				18
19	Entertainment				19
20	Contributions	(27,782)	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	(307,502)	21		24
25	Fund Raising, Advertising and Promotional	(1,149)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(10,525)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(7,675)	20		28
29	Other-Attach Schedule	(606,154)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (1,083,807)		\$	30

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)	(1,217,047)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (1,217,047)		36
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (2,300,854)		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						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY					
48		49	50	51	52

SEE ACCOUNTANTS' COMPILATION REPORT

The Carlton at the LakeID# 0025403Report Period Beginning: 01/01/08Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Parking Fees	\$ (420)	06	1
2	Jury Duty Income	(52)	10	2
3	Settlement From Hill Rom	(1,953)	21	3
4	Cook County Election Income	(150)	21	4
5	Bank Charges	(23,722)	21	5
6	Franchise Tax	(118)	21	6
7	Marketing Travel	(132)	25	7
8	Public Relations	(14,909)	20	8
9	Amortization of Loan Costs	(2,477)	36	9
10	Marketing & Collection Expense	(21,010)	20	10
11	Contributions- Building Company	(121,250)	20	11
12	Bank Charges- Building Company	(61)	21	12
13	Office Expense- Building Company	(324)	21	13
14	Accounting Fees- Building Company	(8,615)	19	14
15	Bad Debts- Building Company	(129,384)	21	15
16	Trust Fees- Building Company	(675)	21	16
17	Amortization- Building Company	(5,503)	36	17
18	Replacement Tax- Building Company	(9,379)	21	18
19	Miscellaneous Interest/Penalties	(1,263)	21	19
20	Non-Allowable Interest	(59,576)	32	20
21	Non-Care Depreciation	(12,039)	30	21
22	Non-Allowable Auto Lease	(11,145)	35	22
23	Marketing Salary	(23,779)	43	23
24	Non-Allowable Legal	(18,492)	19	24
25	Non-Allowable Office Expense	(69,989)	21	25
26	Non-Allowable Professional Services	(4,400)	19	26
27	Non-Allowable Management Fees	(46,972)	17	27
28	Non-Allowable Management Fees	(12,000)	17	28
29	COPE Dues	(6,365)	20	29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
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	<b>Total</b>	(606,154)		49

The Carlton at the Lake

ID# 0025403

Report Period Beginning: 01/01/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES	Amount	Reference	
50	\$		1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
69			20
70			21
71			22
72			23
73			24
74			25
75			26
76			27
77			28
78			29
79			30
80			31
81			32
82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98			49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number The Carlton at the Lake

# 0025403

Report Period Beginning:

01/01/08

Ending:

12/31/08

## 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)	
	<b>A. General Services</b>													
1	Dietary				5,058								5,058	1
2	Food Purchase	(293)											(293)	2
3	Housekeeping				9,322								9,322	3
4	Laundry													4
5	Heat and Other Utilities				2,945								2,945	5
6	Maintenance	(420)			6,944								6,524	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(713)</b>			<b>24,269</b>								<b>23,556</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(52)											(52)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(52)</b>											<b>(52)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	(58,972)		(282,000)	(82,600)	(44,956)							(468,528)	17
18	Directors Fees													18
19	Professional Services	(31,507)	8,615	1,667	(342,616)	257							(363,584)	19
20	Fees, Subscriptions & Promotions	(200,140)	121,250		986								(77,904)	20
21	Clerical & General Office Expenses	(555,197)	139,823	4,166	238,050	66							(173,092)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar				1,874								1,874	24
25	Other Admin. Staff Transportation	(132)											(132)	25
26	Insurance-Prop.Liab.Malpractice				1,191								1,191	26
27	Other (specify):*			8,037	55,017	544							63,598	27
28	<b>TOTAL General Administration</b>	<b>(845,948)</b>	<b>269,688</b>	<b>(268,130)</b>	<b>(128,098)</b>	<b>(44,089)</b>							<b>(1,016,577)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(846,713)</b>	<b>269,688</b>	<b>(268,130)</b>	<b>(103,829)</b>	<b>(44,089)</b>							<b>(993,073)</b>	<b>29</b>

STATE OF ILLINOIS

Facility Name & ID Number The Carlton at the Lake

# 0025403

Report Period Beginning:

01/01/08 Ending:

Summary B

12/31/08

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 TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	61,747	78,835		17,518								158,100	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(255,937)	113,728		34,686								(107,523)	32
33	Real Estate Taxes				11,918								11,918	33
34	Rent-Facility & Grounds		(1,335,900)										(1,335,900)	34
35	Rent-Equipment & Vehicles	(11,145)			3,025								(8,120)	35
36	Other (specify):*	(7,980)	5,503										(2,477)	36
37	<b>TOTAL Ownership</b>	<b>(213,315)</b>	<b>(1,137,834)</b>		<b>67,147</b>								<b>(1,284,002)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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):*	(23,779)											(23,779)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(23,779)</b>											<b>(23,779)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(1,083,807)</b>	<b>(868,146)</b>	<b>(268,130)</b>	<b>(36,682)</b>	<b>(44,089)</b>							<b>(2,300,854)</b>	<b>45</b>

