

		FOR BHF USE				

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2008
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2008)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH License ID Number: <u>0040543</u></p> <p>Facility Name: <u>Tabor Hills Health Care Facility</u></p> <p>Address: <u>1347 Crystal Avenue</u> <u>Naperville</u> <u>60563</u> <small>Number City Zip Code</small></p> <p>County: <u>DuPage</u></p> <p>Telephone Number: <u>(630) 778-6077</u> Fax # <u>(630) 778-6680</u></p> <p>HFS ID Number: <u>363867476001</u></p> <p>Date of Initial License for Current Owners: <u>04/25/95</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;">IRS Exemption Code <u>501(c)(3)</u></td> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></td> </tr> </table> <p>In the event there are further questions about this report, please contact Name: <u>Michael W. Martir</u> Telephone Number: <u>(217) 789-7700</u> Email Address: _____</p>	<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input checked="" type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code <u>501(c)(3)</u>	<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>10/1/07</u> to <u>09/30/08</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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u> (Date) _____ (Print Name and Title) _____ (Firm Name & Address) <u>McGladrey & Pullen, LLP</u> <u>15 S. Old State Capitol Plz, Ste. 200, Springfield, IL 62701</u> (Telephone) <u>(217) 789-7700</u> Fax # <u>(217) 753-1654</u></td> </tr> </table> <p align="center"> MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS 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) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u> (Date) _____ (Print Name and Title) _____ (Firm Name & Address) <u>McGladrey & Pullen, LLP</u> <u>15 S. Old State Capitol Plz, Ste. 200, Springfield, IL 62701</u> (Telephone) <u>(217) 789-7700</u> Fax # <u>(217) 753-1654</u>
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SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Tabor Hills Health Care Facility

0040543 Report Period Beginning: 10/1/07 Ending: 09/30/08

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds 06/25/08

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	192	Skilled (SNF)	211	72,115	1
2		Skilled Pediatric (SNF/PED)			2
3	19	Intermediate (ICF)		5,111	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	211	TOTALS	211	77,226	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 Patient Days by Level of Care and Primary Source of Payment			5 Total	
		2 Medicaid Recipient	3 Private Pay	4 Other		
8	SNF	1,256	7,070	6,527	14,853	8
9	SNF/PED					9
10	ICF	21,173	34,092		55,265	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	22,429	41,162	6,527	70,118	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.80%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location
Date started 04/28/95

J. Was the facility purchased or leased after January 1, 1978?
YES Date 04/28/95 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 52 and days of care provided 6,414

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tabor Hills Health Care Facility, Inc.
 Licensed Bed Days
 IDPH Facility # 0040543
 9/30/2008

Schedule 2A

	# of beds	Days in Period	Licensed Bed Days
Period #1 (10/01/07-6/25/08) SNF	192	269	51,648
ICF	19	269	5,111
Total	<u>211</u>		<u>56,759</u>
Period #2 (6/26/08-9/30/08) SNF	211	97	20,467
ICF	-	97	-
Total	<u>211</u>		<u>20,467</u>
Total Licensed bed days			72,115
SNF			5,111
ICF			<u>77,226</u>
Total			<u>77,226</u>

STATE OF ILLINOIS

Page 3

Facility Name & ID Number Tabor Hills Health Care Facility # 0040543 Report Period Beginning: 10/1/07 Ending: 09/30/08

