

Facility Name Robbins Supportive Living, Llc.

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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	29,570	7,027		36,597	5
6	Double Unit	1,913	454		2,367	6
7	Other					7
8	TOTALS	31,483	7,481		38,964	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.40%

D. Indicate the number of paid bed-hold days the SLF had during this year
70 Also, indicate the number of unpaid bed-hold days the SLF had during this year. N/A **(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

ACCURAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/06 Fiscal Year: 12/31/06

* 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

Facility Name: Robbins Supportive Living, Llc.

Report Period Beginning:

1/1/2006

Ending: 12/31/2006

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	150,233	198,204	1,205	349,642		349,642	1
2	Housekeeping, Laundry and Maintenance	187,964	28,152	135,708	351,824	504	352,328	2
3	Heat and Other Utilities			107,462	107,462	(14,424)	93,038	3
4	Other (specify):							4
5	TOTAL General Services	338,197	226,356	244,375	808,928	(13,920)	795,008	5
B. Health Care and Programs								
6	Health Care/ Personal Care	451,970	9,566	6,413	467,949	(2,468)	465,481	6
7	Activities and Social Services	57,007	4,854		61,861		61,861	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	508,977	14,420	6,413	529,810	(2,468)	527,342	9
C. General Administration								
10	Administrative and Clerical	203,995	11,050	178,089	393,134	(77,720)	315,414	10
11	Marketing Materials, Promotions and Advertising	2,848			2,848	(2,848)	0	11
12	Employee Benefits and Payroll Taxes			187,621	187,621		187,621	12
13	Insurance-Property, Liability and Malpractice			39,947	39,947		39,947	13
14	Other (specify):							14
15	TOTAL General Administration	206,843	11,050	405,657	623,550	(80,568)	542,982	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,054,017	251,826	656,445	1,962,288	(96,955)	1,865,333	16
Capital Expenses								
D. Ownership								
17	Depreciation			27,831	27,831	202,114	229,945	17
18	Interest			108,767	108,767	410,372	519,139	18
19	Real Estate Taxes					249,735	249,735	19
20	Rent -- Facility and Grounds			626,756	626,756	(622,333)	4,423	20
21	Rent -- Equipment			4,562	4,562		4,562	21
22	Other (specify):					733	733	22
23	TOTAL Ownership			767,916	767,916	240,621	1,008,537	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,054,017	251,826	1,424,361	2,730,204	143,666	2,873,870	24

Report Period Beginning: 1/1/2006
 Ending: 12/31/2006

Sch. V Line

NON-ALLOWABLE EXPENSES		
	Amount	Reference
1	Non-Straight Line Depreciation	\$ (44,283) 17 1
2	Phone Needs	(2,400) 69 2
3	Cable TV	(14,424) 03 3
4	Shared Marketing Wages	(2,848) 11 4
5	Advertising and Promotion	(33,512) 16 5
6	Bank Charges	(272) 10 6
7	Political Contributions	(1,000) 10 7
8	Charitable Contributions	(400) 10 8
9	Bad Debts	(39,624) 10 9
10	Franchise Tax	(500) 10 10
11	Interest Expense	(104,463) 18 11
12	Additional R&M	594 82 12
13	Interest Income	(10) 18 13
14	BLDG CO.	
15	Depreciation	246,397 17 14
16	Rental Income - Rehab Clinic Rent	(18,000) 20 15
17	Amortization Bond Costs	733 22 17
18	Interest Expense	\$19,148 18 18
19	Miscellaneous	296 19 19
20	Rental Income	(603,469) 20 20
21	R/E Taxes	249,735 19 21
22		
23	PPA Adjustments	
24	Interest	(4,303) 18 24
25	Rent Expense	(864) 20 25
26	Prof. Fees	(2,662) 10 26
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101	Total	143,666 101

Facility Name: Robbins Supportive Living, Llc.

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.89	\$ 21.88	1
2	Licensed Practical Nurses	3.47	23.55	2
3	Certified Nurse Assistants	13.52	8.59	3
4	Activity Director & Assistants	2.95	9.30	4
5	Social Service Workers			5
6	Head Cook	1.00	19.43	6
7	Cook Helpers/Assistants	6.39	8.27	7
8	Dishwashers			8
9	Maintenance Workers	2.06	13.21	9
10	Housekeepers	6.76	9.35	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.76	26.23	13
14	Clerical	5.66	9.14	14
15	Marketing	0.07	18.49	15
16	Other			16
17	Total (lines 1 thru 16)	44.54	\$ 11.38	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	\$ 14,400	1
2					2
3					3
4					4
5					5
Total				\$ 14400	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 <u>1</u>	City <u>2</u>
See Attached	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
Robbins Property, LLC	Robbins	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).

Facility Name: Robbins Supportive Living, Llc.