**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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,335,900	Carlton Associates Limited Partnership	100.00%	\$	\$ (1,335,900)	1
2	V	32 Interest Income	347,986	Carlton Associates Limited Partnership	100.00%		(347,986)	2
3	V	20 Contributions		Carlton Associates Limited Partnership	100.00%	121,250	121,250	3
4	V	32 Interest Expense		Carlton Associates Limited Partnership	100.00%	461,714	461,714	4
5	V	21 Bank Charges		Carlton Associates Limited Partnership	100.00%	61	61	5
6	V	21 Office Expenses		Carlton Associates Limited Partnership	100.00%	324	324	6
7	V	19 Accounting Fees		Carlton Associates Limited Partnership	100.00%	8,615	8,615	7
8	V	21 Bad Debts		Carlton Associates Limited Partnership	100.00%	129,384	129,384	8
9	V	21 Trust Fees		Carlton Associates Limited Partnership	100.00%	675	675	9
10	V	30 Depreciation		Carlton Associates Limited Partnership	100.00%	78,835	78,835	10
11	V	36 Amortization of Loan Costs		Carlton Associates Limited Partnership	100.00%	5,503	5,503	11
12	V	21 Replacement Tax		Carlton Associates Limited Partnership	100.00%	9,379	9,379	12
13	V							13
14	Total		\$ 1,683,886			\$ 815,740	\$ * (868,146)	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: 01/01/08Ending: 12/31/08**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%	\$ 33,333	\$ 33,333	15
16	V	19 PROFESSIONAL FEES				1,667	1,667	16
17	V	21 OFFICE				4,166	4,166	17
18	V	27 PAYROLL TAXES				3,320	3,320	18
19	V							19
20	V	17 C. RAJCHENBACH-COMP.				59,667	59,667	20
21	V	27 PAYROLL TAXES				4,717	4,717	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	375,000				(375,000)	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		\$ 375,000			\$ 106,870	\$ * (268,130)	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: 01/01/08Ending: 12/31/08

## 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	1	DIETARY	\$	ITEX / AK CARE COMPANY	100.00%	\$ 5,058	\$ 5,058	15
16	V	3	HOUSEKEEPING				9,322	9,322	16
17	V	5	UTILITIES				2,945	2,945	17
18	V	6	REPAIRS AND MAINT.				6,944	6,944	18
19	V	19	PROFESSIONAL FEES				8,783	8,783	19
20	V	20	FEES, SUBSCRIPTIONS				986	986	20
21	V	21	CLERICAL AND GENERAL				33,341	33,341	21
22	V	24	EDUCATION/SEMINARS				1,874	1,874	22
23	V	26	INSURANCE				1,191	1,191	23
24	V	30	DEPRECIATION				17,518	17,518	24
25	V	32	INTEREST				34,686	34,686	25
26	V	33	REAL ESTATE TAXES				11,918	11,918	26
27	V	35	EQUIPMENT RENTAL				3,025	3,025	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V	21	CLERICAL SALARIES				204,709	204,709	32
33	V	27	GEN ADMIN. - EMP. BEN.				55,017	55,017	33
34	V								34
35	V	19	BOOKKEEPING	350,908				(350,908)	35
36	V	19	COMPUTER CONSULTING	491				(491)	36
37	V	17	MANAGEMENT FEES	82,600				(82,600)	37
38	V								38
39	Total		\$ 433,999				\$ 397,317	\$ * (36,682)	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%	\$ 10,044	\$ 10,044		15
16	V	19 PROFESSIONAL FEES				257	257		16
17	V	21 OFFICE				66	66		17
18	V	27 PAYROLL TAXES				544	544		18
19	V								19
20	V								20
21	V								21
22	V	17 MANAGEMENT FEES	55,000					(55,000)	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		\$ 55,000			\$ 10,911	\$ *	(44,089)	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.

**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.

**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.

Facility Name & ID Number The Carlton at the Lake # 0025403 Report Period Beginning: 01/01/08 Ending: 12/31/08

## 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	3.08%	Al.Shaymark	\$ 10,044	17-7	1
2	Jack Rajchenbach	Relative	Management	0.00%	See Attached	18.00	27.69%	Sal./Al. Sal.	128,333	17-1; 17-7	2
3	Chaim Rajchenbach	Relative	Asst. Admin.	0.00%	See Attached	20.00	33.33%	Sal./Al. Sal.	119,694	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	\$ 258,071		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: 01/01/08

Ending: 12/31/08

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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

# 0025403

Report Period Beginning: 01/01/08

Ending: 12/31/08

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	54	9	\$ 100,000	\$ 100,000	18	\$ 33,333	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	54	9	5,000		18	1,667	2
3	21	OFFICE	AVG. HOURS WORKED	54	9	12,497	12,497	18	4,166	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED	54	9	9,959		18	3,320	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	4,717		40	4,717	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					\$ 191,840	\$ 172,164		\$ 106,870	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

# 0025403

Report Period Beginning:

01/01/08

Ending: 12/31/08

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 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

