

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0025403 Facility Name: Carlton At The Lake Address: 725 W. Montrose Ave Chicago 60613 County: Cook Telephone Number: (773) 929-1700 Fax #: (773) 929-3066 HFS ID Number: Date of Initial License for Current Owners: 07/31/80 Type of Ownership: VOLUNTARY,NON-PROFIT Charitable Corp. Trust IRS Exemption Code X PROPRIETARY Individual Partnership Corporation X "Sub-S" Corp. Limited Liability Co. Trust Other GOVERNMENTAL State County Other In the event there are further questions about this report, please contact: Name: Steve Lavenda Telephone Number: (847) 236-1111 Email Address:	II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/12 to 12/31/12 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. Officer or Administrator of Provider (Signed) (Type or Print Name) (Title) Paid Preparer (Signed) (Print Name and Title) Noshir R. Daruwalla, C.P.A. (Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015 (Telephone) (847) 236-1111 Fax #: (847) 236-1155 MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630
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SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Carlton At The Lake

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

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>244</u>	Skilled (SNF)	<u>244</u>	<u>89,304</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>244</u>	TOTALS	<u>244</u>	<u>89,304</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>57,003</u>	<u>8,681</u>	<u>10,014</u>	<u>75,698</u>	8
9	SNF/PED					9
10	ICF	<u>6,981</u>			<u>6,981</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>63,984</u>	<u>8,681</u>	<u>10,014</u>	<u>82,679</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.58%

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 8/01/1980

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 8/1/1980 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 9,240

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: 12/31/12 Fiscal Year: 12/31/12

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

Facility Name & ID Number Carlton At The Lake # 0025403 Report Period Beginning: 01/01/12 Ending: 12/31/12
V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	536,060	161,788	18,291	716,139		716,139	4,461	720,600			1
2	Food Purchase		656,908		656,908	(98,381)	558,527	(688)	557,840			2
3	Housekeeping		99,879	361,442	461,321		461,321	8,801	470,122			3
4	Laundry		53,966	154,904	208,870		208,870		208,870			4
5	Heat and Other Utilities			189,730	189,730		189,730	3,662	193,392			5
6	Maintenance	90,028	29,430	266,767	386,225		386,225	8,128	394,353			6
7	Other (specify):*											7
8	TOTAL General Services	626,088	1,001,971	991,134	2,619,193	(98,381)	2,520,812	24,364	2,545,177			8
	B. Health Care and Programs											
9	Medical Director			28,200	28,200		28,200		28,200			9
10	Nursing and Medical Records	3,412,637	527,096	18,392	3,958,125		3,958,125	(76)	3,958,049			10
10a	Therapy	140,246		8,187	148,433		148,433		148,433			10a
11	Activities	196,365	24,812		221,177		221,177		221,177			11
12	Social Services	40,885		10,076	50,961		50,961		50,961			12
13	CNA Training											13
14	Program Transportation			200	200		200		200			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,790,133	551,908	65,055	4,407,096		4,407,096	(76)	4,407,020			16
	C. General Administration											
17	Administrative	321,002		585,000	906,002		906,002	(564,592)	341,410			17
18	Directors Fees											18
19	Professional Services			574,793	574,793		574,793	(407,725)	167,068			19
20	Dues, Fees, Subscriptions & Promotions			88,439	88,439		88,439	(51,293)	37,146			20
21	Clerical & General Office Expenses	485,773	6,215	268,141	760,129		760,129	97,586	857,715			21
22	Employee Benefits & Payroll Taxes			900,163	900,163	98,381	998,544	(75)	998,469			22
23	Inservice Training & Education											23
24	Travel and Seminar			4,115	4,115		4,115	(652)	3,463			24
25	Other Admin. Staff Transportation			4,966	4,966		4,966		4,966			25
26	Insurance-Prop.Liab.Malpractice			251,869	251,869		251,869	1,671	253,540			26
27	Other (specify):*							67,722	67,722			27
28	TOTAL General Administration	806,775	6,215	2,677,486	3,490,476	98,381	3,588,857	(857,358)	2,731,499			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,222,996	1,560,094	3,733,675	10,516,765		10,516,765	(833,070)	9,683,695			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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			346,661	346,661		346,661	99,664	446,325			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			158,971	158,971		158,971	(29,359)	129,612			32
33	Real Estate Taxes			281,002	281,002		281,002	10,276	291,278			33
34	Rent-Facility & Grounds			1,335,900	1,335,900		1,335,900	(1,335,900)				34
35	Rent-Equipment & Vehicles			30,669	30,669		30,669	1,155	31,824			35
36	Other (specify):*			7,006	7,006		7,006	(7,006)	0			36
37	TOTAL Ownership			2,160,209	2,160,209		2,160,209	(1,261,169)	899,040			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		582,111	872,209	1,454,320		1,454,320		1,454,320			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			614,164	614,164		614,164	(34,915)	579,249			42
43	Other (specify):*	50,212		207,000	257,212		257,212	(257,212)	(0)			43
44	TOTAL Special Cost Centers	50,212	582,111	1,693,373	2,325,696		2,325,696	(292,127)	2,033,569			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,273,208	2,142,205	7,587,257	15,002,670		15,002,670	(2,386,366)	12,616,304			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

