

Facility Name Robbins Supportive Living, Llc.

Report Period Beginning: 1/1/2005 Ending: 12/31/2005

III. STATISTICAL DATA

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

Date of change in certified units _____

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	101	Single Unit Apartment	101	36,865	1
2	24	Double Unit Apartment	24	8,760	2
3		Other			3
4	125	TOTALS	125	45,625	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	34,271	1,893	700	36,864	5
6	Double Unit	2,327	129	48	2,504	6
7	Other					7
8	TOTALS	36,598	2,022	748	39,368	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.29%

D. Indicate the number of paid bed-hold days the SLF had during this year

665 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 121 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES NO

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO

G. List all services provided by your facility for non-residents.

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

N/A

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/05 Fiscal Year: 12/31/05

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

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the

required payments of interest and principle? N/A

If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the

required payments of interest and principle? N/A

If no, explain. _____

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility

make all of the required payments of interest and principle? N/A

If no, explain. N/A

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IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	152,151	204,154	1,065	357,370		357,370	1
2	Housekeeping, Laundry and Maintenance	185,058	33,041	98,286	316,385		316,385	2
3	Heat and Other Utilities			107,935	107,935	(14,067)	93,868	3
4	Other (specify):							4
5	TOTAL General Services	337,209	237,195	207,286	781,690	(14,067)	767,623	5
B. Health Care and Programs								
6	Health Care/ Personal Care	466,735	4,273	7,323	478,331	(6)	478,325	6
7	Activities and Social Services	35,029	7,837		42,866		42,866	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	501,764	12,110	7,323	521,197	(6)	521,191	9
C. General Administration								
10	Administrative and Clerical	190,530	11,660	154,719	356,909	(56,479)	300,430	10
11	Marketing Materials, Promotions and Advertising			9,112	9,112		9,112	11
12	Employee Benefits and Payroll Taxes			165,797	165,797	(238)	165,559	12
13	Insurance-Property, Liability and Malpractice			49,695	49,695	10,916	60,611	13
14	Other (specify):							14
15	TOTAL General Administration	190,530	11,660	379,323	581,513	(45,801)	535,712	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,029,503	260,965	593,932	1,884,400	(59,874)	1,824,526	16
Capital Expenses								
D. Ownership								
17	Depreciation			22,270	22,270	195,438	217,708	17
18	Interest			60,576	60,576	220,297	280,873	18
19	Real Estate Taxes					170,451	170,451	19
20	Rent -- Facility and Grounds			679,843	679,843	(677,389)	2,454	20
21	Rent -- Equipment			5,803	5,803		5,803	21
22	Other (specify):			360	360	297,017	297,377	22
23	TOTAL Ownership			768,852	768,852	205,814	974,666	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,029,503	260,965	1,362,784	2,653,252	145,940	2,799,192	24

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.92	\$ 19.78	1
2	Licensed Practical Nurses	2.83	19.78	2
3	Certified Nurse Assistants	14.69	8.87	3
4	Activity Director & Assistants	1.86	9.06	4
5	Social Service Workers			5
6	Head Cook	0.96	17.82	6
7	Cook Helpers/Assistants	6.52	8.58	7
8	Dishwashers			8
9	Maintenance Workers	2.05	14.00	9
10	Housekeepers	6.21	9.70	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.05	22.25	13
14	Clerical	0.09	15.75	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	41.19	\$ 12.02	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Patrick Finn	5%	4	\$ 21,800	1
2					2
3					3
4					4
5					5
				Total	\$ 21800 6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Robbins Property, LLC		Robbins, IL		Building Co.	
See Attached					

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES NO

Name of related entity: N/A If yes, what is the value of those services? \$ N/A

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

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VIII. OWNERSHIP COSTS

A. Purchase price of land 54,600 Year land was acquired 2002

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

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

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	125		2002	2002	\$ 6,775,910	\$ 246,397	35	\$ 193,597	\$ (52,800)	\$ 774,389	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Page 5A				64,335	22,270		3,217	(19,053)	5,406	6
7	Leashold Improvements			2002	800		20	40	40	160	7
8	Leashold Improvements			2003	2,400		20	120	120	360	8
9	Landscaping			2003	9,775		20	489	489	1,955	9
10	Home Depot			2004	1,152		20	58	58	116	10
11	Room Signs			2004	831		20	42	42	84	11
12	4Th Floor Improvements			2004	603		20	30	30	60	12
13	Cabinets, Base Covers			2004	1,842		20	92	92	184	13
14	Sewage Pump, Flooring			2004	2,816		20	141	141	282	14
15	Sewage Pump			2004	653		20	33	33	66	15
16	Doors, Mirrors			2004	2,243		20	112	112	224	16
17	TOTAL (lines 1 thru 16)				\$ 6,863,360	\$ 268,667		\$ 197,970	\$ (70,698)	\$ 783,285	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 158,460	\$	\$ 15,846	15,846	10	\$ 40,921	18
19	Vehicles	38,934		3,893	3,893	5	22,700	19
20	TOTAL (lines 18 and 19)	\$ 197,394	\$	\$ 19,739	19,739		\$ 63,621	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ -	\$ -	\$ -	24

Facility Name & ID Number Robbins Supportive Living, Llc.

