

		FOR BHF USE			

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Supportive Living Facility

**2008
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2008)**

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p>I.</p> <p>Facility Name: <u>Robbins Supportive Living</u></p> <p>Address: <u>13820 Utica Avenue</u> <u>Robbins</u> <u>60672</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 389-7140</u> Fax # _____</p> <p>Federal Employer ID Number: <u>36-4373680</u></p> <p>Date Current Owners were Certified: <u>9/30/2002</u></p> <p>Type of Ownership:</p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236 - 1111</u> Email Address: <u>slavenda@fronline.com</u></p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2008</u> to <u>12/31/2008</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1"> <tr> <td rowspan="2">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) _____</td> <td>(Title) _____</td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) <u>Jeff Singer, C.P.A.</u></td> <td></td> </tr> <tr> <td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td>(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></td> <td></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____	(Title) _____	Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) <u>Jeff Singer, C.P.A.</u>		(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>		(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>	
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Facility Name Robbins Supportive LivingReport Period Beginning: 1/1/2008 Ending: 12/31/2008

III. STATISTICAL DATA

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

Date of change in certified units N/A

	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	103	Single Unit Apartment	103	37,698	1
2	25	Double Unit Apartment	25	9,150	2
3		Other			3
4	128	TOTALS	128	46,848	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	31,765	1,156		32,921	5
6	Double Unit	2,516	274		2,790	6
7	Other					7
8	TOTALS	34,281	1,430		35,711	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 76.23%D. Indicate the number of paid bed-hold days the SLF had during this year 344 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 77 (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 NOTax Year: 12/31/08 Fiscal Year: 12/31/08

* 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 therequired payments of interest and principle? N/AIf no, explain. N/AK. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of therequired payments of interest and principle? N/AIf no, explain. N/AL. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facilitymake all of the required payments of interest and principle? N/AIf no, explain. N/A

Facility Name: Robbins Supportive Living

Report Period Beginning:

1/1/2008

Ending: 12/31/2008

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	191,008	210,799	1,287	403,094		403,094	1
2	Housekeeping, Laundry and Maintenance	189,312	44,910	512,968	747,190	(408,982)	338,208	2
3	Heat and Other Utilities			143,791	143,791	(15,482)	128,309	3
4	Other (specify):							4
5	TOTAL General Services	380,320	255,709	658,046	1,294,075	(424,464)	869,611	5
B. Health Care and Programs								
6	Health Care/ Personal Care	484,397	10,527	4,225	499,149		499,149	6
7	Activities and Social Services	93,360	10,518		103,878		103,878	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	577,757	21,045	4,225	603,027		603,027	9
C. General Administration								
10	Administrative and Clerical	110,709	12,080	497,078	619,867	(280,135)	339,732	10
11	Marketing Materials, Promotions and Advertising	26,916		35,858	62,774	9,162	71,936	11
12	Employee Benefits and Payroll Taxes			205,149	205,149		205,149	12
13	Insurance-Property, Liability and Malpractice			10,263	10,263	120	10,383	13
14	Other (specify):					20,253	20,253	14
15	TOTAL General Administration	137,625	12,080	748,348	898,053	(250,600)	647,453	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,095,702	288,834	1,410,619	2,795,155	(675,064)	2,120,091	16
Capital Expenses								
D. Ownership								
17	Depreciation			31,347	31,347	213,468	244,815	17
18	Interest			202,731	202,731	203,319	406,050	18
19	Real Estate Taxes					225,946	225,946	19
20	Rent -- Facility and Grounds			642,164	642,164	(637,474)	4,690	20
21	Rent -- Equipment			3,277	3,277	2,097	5,374	21
22	Other (specify):							22
23	TOTAL Ownership			879,519	879,519	7,356	886,875	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,095,702	288,834	2,290,138	3,674,674	(667,708)	3,006,966	24

Facility Name: Robbins Supportive Living

Report Period Beginning: 1/1/2008 Ending: 12/31/2008

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.96	\$ 23.99	1
2	Licensed Practical Nurses	4.09	21.60	2
3	Certified Nurse Assistants	13.44	9.05	3
4	Activity Director & Assistants	2.85	12.39	4
5	Social Service Workers	0.93	10.37	5
6	Head Cook	0.99	21.31	6
7	Cook Helpers/Assistants	7.98	8.88	7
8	Dishwashers			8
9	Maintenance Workers	2.71	12.89	9
10	Housekeepers	6.35	8.85	10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.73	29.86	13
14	Clerical	2.28	13.83	14
15	Marketing	0.42	31.15	15
16	Other			16
17	Total (lines 1 thru 16)	43.69	\$ 12.06	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				\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	Management Fees - Lef Construction	\$ 48,000 1
2		
Total		\$ 48,000 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

Report Period Beginning: 1/1/2008

Ending: 12/31/2008

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	128		2002	2002	\$ 6,775,910	\$ 246,397	35	\$ 193,597	\$ (52,799)	\$ 1,108,050	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				588,941	31,347		24,644	(6,703)	51,483	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,364,851	\$ 277,744		\$ 218,241	\$ (59,502)	\$ 1,159,533	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	\$ 241,909	\$	\$ 22,497	22,497	10	\$ 85,776	18
19	Vehicles	38,934		4,076	4,076	5	36,435	19
20	TOTAL (lines 18 and 19)	\$ 280,843	\$	\$ 26,573	26,573		\$ 122,211	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