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
A. General Services											
1	Dietary	430,622	25,770	11,559	467,951		467,951		467,951		1
2	Food Purchase		368,915		368,915		368,915		368,915		2
3	Housekeeping	347,543	105,168	53,199	505,910		505,910		505,910		3
4	Laundry	170,300	59,668	1,928	231,896		231,896		231,896		4
5	Heat and Other Utilities			293,081	293,081		293,081		293,081		5
6	Maintenance	169,376	39,060	153,036	361,472		361,472		361,472		6
7	Other (specify):*										7
8	TOTAL General Services	1,117,841	598,581	512,803	2,229,225		2,229,225		2,229,225		8
B. Health Care and Programs											
9	Medical Director			28,200	28,200		28,200		28,200		9
10	Nursing and Medical Records	4,890,242	429,298	1,176,209	6,495,749		6,495,749		6,495,749		10
10a	Therapy	317,626	1,818	72,435	391,879		391,879		391,879		10a
11	Activities	166,163	1,836	5,762	173,761		173,761		173,761		11
12	Social Services	104,006		6,109	110,115		110,115		110,115		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,478,037	432,952	1,288,715	7,199,704		7,199,704		7,199,704		16
C. General Administration											
17	Administrative	211,433			211,433		211,433		211,433		17
18	Directors Fees										18
19	Professional Services			211,307	211,307		211,307	(22,498)	188,809		19
20	Dues, Fees, Subscriptions & Promotion			53,497	53,497		53,497	21,823	75,320		20
21	Clerical & General Office Expense	435,932	65,874	41,324	543,130		543,130		543,130		21
22	Employee Benefits & Payroll Tax			2,111,338	2,111,338		2,111,338		2,111,338		22
23	Inservice Training & Education			1,419	1,419		1,419		1,419		23
24	Travel and Seminars			9,150	9,150		9,150		9,150		24
25	Other Admin. Staff Transportation			21,084	21,084		21,084		21,084		25
26	Insurance-Prop.Liab.Malpractice			200,949	200,949		200,949		200,949		26
27	Other (specify):*										27
28	TOTAL General Administration	647,365	65,874	2,650,068	3,363,307		3,363,307	(675)	3,362,632		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,243,243	1,097,407	4,451,586	12,792,236		12,792,236	(675)	12,791,561		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			563,880	563,880		563,880	5,016	568,896			30
31	Amortization of Pre-Op. & Org											31
32	Interest			298,356	298,356		298,356	(5,875)	292,481			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicle:											35
36	Other (specify): ³											36
37	TOTAL Ownership			862,236	862,236		862,236	(859)	861,377			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportatior											38
39	Ancillary Service Center:		216,100		216,100		216,100		216,100			39
40	Barber and Beauty Shops			46,093	46,093		46,093		46,093			40
41	Coffee and Gift Shop:											41
42	Provider Participation Fee			117,296	117,296		117,296		117,296			42
43	Other (specify): ³ Non-allowable cost	10,698		111,337	122,035		122,035	(122,035)				43
44	TOTAL Special Cost Centers	10,698	216,100	274,726	501,524		501,524	(122,035)	379,489			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	7,253,941	1,313,507	5,588,548	14,155,996		14,155,996	(123,569)	14,032,427			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

**See schedule of adjustments attached at end of cost report.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning: 10/1/07

Ending:

09/30/08

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Program				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Room				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patient				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	5,016	30		9
10	Interest and Other Investment Income	(5,875)	32		10
11	Discounts, Allowances, Rebates & Refund				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transaction				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainer				22
23	Malpractice Insurance for Individual				23
24	Bad Debt	(25,345)	43		24
25	Fund Raising, Advertising and Promotion	(9,397)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employee				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Pg. 5A	(87,968)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (123,569)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below. (See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule	\$		31
32	Donated Goods-Attach Schedule			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS)			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (123,569)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport		x	\$		38
39						39
40	Gift and Coffee Shop		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44						44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50	51	52

SEE ACCOUNTANTS' COMPILATION REPORT

Tabor Hills Health Care Facility

ID# 0040543

Report Period Beginning: 10/1/07

Ending: 09/30/08

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Disallow Resident Physicians	\$ (2,039)	43	1
2	Disallow Miscellaneous Expense	(6,997)	43	2
3	Disallow X-Ray Expense	(20,990)	43	3
4	Disallow Lab Expense	(28,350)	43	4
5	Disallow Non-allowable Legal Fees	(675)	19	5
6	Disallow Travel & Entertainment	(1,853)	43	6
7	Disallow Penalty Expense	(16,366)	43	7
8	Disallow Marketing Expense	(10,698)	43	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
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36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(87,968)		49

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning:

10/1/07

Ending:

09/30/08

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(675)	0	0	0	0	0	0	0	0	0	0	(675)	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(675)	0	0	0	0	0	0	0	0	0	0	(675)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(675)	0	0	0	0	0	0	0	0	0	0	(675)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Tabor Hills Health Care Facility # 0040543 Report Period Beginning: 10/1/07 Ending: 09/30/08

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)
	D. Ownership												
30	Depreciation	5,016	0	0	0	0	0	0	0	0	0	0	5,016 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(5,875)	0	0	0	0	0	0	0	0	0	0	(5,875) 32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0 33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0 34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	(859)	0	0	0	0	0	0	0	0	0	0	(859) 37
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	(122,035)	0	0	0	0	0	0	0	0	0	0	(122,035) 43
44	TOTAL Special Cost Centers	(122,035)	0	0	0	0	0	0	0	0	0	0	(122,035) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(123,569)	0	0	0	0	0	0	0	0	0	0	(123,569) 45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Bohemian Home for the Aged	100%			Bohemian Home for the Aged	Naperville	Townhomes

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V			N/A				3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

* Total must agree with the amount recorded on line 34 of Schedule V1

Facility Name & ID Number Tabor Hills Health Care Facility # 0040543 Report Period Beginning: 10/1/07 Ending: 09/30/08

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Gloria Pindiak	Administrator	CEO	0.00	0	40+	100.00	Salary	\$ 147,619	L17,C1	1
2											2
3	See attached schedule of Board of Directors										
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 147,619		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Tabor Hills Health Care Facility # 0040543 Report Period Beginning: 10/1/07 Ending: 09/30/08

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization N/A
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

B. Show the allocation of costs below. If necessary, please attach worksheets

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$			1
2									2
3									3
4				N/A					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	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Tabor Hills Health Care Facility # 0040543 Report Period Beginning: 10/1/07 Ending: 09/30/08

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6		7	8	9	10	
						Original	Balance					
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO									
	A. Directly Facility Related											
	Long-Term											
1	Illinois Revenue Authority		X	Mortgage	Principal and interest due upon presentment	11/22/06	\$ 4,970,670	\$ 4,970,670	11/15/36	varies	\$ 298,356	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						\$ 4,970,670	\$ 4,970,670			\$ 298,356	9
	B. Non-Facility Related*											
10	Interest Income Offset										(5,875)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			(5,875)	14
15	TOTALS (line 9+line14)						\$ 4,970,670	\$ 4,970,670			\$ 292,481	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2007 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2008 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Tabor Hills Health Care Facility COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0040543

CONTACT PERSON REGARDING THIS REPORT Frances Salinas

TELEPHONE (630) 778-6077 FAX #: (630) 778-6680

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2007 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2007.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. <u>Facility is a not-for-profit entity and exempt fro real estate tax.</u>	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ _____	\$ _____

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES N/A NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

PLEASE NOTE: Payment information from the Internet or otherwise is not considered acceptable tax bill documentation. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Tabor Hills Health Care Facility

0040543 Report Period Beginning:

10/1/07 Ending:

09/30/08

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,980 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization (c) Rent equipment from Completely Unrelated Organization

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc)

List entity name, type of business, square footage, and number of beds/units available (where applicable)
Bohemian Home for the Aged d/b/a Tabor Hills Adult Community provides housing to seniors through an adult living community.

There are 104 townhomes and a total of 1,267,596 square feet of land

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs: _____
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility	264,519	1995	\$ 574,693	1
2					2
3	TOTALS	264,519		\$ 574,693	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning:

10/1/07

Ending:

09/30/08

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		
Bed(s)*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	211	1995	1995	\$ 10,039,753	\$ 249,932	40	\$ 249,932	\$	\$ 3,385,758	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Land Improvements		1995	36,958	2,464	15	2,464		33,263	9
10	Improvements		1995	1,421		40	36	36	615	10
11	Sign		1997	500	13	40	13		149	11
12	Electric		1996	656	16	40	16		184	12
13	Humidistats		1996	1,378	34	40	34		391	13
14	Door alarm		1996	854	21	40	21		249	14
15	Plumbing		1996	1,050	26	40	26		299	15
16	Install lights, water heater		1997	2,345	59	40	59		671	16
17	Pipe		1997	618	15	40	15		180	17
18	Electric		1997	3,121	78	40	78		897	18
19	Signs & outlets		1997	2,504	63	40	63		717	19
20	Wall hugging overbed lights		1997	27,302	683	40	683		7,782	20
21	Air compressor		1997	2,078	52	40	52		598	21
22	Roof repair		1997	3,154	79	40	79		901	22
23	Deco-gard products		1997	738	18	40	18		208	23
24	Shelving units		1998	2,317	58	40	58		609	24
25	Chimney cap		1998	945	24	40	24		252	25
26	Access door		1998	2,061	52	40	52		546	26
27	Bumper guards		1998	3,687	92	40	92		966	27
28	Land improvement - survey		1998	800		10			800	28
29	Carpeting		1999	67,303	6,730	10	6,730		63,375	29
30	Miniblinds		1999	3,501	350	10	350		3,179	30
31	Vertical blinds		1999	1,974	197	10	197		1,938	31
32	Swingmaster door		1999	2,357	236	10	236		2,320	32
33	Security lock		1999	2,779	278	10	278		2,664	33
34	WanderGuard code alert system		1999	16,182	1,618	10	1,618		15,371	34
35										35
36										36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning:

10/1/07

Ending:

09/30/08

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		
37	Carpeting	2000	\$ 225	\$ 23	10	\$ 23		\$ 183	37
38	Railing & bumper	2000	3,275	82	40	82		699	38
39	Carpeting	2000	41,999	4,200	10	4,200		33,250	39
40	Tile	2001	6,493	162	40	162		1,270	40
41	Courtyard improvement	2001	15,673	392	40	392		2,775	41
42	Architect Fees - Dining Room	2002	58,322	5,832	10	5,832		29,160	42
43	Carpet	2002	3,341	334	10	334		2,004	43
44	Door Alarm	2003	8,254	825	10	825		4,606	44
45	Fountain	2003	2,278	228	10	228		1,235	45
46	Carpet	2003	4,545	455	10	455		2,275	46
47	Therapeutic Garder	2003	135,525	3,388	40	3,388		15,478	47
48	Windows	2003	600	15	40	15		75	48
49	Braille Room Signs	2003	3,156	79	40	79		356	49
50	Flooring & Ceiling Tile	2004	12,755	319	40	319		1,436	50
51	Architect Fees - Dining Room	2004	17,405	435	40	435		1,958	51
52	Air Conditioning	2004	32,155	3,216	10	3,216		14,472	52
53	Plumbing	2004	30,619	765	40	765		3,526	53
54	Doors	2004	12,160	1,216	10	1,216		5,472	54
55	Water Box	2004	1,996	200	10	200		900	55
56	Fire Alarm	2004	8,965	897	10	897		4,036	56
57	Driveway	2004	2,750	275	10	275		1,238	57
58	Electric Work & Lighting	2004	213,367	5,334	40	5,334		21,887	58
59	Entryway Renovation	2004	761	19	40	19		76	59
60	Sprinkler System	2004	1,798	45	40	45		180	60
61	Dining Room Renovation	2004	1,915,627	42,911	40	47,891	4,980	182,816	61
62	Bathroom Renovation	2005	2,000	50	40	50		175	62
63	Automatic Door System	2005	3,551	89	40	89		312	63
64	Signs	2006	21,716	543	40	543		1,357	64
65	Door Sensor Locks	2006	18,597	465	40	465		1,162	65
66	Asphalt Parking Lots	2006	7,156	716	10	716		1,789	66
67	Wall Mirrors Therapy Room	2006	2,940	74	40	74		184	67
68	Electrical Work	2006	25,507	638	40	638		1,595	68
69	Wiring	2006	68,676	1,717	40	1,717		4,292	69
70	TOTAL (lines 4 thru 69)		\$ 12,912,523	\$ 339,127		\$ 344,143	\$ 5,016	\$ 3,867,111	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning:

