

		FOR BHF USE			

LL2

Supportive Living Facility

**2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2012)**

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>1000112</u></p> <p>Facility Name: <u>Timberlake Estates Slf, Lp</u></p> <p>Address: <u>2521 Empowerment Drive</u> <u>Springfield</u> <u>62703</u> <small>Number City Zip Code</small></p> <p>County: <u>Sangamon</u></p> <p>Telephone Number: <u>217-321-2100</u> Fax # <u>217-321-2130</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>3/13/2009</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 checked="" 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 type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236 - 1111</u> Email Address: _____</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 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 _____		<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>1/1/2012</u> to <u>12/31/2012</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>Steven N. Lavenda, C.P.A.</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></td> <td></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u>			(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>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 Timberlake Estates Slf, Lp

Report Period Beginning: 1/1/2012 Ending: 12/31/2012

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	21,960	1
2		Double Unit Apartment			2
3		Other			3
4	60	TOTALS	60	21,960	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	17,425	1,723		19,148	5
6	Double Unit					6
7	Other					7
8	TOTALS	17,425	1,723		19,148	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 87.19%

D. Indicate the number of paid bed-hold days the SLF had during this year 196 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 17 (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: 12/31/12 Fiscal Year: 12/31/12

* 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:

1/1/2012

Ending: 12/31/2012

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			358,205	358,205	(636)	357,569	1
2	Housekeeping, Laundry and Maintenance	62,739	12,214	36,491	111,444	1,203	112,647	2
3	Heat and Other Utilities			96,945	96,945	(2,409)	94,536	3
4	Other (specify):							4
5	TOTAL General Services	62,739	12,214	491,641	566,594	(1,842)	564,752	5
B. Health Care and Programs								
6	Health Care/ Personal Care	285,247		2,796	288,043		288,043	6
7	Activities and Social Services	10,892	1,365	35	12,292	(255)	12,037	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	296,139	1,365	2,831	300,335	(255)	300,080	9
C. General Administration								
10	Administrative and Clerical	116,564	8,949	300,630	426,143	(36,294)	389,849	10
11	Marketing Materials, Promotions and Advertising	39,147	916	14,086	54,149	15,597	69,746	11
12	Employee Benefits and Payroll Taxes			89,882	89,882		89,882	12
13	Insurance-Property, Liability and Malpractice			30,526	30,526	311	30,837	13
14	Other (specify):					9,746	9,746	14
15	TOTAL General Administration	155,711	9,865	435,124	600,700	(10,640)	590,060	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	514,589	23,444	929,596	1,467,629	(12,737)	1,454,893	16
Capital Expenses								
D. Ownership								
17	Depreciation			391,040	391,040	(116,492)	274,548	17
18	Interest			315,090	315,090		315,090	18
19	Real Estate Taxes			10,000	10,000		10,000	19
20	Rent -- Facility and Grounds					6,234	6,234	20
21	Rent -- Equipment			5,569	5,569	74	5,643	21
22	Other (specify):			7,611	7,611		7,611	22
23	TOTAL Ownership			729,310	729,310	(110,184)	619,126	23
24	GRAND TOTAL (Sum of lines 16 and 23)	514,589	23,444	1,658,906	2,196,939	(122,920)	2,074,019	24

Timberlake Estates Sif, Lp

Report Period Beginning: 1/1/2012
Ending: 12/31/2012

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (116,492)	17	1
2	Meal Program Income	(92)	01	2
3	Guest Meals	(107)	01	3
4	Employee Meals	(403)	01	4
5	Telephone Service	(2,460)	10	5
6	Referral Fee	(135)	10	6
7	Miscellaneous Concession	(581)	10	7
8	Pet Fee	(255)	07	8
9	NSF Fees	(60)	10	9
10	Vending Income	(34)	01	10
11	Other Income	(146)	10	11
12	Meals and Entertainment	(87)	10	12
13	Bank Service Charges	(2,473)	10	13
14	Late Fees/Finance Charges	(731)	10	14
15	Resident Gifts	(449)	10	15
16	Resident Reimbursables	(356)	10	16
17	Bad Debt - Tenant	(6,088)	10	17
18	Bad Debt - Medicaid	(12,790)	10	18
19	Bad Debt - Medicaid Prior Period	(93,784)	10	19
20	Cable TV	(2,564)	03	20
21	Asset Management Fee	(3,456)	10	21
22				22
23				23
24				24
25	PATHWAY MANAGEMENT LLC:			25
26	Maintenance	78	02	26
27	Utilities	131	03	27
28	Administrative	40,694	10	28
29	Marketing	8,811	11	29
30	Insurance	27	13	30
31	Employee Benefits	5,162	14	31
32	Rent - Building	4,329	20	32
33	Rent - Equipment	35	21	33
34				34
35				35
36	PATHWAY SENIOR LIVING LLC:			36
37	Maintenance	1,125	02	37
38	Utilities	24	03	38
39	Administrative	46,607	10	39
40	Marketing	6,786	11	40
41	Insurance	284	13	41
42	Employee Benefits	4,584	14	42
43	Rent - Building	1,905	20	43
44	Rent - Equipment	39	21	44
45				45
46				46
47				47
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99				99
100				100
101	Total		(122,920)	101