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ Year land was acquired

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)	\$ 967,986	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Page 5A				191,616	27,831		9,581	(18,250)	14,987	6
7	Leashold Improvements			2002	800		20	40	40	200	7
8	Leashold Improvements			2003	2,400		20	120	120	480	8
9	Landscaping			2003	9,775		20	489	489	2,444	9
10	Home Depot			2004	1,152		20	58	58	173	10
11	Room Signs			2004	831		20	42	42	125	11
12	4Th Floor Improvements			2004	603		20	30	30	90	12
13	Cabinets, Base Covers			2004	1,842		20	92	92	276	13
14	Sewage Pump, Flooring			2004	2,816		20	141	141	423	14
15	Sewage Pump			2004	653		20	33	33	98	15
16	Doors, Mirrors			2004	2,243		20	112	112	336	16
17	TOTAL (lines 1 thru 16)				\$ 6,990,641	\$ 274,228		\$ 204,334	\$ (69,894)	\$ 987,618	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	\$ 178,251	\$	\$ 17,825	17,825	10	\$ 58,746	18
19	Vehicles	38,934		7,787	7,787	5	30,487	19
20	TOTAL (lines 18 and 19)	\$ 217,185	\$	\$ 25,612	25,612		\$ 89,233	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.

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

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	10
	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	29	2
3	Loading Dock, Patio	2004	8,464		20	423	423	1,269	3
4	Tile	2004	7,567		20	378	378	1,135	4
5	Tile	2004	132		20	7	7	20	5
6	Block Around Transformer	2004	2,700		20	135	135	405	6
7	Front Ent. Pillars	2004	1,000		20	50	50	150	7
8	Wood Doors	2004	1,093		20	55	55	164	8
9	Landscaping	2004	5,350		20	268	268	803	9
10	Tile & Doors	2004	2,774		20	139	139	416	10
11	Dining Room Flooring	2004	431		20	22	22	65	11
12	Jack Packing On Elevators	2004	3,564		20	178	178	534	12
13	Elevator Transformer	2004	10,481		20	524	524	1,572	13
14	Window Replacement	2005	4,969		20	248	248	497	14
15	Smoke Detectors	2005	15,618		20	781	781	1,562	15
16	Phone System	2006	4,072		20	204	204	204	16
17	Flooring	2006	1,518		20	76	76	76	17
18	Renovation/ Front Entrance	2006	4,695		20	235	235	235	18
19	Paint/Ceramic Tile Replace/Wall Covering	2006	6,445		20	322	322	322	19
20	Install Cameras/20" Lcd Monitor/	2006	6,743		20	337	337	337	20
21	Renovation/Hallway/Paint/	2006	3,434		20	172	172	172	21
22	Renovation/Paint/Elect. Panel/Caulk/Labor/	2006	3,495		20	175	175	175	22
23	Cove Base/Wood Putty Labor 3Rd Floor Repalcement	2006	2,690		20	135	135	135	23
24	Security System	2006	4,236		20	212	212	212	24
25	Closet Door	2006	696		20	35	35	35	25
26	Pull Wire Nurse Call/Power Supply	2006	1,544		20	77	77	77	26
27	Install Nurse Calls/Wiremold Boxes/Lights For Annunciator	2006	1,116		20	56	56	56	27
28	Scarpe Loose Paint/Sand Floor/Paint//Anti-Slip Basement/	2006	1,717		20	86	86	86	28
29	Relocate Nurses Call System/4Th Floor/Repair	2006	994		20	50	50	50	29
30	Install New Kitchen Exhaust Fan Motor/Belt	2006	971		20	49	49	49	30
31	Remodel Room 326 & 327/Install Ninyl Ceramic/New Cabinet/	2006	3,993		20	200	200	200	31
32	Material Wall Cabinets/& Doors/Grout/Vinyl Cove Base	2006	2,458		20	123	123	123	32
33	White Vinal Door/Amana Ptac/	2006	2,606		20	130	130	130	33
34	TOTAL (lines 1 thru 33)		\$ 117,758	\$		\$ 5,888	\$ 5,888	\$ 11,294	34

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

Facility Name & ID Number Robbins Supportive Living, Llc.

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1								1	
2	2006	1,864		20	93	93	93	2	
3	2006	2,406		20	120	120	120	3	
4	2006	829		20	41	41	41	4	
5	2006	638		20	32	32	32	5	
6	2006	68,121		20	3,406	3,406	3,406	6	
7								7	
8								8	
9								9	
10								10	
11								11	
12								12	
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27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (lines 1 thru 33)				\$ 73,858	\$ 3,693	\$ 3,693	\$ 3,693	34

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

Facility Name & ID Number Robbins Supportive Living, Llc.

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
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21								21
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25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

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

Facility Name: Robbins Supportive Living, Llc.

