

FORM 1-2: ANNUAL PROVIDER FEE

Line	TOTAL
[1] Total Operating Expenses (including depreciation and debt service - interest only)	9,569,244.00
[a] Depreciation	1,836,906.00
[b] Debt Service (Interest Only)	442,397.64
[2] Subtotal (add Line 1a and 1b)	2,279,303.64
[3] Subtract Line 2 from Line 1 and enter result.	7,289,940.36
[4] Percentage allocated to continuing care residents (Form 1-1, Line 11)	77.00
[5] Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	5,613,254.08
[6] Total Amount Due (multiply Line 5 by .001)	\$ 5,613.25

PROVIDER: Lake Merritt LLC

COMMUNITY: _____