Report Period Beginning:

1/1/2008

Ending:

12/31/2008

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	2002	800		20	40	40	280	3
4	2003	2,400		20	120	120	720	4
5	2003	9,775		20	489	489	2,933	5
6	2004	1,152		20	58	58	288	6
7	2004	831		20	42	42	208	7
8	2004	603		20	30	30	151	8
9	2004	1,842		20	92	92	461	9
10	2004	2,816		20	141	141	704	10
11	2004	653		20	33	33	163	11
12	2004	2,243		20	112	112	561	12
13	2004	192		20	10	10	48	13
14	2004	8,464		20	423	423	2,116	14
15	2004	7,567		20	378	378	1,892	15
16	2004	132		20	7	7	33	16
17	2004	2,700		20	135	135	675	17
18	2004	1,000		20	50	50	250	18
19	2004	1,093		20	55	55	273	19
20	2004	5,350		20	268	268	1,338	20
21	2004	2,774		20	139	139	694	21
22	2004	431		20	22	22	108	22
23	2004	3,564		20	178	178	891	23
24	2004	10,481		20	524	524	2,620	24
25	2005	4,969		20	248	248	994	25
26	2005	15,618		20	781	781	3,059	26
27	2006	4,072		20	204	204	560	27
28	2006	1,518		20	76	76	215	28
29	2006	4,695		20	235	235	665	29
30	2006	6,445		20	322	322	913	30
31	2006	6,743		20	337	337	955	31
32	2006	3,434		20	172	172	472	32
33	2006	3,495		20	175	175	481	33
34	TOTAL (lines 1 thru 33)	\$ 117,852	\$		\$ 5,896	\$ 5,896	\$ 25,721	34

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

Facility Name & ID Number Robbins Supportive Living

Report Period Beginning:

1/1/2008

Ending:

12/31/2008

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	<u>Cove Base/Wood Putty Labor 3Rd Floor Replcement</u>	2006	2,690		20	135	135	359	2
3	<u>Security System</u>	2006	4,236		20	212	212	565	3
4	<u>Closet Door</u>	2006	696		20	35	35	84	4
5	<u>Pull Wire Nurse Call/Power Supply</u>	2006	1,544		20	77	77	180	5
6	<u>Install Nurse Calls/Wiremold Boxes/Lights For Annunciator</u>	2006	1,116		20	56	56	130	6
7	<u>Scarpe Loose Paint/Sand Floor/Paint//Anti-Slip Basement/</u>	2006	1,717		20	86	86	200	7
8	<u>Relocate Nurses Call System/4Th Floor/Repair</u>	2006	994		20	50	50	116	8
9	<u>Install New Kitchen Exhaust Fan Motor/Belt</u>	2006	971		20	49	49	109	9
10	<u>Remodel Room 326 & 327/Install Ninyl Ceramic/New Cabinet/</u>	2006	3,993		20	200	200	449	10
11	<u>Material Wall Cabinets/& Doors/Grout/Vinyl Cove Base</u>	2006	2,458		20	123	123	277	11
12	<u>White Vinal Door/Amana Ptac/</u>	2006	2,606		20	130	130	282	12
13	<u>Remodeled Room 424</u>	2006	1,864		20	93	93	202	13
14	<u>Install 11-120 Volt Carbon Monoxide Detectors</u>	2006	2,406		20	120	120	251	14
15	<u>Install New Bulbs./Install New Light Fixtures</u>	2006	829		20	41	41	86	15
16	<u>Clogged Floor Drain In Basement/Valve Stuck/Grease Build</u>	2006	638		20	32	32	66	16
17	<u>Various Flooring Replacement</u>	2006	68,121		20	3,406	3,406	7,096	17
18	<u>2 New Gas Heaters</u>	2007	10,011		20	1,001	1,001	1,919	18
19	<u>Custom Banner</u>	2007	1,150		20	115	115	201	19
20	<u>Room Signs</u>	2007	4,524		20	226	226	358	20
21	<u>Wall Cabinets</u>	2007	2,581		20	129	129	215	21
22	<u>Teknoflor Flooring</u>	2007	7,031		20	352	352	498	22
23	<u>Paint Work</u>	2007	9,280		20	464	464	503	23
24	<u>Flooring</u>	2007	7,528		20	376	376	376	24
25	<u>Replacement Nurse Call System</u>	2008	2,243		20	65	65	65	25
26	<u>Repair, Rewire Alarm Horn; New Electrical Wiring; Light Fixtures</u>	2008	2,250		20	75	75	75	26
27	<u>Elevator Pump & Oil Line & Water Sensor</u>	2008	5,657		20	212	212	212	27
28	<u>Nurse Call Materials</u>	2008	3,107		20	65	65	65	28
29	<u>Electrical Work</u>	2008	4,000		20	200	200	200	29
30	<u>Painters</u>	2008	4,640		20	232	232	232	30
31	<u>Video Security System</u>	2008	27,266		20	568	568	568	31
32	<u>Flooring</u>	2008	12,129		20	51	51	51	32
33	<u>Flooring</u>	2008	10,747		20	45	45	45	33
34	TOTAL (lines 1 thru 33)		\$ 211,023	\$		\$ 9,021	\$ 9,021	\$ 16,035	34