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 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				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	41,095	30		9
10	Interest and Other Investment Income	(248,453)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(688)	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	(397)	21		18
19	Entertainment				19
20	Contributions	(33,725)	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	(131,147)	21		24
25	Fund Raising, Advertising and Promotional	(2,628)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(5,464)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(675,024)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,056,430)		\$	30

BHF USE ONLY								
48		49		50		51		52

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

		1 Amount	2 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)	(1,329,936)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,329,936)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (2,386,366)		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 Yes	2 No	3 Amount	4 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	TOTAL (C): (sum of lines 38-46)			\$		47

Carlton At The Lake

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Jury Duty - Misc. Income	\$ (69)	10	1
2	Polling Place - Misc. Income	(250)	21	2
3	Insurance Brokerage - Misc. Income	(75)	22	3
4	World Medical Refund - Misc. Income	(7)	10	4
5	Miscellaneous Income	(683)	21	5
6	Non-Allowable Interest	(54,999)	32	6
7	Bank Charges	(11,080)	21	7
8	Public Relations	(9,101)	20	8
9	Amortization of Loan Costs	(7,006)	36	9
10	Franchise Tax	(118)	21	10
11	COPE Dues	(6,584)	20	11
12	Non-Allowable Expense	(207,000)	43	12
13	2013 Seminar	(1,200)	24	13
14	2012 Seminar from PY	525	24	14
15	Non-Allowable Salary	(50,212)	43	15
16	Building Company - Management Fees - JLR	(107,000)	17	16
17	Building Company - Management Fees	(107,000)	17	17
18	Building Company - Accounting Fees	(8,294)	19	18
19	Building Company - Trust Fees	(300)	20	19
20	Building Company - Amortization of Loan Costs	(7,337)	36	20
21	Building Company - Capital Loss	(100)	21	21
22	Building Company - State Replacement Tax	(5,854)	21	22
23	Additional R&M	4,442	06	23
24	Capitalized R&M	(3,500)	06	24
25	Non-Allowable Legal	(24,307)	19	25
26	Gain on Disposal of Assets	(33,000)	30	26
27	2011 Bed Tax Assessment	(34,915)	42	27
28				28
29				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	Total	(675,024)		49

Carlton At The Lake

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line 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

Summary A

12/31/12

[illegible]

Summary B

Facility Name & ID Number	Carlton At The Lake	#	0025403	Report Period Beginning:	01/01/12	Ending:	12/31/12
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SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

[illegible]

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See 6-Supplemental		See 6-Supplemental		See 6-Supplemental		

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)	
1	V	34	Rent	\$ 1,335,900	Carlton Associates Limited Partnership	100.00%	\$	\$ (1,335,900)	1
2	V	32	Interest	237,392	Carlton Associates Limited Partnership	100.00%	486,772	249,380	2
3	V	17	Management Fees - JLR		Carlton Associates Limited Partnership	100.00%	107,000	107,000	3
4	V	17	Management Fees		Carlton Associates Limited Partnership	100.00%	107,000	107,000	4
5	V	19	Accounting		Carlton Associates Limited Partnership	100.00%	8,294	8,294	5
6	V	30	Depreciation		Carlton Associates Limited Partnership	100.00%	78,835	78,835	6
7	V	36	Amortization of Loan Costs		Carlton Associates Limited Partnership	100.00%	7,337	7,337	7
8	V	20	Trust Fees		Carlton Associates Limited Partnership	100.00%	300	300	8
9	V	21	State Replacement Tax		Carlton Associates Limited Partnership	100.00%	5,854	5,854	9
10	V	21	Capital Loss		Carlton Associates Limited Partnership	100.00%	100	100	10
11	V								11
12	V								12
13	V								13
14	Total			\$ 1,573,292			\$ 801,492	\$ * (771,800)	14