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	DIETARY	AVAILABLE BED DAYS	358,430	4	\$ 20,696	\$ 87,600	\$ 5,058	1
2	3	HOUSEKEEPING	AVAILABLE BED DAYS	358,430	4	38,144	87,600	9,322	2
3	5	UTILITIES	AVAILABLE BED DAYS	358,430	4	12,049	87,600	2,945	3
4	6	REPAIRS AND MAINT.	AVAILABLE BED DAYS	358,430	4	28,411	87,600	6,944	4
5	19	PROFESSIONAL FEES	AVAILABLE BED DAYS	358,430	4	35,937	87,600	8,783	5
6	20	FEES, SUBSCRIPTIONS	AVAILABLE BED DAYS	358,430	4	4,034	87,600	986	6
7	21	CLERICAL AND GENERAL	AVAILABLE BED DAYS	358,430	4	136,418	87,600	33,341	7
8	24	EDUCATION/SEMINARS	AVAILABLE BED DAYS	358,430	4	7,667	87,600	1,874	8
9	26	INSURANCE	AVAILABLE BED DAYS	358,430	4	4,874	87,600	1,191	9
10	30	DEPRECIATION	AVAILABLE BED DAYS	358,430	4	71,677	87,600	17,518	10
11	32	INTEREST	AVAILABLE BED DAYS	358,430	4	141,926	87,600	34,686	11
12	33	REAL ESTATE TAXES	AVAILABLE BED DAYS	358,430	4	48,764	87,600	11,918	12
13	35	EQUIPMENT RENTAL	AVAILABLE BED DAYS	358,430	4	12,378	87,600	3,025	13
14									14
15									15
16									16
17									17
18	21	CLERICAL SALARIES	DIRECT ALLOCATION		4	916,681	916,681	204,709	18
19	27	GEN ADMIN. - EMP. BEN.	DIRECT ALLOCATION		4	246,364		55,017	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,726,020	\$ 916,681	\$ 397,317	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

# 0025403

Report Period Beginning:

01/01/08

Ending: 12/31/08

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 33	4	\$ 165,728	\$ 165,728	2	\$ 10,044	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED 33	4	4,245		2	257	2
3	21	OFFICE	AVG. HOURS WORKED 33	4	1,083	1,083	2	66	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED 33	4	8,979		2	544	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				\$ 180,035	\$ 166,811		\$ 10,911	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

# 0025403

Report Period Beginning:

01/01/08

Ending: 12/31/08

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:

01/01/08

Ending: 12/31/08

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:

01/01/08

Ending: 12/31/08

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:

01/01/08

Ending: 12/31/08

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: 01/01/08

Ending: 12/31/08

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:

01/01/08

Ending: 12/31/08

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

**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	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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	LaSalle Bank		X	Mortgage			\$	5,939,201		\$	461,714	1								
2	AICCO		X	Insurance Financing							6,641	2								
3	Lexus		X	Auto Loan				36,365			2,830	3								
4												4								
5	See Supplemental Schedule											5								
<b>Working Capital</b>																				
6	Private Bank		X	Line of Credit				2,700,000			120,308	6								
7	Shareholder Loan	X		Working Capital				550,000			54,999	7								
8	See Supplemental Schedule										(54,999)	8								
9	<b>TOTAL Facility Related</b>						\$	9,225,566		\$	591,493	9								
<b>B. Non-Facility Related*</b>																				
10	Interest Income		X								(196,361)	10								
11	Interest Income- Bldg. Co.		X								(347,986)	11								
12	Allocated From Itex		X								34,686	12								
13	See Supplemental Schedule											13								
14	<b>TOTAL Non-Facility Related</b>						\$			\$	(509,661)	14								
15	<b>TOTALS (line 9+line14)</b>						\$	9,225,566		\$	81,832	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:

01/01/08

Ending:

12/31/08

**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						
		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			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1							\$	\$			\$	1						
2												2						
3												3						
4												4						
5												5						
6												6						
7	<b>TOTAL Long-Term</b>											7						
<b>Working Capital</b>																		
8	Related Parties	X					\$	\$			\$	4,577	8					
9	Non-Allowable Interest											(59,576)	9					
10													10					
11													11					
12													12					
13													13					
14	<b>TOTAL Working Capital</b>											(54,999)	14					
<b>B. Non-Facility Related*</b>																		
15							\$	\$			\$		15					
16													16					
17													17					
18													18					
19													19					
20	<b>TOTAL Non-Facility Related</b>												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:** 2007 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 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 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 2008 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.

**2007 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 2007 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 2007.

(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. <u>14-16-300-003-0000</u>	<u>Long Term Care Property</u>	\$ <u>75,055.03</u>	\$ <u>75,055.03</u>
2. <u>14-16-300-004-0000</u>	<u>Long Term Care Property</u>	\$ <u>76,765.87</u>	\$ <u>76,765.87</u>
3. <u>14-16-300-005-0000</u>	<u>Long Term Care Property</u>	\$ <u>73,211.99</u>	\$ <u>73,211.99</u>
4. <u>14-16-300-006-0000</u>	<u>Long Term Care Property</u>	\$ <u>75,055.03</u>	\$ <u>75,055.03</u>
5. <u>14-16-300-007-0000</u>	<u>Long Term Care Property</u>	\$ <u>1,530.16</u>	\$ <u>1,530.16</u>
6. <u>14-16-300-008-0000</u>	<u>Long Term Care Property</u>	\$ <u>8,500.89</u>	\$ <u>8,500.89</u>
7. <u>10-35-312-022-0000</u>	<u>Allocation From ITEX</u>	\$ <u>52,025.26</u>	\$ <u>12,155.47</u>
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u>362,144.23</u>	\$ <u>322,274.44</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 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

**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:** 2007 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 2007 real estate tax costs, as well as copies of your real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 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 2008 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.

