

		FOR BHF USE			

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**Supportive Living Facility**

**2010  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2010)**

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><b>I. Facility ID Number:</b> <u>1000017</u></p> <p><b>Facility Name:</b> <u>Robbins Supportive Living</u></p> <p><b>Address:</b> <u>13820 Utica Avenue</u> <u>Robbins</u> <u>60472</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>(708) 389-7140</u> Fax # _____</p> <p><b>Federal Employer ID Number:</b> <u>36-4373680</u></p> <p><b>Date Current Owners were Certified:</b> <u>9/30/2002</u></p> <p><b>Type of Ownership:</b></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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Steve Lavenda</u> <b>Telephone Number:</b> <u>(847) 236 - 1111</u>  <b>Email Address:</b> <u>slavenda@frronline.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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2010</u> to <u>12/31/2010</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%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) _____ (Print Name and Title) <u>Jeff Singer, C.P.A.</u> (Firm Name &amp; Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></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>	<b>Officer or Administrator of Provider</b>	(Signed) _____ (Type or Print Name) _____ (Title) _____	<b>Paid Preparer</b>	(Signed) _____ (Print Name and Title) <u>Jeff Singer, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg &amp; 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 Living

Report Period Beginning: 1/1/2010 Ending: 12/31/2010

**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	23,873	1,151		25,024	5
6	Double Unit	5,794	279		6,073	6
7	Other					7
8	TOTALS	29,667	1,430		31,097	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 66.56%

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

606 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 41 (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: 12/31/2010 Fiscal Year: 12/31/2010

\* 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

Report Period Beginning:

1/1/2010

Ending: 12/31/2010

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	196,161	156,577	17,147	369,885	264	370,149	1
2	Housekeeping, Laundry and Maintenance	161,245	33,136	55,547	249,928	(13,067)	236,861	2
3	Heat and Other Utilities			115,962	115,962	(18,961)	97,001	3
4	Other (specify):			44,513	44,513	52	44,565	4
5	<b>TOTAL General Services</b>	<b>357,406</b>	<b>189,713</b>	<b>233,169</b>	<b>780,288</b>	<b>(31,713)</b>	<b>748,575</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	461,708	9,687	950	472,345	13,971	486,316	6
7	Activities and Social Services	74,814	5,938		80,752		80,752	7
8	Other (specify):					2,498	2,498	8
9	<b>TOTAL Health Care and Programs</b>	<b>536,522</b>	<b>15,625</b>	<b>950</b>	<b>553,097</b>	<b>16,469</b>	<b>569,566</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	205,373	6,414	255,509	467,296	(20,693)	446,603	10
11	Marketing Materials, Promotions and Advertising	15,999		1,639	17,638		17,638	11
12	Employee Benefits and Payroll Taxes			225,738	225,738	(240)	225,498	12
13	Insurance-Property, Liability and Malpractice			75,242	75,242	208	75,450	13
14	Other (specify):					29,459	29,459	14
15	<b>TOTAL General Administration</b>	<b>221,372</b>	<b>6,414</b>	<b>558,128</b>	<b>785,914</b>	<b>8,734</b>	<b>794,648</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,115,300</b>	<b>211,752</b>	<b>792,247</b>	<b>2,119,299</b>	<b>(6,509)</b>	<b>2,112,790</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			32,820	32,820	24,494	57,314	17
18	Interest			202,706	202,706	221,732	424,438	18
19	Real Estate Taxes					208,656	208,656	19
20	Rent -- Facility and Grounds			517,090	517,090	(510,525)	6,565	20
21	Rent -- Equipment			4,936	4,936	2,242	7,178	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>757,552</b>	<b>757,552</b>	<b>(53,401)</b>	<b>704,151</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,115,300</b>	<b>211,752</b>	<b>1,549,799</b>	<b>2,876,851</b>	<b>(59,910)</b>	<b>2,816,941</b>	<b>24</b>