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

Facility Name & ID Number Robbins Supportive Living

Report Period Beginning: 1/1/2008 Ending: 12/31/2008

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	Flooring	2008	2,858	20	71	71	71	2
3	Flooring	2008	12,129	20	303	303	303	3
4	Flooring	2008	18,323	20	840	840	840	4
5	Flooring	2008	16,979	20	707	707	707	5
6	Flooring	2008	8,787	20	366	366	366	6
7	Flooring	2008	8,022	20	301	301	301	7
8	Flooring	2008	1,806	20	45	45	45	8
9	Flooring	2008	12,129	20	253	253	253	9
10	Electrical Outlets	2008	3,000	20	63	63	63	10
11	Flooring	2008	14,280	20	595	595	595	11
12	Flooring	2008	19,661	20	901	901	901	12
13	Flooring	2008	11,394	20	522	522	522	13
14	Flooring	2008	19,678	20	984	984	984	14
15	Flooring	2008	43,422	20	1,990	1,990	1,990	15
16	Flooring	2008	16,866	20	703	703	703	16
17	Flooring	2008	7,658	20	287	287	287	17
18	Main Sewer Replacement	2008	4,700	20	39	39	39	18
19	Flooring	2008	9,116	20	380	380	380	19
20	Complete Excavation	2008	11,500	20	96	96	96	20
21	Elevator Repair	2008	14,366	20	239	239	239	21
22	Elevator Repair	2008	3,393	20	42	42	42	22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32	Total Book Depreciation				31,347		(31,347)	32
33								33
34	TOTAL (lines 1 thru 33)		\$ 260,066	\$ 31,347		\$ 9,727	\$ (21,620)	\$ 9,727 34

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

Facility Name: Robbins Supportive Living

Report Period Beginning: 1/1/2008

Ending: 2/31/2008

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	Alloc. From Mang. Office			/ /	4,690			5
6				/ /				6
7	TOTAL				\$ 4,690			7

8. Is movable equipment rental included in building rental?

 YES NO9. Rental amount for movable equipment \$ 5,374

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		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		YES	NO			Original	Balance			
	A. Directly Facility Related Long-Term									
1	Venture Fund	X		Mortgage	/ /	\$	\$ 5,328,432	/ /		\$ 419,550
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4	Venture Fund LLC	X		Note Payable	/ /		1,188,877	/ /		202,731
5	S Lefkovitz	X		Developer	/ /		784,000	/ /		
6	FEI Architects		X	Planning	/ /		106,975	/ /		
7	TOTAL Facility Related					\$	\$ 7,408,284			\$ 622,281
	B. Non-Facility Related									
8	Other Income				/ /			/ /		-13,500
9	Non-allowable Interest				/ /			/ /		-202,731
10	TOTALS (lines 7, 8 and 9)					\$	\$ 7,408,284			\$ 406,050

* 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**Report Period Beginning: **1/1/2008**Ending: **12/31/2008****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/08**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 168,200	\$ 222,596	1
2	Cash-Patient Deposits	11,406	11,406	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,939,991	1,939,991	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	24,543	24,543	6
7	Other Prepaid Expenses	7,197	7,197	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	92,561	280,038	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,243,898	\$ 2,485,771	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	79,252	79,252	15
16	Equipment, at Historical Cost	322,301	322,301	16
17	Accumulated Depreciation (book methods)	(211,479)	(1,741,192)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(4,187)	20
21	Restricted Funds	14,102	14,102	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):		20,169	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 204,176	\$ 5,520,955	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,448,074	\$ 8,006,726	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 3,904,644	\$ 3,904,644	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	81,504	81,504	30
31	Accrued Taxes Payable	19,473	19,473	31
32	Accrued Interest Payable			32
33	Deferred Compensation	1,929	1,929	33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	187,477	187,477	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 4,195,027	\$ 4,195,027	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable		7,408,284	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)	\$	\$ 7,408,284	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,195,027	\$ 11,603,311	45
46	TOTAL EQUITY	\$ (1,746,953)	\$ (3,596,585)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,448,074	\$ 8,006,726	47

*(See instructions.)

Facility Name: Robbins Supportive Living

Report Period Beginning: 1/1/2008

Ending:

12/31/2008

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	\$ 3,098,190	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,098,190	3
B. Other Operating Revenue			
4	Special Services		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)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15	See Attached	13,500	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 13,500	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,111,690	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,294,075	19
20	Health Care/ Personal Care	603,027	20
21	General Administration	898,053	21
B. Capital Expense			
22	Ownership	879,519	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)	\$ 3,674,674	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (562,984)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (562,984)	31