**2007 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. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u>_____</u>	\$ <u>_____</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?        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:

01/01/08 Ending:

12/31/08

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: \_\_\_\_\_ B. General Construction Type: Exterior Brick Frame \_\_\_\_\_ Number of Stories 4

C. 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).

None

F. 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: \_\_\_\_\_ 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	<b>TOTALS</b>			<b>\$ 153,000</b>	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

# 0025403

Report Period Beginning:

01/01/08

Ending:

12/31/08

**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
<b>Improvement Type**</b>											
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	13	13	22,673	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	106	106	6,453	16
17	Various			1989	61,753		20	2,683	2,683	59,540	17
18	Various			1990	71,334		20	3,567	3,567	66,158	18
19	Various			1991	165,717		20	8,286	8,286	133,691	19
20	Various			1992	228,201		20	9,200	9,200	186,207	20
21	Various			1993	40,886		20	513	513	32,820	21
22	Various			1994	51,259		20	2,063	2,063	39,616	22
23	Various			1995	92,308		20	4,616	4,616	63,583	23
24	Various			1996	58,573		20	2,678	2,678	38,696	24
25	Various			1997	204,822		20	10,242	10,242	135,629	25
26	Various			1998	26,362		20	1,319	1,319	14,369	26
27	Various			1999	27,003		20	1,350	1,350	12,828	27
28	Various			2000	408,272		20	20,417	20,417	179,676	28
29	Various			2001	220,555		20	11,029	11,029	81,820	29
30	Various			2002	48,490		20	4,039	4,039	26,197	30
31	Various			2003	59,780		20	5,555	5,555	33,096	31
32	Various			2004	22,476		20	2,462	2,462	11,148	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:

01/01/08

Ending:

12/31/08

**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	679,119	67
68		506,852	12,323		17,070	4,747	243,037	68
69			163,667			(163,667)		69
70		\$ 5,738,316	\$ 254,825		\$ 186,045	\$ (68,780)	\$ 2,309,183	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number The Carlton at the Lake

# 0025403

Report Period Beginning:

01/01/08

Ending:

12/31/08

**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	<b>Totals from Page 12A, Carried Forward</b>		\$ 5,738,316	\$ 254,825		\$ 186,045	\$ (68,780)	\$ 2,309,183	1
2	Electrical Work	2005	7,833		20	1,567	1,567	4,830	2
3	Phone Wiring	2005	4,290		20	858	858	2,646	3
4	Pipes	2005	4,627		20	925	925	3,008	4
5	Wallcoverings	2005	19,751		20	1,975	1,975	7,571	5
6	Draperies	2005	17,731		20	1,773	1,773	6,797	6
7	Window Treatment	2005	24,394		20	2,439	2,439	9,148	7
8	Draperies	2005	15,269		20	1,527	1,527	5,599	8
9	Draperies	2005	6,032		20	603	603	2,212	9
10	Draperies	2005	19,378		20	1,938	1,938	7,105	10
11	Wallcoverings	2005	23,815		20	2,382	2,382	8,335	11
12	Wallcoverings	2005	3,356		20	336	336	1,175	12
13	Draperies	2005	15,372		20	1,537	1,537	4,996	13
14	Curtains	2005	23,423		20	2,342	2,342	7,612	14
15	Draperies	2005	4,657		20	466	466	1,436	15
16	Curtains	2005	3,843		20	384	384	1,217	16
17	Window Treatment	2005	2,688		20	269	269	829	17
18	Counter Top	2005	2,330		20	466	466	1,748	18
19	Cove Base	2005	6,741		20	337	337	1,123	19
20	Repair Piping	2005	2,150		20	108	108	340	20
21	Repair Rooftop Exhaust Fans	2005	2,515		20	126	126	440	21
22	Sump Pump Repair	2005	2,000		20	100	100	325	22
23	Replace Cast Iron Pipe	2005	2,130		20	107	107	355	23
24	Replace Walk-In Freezer Door	2005	2,895		20	145	145	446	24
25	5 Halide Light Fixtures	2006	3,246		20	649	649	1,839	25
26	Draperies	2006	10,696		20	2,139	2,139	6,418	26
27	Flooring	2006	1,058		20	212	212	600	27
28	Door Lights	2006	1,230		20	123	123	359	28
29	State Required Smoke Detectors	2006	3,547		20	355	355	975	29
30	Ceiling Work	2006	3,686		20	369	369	829	30
31	Ceiling Work	2006	2,906		20	291	291	630	31
32	Priming Drywall For Addition	2006	4,470		20	447	447	969	32
33	Downlights And Ceiling Work	2006	5,040		20	504	504	1,092	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,991,415	\$ 254,825		\$ 213,844	\$ (40,981)	\$ 2,402,187	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number The Carlton at the Lake

# 0025403

Report Period Beginning:

01/01/08

Ending:

12/31/08

**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	<b>Totals from Page 12B, Carried Forward</b>		\$ 5,991,415	\$ 254,825		\$ 213,844	\$ (40,981)	\$ 2,402,187	1
2	New Basement Ceilings	2006	1,710		20	171	171	356	2
3	Plumbing Work	2006	10,201		20	1,020	1,020	2,635	3
4	Building Addition - Architectural And Legal	2006	177,638		20	4,555	4,555	10,059	4
5	Building Addition - Architectural And Legal	2006	(16,424)		20	(421)	(421)	(930)	5
6	Building Addition - Idph Architectural Plan Approval	2006	17,100		20	438	438	968	6
7	Building Addition - Asbestos Removal	2006	1,200		20	31	31	68	7
8	Wallcovering	2006	19,385		20			19,385	8
9	Wallcovering & Paint	2006	96,000		20			96,000	9
10	Doors	2006	2,943		20	196	196	417	10
11	Fire Alarm System	2006	251,370		20	35,910	35,910	80,798	11
12	Sprinkler System Design & Project Management	2006	5,813		20	830	830	1,868	12
13	Fire Protection System	2006	37,975		20	5,425	5,425	16,275	13
14	Sprinkler System	2006	19,940		20	2,849	2,849	8,308	14
15	Sprinkler System	2006	26,710		20	3,816	3,816	8,585	15
16	Building Addition - Permit Fees	2006	31,485		20	807	807	1,783	16
17	Voice And Data Lines	2006	9,503		20	950	950	2,138	17
18	Elevators (Passenger & Service)	2006	155,857		20	7,793	7,793	17,534	18
19	Flooring	2006	44,490		20	2,966	2,966	8,898	19
20	Flooring Credit - Defective Material	2006	(25,280)		20	(1,685)	(1,685)	(5,056)	20
21	Cove Base And Corner Base	2006	2,579		20	129	129	376	21
22	Cubicle Curatins, Wallpaper	2006	661		20	33	33	85	22
23	Boiler Repair	2006	2,618		20	131	131	371	23
24	Electrical Wiring And Circuits	2007	7,950		20	530	530	1,016	24
25	Electrical Wiring And Circuits	2007	5,100		20	340	340	567	25
26	Electrical Wiring & Circuits	2007	2,800		20	187	187	311	26
27	Electrical Wiring & Circuits	2007	1,475		20	98	98	164	27
28	Carpeting	2007	19,334		20	2,762	2,762	5,524	28
29	Carpeting Installation	2007	2,538		20	363	363	665	29
30	Installing Cables In Walls	2007	1,957		20	130	130	217	30
31	Connections With Speakers And Dress	2007	647		20	43	43	72	31
32	Sprinkler System Outdoor	2007	6,800		20	453	453	642	32
33	Shrubbery, Trees, Boxes	2007	33,061		20	2,204	2,204	3,306	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,946,551	\$ 254,825		\$ 286,898	\$ 32,073	\$ 2,685,592	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number The Carlton at the Lake

# 0025403

Report Period Beginning:

01/01/08

Ending:

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**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	<b>Totals from Page 12C, Carried Forward</b>		\$ 6,946,551	\$ 254,825		\$ 286,898	\$ 32,073	\$ 2,685,592	1
2	Relocating Master Fire Alarm Box	2007	5,100		20	340	340	567	2
3	Labor & Material Fire Sprinklers	2007	2,555		20	170	170	241	3
4	Labor & Materials Fire Sprinklers	2007	3,285		20	219	219	310	4
5	New Fire Alarm Bells	2007	2,130		20	426	426	604	5
6	Pendants & Sconces	2007	5,224		20	1,045	1,045	2,090	6
7	Wallpaper	2007	1,859		20	186	186	372	7
8	Wallpaper	2007	1,351		20	135	135	270	8
9	Wallpaper	2007	1,922		20	192	192	384	9
10	Wallpaper	2007	6,383		20	638	638	1,223	10
11	Wallpaper	2007	824		20	82	82	158	11
12	Wallpaper	2007	4,356		20	436	436	835	12
13	Wallpaper	2007	4,218		20	422	422	808	13
14	Wallpaper	2007	450		20	45	45	83	14
15	Wallpaper	2007	3,423		20	342	342	628	15
16	Wallpaper	2007	1,726		20	173	173	302	16
17	Wallpaper	2007	1,459		20	146	146	255	17
18	Lighting Fixtures	2007	15,916		20	1,592	1,592	2,653	18
19	Pleated Shades	2007	9,330		20	1,866	1,866	2,644	19
20	Draperies	2007	6,623		20	1,325	1,325	1,766	20
21	Cubicle Curtains	2007	1,126		20	225	225	300	21
22	Wallpaper	2007	7,850		20	523	523	1,003	22
23	Electrical Work	2007	16,431		20	1,643	1,643	2,875	23
24	Electrical Work- Balance 06	2007	5,288		20	353	353	470	24
25	Electrical Work- Final	2007	20,980		20	2,098	2,098	2,797	25
26	Boiler Work	2007	10,591		20	1,059	1,059	2,030	26
27	Heating Repairs	2007	7,236		20	482	482	844	27
28	Repair Exhaust Fans	2007	2,681		20	179	179	298	28
29	Repair Fans	2007	2,137		20	142	142	237	29
30	Labor & Material Fan Sheaves	2007	4,663		20	933	933	1,321	30
31	New Fan Motor & Blade In Tower	2007	7,981		20	532	532	709	31
32	Boiler Work	2007	5,037		20	504	504	630	32
33	New Motor & Fan	2007	3,145		20	210	210	262	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,119,831	\$ 254,825		\$ 305,561	\$ 50,736	\$ 2,715,561	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number The Carlton at the Lake