* 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	1	DIETARY	\$	ITEX / AK CARE COMPANY	100.00%	\$ 4,461	\$	4,461 15
16	V	3	HOUSEKEEPING			100.00%	8,801		8,801 16
17	V	5	UTILITIES			100.00%	3,662		3,662 17
18	V	6	REPAIRS AND MAINT.			100.00%	7,186		7,186 18
19	V	19	PROFESSIONAL FEES			100.00%	12,762		12,762 19
20	V	20	FEES, SUBSCRIPTIONS			100.00%	745		745 20
21	V	21	CLERICAL AND GENERAL			100.00%	34,983		34,983 21
22	V	24	EDUCATION/SEMINARS			100.00%	23		23 22
23	V	26	INSURANCE			100.00%	1,671		1,671 23
24	V	30	DEPRECIATION			100.00%	12,734		12,734 24
25	V	32	INTEREST			100.00%	24,713		24,713 25
26	V	33	REAL ESTATE TAXES			100.00%	10,276		10,276 26
27	V	35	EQUIPMENT RENTAL			100.00%	1,155		1,155 27
28	V								28
29	V								29
30	V								30
31	V	21	CLERICAL SALARIES			100.00%	202,908		202,908 31
32	V	27	GEN ADMIN. - EMP. BEN.			100.00%	65,266		65,266 32
33	V								33
34	V								34
35	V	19	Bookkeeping	397,200		100.00%			(397,200) 35
36	V								36
37	V								37
38	V								38
39	Total			\$ 397,200			\$ 391,346	\$ *	(5,854) 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	J. RAJCHENBACH-COMP.	\$	JLR FINANCIAL SERVICES CORP.	100.00%	\$ 20,408	\$ 20,408	15
16	V	19	PROFESSIONAL FEES			100.00%	1,020	1,020	16
17	V	21	OFFICE			100.00%	8,834	8,834	17
18	V	27	EMPLOYEE BENEFITS			100.00%	2,456	2,456	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	17	MANAGEMENT FEES	585,000		100.00%		(585,000)	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			\$ 585,000			\$ 32,718	\$ * (552,282)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

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

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

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	ARI SAUL COHEN	6.667%	CLARIDGE IMPERIAL, LTD.	CHICAGO	CARLTON ASSOCIATES LIMITED	LINCOLNWOOD	BUILDING CO.	1
2	ARNOLD GASSEL REVOC TRUST	2.600%	GLENVIEW TERRACE N. C.	GLENVIEW	ITEX / A.K. CARE	LINCOLNWOOD	BOOKEEPING CO./MAN/	2
3	BRIGHTWATER TRUST	6.667%	HARMONY NURSING & REHAB.	CHICAGO	JLR FINANCIAL SERVICES CORP	LINCOLNWOOD	MANAGEMENT CO.	3
4	DONIEL BARUCH COHEN	6.667%	WHITEHALL NORTH	DEERFIELD	SEASONS HOSPICE	PARK RIDGE	HOSPICE	4
5	JUDITH RAJCHENBACK	20.000%						5
6	LILLIAN DESENT	8.800%						6
7	LILLIAN DESENT, TRUSTEE	5.500%						7
8	LILLIAN DESENT, TRUSTEE (2)	5.700%						8
9	LORIN GASSEL	5.800%						9
10	MARK HOLLANDER DISCRETIONARY TRUST	6.667%						10
11	PHILIP M. GASSEL	5.800%						11
12	SHERYL LUCAS	5.800%						12
13	SHARON HOLLANDER DISCRETIONARY TRUST	6.667%						13
14	FEIGE KNOBEL DISCRETIONARY TRUST	6.667%						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

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
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								25
26								26
27								27
28								28
29								29
30								30

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	Jack Rajchenbach	Relative	Management	0.00%	See Attached	10	16.67%	Sal./Al. Sal.	\$ 120,408	17-1; 17-7	1
2	Mark Hollander	Relative	Management	0.00%	See Attached	1	1.67%				2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts										11
12	anticipated to be considered allowable by the IL. Dept. of HFS.										12
13								TOTAL	\$ 120,408		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

