



Facility Name Tabor Hills Supportive Living Community

Report Period Beginning: 3/14/08 Ending: 09/30/08

**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	87	Single Unit Apartment	87	17,487	1
2	8	Double Unit Apartment	8	1,608	2
3		Other			3
4	95	TOTALS	95	19,095	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	3,518	5,970		9,488	5
6	Double Unit	684	850		1,534	6
7	Other					7
8	TOTALS	4,202	6,820		11,022	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 57.72%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 149 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: 09/30/08 Fiscal Year: 09/30/08

\* 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

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## 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	86,979	57,587	925	145,491		145,491	1
2	Housekeeping, Laundry and Maintenance	42,222	25,381	20,333	87,936		87,936	2
3	Heat and Other Utilities			85,217	85,217		85,217	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>129,201</b>	<b>82,968</b>	<b>106,475</b>	<b>318,644</b>		<b>318,644</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	249,372	5,461	2,900	257,733		257,733	6
7	Activities and Social Services	28,239	1,170	1,317	30,726	(1,242)	29,484	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>277,611</b>	<b>6,631</b>	<b>4,217</b>	<b>288,459</b>	<b>(1,242)</b>	<b>287,217</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	83,810	892	59,843	144,545	(4,079)	140,466	10
11	Marketing Materials, Promotions and Advertising			313	313		313	11
12	Employee Benefits and Payroll Taxes			46,353	46,353		46,353	12
13	Insurance-Property, Liability and Malpractice			183	183		183	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>83,810</b>	<b>892</b>	<b>106,692</b>	<b>191,394</b>	<b>(4,079)</b>	<b>187,315</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>490,622</b>	<b>90,491</b>	<b>217,384</b>	<b>798,497</b>	<b>(5,321)</b>	<b>793,176</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			148,120	148,120	91,317	239,437	17
18	Interest			347,513	347,513		347,513	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>495,633</b>	<b>495,633</b>	<b>91,317</b>	<b>586,950</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>490,622</b>	<b>90,491</b>	<b>713,017</b>	<b>1,294,130</b>	<b>85,996</b>	<b>1,380,126</b>	<b>24</b>

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**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	1	22.31	2
3	Certified Nurse Assistants	10	12.30	3
4	Activity Director & Assistants	2	14.15	4
5	Social Service Workers			5
6	Head Cook	3	15.34	6
7	Cook Helpers/Assistants	2	9.28	7
8	Dishwashers			8
9	Maintenance Workers	4	16.27	9
10	Housekeepers	2	9.41	10
11	Laundry			11
12	Managers	2	29.68	12
13	Other Administrative	1	10.39	13
14	Clerical			14
15	Marketing			15
16	Other	2	33.79	16
17	<b>Total (lines 1 thru 16)</b>	<b>29</b>	<b>\$ 15.37</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				\$	1
2			N/A		2
3					3
4					4
5					5
<b>Total</b>				<b>\$</b>	<b>6</b>

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

	Amount of Fee	
1	N/A	\$ 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
Tabor Hills Health Care Facility, Inc.	Naperville

**OTHER RELATED BUSINESS ENTITIES**

Name	City	Type of Business
Bohemian Home for the Aged	Naperville	Townhomes

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).

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**VIII. OWNERSHIP COSTS**

A. Purchase price of land 1,049,853 Year land was acquired 2000

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	95		2008	2008	\$ 16,630,526	\$ 121,264	40	\$ 121,264	\$	\$ 121,264	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Landscaping		2008	2008	338,303	6,578	15	6,578		6,578	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)				\$ 16,968,829	\$ 127,842		\$ 127,842	\$	\$ 127,842	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	\$ 594,629	\$ 20,278	\$ 20,278	\$	5-10 Years	\$ 20,278	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 594,629	\$ 20,278	\$ 20,278	\$		\$ 20,278	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	N/A	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

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**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	N/A		/ /	N/A			4
5				/ /				5
6				/ /				6
7	<b>TOTAL</b>				\$			7

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

9. Rental amount for movable equipment \$ N/A

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 Long-Term</b>									
1	Illinois Revenue Authority		X	Mortgage	11/22/06	\$ 14,044,982	\$ 13,709,982	11/15/36	varies	\$ 347,513
2					/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 14,044,982	\$ 13,709,982			\$ 347,513
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 14,044,982	\$ 13,709,982			\$ 347,513

\* 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.

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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 09/30/08

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 235	\$ 235	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance -0- )	349,387	349,387	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 349,622</b>	<b>\$ 349,622</b>	<b>10</b>
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,049,853	1,049,853	13
14	Buildings, at Historical Cost	16,630,526	16,630,526	14
15	Leasehold Improvements, at Historical Cost	338,303	338,303	15
16	Equipment, at Historical Cost	594,629	594,629	16
17	Accumulated Depreciation (book methods)	(148,120)	(148,120)	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 (Finance Fee/Net	103,446	103,446	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 18,568,637</b>	<b>\$ 18,568,637</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 18,918,259</b>	<b>\$ 18,918,259</b>	<b>25</b>

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 46,902	\$ 46,902	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	225,874	225,874	29
30	Accrued Salaries Payable	70,210	70,210	30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable	284,915	284,915	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
<b>Other Current Liabilities(specify):</b>				
35	Application Processing Fee	33,750	33,750	35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	<b>\$ 661,651</b>	<b>\$ 661,651</b>	<b>37</b>
<b>D. Long-Term Liabilities</b>				
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	13,484,108	13,484,108	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>	<b>\$ 13,484,108</b>	<b>\$ 13,484,108</b>	<b>44</b>
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	<b>\$ 14,145,759</b>	<b>\$ 14,145,759</b>	<b>45</b>
46	<b>TOTAL EQUITY</b>	<b>\$ 4,772,500</b>	<b>\$ 4,772,500</b>	<b>46</b>
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	<b>\$ 18,918,259</b>	<b>\$ 18,918,259</b>	<b>47</b>

\*(See instructions.)

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**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	\$ 1,085,686	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 1,085,686	3
<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	95	8
9	Non-Resident Meals		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 95	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)		14
<b>D. Other Revenue (specify):</b>			
15	See Attachment 1	13,831	15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 13,831	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 1,099,612	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	318,644	19
20	Health Care/ Personal Care	288,459	20
21	General Administration	191,394	21
<b>B. Capital Expense</b>			
22	Ownership	495,633	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</b> (sum of lines 19 thru 27)	\$ 1,294,130	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ (194,518)	29
30	<b>Income Taxes</b>		30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ (194,518)	31

Tabor Hills Supportive Living Community, LLC

9/30/2008

Attachment 1

Page 8 Supplementary Information

<u>XII.D.Line 15</u>	<u>Amount</u>	<u>Offset on Schedule IV?</u>
Alarm Pendant Revenue	1,813	No
Cable Income	3,307	Yes - To the extent of \$1,242 in Television Expense
Telephone Income	7,229	Yes - To the extent of \$4,079 in Telephone Expense
Keys Income	150	No
Internet Income	145	No
Public Aid Application Fee	825	No
Miscellaneous Income	362	No
	<u>13,831</u>	