

		FOR BHF USE			

LL2

Supportive Living Facility

**2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)**

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. Facility ID Number: <u>1000017</u></p> <p>Facility Name: <u>ROBBINS SUPPORTIVE LIVING, LLC.</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> <small>Fax #</small> _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>9/30/2002</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <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>ANDREW B. CUTLER</u> Telephone Number: <u>(847) 940-3269</u> Email Address: _____</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>1/1/2011</u> to <u>12/31/2011</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 style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>ANDREW B. CUTLER</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>FGMK, LLC</u> <u>2801 LAKESIDE DRIVE, BANNOCKBURN, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 374-0400</u> Fax # <u>(847) 374-0420</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>ANDREW B. CUTLER</u>			(Firm Name & Address) <u>FGMK, LLC</u> <u>2801 LAKESIDE DRIVE, BANNOCKBURN, IL 60015</u>			(Telephone) <u>(847) 374-0400</u> Fax # <u>(847) 374-0420</u>	
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Facility Name ROBBINS SUPPORTIVE LIVING, LLC.

Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	29,533	789		30,322	5
6	Double Unit					6
7	Other					7
8	TOTALS	29,533	789		30,322	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 64.90%

D. Indicate the number of paid bed-hold days the SLF had during this year
335 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 209 (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: 12/31/2011 Fiscal Year: 12/31/2011

* 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:

1/1/2011

Ending: 12/31/2011

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	185,366	164,508	26,335	376,209	(1,451)	374,758	1
2	Housekeeping, Laundry and Maintenance	155,354	37,287	70,152	262,793	295	263,088	2
3	Heat and Other Utilities			93,765	93,765	(21,323)	72,442	3
4	Other (specify):							4
5	TOTAL General Services	340,720	201,795	190,252	732,767	(22,479)	710,288	5
B. Health Care and Programs								
6	Health Care/ Personal Care	488,260	5,317	9,241	502,818	6,914	509,732	6
7	Activities and Social Services	57,401	5,829		63,230	(7)	63,223	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	545,661	11,146	9,241	566,048	6,907	572,955	9
C. General Administration								
10	Administrative and Clerical	203,507	7,049	202,603	413,159	124,242	537,401	10
11	Marketing Materials, Promotions and Advertising	8,246			8,246		8,246	11
12	Employee Benefits and Payroll Taxes			226,947	226,947	24,510	251,457	12
13	Insurance-Property, Liability and Malpractice			94,580	94,580	342	94,922	13
14	Other (specify):							14
15	TOTAL General Administration	211,753	7,049	524,130	742,932	149,094	892,026	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,098,134	219,990	723,623	2,041,747	133,522	2,175,269	16
Capital Expenses								
D. Ownership								
17	Depreciation			22,821	22,821	92,384	115,205	17
18	Interest			187,358	187,358	199,531	386,889	18
19	Real Estate Taxes					176,689	176,689	19
20	Rent -- Facility and Grounds			571,318	571,318	(571,318)		20
21	Rent -- Equipment			5,129	5,129	896	6,025	21
22	Other (specify):					733	733	22
23	TOTAL Ownership			786,626	786,626	(101,085)	685,541	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,098,134	219,990	1,510,249	2,828,373	32,437	2,860,810	24

Facility Name: **ROBBINS SUPPORTIVE LIVING, LLC.**

Report Period Beginning: **1/1/2011** Ending: **12/31/2011**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.29	\$ 25.30	1
2	Licensed Practical Nurses	4.12	21.35	2
3	Certified Nurse Assistants	10.79	10.58	3
4	Activity Director & Assistants	2.32	11.87	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	6.65	13.39	7
8	Dishwashers			8
9	Maintenance Workers	1.07	10.71	9
10	Housekeepers	5.57	11.37	10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.91	34.47	13
14	Clerical	5.82	11.40	14
15	Marketing	0.20	19.45	15
16	Other			16
17	Total (lines 1 thru 16)	38.75	\$ 13.62	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	Aaron Mann, Administrative	Relative	1.6	\$ 12,000	1
2					2
3					3
4					4
5					5
				Total	\$ 12,000 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		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:

1/1/2011

Ending:

12/31/2011

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				431,913	22,821		22,151	(670)	79,142	6
7	Various		2002		800		20	400	400		7
8	Various		2003		12,175		20	5,481	5,481		8
9	Various		2004		53,888		20	21,548	21,548		9
10	Various		2005		20,587		20	7,141	7,141		10
11	Various		2006		127,281		20	33,814	33,814		11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,422,554	\$ 22,821		\$ 90,535	\$ 67,714	\$ 79,142	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	\$ 249,630	\$	\$ 24,670	24,670	10	\$ 158,854	18
19	Vehicles	38,934				5	38,934	19
20	TOTAL (lines 18 and 19)	\$ 288,564	\$	\$ 24,670	24,670		\$ 197,788	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