# 0025403

Report Period Beginning:

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Ending:

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**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	<b>Totals from Page 12D, Carried Forward</b>		\$ 7,119,831	\$ 254,825		\$ 305,561	\$ 50,736	\$ 2,715,561	1
2	Electrical & Drywall	2007	2,000		20	200	200	400	2
3	Hallway Patch	2007	688		20	46	46	92	3
4	Bathroom Repairs	2007	8,850		20	885	885	1,696	4
5	Bathroom Repairs	2007	2,200		20	220	220	422	5
6	Bathroom Repairs	2007	1,300		20	130	130	249	6
7	Floor Repairs	2007	12,100		20	1,210	1,210	2,218	7
8	New Wall Dining Room Closet	2007	1,088		20	109	109	199	8
9	Bathroom Repairs	2007	5,900		20	590	590	1,082	9
10	Bathroom Repairs	2007	1,500		20	150	150	275	10
11	Corridor Flooring	2007	4,169		20	417	417	730	11
12	Beauty Shop Heating & Cooling	2007	6,100		20	610	610	1,068	12
13	Corridor, Dining & Pt Flooring	2007	29,039		20	2,904	2,904	5,082	13
14	Doors & Framing	2007	8,065		20	538	538	941	14
15	Vestibule Matting	2007	1,925		20	128	128	214	15
16	Plumbing Work	2007	1,050		20	70	70	117	16
17	Electrical Work	2007	1,600		20	107	107	178	17
18	Doors & Framing	2007	759		20	76	76	127	18
19	Drywall Repair	2007	450		20	30	30	50	19
20	Electrical Work	2007	300		20	30	30	50	20
21	Drywall Repair	2007	550		20	37	37	61	21
22	Doors & Framing	2007	24,194		20	2,419	2,419	3,831	22
23	Doors & Framing	2007	4,290		20	429	429	679	23
24	Upcharge For Corridor Border	2007	960		20	96	96	152	24
25	Flooring- Prep And Tile	2007	7,259		20	726	726	1,149	25
26	Fire Glass	2007	4,810		20	481	481	762	26
27	Credit For Inv 462	2007	(346)		20	(35)	(35)	(52)	27
28	Flooring & Door Debris Removal	2007	666		20	67	67	100	28
29	Indicator Bolt	2007	113		20	11	11	18	29
30	Flooring Materials	2007	924		20	92	92	131	30
31	Install Sconces And Ceiling Lights	2007	625		20	63	63	89	31
32	Elevator Tiles	2007	1,350		20	135	135	191	32
33	New Suspended Rated Ceilings	2007	5,612		20	561	561	608	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,259,921	\$ 254,825		\$ 319,093	\$ 64,268	\$ 2,738,470	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number The Carlton at the Lake

# 0025403

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Ending:

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**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	<b>Totals from Page 12E, Carried Forward</b>		\$ 7,259,921	\$ 254,825		\$ 319,093	\$ 64,268	\$ 2,738,470	1
2	Telephone System	2007	28,451		20	5,690	5,690	9,958	2
3	8 Port Station Module	2007	1,300		20	260	260	455	3
4	Telephone System	2007	1,800		20	360	360	600	4
5	Elevator Work	2007	13,361		20	891	891	1,707	5
6	Porcelain Lobby Tile	2007	12,450		20	1,245	1,245	2,386	6
7	Concrete Flattening	2007	1,750		20	175	175	335	7
8	Wood Work	2007	30,000		20	6,000	6,000	10,500	8
9	Weil Pump	2007	5,142		20	514	514	1,028	9
10	Roofing, Caulking, Windows, Walls, Doors, Hvac, Plumbing	2007	65,814		20	4,388	4,388	8,775	10
11	Custom Front Door Awning	2007	4,044		20	404	404	539	11
12	Cable Installation	2007	3,989		20	399	399	698	12
13	Cctv Monitor	2007	2,578		20	516	516	859	13
14	Monitor Installation	2007	1,853		20	124	124	175	14
15	Tv Monitor	2007	1,645		20	329	329	439	15
16	Window Tints Rooms	2007	4,276		20	285	285	428	16
17	Boiler	2007	5,375		20	538	538	941	17
18	Water Heater	2007	7,625		20	763	763	1,334	18
19	Pump Replacement For Heater	2007	2,250		20	225	225	263	19
20	New Circuit Boards & Labor	2008	17,000		20	1,700	1,700	1,700	20
21	New 208 Volt Feeder	2008	7,000		20	1,050	1,050	1,050	21
22	Window Treatments & Cornices	2008	3,600		20	240	240	240	22
23	Cameras, Cable And Installation	2008	19,204		20	3,841	3,841	3,841	23
24	Basement Expansion Drawings	2008	9,575		20	957	957	957	24
25	Water Pressure Repairs	2008	7,395		20	308	308	308	25
26	Painting	2008	28,894		20	361	361	361	26
27	Clear Insulated Units	2008	1,892		20	63	63	63	27
28	Trane Unit Repairs	2008	2,093		20	174	174	174	28
29	Cooling Unit Repair	2008	7,895		20	329	329	329	29
30	Main Handler Unit Repairs	2008	3,603		20	120	120	120	30
31	Remove And Replace Doors	2008	1,087		20	109	109	109	31
32	Elevator Starters	2008	5,285		20	176	176	176	32
33	Masonrv, Carpentry, Walls, Hvac, Electrical Work	2008	42,267		20	2,113	2,113	2,113	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,610,414	\$ 254,825		\$ 353,740	\$ 98,915	\$ 2,791,431	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