Report Period Beginning: 1/1/2006

Ending: 2/31/2006

IX. RENTAL COSTS

A. Building and Fixed Equipment

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? 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		/ /	4,424			5
6			/ /				6
7	TOTAL			\$ 4,424			7

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

9. Rental amount for movable equipment \$ 4,561

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		
		Name of Lender	Related**			Purpose of Loan	Date of Note					Amount of Note
		YES	NO			Original	Balance					
A. Directly Facility Related Long-Term												
1	Venture Fund	X		Mortgage	/ /	\$	6,446,309				\$ 519,148	1
2					/ /			/ /				2
3					/ /			/ /				3
Working Capital												
4	S Lefkovits	X		Developer	/ /		784,000	/ /				4
5	FEI Architects		X	Planning	/ /		106,975	/ /				5
6					/ /			/ /				6
7	TOTAL Facility Related					\$	7,337,284				\$ 519,148	7
B. Non-Facility Related												
8	Interest Income				/ /			/ /			(10)	8
9					/ /			/ /				9
10	TOTALS (lines 7, 8 and 9)					\$	7,337,284				\$ 519,138	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.

Facility Name: **Robbins Supportive Living, Llc.**Report Period Beginning: **1/1/2006**Ending: **12/31/2006****12/31/2006****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2006**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 10,311	\$ 17,527	1
2	Cash-Patient Deposits	3,440	3,440	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,284,060	1,284,060	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	35,305	35,305	6
7	Other Prepaid Expenses	1,999	1,999	7
8	Accounts Receivable (owners or related parties)	641,005	641,005	8
9	Other(specify): See Attached	2,200	2,200	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,978,320	\$ 1,985,536	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost		6,775,910	14
15	Leasehold Improvements, at Historical Cost	70,611	70,611	15
16	Equipment, at Historical Cost	234,318	234,318	16
17	Accumulated Depreciation (book methods)	(159,625)	(1,196,545)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	13,247	13,247	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):		17,449	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 158,551	\$ 5,914,990	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,136,871	\$ 7,900,526	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 635,134	\$ 635,134	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	57,107	57,107	30
31	Accrued Taxes Payable	9,346	9,346	31
32	Accrued Interest Payable			32
33	Deferred Compensation	2,463	2,463	33
34	Federal and State Income Taxes			34
Other Current Liabilities(specify):				
35				35
36	See Attached	2,021,569	1,718,074	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,725,619	\$ 2,422,124	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable		7,337,284	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)	\$	\$ 7,337,284	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,725,619	\$ 9,759,408	45
46	TOTAL EQUITY	\$ (588,748)	\$ (1,858,882)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,136,871	\$ 7,900,526	47

*(See instructions.)

Facility Name **Robbins Supportive Living, Llc.**Report Period Beginning: **1/1/2006**

Ending:

12/31/2006**Supplemental Schedule of Other Assets and Liabilities**

Other Current Assets:		Operating	After Consolidation	Other Current Liabilities		Operating	After Consolidation
09A	1128.0 · Ee Loans & Adv & Wage Assign	2,200	2,200	36A	1232.0 · Advance - Robbins Property	187,477	187,477
09B		-	-	36B	1244.0 · Due Venture Fund	1,834,092	1,834,092
09C		-	-	36C		-	-
09D		-	-	36D		-	-
09E		-	-	36E	Adv- Robbins Supp Living	-	(303,495)
09F		-	-	36F		-	-
09G		-	-	36G		-	-
09H		-	-	36H		-	-
09I		-	-	36I		-	-
09J		-	-	36J		-	-
		<u>2,200</u>	<u>2,200</u>			<u>2,021,569</u>	<u>1,718,074</u>
Other Non-Current Assets:		Operating	After Consolidation	Other Non-Current Liabilities		Operating	After Consolidation
23A		-	-	43A		-	-
23B		-	-	43B		-	-
23C		-	-	43C		-	-
23D		-	-	43D		-	-
23E		-	-	43E		-	-
23F		-	-	43F		-	-
23G		-	-	43G		-	-
23H		-	-	43H		-	-
23I		-	-	43I		-	-
23J		-	-	43J		-	-
		<u>-</u>	<u>-</u>			<u>-</u>	<u>-</u>

Facility Name: Robbins Supportive Living, LLC.

Report Period Beginning: 1/1/2006

Ending:

12/31/2006

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	\$ 3,197,436	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,197,436	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
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 18,000	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	10	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 10	14
D. Other Revenue (specify):			
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,215,446	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	808,928	19
20	Health Care/ Personal Care	529,810	20
21	General Administration	623,550	21
B. Capital Expense			
22	Ownership	767,916	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 2,730,204	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 485,242	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 485,242	31

Facility Name Robbins Supportive Living, Llc.

Report Period Beginning: 1/1/2006

Ending: 12/31/2006

Supplemental Schedule of Other Revenue & Expense

- 15A
- 15B
- 15C
- 15D
- 15E
- 15F
- 15G
- 15H
- 15I
- 15J
- 15K
- 15L
- 15M
- 15N
- 15O
- 15P
- 15Q
- 15R
- 15S

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