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

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

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

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	1	DIETARY	AVAILABLE BED DAYS	360,876	4	\$ 18,028	\$	89,304	\$ 4,461	1
2	3	HOUSEKEEPING	AVAILABLE BED DAYS	360,876	4	35,563		89,304	8,801	2
3	5	UTILITIES	AVAILABLE BED DAYS	360,876	4	14,796		89,304	3,662	3
4	6	REPAIRS AND MAINT.	AVAILABLE BED DAYS	360,876	4	29,040		89,304	7,186	4
5	19	PROFESSIONAL FEES	AVAILABLE BED DAYS	360,876	4	51,572		89,304	12,762	5
6	20	FEES, SUBSCRIPTIONS	AVAILABLE BED DAYS	360,876	4	3,012		89,304	745	6
7	21	CLERICAL AND GENERAL	AVAILABLE BED DAYS	360,876	4	141,365		89,304	34,983	7
8	24	EDUCATION/SEMINARS	AVAILABLE BED DAYS	360,876	4	95		89,304	23	8
9	26	INSURANCE	AVAILABLE BED DAYS	360,876	4	6,754		89,304	1,671	9
10	30	DEPRECIATION	AVAILABLE BED DAYS	360,876	4	51,459		89,304	12,734	10
11	32	INTEREST	AVAILABLE BED DAYS	360,876	4	99,865		89,304	24,713	11
12	33	REAL ESTATE TAXES	AVAILABLE BED DAYS	360,876	4	41,525		89,304	10,276	12
13	35	EQUIPMENT RENTAL	AVAILABLE BED DAYS	360,876	4	4,669		89,304	1,155	13
14										14
15										15
16										16
17	21	CLERICAL SALARIES	DIRECT ALLOCATION		4	782,540	782,540		202,908	17
18	27	GEN ADMIN. - EMP. BEN.	DIRECT ALLOCATION		4	251,708			65,266	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 1,531,991	\$ 782,540		\$ 391,346	25

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

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 JLR FINANCIAL SERVICES CORP.
Street Address 6633 NORTH LINCOLN
City / State / Zip Code LINCOLNWOOD, IL. 60712
Phone Number (847) 679-9141
Fax Number (847) 679-1820

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	49	10	\$ 100,000	\$ 100,000	10	\$ 20,408	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	49	10	5,000		10	1,020	2
3	21	OFFICE	AVG. HOURS WORKED	49	10	43,284	43,284	10	8,834	3
4	27	EMPLOYEE BENEFITS	AVG. HOURS WORKED	49	10	12,031		10	2,456	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					\$ 160,315	\$ 143,284		\$ 32,718	25

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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						
	A. Directly Facility Related													
	Long-Term													
1	General Insurance		X	Insurance Financing			\$				\$	4,411	1	
2	Private Bank		X	Mortgage					5,532,827			486,772	2	
3													3	
4													4	
5	See Supplemental Schedule												5	
	Working Capital													
6	Private Bank		X	Line of Credit					2,479,074			99,561	6	
7	Shareholder Loan	X		Working Capital					550,000			54,999	7	
8	See Supplemental Schedule											(54,999)	8	
9	TOTAL Facility Related						\$		8,561,900			\$	590,745	9
	B. Non-Facility Related*													
10	Interest Income		X									(248,453)	10	
11	Interest Income- Bldg. Co.		X									(237,392)	11	
12	Allocated from ITEX		X									24,713	12	
13	See Supplemental Schedule												13	
14	TOTAL Non-Facility Related						\$					\$	(461,132)	14
15	TOTALS (line 9+line14)						\$		8,561,900			\$	129,612	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.)

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

1		2		3		4		5		6		7		8		9		10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense								
		YES	NO				Original	Balance											
	A. Directly Facility Related Long-Term																		
1							\$	\$			\$	1							
2												2							
3												3							
4												4							
5												5							
6												6							
7	TOTAL Long-Term											7							
	Working Capital																		
8	Non-Allowable Interest						\$	\$			\$ (54,999)	8							
9												9							
10												10							
11												11							
12												12							
13												13							
14	TOTAL Working Capital										(54,999)	14							
	B. Non-Facility Related*																		
15							\$	\$			\$	15							
16												16							
17												17							
18												18							
19												19							
20	TOTAL Non-Facility Related											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.) 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.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2011 report.		\$	306,835	1	
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	301,284	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	(5,551)	3	
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	296,829	4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.		\$		5	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	291,278	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2007	310,119	8	
		2008	313,230	9	
		2009	279,746	10	
		2010	292,224	11	
		2011	291,008	12	
2012 Accrual: \$291,008 x 1.02 = \$296,829					
Allocated from ITEX \$10,276					

FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011	\$ 13
14	PLUS APPEAL COST FROM LINE 5	\$ 14
15	LESS REFUND FROM LINE 6	\$ 15
16	AMOUNT TO USE FOR RATE CALCULATION	\$ 16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

FACILITY NAME Carlton At The Lake COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0025403

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

Enter the tax index number and real estate tax assessed for 2011 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 2011.