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**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	<b>Totals from Page 12F, Carried Forward</b>		\$ 7,610,414	\$ 254,825		\$ 353,740	\$ 98,915	\$ 2,791,431	1
2	Lighted Installed Signs	2008	40,533		20	2,364	2,364	2,364	2
3	Fire Damper Installations Mech Rooms	2008	4,560		20	651	651	651	3
4	Graffiti Protector For Windows	2008	7,178		20	239	239	239	4
5	Plumbing Work	2008	3,955		20	132	132	132	5
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31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	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

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**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 12G, Carried Forward		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	1
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	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

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Report Period Beginning:

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Ending:

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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		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	1
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4									4
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	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

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Report Period Beginning:

01/01/08

Ending:

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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		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	1
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4									4
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32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	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

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01/01/08

Ending:

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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		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	1
2									2
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4									4
5									5
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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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 12K, Carried Forward		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	1
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4									4
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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Ending:

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**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	<b>Totals from Page 12L, Carried Forward</b>		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
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32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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Ending:

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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		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	1
2									2
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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)		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	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:

01/01/08

Ending:

12/31/08

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		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	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)		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	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:

01/01/08

Ending:

12/31/08

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		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	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)		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	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:

01/01/08

Ending:

12/31/08

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		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	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)		\$ 7,666,640	\$ 254,825		\$ 357,126	\$ 102,301	\$ 2,794,817	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:

01/01/08

Ending:

12/31/08

**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		\$ 494,844	4
5											5
6											6
7											7
8											8
<b>Improvement Type**</b>											
9	Building Addition			2006	1,916,500	46,650	20	46,652		184,275	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:

01/01/08

Ending:

12/31/08

**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	<b>TOTAL (lines 4 thru 69)</b>	\$	3,171,706	\$	78,835	\$	78,837	\$	679,119	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:

01/01/08

Ending:

12/31/08

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		Allocation From ITEX/A.K. Care	1993	1993	\$ 392,029	\$ 10,052	35	\$ 11,201	\$ 1,149	\$ 174,545	4
5											5
6											6
7											7
8											8
		Improvement Type**									
9		Allocation From ITEX/A.K. Care		1993	49,328	443	20	2,467	2,024	38,739	9
10		Allocation From ITEX/A.K. Care		1994	26,495	689	20	1,325	636	18,919	10
11		Allocation From ITEX/A.K. Care		1995	4,515	12	20	226	214	2,979	11
12		Allocation From ITEX/A.K. Care		1996	256	-	20	13	13	167	12
13		Allocation From ITEX/A.K. Care		1997	7,617	195	20	381	186	4,380	13
14		Allocation From ITEX/A.K. Care		1999	846	22	20	42	20	423	14
15		Allocation From ITEX/A.K. Care		2005	3,704	427	20	602	175	1,945	15
16		Allocation From ITEX/A.K. Care		2007	4,585	240	20	476	236	603	16
17		Allocation From ITEX/A.K. Care		2008	17,477	243	20	337	94	337	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:

01/01/08

Ending:

12/31/08

**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	<b>TOTAL (lines 4 thru 69)</b>	\$	506,852	\$	12,323	\$	17,070	\$	4,747	\$	243,037	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: 01/01/08 Ending: 12/31/08

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	\$ 956,192	\$ 157,772	\$ 130,596	\$ (27,176)	10	\$ 666,357	71
72	Current Year Purchases	72,651	10,850	8,188	(2,662)	10	8,188	72
73	Fully Depreciated Assets	983,082		1,323	1,323	10	983,082	73
74								74
75	TOTALS	\$ 2,011,925	\$ 168,622	\$ 140,107	\$ (28,515)		\$ 1,657,627	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	Facility	2007 LEXUS- JLR	2007	\$ 30,000	\$ 6,020	\$ 6,020	\$	5	\$ 9,029	76
77										77
78										78
79										79
80	TOTALS			\$ 30,000	\$ 6,020	\$ 6,020	\$		\$ 9,029	80

E. Summary of Care-Related Assets

	1 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)	\$ 9,861,565	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 429,467	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 503,253	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 73,786	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,461,473	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	2007 LEXUS- JLR - 2007	\$ 60,294	\$ 12,039	\$ 18,059	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 60,294	\$ 12,039	\$ 18,059	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: 01/01/08

Ending: 12/31/08

**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	<b>TOTAL</b>				\$			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.	_____ /2009	\$ _____
13.	_____ /2010	\$ _____
14.	_____ /2011	\$ _____

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: \$ 38,959

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>559.00</u>	\$ <u>6,977</u>	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$ <b>559.00</b>	\$ <b>6,977</b>	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	<b>TOTALS</b>	\$	\$	\$	\$
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)	
<b>TOTAL TRAINED</b>	