STATE OF ILLINOIS

Facility Name & ID Number **ROBBINS SUPPORTIVE LIVING, LLC.**

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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	2 New Gas Heaters	2007	10,011		20	1,001	1,001	4,922	2
3	Custom Banner	2007	1,150		20	115	115	546	3
4	Room Signs	2007	4,524		20	226	226	1,036	4
5	Wall Cabinets	2007	2,581		20	129	129	602	5
6	Teknoflor Flooring	2007	7,031		20	352	352	1,553	6
7	Paint Work	2007	9,280		20	464	464	1,895	7
8	Flooring	2007	7,528		20	376	376	1,537	8
9	Flooring	2007	11,394		20	570	570	2,327	9
10	Replacement Nurse Call System	2008	2,243		20	112	112	402	10
11	Repair Rewire	2008	2,250		20	113	113	413	11
12	Elevator Pump	2008	5,657		20	283	283	1,061	12
13	Nurse Call Matters	2008	3,107		20	155	155	530	13
14	Electrical Work	2008	4,000		20	200	200	800	14
15	Painters	2008	4,640		20	232	232	928	15
16	Video Security	2008	27,266		20	1,363	1,363	4,658	16
17	Flooring	2008	12,129		20	606	606	1,869	17
18	Flooring	2008	10,747		20	537	537	1,656	18
19	Flooring	2008	2,858		20	143	143	501	19
20	Flooring	2008	12,129		20	606	606	2,122	20
21	Flooring	2008	18,323		20	916	916	3,588	21
22	Flooring	2008	16,979		20	849	849	3,255	22
23	Flooring	2008	8,787		20	439	439	1,684	23
24	Flooring	2008	8,022		20	401	401	1,504	24
25	Flooring	2008	1,806		20	90	90	316	25
26	Flooring	2008	12,129		20	606	606	2,071	26
27	Electrical Outlets	2008	3,000		20	150	150	513	27
28	Flooring	2008	14,280		20	714	714	2,737	28
29	Flooring	2008	19,661		20	983	983	3,850	29
30	Flooring	2008	19,678		20	984	984	3,936	30
31	Flooring	2008	43,422		20	2,171	2,171	8,503	31
32	Flooring	2008	16,866		20	843	843	3,232	32
33	Flooring	2008	7,658		20	383	383	1,436	33
34	TOTAL (lines 1 thru 33)		\$ 331,136	\$		\$ 17,112	\$ 17,112	\$ 65,983	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:

1/1/2011

Ending:

12/31/2011

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	Main Sewer Replacement	2008	4,700		20	235	235	744	2
3	Flooring	2008	9,116		20	456	456	1,748	3
4	Complete Evxcavation	2008	11,500		20	575	575	1,821	4
5	Elevator Repair	2008	14,366		20	718	718	2,394	5
6	Elevator Repair	2008	3,393		20	170	170	552	6
7	Frame And Door	2009	5,934		20	297	297	817	7
8	Ejector Pump And Plumbing	2009	5,600		20	280	280	723	8
9	Light Fixtures Around Building	2009	8,100		20	405	405	1,215	9
10	Readjust Door	2009	2,880		20	144	144	420	10
11	Roof Work	2009	5,985		20	299	299	748	11
12	Video Entry System	2010	13,100		20	655	655	1,092	12
13	Doors/ Frames	2010	2,435		20	122	122	202	13
14	Lobby Remodel	2010	4,845		20	242	242	242	14
15	Renovations	2010	5,682		20	284	284	284	15
16	Renovations	2010	3,141		20	157	157	157	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	Total Book Depreciation			22,821			(22,821)		33
34	TOTAL (lines 1 thru 33)		\$ 100,777	\$ 22,821		\$ 5,039	\$ (17,782)	\$ 13,159	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: **1/1/2011**

Ending: **2/31/2011**

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	Prior Period Adjustment			/ /	(1,859)			5
6	Allocation from APEX			/ /	1,859			6
7	TOTAL				\$			7

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

9. Rental amount for movable equipment \$ 6,025

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	/ /		\$ 386,255
2					/ /			/ /		
3	Allocated from APEX		X		/ /			/ /		#REF!
	Working Capital									
4	Venture Fund LLC	X		Note Payable	/ /		1,146,152	/ /		187,358
5	S Lefkovitz	X		Developer	/ /		784,000	/ /		
6	FEI Architects		X	Planning	/ /		106,975	/ /		
7	TOTAL Facility Related					\$	\$ 7,365,559			\$ #REF!
	B. Non-Facility Related									
8	Interest Income				/ /			/ /		#REF!
9	Non-Allowable Interest				/ /			/ /		-187,358
10	TOTALS (lines 7, 8 and 9)					\$	\$ 7,365,559			\$ #REF!