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

IMPORTANT NOTICE

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

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

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

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

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Carlton At The Lake COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0025403

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE () FAX #: ()

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</u> <u>Applicable to</u> <u>Nursing Home</u>
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

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	Facility		1993	\$ 153,600	1
2					2
3	TOTALS			\$ 153,600	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Carlton At The Lake

0025403

Report Period Beginning:

01/01/12

Ending:

12/31/12

XI. OWNERSHIP COSTS (continued)

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

	1		2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	244			1971	\$ 1,255,206	\$ 32,185	39	\$ 32,185	\$	\$ 623,584	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1980	105,427		20			105,426	9
10	Various			1981	5,718		20			5,718	10
11	Various			1982	2,618		20			2,618	11
12	Various			1983	22,673		20			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			6,453	16
17	Various			1989	61,633		20	(4)	(4)	61,633	17
18	Various			1990	71,334		20			71,329	18
19	Various			1991	165,717		20			154,627	19
20	Various			1992	228,201		20	4,840	4,840	218,644	20
21	Various			1993	40,886		20	513	513	34,873	21
22	Various			1994	51,259		20	2,063	2,063	47,867	22
23	Various			1995	92,308		20	4,615	4,615	82,044	23
24	Various			1996	58,573		20	2,678	2,678	49,406	24
25	Various			1997	204,822		20	10,241	10,241	176,594	25
26	Various			1998	26,362		20	1,318	1,318	19,640	26
27	Various			1999	27,003		20	1,350	1,350	18,228	27
28	Various			2000	408,272		20	20,414	20,414	261,327	28
29	Various			2001	220,555		20	11,028	11,028	125,930	29
30	Various			2002	48,490		20	2,157	2,157	39,924	30
31	Various			2003	59,780		20	4,644	4,644	51,672	31
32	Various			2004	22,476		20	1,413	1,413	18,474	32
33	Various			2005	255,195		20	24,317	24,317	199,687	33
34	Various			2006	871,377		20	62,607	62,607	524,928	34
35	Various			2007	507,791		20	43,962	43,962	306,752	35
36	Various			2008	167,088		20	18,982		87,719	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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	Related Building Company (Pages 12F & 12G)	1,916,500	46,650		46,650		370,875	67
68	Related Party Allocations (Pages 12H & 12I)	516,234	12,156		17,054	4,898	312,429	68
69	Financial Statement Depreciation		313,661			(313,661)		69
70	TOTAL (lines 4 thru 69)	\$ 7,549,030	\$ 404,652		\$ 313,028	\$ (110,606)	\$ 4,130,138	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Carlton At The Lake

0025403

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,549,030	\$ 404,652		\$ 313,028	\$ (91,624)	\$ 4,130,138	1
2	Fire Pump Controller	2009	25,275		20	632	632	2,054	2
3	Reverse Prior Bill - Included In Cox	2009	(31,485)		20	(787)	(787)	(2,755)	3
4	Ceiling Tile & Installation	2009	4,624		20	116	116	443	4
5	Ceiling Tile Repairs	2009	3,137		20	78	78	294	5
6	Acid Cleaning Tubes	2009	3,586		20	90	90	329	6
7	Mixing Valve Work	2009	23,462		20	587	587	2,151	7
8	Piping	2009	7,228		20	181	181	648	8
9	Boiler Repairs	2009	33,790		20	845	845	2,675	9
10	Main Heat System Repairs	2009	10,352		20	259	259	820	10
11	Boiler Replacement	2009	9,420		20	236	236	765	11
12	Concrete Work & Fountain	2009	28,525		20	1,426	1,426	4,992	12
13	Cedar Fence	2009	8,600		20	430	430	1,505	13
14	Permanent Landscaping	2009	6,300		20	420	420	1,470	14
15	Replacing Piping On Main Air Handler	2009	3,525		20	705	705	2,350	15
16	Cameras & Wiring	2009	15,557		20	3,111	3,111	11,668	16
17	Metal Halide Light Fixtures	2009	2,500		20	250	250	1,000	17
18	Vinyl Flooring & Cove Base	2010	77,778		20	7,778	7,778	18,796	18
19	Vinyl Flooring & Cove Base	2010	66,540		20	6,654	6,654	14,972	19
20	Vinyl Flooring & Cove Base	2010	40,251		20	4,025	4,025	8,721	20
21	Vinyl Flooring & Cove Base	2010	24,591		20	2,459	2,459	5,123	21
22	Draperies & Rods	2010	4,006		20	401	401	1,135	22
23	Shower Rooms-Walls, Floors, Concrete, Waterlines, Drywall, Ceil	2010	229,600		20	22,960	22,960	59,313	23
24	Bathroom-New Wall & Floor Tile, Toilet, Sind, Faucet, Mirror, H	2010	7,800		20	780	780	2,015	24
25	Trash Chute	2010	5,792		20	579	579	1,255	25
26	Plumbing Work	2010	16,531		20	1,653	1,653	4,133	26
27	Plumbing Work	2010	5,419		20	542	542	1,310	27
28	Plumbing Work	2010	9,800		20	980	980	2,368	28
29	Plumbing Work	2010	12,399		20	1,240	1,240	2,893	29
30	Plumbing Work	2010	19,491		20	1,949	1,949	4,548	30
31	Plumbing Work	2010	4,407		20	441	441	918	31
32	Plumbing Work	2010	7,920		20	792	792	1,650	32
33	Plumbing Work	2010	12,471		20	1,247	1,247	2,598	33
34	TOTAL (lines 1 thru 33)		\$ 8,248,222	\$ 404,652		\$ 376,085	\$ (28,567)	\$ 4,292,295	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Carlton At The Lake