- (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	\$		\$ 295,578	\$		\$ 295,578	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			14,232			14,232	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			355,809			355,809	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				226,688		226,688	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): <a href="#">See Supplemental</a>						95,626		95,626	13
14	TOTAL			\$		\$ 665,619	\$ 322,314		\$ 987,933	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: 01/01/08

Ending:

12/31/08**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/08

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 660	\$ 17,734	1
2	Cash-Patient Deposits	143,056	143,056	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	4,442,225	4,442,225	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	168,694	168,694	6
7	Other Prepaid Expenses	13,196	13,196	7
8	Accounts Receivable (owners or related parties)	3,744,928	10,299,278	8
9	Other(specify): <u>See Attached Schedule</u>	902,399	902,399	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 9,415,158	\$ 15,986,582	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		153,000	13
14	Buildings, at Historical Cost		3,074,635	14
15	Leasehold Improvements, at Historical Cost	2,596,900	2,596,900	15
16	Equipment, at Historical Cost	2,785,259	2,907,259	16
17	Accumulated Depreciation (book methods)	(3,344,924)	(4,064,802)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	16,513	16,513	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(2,477)	(2,477)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	462,462	493,644	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,513,733	\$ 5,174,672	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 11,928,891	\$ 21,161,254	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 2,095,647	\$ 2,095,648	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	136,725	136,725	28
29	Short-Term Notes Payable	3,275,664	3,275,664	29
30	Accrued Salaries Payable	192,095	192,095	30
31	Accrued Taxes Payable (excluding real estate taxes)	21,568	21,568	31
32	Accrued Real Estate Taxes(Sch.IX-B)	325,625	325,625	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Attached Schedule</u>	20,182	20,182	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 6,067,506	\$ 6,067,507	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	10,701	10,701	39
40	Mortgage Payable		5,939,201	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>See Attached Schedule</u>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 10,701	\$ 5,949,902	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 6,078,207	\$ 12,017,409	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 5,850,684	\$ 9,143,845	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 11,928,891	\$ 21,161,254	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b> <b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>4,950,469</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>4,950,469</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>900,215</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>900,215</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>5,850,684</b>	<b>24</b> *

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Carlton at the Lake

# 0025403

Report Period Beginning: 01/01/08

Ending: 12/31/08

**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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 11,831,860	1
2	Discounts and Allowances for all Levels	99,995	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 11,931,855	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,313,126	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,313,126	8
<b>C. Other Operating Revenue</b>			
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	152	15
16	Rental of Facility Space		16
17	Sale of Drugs	293,535	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	17,382	19
20	Radiology and X-Ray		20
21	Other Medical Services	152,499	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 463,568	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	196,361	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 196,361	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	7,351	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 7,351	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 13,912,261	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,388,114	31
32	Health Care	3,958,248	32
33	General Administration	3,268,463	33
<b>B. Capital Expense</b>			
34	Ownership	2,251,553	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,011,712	35
36	Provider Participation Fee	133,956	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 13,012,046	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	900,215	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 900,215	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: 01/01/08

Ending:

12/31/08

**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	1,886	2,089	\$ 112,126	\$ 53.67	1
2	Assistant Director of Nursing					2
3	Registered Nurses	60,860	63,490	1,773,620	27.94	3
4	Licensed Practical Nurses	8,763	9,480	214,667	22.64	4
5	CNAs & Orderlies	96,505	101,814	988,036	9.70	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,636	7,180	89,332	12.44	8
9	Activity Director					9
10	Activity Assistants	15,108	16,299	180,043	11.05	10
11	Social Service Workers	2,519	2,768	46,941	16.96	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	2,597	2,858	55,318	19.36	14
15	Cook Helpers/Assistants	36,786	39,510	365,677	9.26	15
16	Dishwashers					16
17	Maintenance Workers	4,974	5,253	83,132	15.83	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,080	2,080	160,321	77.08	20
21	Assistant Administrator	2,080	2,080	59,827	28.76	21
22	Other Administrative	2,091	2,091	95,000	45.43	22
23	Office Manager					23
24	Clerical	15,630	17,176	291,302	16.96	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	8,595	9,090	129,000	14.19	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	1,276	1,402	23,779	16.96	33
34	TOTAL (lines 1 - 33)	268,386	284,660	\$ 4,668,121 *	\$ 16.40	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	354	\$ 15,943	01-03	35
36	Medical Director	Monthly	31,200	09-03	36
37	Medical Records Consultant	Monthly	4,306	10-03	37
38	Nurse Consultant	288	7,180	10-03	38
39	Pharmacist Consultant	101	4,514	10-03	39
40	Physical Therapy Consultant	59	1,468	10a-03	40
41	Occupational Therapy Consultant	215	11,267	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	156	8,115	11-03	44
45	Social Service Consultant	127	6,688	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)	1,300	\$ 99,081		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: 01/01/08 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 FY2005	6 FY2006	7 FY2007	8 FY2008	9 FY2009	10 FY2010	11 FY2011	12 FY2012	13 FY2013
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. ILCLTC \$13,340; IL Assoc of HC \$2,928
- (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. \$ 17,678 Line 10-2
- (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. \$ 133,956  
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. \$ 76,860 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (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% Ln14  
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