* 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: **1/1/2011**Ending: **12/31/2011****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2011**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 224,845	\$ 204,252	1
2	Cash-Patient Deposits	7,026	7,026	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	530,976	530,976	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	75,671	75,671	6
7	Other Prepaid Expenses	21,906	21,906	7
8	Accounts Receivable (owners or related parties)	1,135,354	1,135,354	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,995,778	\$ 1,975,185	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	73,692	73,692	15
16	Equipment, at Historical Cost	212,760	212,760	16
17	Accumulated Depreciation (book methods)	(217,331)	(2,486,234)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	35,360	49,142	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 104,481	\$ 4,679,870	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,100,259	\$ 6,655,055	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 3,706,184	\$ 3,706,184	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	30,065	30,065	30
31	Accrued Taxes Payable	10,406	10,406	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 3,746,655	\$ 3,746,655	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable		7,365,559	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)	\$	\$ 7,365,559	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,746,655	\$ 11,112,214	45
46	TOTAL EQUITY	\$ (1,646,396)	\$ (4,457,159)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,100,259	\$ 6,655,055	47

*(See instructions.)

Facility Name: ROBBINS SUPPORTIVE LIVING, LLC.

Report Period Beginning: 1/1/2011

Ending:

12/31/2011

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	\$ 3,209,305	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,209,305	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	5	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 5	14
D. Other Revenue (specify):			
15	Misc. Income (adjusted P 3)	742	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 742	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,210,052	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	732,767	19
20	Health Care/ Personal Care	566,048	20
21	General Administration	742,932	21
B. Capital Expense			
22	Ownership	786,626	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)	\$ 2,828,373	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 381,679	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 381,679	31

ROBBINS SUPPORTIVE LIVING, LLC.

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1/1/11-12/31/11

PAGE 3 ADJUSTMENTS

DESCRIPTION	AMOUNT	SCHEDULE V
		REF.
NON-ALLOWABLE EXPENSE		
Non-Straight Line Depreciation	92,384	17
Misc Income	(742)	10
Interest Income	(5)	18
Cable TV	(21,323)	3
Bank Charges	(8,097)	10
Bad Debts	(17,648)	10
Non-Allowable Interest Expense	(187,358)	18
Non-Allowable Legal	(6,833)	10
BUILDING COMPANY:		
Rent Income	(571,318)	20
Amortization	733	22
Interest Expense	386,255	18
Legal & Accounting Fees	17,095	10
Other Professional Fees	11,150	10
Real Estate Taxes	176,689	19
PRIOR PERIOD ADJUSTMENTS:		
Nursing Consultant	(950)	6
Resident Supplies	40	6
Activity Supplies	(7)	7
Employee Insurance	(140)	12
Employee Benefits	(1,056)	12
Equipment Maintenance	295	2
Food	(1,086)	1
Dietary Consultant	(365)	1
Advertising and Promotion	406	10
Office Supplies	387	10
Pre-Employment Screening	140	10
Rent	(1,859)	20
401k Match	(328)	12
Management Allocation	1,519	10
Accounting Fees	(500)	10
Insurance	342	13
MANAGEMENT OFFICE ALLOCATION:		
Management Office Allocation	(14,492)	10
General and Administrative Expenses	14,123	10
Employee Benefits	369	12
APEX HEALTHCARE ALLOCATION:		
Health Care Salaries	7,824	6
Employee Benefits-Healthcare	3,326	12
Administrative Salaries	90,151	10
Emp. Ben. - Gen. Admin.	22,339	12
General and Administrative Expenses	37,135	10
Emp. Ben. General	448	10
Interest	639	18
Rent	1,859	20
Auto & Equip Rental	896	21

ROBBINS SUPPORTIVE LIVING, LLC.

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1/1/11-12/31/11

PAGE 4 RELATED ORGANIZATIONS

RELATED SLFs	CITY	OTHER RELATED BUSINESS ENTITIES	CITY	TYPE OF BUSINESS
AURORA SUPPORTIVE LIVING CENTER	AURORA	APEX HEALTHCARE SOLUTIONS LLC	LONG GROVE, IL	MANAGEMENT
COLES SUPPORTIVE LIVING CENTER	CHICAGO	SIMPLY REHAB	SKOKIE, IL	THERAPY
JACKSON PARK SUPPORTIVE LIVING CENTER	CHICAGO	ARLINGTON REHAB AND LIVING CENTER	LONG GROVE, IL	SNF
ROCKFORD SUPPORTIVE LIVING CENTER	ROCKFORD	AURORA SUPPORTIVE LIVING CENTER	AURORA, IL	SNF
		KOLOB-CEDAR CITY	CEDAR CITY, UT	SNF
		KOLOB-ST GEORGE	ST GEORGE, UT	SNF
		CARVER LIVING CENTER	DURHAM, NC	SNF
		WILLOWRIDGE	RUTHERFORDTON, NC	SNF
		PINEVILLE REHAB & LIVING CENTER	PINEVILLE, NC	SNF
		RIDGEWOOD RLC, LLC	WASHINGTON, NC	SNF
		BROOMFIELD SKILLED NURSING	BROOMFIELD, CO	SNF

ROBBINS SUPPORTIVE LIVING, LLC.

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Page 7 Supplemental Schedule

Other Current Assets:	Operating	After Consolidation
Deposits	35,360	55,529
Amort - II Housing Application		(6,387)
	<u>35,360</u>	<u>49,142</u>