0025403

Report Period Beginning:

01/01/12

Ending:

12/31/12

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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 12B, Carried Forward		\$ 8,248,222	\$ 404,652		\$ 376,085	\$ (28,567)	\$ 4,292,295	1
2	Sink And Pedals	2010	3,683		20	737	737	1,842	2
3	Inside Cameras - 12	2010	7,189		20	1,438	1,438	4,194	3
4	Motor Sheave Installation	2011	3,751		20	750	750	1,313	4
5	Installation Phone Modules	2011	3,315		20	663	663	1,160	5
6	Custom Cabinet	2011	4,230		20	282	282	517	6
7	Remove & Replace Motor & Pump	2011	6,800		20	1,360	1,360	2,267	7
8	Ac Coil Overhaul	2011	6,400		20	640	640	1,013	8
9	Freezer Door Replacement	2011	4,233		20	847	847	1,058	9
10	Plumbing Work	2011	2,858		20	143	143	262	10
11	New Controller & Actuator	2011	3,029		20	303	303	454	11
12	Plumbing - Repair Leaks	2011	2,720		20	136	136	170	12
13	Removal Of Asbesto Pipe Insulation	2011	3,850		20	193	193	241	13
14	Shower Assembly And Walls In Room 221	2012	4,360		20	400	400	400	14
15	Retube Boiler	2012	3,964		20	363	363	363	15
16	Retube Boiler	2012	17,772		20	1,481	1,481	1,481	16
17	Telephone System	2012	44,900		20	5,987	5,987	5,987	17
18	Telephone System Additional	2012	5,733		20	382	382	382	18
19	Telephone System Additional	2012	9,800		20	490	490	490	19
20	28 New Fire Doors Installed	2012	6,860		20	57	57	57	20
21	Booster Pumps	2012	8,484		20	141	141	141	21
22	Permanent Landscaping	2012	5,025		20	168	168	168	22
23	Cabling For Phones	2012	4,700		20	627	627	627	23
24	Installed Piping In Carpentry, Storage, Locker, And Boiler Rooms	2012	3,500		20	175	175	175	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)		\$ 8,415,377	\$ 404,652		\$ 393,846	\$ (10,806)	\$ 4,317,056	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	
1	Totals from Page 12C, Carried Forward		\$8,415,377	\$404,652		\$393,846	\$ (10,806)	\$4,317,056	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
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32									32
33									33
34	TOTAL (lines 1 thru 33)		\$8,415,377	\$404,652		\$393,846	\$ (10,806)	\$4,317,056	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	
1	Totals from Page 12D, Carried Forward	\$ 8,415,377	\$ 404,652		\$ 393,846	\$ (10,806)	\$ 4,317,056	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)	\$ 8,415,377	\$ 404,652		\$ 393,846	\$ (10,806)	\$ 4,317,056	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	
1 Building Company Information								1
2 Buildings:								2
3								3
4								4
5								5
6								6
7								7
8 Leasehold Improvements:								8
9								9
10 Building Addition	2006	1,916,500	46,650	20	46,650		370,875	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

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	
1	Building Company Information Continued		\$	\$		\$	\$	\$	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 (12F & 12G lines 1 thru 33)		\$ 1,916,500	\$ 46,650		\$ 46,650	\$	\$ 370,875	34

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	
1 Related Party Information		\$	\$		\$	\$	\$	1
2 Buildings:								2
3 Allocation From ITEX/A.K. Care	1993	396,946	10,178	35	11,341	1,163	222,100	3
4								4
5								5
6								6
7								7
8 Leasehold Improvements:								8
9 Allocation From ITEX/A.K. Care	1993	49,947	294	20	2,496	2,202	49,214	9
10 Allocation From ITEX/A.K. Care	1994	26,828	698	20	1,341	643	24,522	10
11 Allocation From ITEX/A.K. Care	1995	4,572	12	20	229	217	3,930	11
12 Allocation From ITEX/A.K. Care	1996	259		20	13	13	221	12
13 Allocation From ITEX/A.K. Care	1997	7,713	198	20	386	188	5,977	13
14 Allocation From ITEX/A.K. Care	1999	856	22	20	43	21	599	14
15 Allocation From ITEX/A.K. Care	2005	3,750		20	188	188	1,383	15
16 Allocation From ITEX/A.K. Care	2007	4,643	132	20	232	100	1,221	16
17 Allocation From ITEX/A.K. Care	2008	17,696	454	20	585	131	2,679	17
18 Allocation From ITEX/A.K. Care	2009	964	25	20	97	72	338	18
19 Allocation From ITEX/A.K. Care	2010	2,060	143	20	103	(40)	245	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