**Robbins Supportive Living**

Report Period Beginning: 1/1/2010  
Ending: 12/31/2010

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 24,494	17	1
2	Cable TV	(20,046)	03	2
3	Bank Charges	(8,087)	10	3
4	Franchise Tax	(400)	10	4
5	Interest Income	(20,582)	18	5
6	Interest Expense	(202,649)	18	6
7	Non Allowable Legal	(2,420)	10	7
8	Capitalized R&M	(13,668)	02	8
9				9
10				10
11				11
12				12
13	Prior Period Adjustments:			13
14	Urgent Care for TB Test	(35)	12	14
15	Book 401K	(205)	12	15
16	Data Processing	(801)	10	16
17	Venture Fund Invoices	(57)	18	17
18				18
19	Building Co.			19
20	Rental Income	(517,090)	20	20
21	Interest Expense	444,713	18	21
22	Real Estate Taxes	208,656	19	22
23				23
24				24
25	Management Allocation:			25
26	Housekeeping, Laundry, & Maintenance	593	02	26
27	Heat & Other Utilities	1,084	03	27
28	Administrative Expenses	111,038	10	28
29	Insurance	174	13	29
30	Other Employee Benefits	24,832	14	30
31	Office Lease	6,339	20	31
32	Equipment Rental	2,054	21	32
33	Management Allocation	(146,115)	10	33
34				34
35	Apex Healthcare Solutions LLC Allocation:			35
36	Health Care Salaries	13,971	06	36
37	Employee Benefits-Healthcare	2,498	08	37
38	Administrative Salaries	17,350	10	38
39	Emp. Ben.- Gen. Admin.	4,627	14	39
40	General and Administrative Expenses	7,134	10	40
41	Emp. Ben. General	52	04	41
42	Dietary Consultant Salaries	264	01	42
43	Building Supplies	8	02	43
44	Insurance	34	13	44
45	Interest	307	18	45
46	Rent	225	20	46
47	Auto & Equip Rental	188	21	47
48	Regional Manager	1,583	10	48
49	Travel Expense	25	10	49
50				50
51				51
52				52
53				53

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94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	<b>Total</b>	(59,910)	<b>101</b>

Facility Name: Robbins Supportive Living

Report Period Beginning: 1/1/2010 Ending: 12/31/2010

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.04	\$ 26.58	1
2	Licensed Practical Nurses	4.20	21.13	2
3	Certified Nurse Assistants	10.68	9.90	3
4	Activity Director & Assistants	2.29	15.69	4
5	Social Service Workers			5
6	Head Cook	0.79	30.20	6
7	Cook Helpers/Assistants	7.35	9.57	7
8	Dishwashers			8
9	Maintenance Workers	1.34	13.88	9
10	Housekeepers	5.92	9.95	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.04	37.96	13
14	Clerical	5.05	11.75	14
15	Marketing	0.38	20.17	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>40.08</b>	<b>\$ 13.38</b>	<b>17</b>

**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	0.3	\$ 1,583	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$ 1583</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

	Amount of Fee	
1	\$	1
2		2
<b>Total</b>		<b>\$ 3</b>

**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	City
1	2
See Attached	

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
3	4	5
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

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				645,844	32,820		31,908	(912)	114,274	6
7	Various			2002	800		20	360	360		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)				\$ 7,422,554	\$ 32,820		\$ 32,268	\$ (552)	\$ 114,274	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	\$ 244,580	\$	\$ 24,213	24,213	10	\$ 134,184	18
19	Vehicles	38,934		833	833	5	38,934	19
20	TOTAL (lines 18 and 19)	\$ 283,514	\$	\$ 25,046	25,046		\$ 173,118	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:

1/1/2010

Ending:

12/31/2010

**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>Closet Door</u>	2006	696		20	35	35	154	2
3	<u>Pull Wire Nurse Call/Power Supply</u>	2006	1,544		20	77	77	335	3
4	<u>Install Nurse Calls/Wiremold Boxes/Lights For Annunciator</u>	2006	1,116		20	56	56	242	4
5	<u>Scarpe Loose Paint/Sand Floor/Paint//Anti-Slip Basement/</u>	2006	1,717		20	86	86	372	5
6	<u>Relocate Nurses Call System/4Th Floor/Repair</u>	2006	994		20	50	50	215	6
7	<u>Install New Kitchen Exhaust Fan Motor/Belt</u>	2006	971		20	49	49	206	7
8	<u>Remodel Room 326 &amp; 327/Install Ninyl Ceramic/New Cabinet/</u>	2006	3,993		20	200	200	849	8
9	<u>Material Wall Cabinets/&amp; Doors/Grout/Vinyl Cove Base</u>	2006	2,458		20	123	123	522	9
10	<u>White Vinal Door/Amana Ptac/</u>	2006	2,606		20	130	130	543	10
11	<u>Remodeled Room 424</u>	2006	1,864		20	93	93	388	11
12	<u>Install 11-120 Volt Carbon Monoxide Detectors</u>	2006	2,406		20	120	120	491	12
13	<u>Install New Bulbs./Install New Light Fixtures</u>	2006	829		20	41	41	169	13
14	<u>Clogged Floor Drain In Basement/Valve Stuck/Grease Build</u>	2006	638		20	32	32	130	14
15	<u>Various Flooring Replacement</u>	2006	68,121		20	3,406	3,406	13,908	15
16	<u>2 New Gas Heaters</u>	2007	10,011		20	1,001	1,001	3,921	16
17	<u>Custom Banner</u>	2007	1,150		20	115	115	431	17
18	<u>Room Signs</u>	2007	4,524		20	226	226	811	18
19	<u>Wall Cabinets</u>	2007	2,581		20	129	129	473	19
20	<u>Teknoflor Flooring</u>	2007	7,031		20	352	352	1,201	20
21	<u>Paint Work</u>	2007	9,280		20	464	464	1,431	21
22	<u>Flooring</u>	2007	7,528		20	376	376	1,161	22
23	<u>Flooring</u>	2007	11,394		20	570	570	1,757	23
24	<u>Replacement Nurse Call System</u>	2008	2,243		20	112	112	290	24
25	<u>Repair, Rewire Alarm Horn; New Electrical Wiring; Light Fixtures</u>	2008	2,250		20	113	113	300	25
26	<u>Elevator Pump &amp; Oil Line &amp; Water Sensor</u>	2008	5,657		20	283	283	778	26
27	<u>Nurse Call Materials</u>	2008	3,107		20	155	155	375	27
28	<u>Electrical Work</u>	2008	4,000		20	200	200	600	28
29	<u>Painters</u>	2008	4,640		20	232	232	696	29
30	<u>Video Security System</u>	2008	27,266		20	1,363	1,363	3,295	30
31	<u>Flooring</u>	2008	12,129		20	606	606	1,263	31
32	<u>Flooring</u>	2008	10,747		20	537	537	1,119	32
33	<u>Flooring</u>	2008	2,858		20	143	143	357	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 218,350	\$		\$ 11,476	\$ 11,476	\$ 38,783	34

