

		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: Timberlake Senior Living

Address: 2521 Empowerment Drive Springfield 62703
Number City Zip Code

County: Sangamon

Telephone Number: 217-321-2100 Fax # 217-321-2130

Federal Employer ID Number: 20-5914607

Date Current Owners were Certified: 11/17/2006

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 checked="" 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 type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 03/13/09 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) Steven N. Lavenda, 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

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 Timberlake Estates Slf, Lp

Report Period Beginning: 03/13/09 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	60	Single Unit Apartment	60	21,900	1
2		Double Unit Apartment			2
3		Other			3
4	60	TOTALS	60	21,900	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	5,326	1,386		6,712	5
6	Double Unit					6
7	Other					7
8	TOTALS	5,326	1,386		6,712	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 30.65%

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

None Also, indicate the number of unpaid bed-hold days the SLF had during this year. N/A **(Do not include bed-hold days in Section B.)**

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES NO

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO

G. List all services provided by your facility for non-residents.

(E.g., day care, "meals on wheels", outpatient therapy)

None

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?

Yes If yes, did the facility make all of the required payments of interest and principle? Yes
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: Timberlake Estates Slf, Lp

Report Period Beginning:

03/13/09

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	88,249	59,095	1,950	149,294	(5,022)	144,273	1
2	Housekeeping, Laundry and Maintenance	19,080		52,401	71,481	800	72,281	2
3	Heat and Other Utilities			59,634	59,634	(1,626)	58,008	3
4	Other (specify):							4
5	TOTAL General Services	107,329	59,095	113,985	280,409	(5,848)	274,562	5
B. Health Care and Programs								
6	Health Care/ Personal Care	166,308	4,231		170,539		170,539	6
7	Activities and Social Services	22,041		2,968	25,009		25,009	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	188,349	4,231	2,968	195,548		195,548	9
C. General Administration								
10	Administrative and Clerical	67,591		322,206	389,797	(29,752)	360,045	10
11	Marketing Materials, Promotions and Advertising	5,841		191,338	197,179		197,179	11
12	Employee Benefits and Payroll Taxes			46,768	46,768		46,768	12
13	Insurance-Property, Liability and Malpractice			12,331	12,331		12,331	13
14	Other (specify):							14
15	TOTAL General Administration	73,432		572,643	646,075	(29,752)	616,323	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	369,110	63,326	689,596	1,122,032	(35,600)	1,086,433	16
Capital Expenses								
D. Ownership								
17	Depreciation			300,772	300,772	(28,500)	272,272	17
18	Interest			268,940	268,940	(3,750)	265,190	18
19	Real Estate Taxes			38,000	38,000		38,000	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			5,640	5,640		5,640	21
22	Other (specify):			4,591	4,591		4,591	22
23	TOTAL Ownership			617,943	617,943	(32,250)	585,693	23
24	GRAND TOTAL (Sum of lines 16 and 23)	369,110	63,326	1,307,539	1,739,975	(67,850)	1,672,125	24

Facility Name: Timberlake Estates Slf, Lp

Report Period Beginning 03/13/09

Ending: 12/31/2009

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.62	\$ 31.56	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	6.07	9.93	3
4	Activity Director & Assistants	1.13	9.34	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	4.19	10.13	7
8	Dishwashers			8
9	Maintenance Workers	0.67	13.73	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.95	21.33	13
14	Clerical	1.22	10.03	14
15	Marketing	0.18	15.63	15
16	Other			16
17	Total (lines 1 thru 16)	15.04	\$ 11.80	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	N/A			\$	1	
2					2	
3					3	
4					4	
5					5	
				Total	\$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee		
1	Prism Management	\$ 64,000	1	
2			2	
		Total	\$ 64,000	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	1	City	2

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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: Timberlake Estates Sll, Lp

Report Period Beginning:

03/13/09

Ending:

12/31/2009

VIII. OWNERSHIP COSTS

A. Purchase price of land 75,000 Year land was acquired 2007

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	60		2009	2009	\$ 7,810,693	\$ 300,772	35	\$ 223,163	\$ (77,609)	\$ 223,163	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				82,491			4,125	4,125	4,125	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)				\$ 7,893,184	\$ 300,772		\$ 227,287	\$ (73,485)	\$ 227,287	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	\$ 426,798	\$	\$ 42,680	42,680	10	\$ 42,680	18
19	Vehicles	11,523		2,305	2,305	5	2,305	19
20	TOTAL (lines 18 and 19)	\$ 438,321	\$	\$ 44,984	44,984		\$ 44,984	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 Timberlake Estates Sll, Lp

Report Period Beginning:

03/13/09

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	Landscaping, Engineering & Soil Survey	2009	82,491		20	4,125	4,125	4,125	2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									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								33
34	TOTAL (lines 1 thru 33)		\$ 82,491	\$		\$ 4,125	\$ 4,125	\$ 4,125	34

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

Facility Name & ID Number Timberlake Estates Sll, Lp

Report Period Beginning:

03/13/09

Ending:

12/31/2009

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								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								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

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

Facility Name & ID Number Timberlake Estates Sll, Lp

Report Period Beginning:

03/13/09

Ending:

12/31/2009

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								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								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

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

Facility Name: Timberlake Estates Slf, Lp

Report Period Beginning: 03/13/09

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	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				/ /				5
6				/ /				6
7	TOTAL				\$			7

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

9. Rental amount for movable equipment \$ 5,640

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	Liberty Bank		X	Mortgage	12/27/07	\$ 3,400,000	\$ 3,379,937	/ /		\$ 260,573	1
2	IHDA		X	Mortgage	/ /	152,521	152,521	/ /		6,913	2
3					/ /			/ /			3
	Working Capital										
4	Liberty Bank		X	Line of Credit	/ /	835,000	835,000	/ /		1,455	4
5	Abundant Faith Ministry		X		/ /		75,000	/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,387,521	\$ 4,442,458			\$ 268,940	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-3,750	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,387,521	\$ 4,442,458			\$ 265,190	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: **Timberlake Estates Sif, Lp**Report Period Beginning: **03/13/09**

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	\$ 64,102	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	110,519		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	18,629		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	(405)		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 192,845	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	75,000		13
14	Buildings, at Historical Cost	7,810,693		14
15	Leasehold Improvements, at Historical Cost	83,291		15
16	Equipment, at Historical Cost	438,321		16
17	Accumulated Depreciation (book methods)	(300,772)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	55,767		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(4,591)		20
21	Restricted Funds	126,407		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	97,111		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,381,227	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,574,072	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 47,808	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	9,371		30
31	Accrued Taxes Payable	38,000		31
32	Accrued Interest Payable	26,242		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35		822,849		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 944,270	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	227,521		38
39	Mortgage Payable	4,214,937		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)	\$ 4,442,458	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,386,728	\$	45
46	TOTAL EQUITY	\$ 3,187,344	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,574,072	\$	47

Facility Name: Timberlake Estates SIF, Lp

Report Period Beginning: 03/13/09

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	\$ 622,339	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 622,339	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	3,750	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 3,750	14
D. Other Revenue (specify):			
15	See Attached	11,532	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 11,532	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 637,621	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	280,409	19
20	Health Care/ Personal Care	195,548	20
21	General Administration	646,075	21
B. Capital Expense			
22	Ownership	617,943	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)	\$ 1,739,975	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (1,102,354)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (1,102,354)	31