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	
1	Related Party Information Continued								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 (12H & 12I lines 1 thru 33)		\$ 516,234	\$ 12,156		\$ 17,054	\$ 4,898	\$ 312,429	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-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	\$464,373	\$578	\$46,361	\$45,783	10	\$377,596	71
72	Current Year Purchases	64,897		5,714	5,714	10	5,714	72
73	Fully Depreciated Assets	1,643,523		404	404	10	1,644,331	73
74								74
75	TOTALS	\$2,172,794	\$578	\$52,479	\$51,901		\$2,027,642	75

D. Vehicle Costs. (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				\$	\$	\$			\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$			\$	80

E. Summary of Care-Related Assets

	1	2	
	Reference	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)	\$10,741,771	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$405,230	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$446,325	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$41,095	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$6,344,697	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	2009 AUTO - 2009	\$44,111	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$44,111	\$	\$	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☐ NO

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

10. Effective dates of current rental agreement:

Beginning

Ending

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

Fiscal Year Ending

Annual Rent

12. /2013 \$
13. /2014 \$
14. /2015 \$

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: \$ 18,595
- 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	Resident Transport	Ford E350 Shuttle Bus	\$ 1,149.00	\$ 13,229	17
18					18
19					19
20					20
21	TOTAL		\$ 1,149.00	\$ 13,229	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.

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

D. NUMBER OF CNAs TRAINED

ALLOCATION OF COSTS (d)

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

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

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

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

12345678										
	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	\$		\$ 337,363	\$		\$ 337,363	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			116,498			116,498	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			418,348			418,348	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 prescrpts				390,894		390,894	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Supplemental						191,217		191,217	13
14	TOTAL			\$		\$ 872,209	\$ 582,111		\$ 1,454,320	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

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 103,904	\$ (111,938)	1
2	Cash-Patient Deposits	1,500	1,500	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	4,707,048	4,707,048	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	214,246	214,246	6
7	Other Prepaid Expenses	12,860	12,860	7
8	Accounts Receivable (owners or related parties)	6,923,750	16,072,656	8
9	Other(specify): See Attached Schedule	912,735	912,735	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 12,876,043	\$ 21,809,107	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		153,900	13
14	Buildings, at Historical Cost		1,255,206	14
15	Leasehold Improvements, at Historical Cost	3,296,124	5,115,553	15
16	Equipment, at Historical Cost	3,086,531	3,208,531	16
17	Accumulated Depreciation (book methods)	(4,739,309)	(5,774,527)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	39,797	39,797	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(35,269)	(35,269)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	772,786	774,620	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,420,660	\$ 4,737,811	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,296,703	\$ 26,546,918	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,125,367	\$ 2,125,366	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	3,029,074	3,029,074	29
30	Accrued Salaries Payable	270,216	270,216	30
31	Accrued Taxes Payable (excluding real estate taxes)	34,777	34,777	31
32	Accrued Real Estate Taxes(Sch.IX-B)	296,829	296,829	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes		15,000	35
	Other Current Liabilities(specify):			
36	See Attached Schedule	8,721	3,085,743	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,764,984	\$ 8,857,005	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		5,532,826	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 5,532,826	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,764,984	\$ 14,389,831	46
47	TOTAL EQUITY(page 18, line 24)	\$ 9,531,719	\$ 12,157,087	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 15,296,703	\$ 26,546,918	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 8,998,949	1
2	Restatements (describe):		2
3	State Replacement Tax	4,000	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 9,002,949	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	528,770	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 528,770	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 9,531,719	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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			
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 14,890,147	1
2	Discounts and Allowances for all Levels	(2,795,810)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,094,337	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,354,871	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,354,871	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	507,989	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	29,012	19
20	Radiology and X-Ray		20
21	Other Medical Services	254,702	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 791,703	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	248,453	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 248,453	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	42,076	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 42,076	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,531,440	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,619,193	31
32	Health Care	4,407,096	32
33	General Administration	3,490,476	33
	B. Capital Expense		
34	Ownership	2,160,209	34
	C. Ancillary Expense		
35	Special Cost Centers	1,711,532	35
36	Provider Participation Fee	614,164	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,002,670	40
41	Income before Income Taxes (line 30 minus line 40)**	528,770	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 528,770	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,079,884	44
45	Private Pay - Net Inpatient Revenue	1,306,273	45
46	Medicare - Net Inpatient Revenue	1,710,775	46
47	Other-(specify) Insurance	(2,595)	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,094,337	49

* 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.