Facility Name: Timberlake Estates Slf, Lp

Report Period Beginning 1/1/2012 Ending: 12/31/2012

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.14	\$ 22.03	1
2	Licensed Practical Nurses	1.11	15.01	2
3	Certified Nurse Assistants	8.54	11.15	3
4	Activity Director & Assistants	0.65	8.04	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	1.04	17.31	9
10	Housekeepers	1.44	8.45	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.78	20.13	13
14	Clerical			14
15	Marketing	1.03	18.27	15
16	Other			16
17	Total (lines 1 thru 16)	17.75	\$ 13.94	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	Jerry Finis	25%	0.99	\$ 3,807	1
2					2
3					3
4					4
5					5
				Total	\$ 3807 6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 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
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: Timberlake Estates Sll, Lp

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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	\$ 391,040	35	\$ 223,163	\$ (167,877)	\$ 892,652	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				121,273			6,065	6,065	21,717	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)				\$ 7,931,966	\$ 391,040		\$ 229,227	\$ (161,813)	\$ 914,369	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	\$ 430,158	\$	\$ 43,016	43,016	10	\$ 171,392	18
19	Vehicles	11,523		2,305	2,305	5	9,219	19
20	TOTAL (lines 18 and 19)	\$ 441,681	\$	\$ 45,321	45,321		\$ 180,611	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 Slf, Lp

Report Period Beginning:

1/1/2012 Ending:

12/31/2012

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	2009	82,491		20	4,125	4,125	16,499	2
3	2010	19,411		20	971	971	2,913	3
4	2010	7,350		20	368	368	1,103	4
5	2011	12,021		20	601	601	1,202	5
6								6
7								7
8								8
9								9
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30								30
31								31
32								32
33								33
33	Total Book Depreciation							33
34	TOTAL (lines 1 thru 33)		\$ 121,273	\$	\$ 6,065	\$ 6,065	\$ 21,717	34

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

Facility Name & ID Number Timberlake Estates Slf, Lp

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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	
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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 Slf, Lp

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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	
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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: 1/1/2012

Ending: 2/31/2012

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	Allocated from Pathway			/ /	6,234			5
6				/ /				6
7	TOTAL				\$ 6,234			7

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

9. Rental amount for movable equipment \$ 5,643

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	1st Mortgage	3/1/12	\$ 3,400,000	\$ 3,273,953	3/1/46	3.9300	\$ 289,226	1
2	IHDA		X	2nd Mortgage	5/1/08	835,000	835,000	10/1/14	1.0000	8,350	2
3											3
	Working Capital										
4	Liberty Bank		X	Line of Credit	10/1/09	250,000	197,136	10/15/12	6.2500	12,542	4
5	AV PF LLC	X		GP Loan	/ /		75,000	/ /		4,972	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,485,000	\$ 4,381,088			\$ 315,090	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,485,000	\$ 4,381,088			\$ 315,090	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 Slf, Lp**Report Period Beginning: **1/1/2012**Ending: **12/31/2012****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2012**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 161,950	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	124,640		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	6,216		6
7	Other Prepaid Expenses	51,889		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	89,985		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 434,680	\$	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	103,694		15
16	Equipment, at Historical Cost	500,509		16
17	Accumulated Depreciation (book methods)	(1,470,218)		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): See Attached	33,522		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,053,200	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,487,880	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 120,276	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	32,394		30
31	Accrued Taxes Payable	10,273		31
32	Accrued Interest Payable	35,716		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	901,513		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,100,172	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	272,136		38
39	Mortgage Payable	4,108,953		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)	\$ 4,381,089	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,481,261	\$	45
46	TOTAL EQUITY	\$ 2,006,619	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,487,880	\$	47

*(See instructions.)

Facility Name: Timberlake Estates Slf, Lp

Report Period Beginning: 1/1/2012

Ending:

12/31/2012

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

	1	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,824,662	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,824,662	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	602	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 602	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	See Attached	6,501	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 6,501	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,831,765	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	566,594	19
20	Health Care/ Personal Care	300,335	20
21	General Administration	600,700	21
	B. Capital Expense		
22	Ownership	729,310	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)	\$ 2,196,939	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (365,174)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (365,174)	31

