

		FOR BHF USE			

LL2

Supportive Living Facility

**2009
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2009)**

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.

I.

Facility Name: Robbins Supportive Living

Address: 13820 Utica Avenue Robbins 60472
Number City Zip Code

County: Cook

Telephone Number: (708) 389-7140 Fax # _____

Federal Employer ID Number: 36-4373680

Date Current Owners were Certified: 9/30/2002

Type of Ownership:

<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 _____	

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2009 to 12/31/2009 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) _____ (Date) _____

(Type or Print Name) _____

(Title) _____

Paid Preparer

(Signed) _____ (Date) _____

(Print Name and Title) Jeff Singer, C.P.A.

(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfungsten Road, Suite 300 Deerfield, IL 60015

(Telephone) (847) 236-1111 Fax (847) 236-1155

In the event there are further questions about this report, please contact:
Name: Steve Lavenda Telephone Number: (847) 236 - 1111
Email Address: slavenda@frronline.com

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

Facility Name Robbins Supportive Living, Llc.

Report Period Beginning: 1/1/2009 Ending: 12/31/2009

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	37,595	1
2	25	Double Unit Apartment	25	9,125	2
3		Other			3
4	128	TOTALS	128	46,720	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	30,379	1,614		31,993	5
6	Double Unit					6
7	Other					7
8	TOTALS	30,379	1,614		31,993	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 68.48%

D. Indicate the number of paid bed-hold days the SLF had during this year
536 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 39 (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: 12/31/09 Fiscal Year: 12/31/09

* 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. N/A

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:

1/1/2009

Ending: 12/31/2009

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	189,541	186,566	701	376,808		376,808	1
2	Housekeeping, Laundry and Maintenance	173,150	58,548	174,060	405,758	(11,676)	394,082	2
3	Heat and Other Utilities			134,118	134,118	(16,137)	117,981	3
4	Other (specify):							4
5	TOTAL General Services	362,691	245,114	308,879	916,684	(27,813)	888,871	5
B. Health Care and Programs								
6	Health Care/ Personal Care	505,500	16,000	3,338	524,838		524,838	6
7	Activities and Social Services	82,332	6,974		89,306		89,306	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	587,832	22,974	3,338	614,144		614,144	9
C. General Administration								
10	Administrative and Clerical	171,957	7,897	437,832	617,686	(178,243)	439,443	10
11	Marketing Materials, Promotions and Advertising	39,503		50,562	90,065	(1,929)	88,136	11
12	Employee Benefits and Payroll Taxes			230,455	230,455	(299)	230,156	12
13	Insurance-Property, Liability and Malpractice			23,537	23,537	120	23,657	13
14	Other (specify):					30,926	30,926	14
15	TOTAL General Administration	211,460	7,897	742,386	961,743	(149,425)	812,318	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,161,983	275,985	1,054,603	2,492,571	(177,238)	2,315,333	16
Capital Expenses								
D. Ownership								
17	Depreciation			29,806	29,806	27,133	56,939	17
18	Interest			176,720	176,720	161,120	337,840	18
19	Real Estate Taxes					179,967	179,967	19
20	Rent -- Facility and Grounds			588,182	588,182	(582,944)	5,238	20
21	Rent -- Equipment			3,832	3,832	2,506	6,338	21
22	Other (specify):							22
23	TOTAL Ownership			798,540	798,540	(212,218)	586,322	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,161,983	275,985	1,853,143	3,291,111	(389,456)	2,901,655	24

Facility Name: Robbins Supportive Living, Llc.