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2	Pa Amplifier	2004	192		20	10	10	20	2
3	Loading Dock, Patio	2004	8,464		20	423	423	846	3
4	Tile	2004	7,567		20	378	378	756	4
5	Tile	2004	132		20	7	7	14	5
6	Block Around Transformer	2004	2,700		20	135	135	270	6
7	Front Ent. Pillars	2004	1,000		20	50	50	100	7
8	Wood Doors	2004	1,093		20	55	55	110	8
9	Landscaping	2004	5,350		20	268	268	536	9
10	Tile & Doors	2004	2,774		20	139	139	278	10
11	Dining Room Flooring	2004	431		20	22	22	44	11
12	Jack Packing On Elevators	2004	3,564		20	178	178	356	12
13	Elevator Transformer	2004	10,481		20	524	524	1,048	13
14	Window Replacement	2005	4,969		20	248	248	248	14
15	Smoke Detectors	2005	15,618		20	781	781	781	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	Book Depreciation			22,270			(22,270)		33
34	TOTAL (lines 1 thru 33)		\$ 64,335	\$ 22,270		\$ 3,217	\$ (19,053)	\$ 5,406	34

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

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IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: _____

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

	1	2	3	4	5	6	
	Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building		/ /	\$			3
4	Additions		/ /				4
5	Crestwood Office		/ /	2,454			5
6			/ /				6
7	TOTAL			\$ 2,454			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ 5,803

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
		Related**				Amount of Note					
	Name of Lender	YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
A. Directly Facility Related											
Long-Term											
1	Venture Fund	X		Mortgage	/ /	\$	6,352,058	/ /		\$ 283,862	1
2					/ /			/ /			2
3					/ /			/ /			3
Working Capital											
4	S Lefkovitz	X		Developer	/ /		784,000	/ /			4
5	FEI Architects		X	Planning	/ /		106,975	/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	7,243,033			\$ 283,862	7
B. Non-Facility Related											
8	Interest Income		X		/ /			/ /		-2,989	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	7,243,033			\$ 280,873	10

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

** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2005

(last day of reporting year)

	1	2		
	Operating	After Consolidation*		
A. Current Assets				
1	Cash on Hand and in Banks	\$ 40,336	\$ 121,457	1
2	Cash-Patient Deposits	10,046	10,046	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	755,699	755,699	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	23,497	23,497	6
7	Other Prepaid Expenses	8,380	8,380	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	202,009	202,259	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,039,967	\$ 1,121,338	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		54,600	13
14	Buildings, at Historical Cost		6,775,910	14
15	Leasehold Improvements, at Historical Cost	65,917	65,917	15
16	Equipment, at Historical Cost	192,487	192,487	16
17	Accumulated Depreciation (book methods)	(126,510)	(917,033)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	592	592	19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs	(592)	(592)	20
21	Restricted Funds	1,015	1,015	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):		18,183	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 132,909	\$ 6,191,079	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,172,876	\$ 7,312,417	25

*(See instructions.)

	1	2		
	Operating	After Consolidation*		
C. Current Liabilities				
26	Accounts Payable	\$ 272,028	\$ 272,028	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	48,587	48,587	30
31	Accrued Taxes Payable	6,600	6,600	31
32	Accrued Interest Payable			32
33	Deferred Compensation	(11,544)	(11,544)	33
34	Federal and State Income Taxes	10	10	34
	Other Current Liabilities(specify):			
35				35
36	See Attached	1,348,548	1,052,225	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,664,229	\$ 1,367,906	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable		7,243,033	38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$	\$ 7,243,033	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,664,229	\$ 8,610,939	45
46	TOTAL EQUITY	\$ (491,352)	\$ (1,298,522)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,172,877	\$ 7,312,417	47

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,138,563	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 3,138,563	3
B. Other Operating Revenue			
4	Special Services	18,000	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 18,000	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	243	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 243	14
D. Other Revenue (specify):			
15	Miscellaneous Income	5	15
16	Prior Period Adjustment	(2,155)	16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ (2,150)	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,154,656	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	781,690	19
20	Health Care/ Personal Care	521,197	20
21	General Administration	581,513	21
B. Capital Expense			
22	Ownership	768,852	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 2,653,252	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 501,404	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 501,404	31