10/1/07

Ending:

09/30/08

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	Totals from Page 12A, Carried Forward	\$ 12,912,523	\$ 339,127		\$ 344,143	\$ 5,016	\$ 3,867,111		1
2	Lighting	2006 21,943	549	40	549		1,372		2
3	Exhaust Fans	2006 28,060	702	40	702		1,754		3
4	Heaters	2006 28,826	721	40	721		1,802		4
5	HVAC	2006 71,252	1,781	40	1,781		4,453		5
6	Fountain	2006 39,594	2,640	15	2,640		5,500		6
7	Wall Coverings	2007 6,058	606	10	606		909		7
8	Fire Prevention	2007 5,464	546	10	546		820		8
9	Exterior Work	2007 7,440	744	10	744		1,116		9
10	Naperville Room improvement:	2007 17,034	426	40	426		639		10
11	- Remove interior partition wall, remove required ceiling grid & tile to new demising wall, construct new interior demising wall attaching to underside of pan desk, remove existing ceiling panels, provided required fire stopping for perimeter walls & ceiling								11
12									12
13									13
14									14
15									15
16	Exercise Room improvement:	2007 18,807	470	40	470		705		16
17	- Removed wallpaper, patched damaged areas, replaced & repaired all required drywall. Install new insulation install new fire rated metal door frame & door								17
18									18
19									19
20	Exterior Doors & Frames	2007 8,292	207	40	207		311		20
21	Interior Doors	2007 2,490	62	40	62		93		21
22	1 North Kitchen improvement:	2007 8,754	219	40	219		328		22
23	- Removed cabinets, walls, ceiling & flooring - concrete floor to install new plumbing drain								23
24									24
25	Finance Office improvement:	2007 2,622	66	40	66		98		25
26	- Replaced door and walls, taped off and painted								26
27	Carpeting	2007 12,371	1,237	10	1,237		1,856		27
28	Electrical work	2007 30,630	766	40	766		1,149		28
29	Duct work	2007 18,266	457	40	457		685		29
30	Smoke detectors	2007 7,966	797	10	797		1,195		30
31	Electrical work	2007 13,558	339	40	339		508		31
32	Landscaping	2008 3,025	17	15	17		17		32
33	Boiler	2008 5,802	73	40	73		73		33
34	TOTAL (lines 1 thru 33)	\$ 13,270,777	\$ 352,552		\$ 357,568	\$ 5,016	\$ 3,892,494		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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	Totals from Page 12B, Carried Forward		\$ 13,270,777	\$ 352,552		\$ 357,568	\$ 5,016	\$ 3,892,494	1
2	Administrative office renovation	2008	28,511	356	40	356		356	2
3	- New oak cabinets, closet & shelving, new ceiling tiles, install								3
4	new water cooler								4
5	Duct, fan coil & heating work	2008	12,684	159	40	159		159	5
6	Vinyl Bases	2008	4,914	246	10	246		246	6
7	Electrical work	2008	84,126	1,928	40	1,928		1,928	7
8	Mag Mile Kitchen Improvement:	2008	30,844	386	40	386		386	8
9	- Renovate oak countertop, light fixtures, kitchen area, and								9
10	vinyl baseboard, replace old kitchen air controller								10
11	Therapy Office Improvements - wiring, flooring, wall coverin	2008	16,734	209	40	209		209	11
12	Flooring	2008	13,497	169	40	169		169	12
13	Water pump	2008	5,794	72	40	72		72	13
14	A/C Unit	2008	10,660	133	40	133		133	14
15	Coil and Freeze Thermosta	2008	5,800	73	40	73		73	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)		\$ 13,484,341	\$ 356,283		\$ 361,299	\$ 5,016	\$ 3,896,225	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number: Tabor Hills Health Care Facility # 0040543 Report Period Beginning: 10/1/07 Ending: 09/30/08
 XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instruction