Report Period Beginning 1/1/2009 Ending: 12/31/2009

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.87	\$ 24.57	1
2	Licensed Practical Nurses	5.12	21.35	2
3	Certified Nurse Assistants	11.80	9.52	3
4	Activity Director & Assistants	2.96	13.36	4
5	Social Service Workers			5
6	Head Cook	0.77	22.50	6
7	Cook Helpers/Assistants	8.04	9.17	7
8	Dishwashers			8
9	Maintenance Workers	1.93	13.08	9
10	Housekeepers	6.22	9.31	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.24	27.98	13
14	Clerical	4.01	11.94	14
15	Marketing	0.86	22.08	15
16	Other			16
17	Total (lines 1 thru 16)	43.83	\$ 12.74	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	\$	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		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:

1/1/2009

Ending:

12/31/2009

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	\$	35	\$	\$	\$	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				617,441	29,806		31,080	1,274	82,686	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)				\$ 7,393,351	\$ 29,806		\$ 31,080	\$ 1,274	\$ 82,686	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	\$	\$ 24,193	24,193	10	\$ 109,971	18
19	Vehicles	38,934		1,666	1,666	5	38,101	19
20	TOTAL (lines 18 and 19)	\$ 280,843	\$	\$ 25,859	25,859		\$ 148,072	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:

1/1/2009

Ending:

12/31/2009

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	Leashold Improvements	2002	800		20	40	40	320	2
3	Leashold Improvements	2003	2,400		20	120	120	840	3
4	Landscaping	2003	9,775		20	489	489	3,421	4
5	Home Depot	2004	1,152		20	58	58	346	5
6	Room Signs	2004	831		20	42	42	249	6
7	4Th Floor Improvements	2004	603		20	30	30	181	7
8	Cabinets, Base Covers	2004	1,842		20	92	92	553	8
9	Sewage Pump, Flooring	2004	2,816		20	141	141	845	9
10	Sevage Pump	2004	653		20	33	33	196	10
11	Doors, Mirrors	2004	2,243		20	112	112	673	11
12	Pa Amplifier	2004	192		20	10	10	58	12
13	Loading Dock, Patio	2004	8,464		20	423	423	2,539	13
14	Tile	2004	7,567		20	378	378	2,270	14
15	Tile	2004	132		20	7	7	40	15
16	Block Around Transformer	2004	2,700		20	135	135	810	16
17	Front Ent. Pillars	2004	1,000		20	50	50	300	17
18	Wood Doors	2004	1,093		20	55	55	328	18
19	Landscaping	2004	5,350		20	268	268	1,605	19
20	Tile & Doors	2004	2,774		20	139	139	832	20
21	Dining Room Flooring	2004	431		20	22	22	129	21
22	Jack Packing On Elevators	2004	3,564		20	178	178	1,069	22
23	Elevator Transformer	2004	10,481		20	524	524	3,144	23
24	Window Replacement	2005	4,969		20	248	248	1,242	24
25	Smoke Detectors	2005	15,618		20	781	781	3,839	25
26	Phone System	2006	4,072		20	204	204	764	26
27	Flooring	2006	1,518		20	76	76	291	27
28	Renovation/ Front Entrance	2006	4,695		20	235	235	900	28
29	Paint/Ceramic Tile Replace/Wall Covering	2006	6,445		20	322	322	1,235	29
30	Install Cameras/20" Lcd Monitor/	2006	6,743		20	337	337	1,292	30
31	Renovation/Hallway/Paint/	2006	3,434		20	172	172	644	31
32	Renovation/Paint/Elect. Panel/Caulk/Labor/	2006	3,495		20	175	175	655	32
33	Cove Base/Wood Putty Labor 3Rd Floor Replcement	2006	2,690		20	135	135	493	33
34	TOTAL (lines 1 thru 33)		\$ 120,542	\$		\$ 6,031	\$ 6,031	\$ 32,103	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:

1/1/2009

Ending:

12/31/2009

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	<u>Security System</u>	2006	4,236		20	212	212	777	2
3	<u>Closet Door</u>	2006	696		20	35	35	119	3
4	<u>Pull Wire Nurse Call/Power Supply</u>	2006	1,544		20	77	77	257	4
5	<u>Install Nurse Calls/Wiremold Boxes/Lights For Annunciator</u>	2006	1,116		20	56	56	186	5
6	<u>Scarpe Loose Paint/Sand Floor/Paint//Anti-Slip Basement/</u>	2006	1,717		20	86	86	286	6
7	<u>Relocate Nurses Call System/4Th Floor/Repair</u>	2006	994		20	50	50	166	7
8	<u>Install New Kitchen Exhaust Fan Motor/Belt</u>	2006	971		20	49	49	158	8
9	<u>Remodel Room 326 & 327/Install Ninyl Ceramic/New Cabinet/</u>	2006	3,993		20	200	200	649	9
10	<u>Material Wall Cabinets/& Doors/Grout/Vinyl Cove Base</u>	2006	2,458		20	123	123	399	10
11	<u>White Vinal Door/Amana Ptac/</u>	2006	2,606		20	130	130	413	11
12	<u>Remodeled Room 424</u>	2006	1,864		20	93	93	295	12
13	<u>Install 11-120 Volt Carbon Monoxide Detectors</u>	2006	2,406		20	120	120	371	13
14	<u>Install New Bulbs./Install New Light Fixtures</u>	2006	829		20	41	41	128	14
15	<u>Clogged Floor Drain In Basement/Valve Stuck/Grease Build</u>	2006	638		20	32	32	98	15
16	<u>Various Flooring Replacement</u>	2006	68,121		20	3,406	3,406	10,502	16
17	<u>2 New Gas Heaters</u>	2007	10,011		20	1,001	1,001	2,920	17
18	<u>Custom Banner</u>	2007	1,150		20	115	115	316	18
19	<u>Room Signs</u>	2007	4,524		20	226	226	584	19
20	<u>Wall Cabinets</u>	2007	2,581		20	129	129	344	20
21	<u>Teknoflor Flooring</u>	2007	7,031		20	352	352	850	21
22	<u>Paint Work</u>	2007	9,280		20	464	464	967	22
23	<u>Flooring</u>	2007	7,528		20	376	376	784	23
24	<u>Flooring</u>	2007	11,394		20	570	570	1,187	24
25	<u>Replacement Nurse Call System</u>	2008	2,243		20	112	112	178	25
26	<u>Repair, Rewire Alarm Horn; New Electrical Wiring; Light Fixtures</u>	2008	2,250		20	113	113	188	26
27	<u>Elevator Pump & Oil Line & Water Sensor</u>	2008	5,657		20	283	283	495	27
28	<u>Nurse Call Materials</u>	2008	3,107		20	155	155	220	28
29	<u>Electrical Work</u>	2008	4,000		20	200	200	400	29
30	<u>Painters</u>	2008	4,640		20	232	232	464	30
31	<u>Video Security System</u>	2008	27,266		20	1,363	1,363	1,931	31
32	<u>Flooring</u>	2008	12,129		20	606	606	657	32
33	<u>Flooring</u>	2008	10,747		20	537	537	582	33
34	TOTAL (lines 1 thru 33)		\$ 219,727	\$		\$ 11,544	\$ 11,544	\$ 27,871	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:

1/1/2009

Ending:

12/31/2009

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	Flooring	2008	2,858		20	143	143	214	2
3	Flooring	2008	12,129		20	606	606	910	3
4	Flooring	2008	18,323		20	916	916	1,756	4
5	Flooring	2008	16,979		20	849	849	1,556	5
6	Flooring	2008	8,787		20	439	439	805	6
7	Flooring	2008	8,022		20	401	401	702	7
8	Flooring	2008	1,806		20	90	90	135	8
9	Flooring	2008	12,129		20	606	606	859	9
10	Electrical Outlets	2008	3,000		20	150	150	213	10
11	Flooring	2008	14,280		20	714	714	1,309	11
12	Flooring	2008	19,661		20	983	983	1,884	12
13	Flooring	2008	19,678		20	984	984	1,968	13
14	Flooring	2008	43,422		20	2,171	2,171	4,161	14
15	Flooring	2008	16,866		20	843	843	1,546	15
16	Flooring	2008	7,658		20	383	383	670	16
17	Main Sewer Replacement	2008	4,700		20	235	235	274	17
18	Flooring	2008	9,116		20	456	456	836	18
19	Complete Excavation	2008	11,500		20	575	575	671	19
20	Elevator Repair	2008	14,366		20	718	718	958	20
21	Elevator Repair	2008	3,393		20	170	170	212	21
22	Frame And Door	2009	5,934		20	223	223	223	22
23	Ejector Pump And Piping	2009	5,600		20	163	163	163	23
24	Light Fixtures Around Building	2009	8,100		20	405	405	405	24
25	Readjust Door, Wall Work	2009	2,880		20	132	132	132	25
26	Roof Work	2009	5,985		20	150	150	150	26
27									27
28									28
29									29
30									30
31									31
32	Depreciation			29,806			(29,806)		32
33									33
34	TOTAL (lines 1 thru 33)		\$ 277,172	\$ 29,806		\$ 13,505	\$ (16,301)	\$ 22,712	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: 1/1/2009

Ending: 2/31/2009

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5	Alloc. From Mang Office			/ /	5,238			5
6				/ /				6
7	TOTAL				\$ 5,238			7

8. Is movable equipment rental included in building rental?

 YES NO9. Rental amount for movable equipment \$ 6,338

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 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Venture Fund	X		Mortgage	/ /	\$	5,228,432	/ /		\$ 339,792	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Venture Fund LLC	X		Note Payable	/ /		1,264,877	/ /		176,720	4
5	S Lefkovitz	X		Develpor	/ /		784,000	/ /			5
6	FEI Architects		X	Planning	/ /		106,975	/ /			6
7	TOTAL Facility Related					\$	7,384,284			\$ 516,512	7
	B. Non-Facility Related										
8	Non-allowable Interest				/ /			/ /		-176,720	8
9	Interest Income				/ /			/ /		-1,952	9
10	TOTALS (lines 7, 8 and 9)					\$	7,384,284			\$ 337,840	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: **1/1/2009**

Ending:

12/31/2009**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/09**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 60,430	\$ 54,336	1
2	Cash-Patient Deposits	115	115	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	336,321	336,321	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	41,620	41,620	6
7	Other Prepaid Expenses	2,444	2,444	7
8	Accounts Receivable (owners or related parties)	1,443,411	1,443,411	8
9	Other(specify): See Attached	44,811	252,288	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,929,152	\$ 2,130,535	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	70,612	70,612	15
16	Equipment, at Historical Cost	304,003	304,003	16
17	Accumulated Depreciation (book methods)	(269,993)	(1,799,706)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(4,187)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	15,002	35,171	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 119,624	\$ 5,436,403	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,048,776	\$ 7,566,938	25

*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 497,906	\$ 497,906	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	25,701	25,701	30
31	Accrued Taxes Payable	28,411	28,411	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	3,674,721	3,674,721	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 4,226,739	\$ 4,226,739	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable		7,384,284	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)	\$	\$ 7,384,284	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,226,739	\$ 11,611,023	45
46	TOTAL EQUITY	\$ (2,177,963)	\$ (4,044,085)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,048,776	\$ 7,566,938	47

Facility Name: Robbins Supportive Living, Llc.

Report Period Beginning: 1/1/2009

Ending:

12/31/2009

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	\$ 2,960,585	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 2,960,585	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
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,952	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 1,952	14
D. Other Revenue (specify):			
15			15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 2,962,537	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	916,684	19
20	Health Care/ Personal Care	614,144	20
21	General Administration	961,743	21
B. Capital Expense			
22	Ownership	798,540	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)	\$ 3,291,111	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (328,574)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (328,574)	31