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

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	1,872	2,120	\$ 136,997	\$ 64.62	1
2	Assistant Director of Nursing					2
3	Registered Nurses	52,782	65,953	1,967,568	29.83	3
4	Licensed Practical Nurses	5,525	6,770	132,513	19.57	4
5	CNAs & Orderlies	83,099	100,930	1,080,728	10.71	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,935	9,263	140,246	15.14	8
9	Activity Director					9
10	Activity Assistants	15,108	16,449	196,365	11.94	10
11	Social Service Workers	1,742	1,915	40,885	21.35	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	4,344	4,544	97,588	21.48	14
15	Cook Helpers/Assistants	41,759	44,807	438,472	9.79	15
16	Dishwashers					16
17	Maintenance Workers	4,423	5,326	90,028	16.90	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,080	2,080	221,002	106.25	20
21	Assistant Administrator					21
22	Other Administrative	2,080	2,080	100,000	48.08	22
23	Office Manager					23
24	Clerical	26,299	29,067	485,773	16.71	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	5,771	6,190	94,831	15.32	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	2,080	2,080	50,212	24.14	33
34	TOTAL (lines 1 - 33)	254,899	299,574	\$ 5,273,208 *	\$ 17.60	34

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	366	\$ 18,291	01-03	35
36	Medical Director	Monthly	28,200	09-03	36
37	Medical Records Consultant	Monthly	1,880	10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	11,712	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	161	8,187	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify) Psych- Social Cons.	202	10,076	12-03	46
47	Dental Director	Monthly	4,800	10-03	47
48					48
49	TOTAL (lines 35 - 48)	729	\$ 83,146		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

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

** See instructions.

STATE OF ILLINOIS

Facility Name & ID NumberCarlton At The Lake# 0025403Report Period Beginning:01/01/12Ending:12/31/12

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Rose Marie Betz	Administrator	0.00%	\$ 221,002	Workers' Compensation Insurance	\$ 146,321	IDPH License Fee	\$	
Jack Rajchenbach	Exec. Director	0.00%	100,000	Unemployment Compensation Insurance	66,941	Advertising: Employee Recruitment	1,677	
				FICA Taxes	380,625	Health Care Worker Background Check		
				Employee Health Insurance	255,899	(Indicate # of checks performed)		
				Employee Meals	98,381	Patient Background Checks	2652,650	
				Illinois Municipal Retirement Fund (IMRF)*		Dues and Subscriptions	2,055	
				Chicago Head Tax	6,888	Association Dues	26,047	
				401K Expense	5,243	Licenses and Permits	3,971	
				Savings Plan	32,121	Advertising and Promotion	11,730	
				Christmas Expense	6,051	See Supplemental Schedule	745	
						Less: Public Relations Expense	(9,101)	
						Non-allowable advertising	(2,628)	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						TOTAL (agree to Sch. V, line 20, col. 8)		
\$ 321,002				\$ 998,468		\$ 37,144		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees - JLR Financial Services Corp.			\$ 585,000				Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)							Seminar Expense	3,440
\$ 585,000							Allocated From Itex	23
C. Professional Services								
Vendor/Payee	Type		Amount					
Frost, Ruttenberg, & Rothblatt	Accounting		\$ 49,668					
Healthcare Horizons	Admin. Consult.		2,800					
Ehealth Data	Data Processing		6,296					
ADL Data	Data Processing		5,527					
Provinet	Data Processing		1,100					
Singer Network	Data Processing		12,773					
Health Medx	Data Processing		13,542					
AK Care	Bookkeeping		397,200					
Personnel Planners	Unemployment Consult.		2,387					
Achieve Accreditation	Joint Commission Consult.		12,720					
See Attached	Legal		66,520					
See Supplemental Schedule			4,260					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL				Entertainment Expense
\$ 574,793				\$			(agree to Sch. V, line 24, col. 8)	()
							TOTAL	\$ 3,463

* Attach copy of IMRF notifications

SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
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?
If YES, give association name and amount. IL LTC \$26047
Yes

(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?
What was the average life used for new equipment added during this period?
Yes
10 Years

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.
\$ 37,134 Line 10

(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?
If YES, give effective date of lease. No
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.
\$ 579,249
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.
\$ 98,381 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% Ln 14
d. Have vehicle usage logs been maintained?
N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use?
N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?
Yes
g. Does the facility transport residents to and from day training?
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
No

(17) Has an audit been performed by an independent certified public accounting firm?
Firm Name: N/A
No

(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