

		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>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>11/17/2006</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>1/1/2011</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%; vertical-align: top;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Type or Print Name) _____ (Title) _____ </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (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> </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) _____ (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>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name Timberlake Estates Slf, Lp

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	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	17,066	1,695		18,761	5
6	Double Unit					6
7	Other					7
8	TOTALS	17,066	1,695		18,761	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.67%

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. None (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: 12/31/2011 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? 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:

1/1/2011

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		196	367,567	367,763	(3,667)	364,096	1
2	Housekeeping, Laundry and Maintenance	44,856	13,379	68,123	126,358		126,358	2
3	Heat and Other Utilities			97,281	97,281	(9,084)	88,197	3
4	Other (specify):							4
5	TOTAL General Services	44,856	13,575	532,971	591,402	(12,751)	578,651	5
B. Health Care and Programs								
6	Health Care/ Personal Care	398,002	491	3,746	402,239		402,239	6
7	Activities and Social Services	35,855	1,068		36,923		36,923	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	433,857	1,559	3,746	439,162		439,162	9
C. General Administration								
10	Administrative and Clerical	157,789	10,572	203,186	371,547	(44,191)	327,356	10
11	Marketing Materials, Promotions and Advertising	39,974	15	15,083	55,072		55,072	11
12	Employee Benefits and Payroll Taxes			48,159	48,159		48,159	12
13	Insurance-Property, Liability and Malpractice			36,500	36,500		36,500	13
14	Other (specify):							14
15	TOTAL General Administration	197,763	10,587	302,928	511,278	(44,191)	467,087	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	676,476	25,721	839,645	1,541,842	(56,942)	1,484,900	16
Capital Expenses								
D. Ownership								
17	Depreciation			390,880	390,880	(116,331)	274,549	17
18	Interest			329,916	329,916	(108)	329,808	18
19	Real Estate Taxes			10,264	10,264		10,264	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			4,225	4,225		4,225	21
22	Other (specify):			7,611	7,611		7,611	22
23	TOTAL Ownership			742,896	742,896	(116,439)	626,457	23
24	GRAND TOTAL (Sum of lines 16 and 23)	676,476	25,721	1,582,541	2,284,738	(173,381)	2,111,357	24

Facility Name: Timberlake Estates Slf, Lp

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
2	Licensed Practical Nurses	4.84	18.89	2
3	Certified Nurse Assistants	9.73	10.27	3
4	Activity Director & Assistants	1.41	12.19	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	1.26	14.13	9
10	Housekeepers	0.44	8.41	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.43	22.12	13
14	Clerical			14
15	Marketing	1.05	18.27	15
16	Other			16
17	Total (lines 1 thru 16)	22.17	\$ 14.67	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period		
1				\$	1	
2					2	
3					3	
4					4	
5					5	
				Total	\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1 Pathways Senior Living LLC	\$	1
2 Pathways Management LLC	114,000	2
Total		\$ 114,000 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
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: _____ If yes, what is the value of those services? \$ _____
 (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).

Timberlake Estates Sif, Lp

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (116,331)	17	1
2	Meal Program Income	(1,748)	01	2
3	Guest Meals	(1,388)	01	3
4	Employee Meals	(531)	01	4
5	Telephone Service	(4,823)	10	5
6	Cable Services	(6,552)	03	6
7	Other Income	(2,036)	10	7
8	Bank Service Charges	(5,360)	10	8
9	Late Fees/Finance Charges	(1,574)	10	9
10	Resident Gifts	(8,763)	10	10
11	Bad Debts	(18,179)	10	11
12	Cable TV	(2,532)	03	12
13	Asset Management	(3,456)	10	13
14	Interest Income	(108)	18	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
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96			96
97			97
98			98
99			99
100			100
101	Total	(173,381)	101

Facility Name: Timberlake Estates Sll, Lp

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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	\$ 390,880	35	\$ 223,163	\$ (167,717)	\$ 669,489	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				121,273			6,065	6,065	15,653	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	\$ 390,880		\$ 229,228	\$ (161,652)	\$ 685,142	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	\$ 430,158	\$	\$ 43,016	43,016	10	\$ 128,376	18
19	Vehicles	11,523		2,305	2,305	5	6,914	19
20	TOTAL (lines 18 and 19)	\$ 441,681	\$	\$ 45,321	45,321		\$ 135,290	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:

1/1/2011 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	Landscaping, Engineering & Soil Survey	2009	82,491		20	4,125	4,125	12,374	2
3	Attorney Construction Fees	2010	19,411		20	971	971	1,942	3
4	Grading, Seeding, Drain Tile	2010	7,350		20	368	368	736	4
5	Concrete Improvements	2011	12,021		20	601	601	601	5
6									6
7									7
8									8
9									9
10									10
11									11
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31									31
32									32
33	Total Book Depreciation								33
34	TOTAL (lines 1 thru 33)		\$ 121,273	\$		\$ 6,065	\$ 6,065	\$ 15,653	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:

1/1/2011

Ending:

12/31/2011

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	
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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:

1/1/2011

Ending:

12/31/2011

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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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: 1/1/2011

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

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

9. Rental amount for movable equipment \$ 4,225

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	\$ 3,306,611	5/1/24	8.7500	\$ 308,604	1
2	IHDA		X	Mortgage	/ /	835,000	835,000	3/1/24	1.0000	8,392	2
3					/ /			/ /			3
	Working Capital										
4	Liberty Bank		X	Line of Credit	10/1/09	25,000	212,480	10/15/12	6.2500	12,920	4
5	AV PF LLC	X		GP Loan	/ /		75,000	/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,260,000	\$ 4,429,091			\$ 329,916	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-108	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,260,000	\$ 4,429,091			\$ 329,808	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: 1/1/2011

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	\$ 36,062	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	223,984		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	33,158		6
7	Other Prepaid Expenses	38,645		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	81,363		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 413,212	\$	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)	(1,079,178)		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	41,133		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,451,851	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,865,063	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 54,576	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	39,677		30
31	Accrued Taxes Payable	9,912		31
32	Accrued Interest Payable	36,783		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	923,233		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,064,181	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	287,480		38
39	Mortgage Payable	4,141,611		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)	\$ 4,429,091	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,493,272	\$	45
46	TOTAL EQUITY	\$ 2,371,791	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,865,063	\$	47

*(See instructions.)

Facility Name: Timberlake Estates Slf, Lp

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	\$ 1,636,540	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,636,540	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	3,667	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 3,667	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	108	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 108	14
D. Other Revenue (specify):			
15	See Attached	13,929	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 13,929	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,654,244	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	591,402	19
20	Health Care/ Personal Care	439,162	20
21	General Administration	511,278	21
B. Capital Expense			
22	Ownership	742,896	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)	\$ 2,284,738	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (630,494)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (630,494)	31