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



Facility Name & ID Number Robbins Supportive LivingReport Period Beginning: 1/1/2010 Ending: 12/31/2010**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	12,129		20	606	606	1,516	2
3	Flooring	2008	18,323		20	916	916	2,672	3
4	Flooring	2008	16,979		20	849	849	2,405	4
5	Flooring	2008	8,787		20	439	439	1,245	5
6	Flooring	2008	8,022		20	401	401	1,103	6
7	Flooring	2008	1,806		20	90	90	226	7
8	Flooring	2008	12,129		20	606	606	1,466	8
9	Electrical Outlets	2008	3,000		20	150	150	363	9
10	Flooring	2008	14,280		20	714	714	2,023	10
11	Flooring	2008	19,661		20	983	983	2,867	11
12	Flooring	2008	19,678		20	984	984	2,952	12
13	Flooring	2008	43,422		20	2,171	2,171	6,332	13
14	Flooring	2008	16,866		20	843	843	2,389	14
15	Flooring	2008	7,658		20	383	383	1,053	15
16	Main Sewer Replacement	2008	4,700		20	235	235	509	16
17	Flooring	2008	9,116		20	456	456	1,291	17
18	Complete Excavation	2008	11,500		20	575	575	1,246	18
19	Elevator Repair	2008	14,366		20	718	718	1,676	19
20	Elevator Repair	2008	3,393		20	170	170	382	20
21	Frame And Door	2009	5,934		20	297	297	519	21
22	Ejector Pump And Piping	2009	5,600		20	280	280	443	22
23	Light Fixtures Around Building	2009	8,100		20	405	405	810	23
24	Readjust Door, Wall Work	2009	2,880		20	144	144	276	24
25	Roof Work	2009	5,985		20	299	299	449	25
26	Access Control / Video Entry System	2010	13,100		20	437	437	437	26
27	Doors / Frames	2010	2,435		20	81	81	81	27
28	Lobby Remodel	2010	4,845		20				28
29	Renovations	2010	5,682		20				29
30	Renovations	2010	3,141		20				30
31									31
32									32
33	Total Book Depreciation			32,820			(32,820)		33
34	TOTAL (lines 1 thru 33)		\$ 303,516	\$ 32,820		\$ 14,233	\$ (18,587)	\$ 36,731	34

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

Facility Name: **Robbins Supportive Living**

Report Period Beginning: **1/1/2010**

Ending: **2/31/2010**

**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			/ /	6,564			5
6				/ /				6
7	<b>TOTAL</b>				\$ 6,564			7

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

9. Rental amount for movable equipment \$ 7,179

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				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1	Venture Fund	X		Mortgage	/ /	\$	5,328,432	/ /		\$ 444,713	1
2					/ /			/ /			2
3	Allocated from APEX		X		/ /			/ /		307	3
	<b>Working Capital</b>										
4	Venture Fund LLC	X		Note Payable	/ /		1,145,902	/ /		202,649	4
5	S Lefkovitz	X		Developer	/ /		784,000	/ /			5
6	FEI Architects		X	Planning	/ /		106,975	/ /			6
7	<b>TOTAL Facility Related</b>					\$	7,365,309			\$ 647,669	7
	<b>B. Non-Facility Related</b>										
8	Non-Allowable Interest				/ /			/ /		-202,649	8
9	Interest Income				/ /			/ /		-20,582	9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	7,365,309			\$ 424,438	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**

Report Period Beginning: 1/1/2010

Ending: 12/31/2010

**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/2010

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 371,268	\$ 382,183	1
2	Cash-Patient Deposits	6,245	6,245	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,501,586	1,501,586	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	32,096	32,096	6
7	Other Prepaid Expenses	3,390	3,390	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached</u>	32,797	191,678	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,947,382	\$ 2,117,178	10
	<b>B. Long-Term Assets</b>			
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	322,209	322,209	16
17	Accumulated Depreciation (book methods)	(302,814)	(2,078,924)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(4,920)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached</u>	35,500	55,669	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 125,507	\$ 5,195,156	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,072,889	\$ 7,312,334	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 3,868,743	\$ 3,868,743	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	16,613	16,613	30
31	Accrued Taxes Payable	21,057	21,057	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<u>See Attached</u>	194,104	194,104	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 4,100,517	\$ 4,100,517	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable		7,365,309	38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$	\$ 7,365,309	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 4,100,517	\$ 11,465,826	45
46	<b>TOTAL EQUITY</b>	\$ (2,027,628)	\$ (4,153,492)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 2,072,889	\$ 7,312,334	47

\*(See instructions.)

Facility Name: Robbins Supportive Living

Report Period Beginning: 1/1/2010

Ending:

12/31/2010

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 2,987,887	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,987,887</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	20,582	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 20,582</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attached	18,722	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 18,722</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,027,191</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	780,288	19
20	Health Care/ Personal Care	553,097	20
21	General Administration	785,914	21
<b>B. Capital Expense</b>			
22	Ownership	757,552	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 2,876,851</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 150,340</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 150,340</b>	<b>31</b>