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,357,013	\$ 171,834	\$ 171,834	\$	5-10 Years	\$ 851,158	71
72	Current Year Purchases	155,303	9,919	9,919		5-10 Years	9,919	72
73	Fully Depreciated Assets	1,660,569					1,660,569	73
74								74
75	TOTALS	\$ 3,172,885	\$ 181,753	\$ 181,753	\$		\$ 2,521,646	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	See schedule 13A			\$ 262,176	\$ 25,844	\$ 25,844	\$	5	\$ 206,093	76
77										77
78										78
79										79
80	TOTALS			\$ 262,176	\$ 25,844	\$ 25,844	\$		\$ 206,093	80

E. Summary of Care-Related Asset

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 17,494,095	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 563,880	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 568,896	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 5,016	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,623,964	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Non-care related bus	\$ 38,750	\$	\$ 38,750	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 38,750	\$	\$ 38,750	91

G. Construction-in-Progres

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 1

Tabor Hills Health Care Facility, Inc.
 IDPH Facility # 0040543
 9.30.08

Schedule 13A

Schedule XI - D Vehicle Depreciation

Use	Model, Make and Year	Year Acquired	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustment	Life in Years	Accumulated Depreciation
Facility Use	1997 Ford Eldorado Bus	1997	44,290			-	5	44,290
Medical Transportation	1988 Ford Van	1988	23,216			-	5	23,216
Facility Use	2000 Chrysler Van	2000	31,930	-	-	-	5	31,229
Administrative Use	2003 Van	2003	41,902	4,190	4,190	-	5	41,902
Facility Use	2004 Van	2004	70,823	14,165	14,165	-	5	55,479
	Pickup truck	2007	21,500	4,300	4,300	-	5	6,450
	Vehicle Parts	2007	3,377	675	675	-	5	1,013
Administrative Use	2008 Toyota Sienna	2008	25,138	2,514	2,514	-	5	2,514
			<u>262,176</u>	<u>25,844</u>	<u>25,844</u>	-		<u>206,093</u>

See Accountants' Compilation Report

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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?
 If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ <u>N/A</u>			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:
 Beginning _____
 Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2009 \$ _____
 13. /2010 \$ _____
 14. /2011 \$ _____

8. List separately any amortization of lease expense included on page 4, line 34. N/A
 This amount was calculated by dividing the total amount to be amortized N/A
 by the length of the lease _____.

9. Option to Buy: YES NO Terms: N/A *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? YES NO
 16. Rental Amount for movable equipment: \$ N/A Description: N/A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$ <u>N/A</u>	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

	Facility			
	1	2	3	4
	Drop-outs	Completed	Contract	Total
1 Community College Tuition	\$	\$	\$	\$
2 Books and Supplies				
3 Classroom Wages (a)				
4 Clinical Wages (b)				
5 In-House Trainer Wage (c)				
6 Transportation				
7 Contractual Payment:				
8 CNA Competency Tests				
9 TOTALS	\$	\$	\$	\$
10 SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefit;
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefit;
- (c) For in-house training programs only. Do not include fringe benefit;
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities:

\$ _____

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost	Units	Cost					
1	Licensed Occupational Therapist	10A(1),(3)	2421	hrs	\$ 94,777	379	\$ 24,176	\$	2,800	\$ 118,953	1
2	Licensed Speech and Language Development Therapist	10A(3)		hrs		738	47,994		738	47,994	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10A(1),(2),(3)	5692	hrs	222,849	15	265	1,818	5,707	224,932	4
5	Physician Care			visits							5
6	Dental Care			visits							6
7	Work Related Program			hrs							7
8	Habilitation			hrs							8
9	Pharmacy	39(2)		# of prescripts				216,100		216,100	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify):										12
13	Other (specify):										13
14	TOTAL				\$ 317,626	1,132	\$ 72,435	\$ 217,918	9,245	\$ 607,979	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning: 10/1/07

Ending:

09/30/08

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 09/30/08

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 12,511	\$ 12,511	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 24,873)	1,611,598	1,611,598	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	106,482	106,482	5
6	Prepaid Insurance	391,540	391,540	6
7	Other Prepaid Expenses	33,178	33,178	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,155,309	\$ 2,155,309	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	574,693	574,693	13
14	Buildings, at Historical Cost	9,997,265	10,039,753	14
15	Leasehold Improvements, at Historical Cost	3,429,428	3,444,588	15
16	Equipment, at Historical Cost	3,503,033	3,435,061	16
17	Accumulated Depreciation (book methods)	(6,511,097)	(6,623,964)	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 (sp Finance Fee/Net)	36,464	36,464	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,029,786	\$ 10,906,595	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 13,185,095	\$ 13,061,904	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,879,438	\$ 1,879,438	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	79,939	79,939	29
30	Accrued Salaries Payable	617,897	617,897	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	106,252	106,252	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	See Sch 17A	298,340	298,340	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,981,866	\$ 2,981,866	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	4,890,731	4,890,731	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 4,890,731	\$ 4,890,731	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,872,597	\$ 7,872,597	46
47	TOTAL EQUITY(page 18, line 24)	\$ 5,312,498	\$ 5,189,307	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 13,185,095	\$ 13,061,904	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

Tabor Hills Health Care Facility, Inc.
IDPH Facility # 0040543
10.01.07 to 9.30.08

Schedule 17A

XV. Balance Sheet
C. Current Liabilities - Line 36

	Operating	After Consolidation
Resident Credit Balances	\$ 215,210.00	\$ 215,210.00
Accrued Wage Assignment	\$ 187.00	\$ 187.00
Other Liabilities	\$ 65,412.00	\$ 65,412.00
Refunds(Residents/Family)	\$ 17,531.00	\$ 17,531.00
Total	\$ 298,340.00	\$ 298,340.00

See Accountants' Compilation Report

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,867,069	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,867,069	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(361,076)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (361,076)	17
B. Transfers (Itemize):			
18	Interorganization Transfers	(193,495)	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (193,495)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 5,312,498	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning: 10/1/07

Ending: 09/30/08

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached

Note: This schedule should show gross revenue and expenses. Do not net revenue against expenses.

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,653,366	1
2	Discounts and Allowances for all Levels	(886,954)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,766,412	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	968,301	6
7	Oxygen	29,932	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 998,233	8
C. Other Operating Revenue			
9	Payments for Educator		9
10	Other Government Grants		10
11	CNA Training Reimbursement		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	45,254	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	248,180	17
18	Sale of Supplies to Non-Patient		18
19	Laboratory	29,602	19
20	Radiology and X-Ray	18,166	20
21	Other Medical Services	682,805	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,024,007	23
D. Non-Operating Revenue			
24	Contributions	130	24
25	Interest and Other Investment Income**	5,875	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 6,005	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	263	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 263	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,794,920	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,229,225	31
32	Health Care	7,199,704	32
33	General Administration	3,363,307	33
B. Capital Expense			
34	Ownership	862,236	34
C. Ancillary Expense			
35	Special Cost Centers	384,228	35
36	Provider Participation Fee	117,296	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,155,996	40
41	Income before Income Taxes (line 30 minus line 40)**	(361,076)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (361,076)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? N/A If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

**** Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Tabor Hills Health Care Facility

0040543

Report Period Beginning: 10/1/07

Ending:

09/30/08

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,891	2,115	\$ 73,893	\$ 34.94	1
2	Assistant Director of Nursing	1,332	1,451	36,365	25.06	2
3	Registered Nurses	69,293	74,150	2,144,016	28.91	3
4	Licensed Practical Nurses	20,296	21,796	430,959	19.77	4
5	CNAs & Orderlies	109,499	118,345	1,587,645	13.42	5
6	CNA Trainees					6
7	Licensed Therapist	7,493	8,113	317,626	39.15	7
8	Rehab/Therapy Aides	10,211	10,877	116,163	10.68	8
9	Activity Director	1,967	2,197	33,700	15.34	9
10	Activity Assistants	21,774	23,136	132,463	5.73	10
11	Social Service Worker	7,667	8,499	104,006	12.24	11
12	Dietician					12
13	Food Service Supervisor	1,429	1,925	36,603	19.01	13
14	Head Cook	4,060	4,675	74,951	16.03	14
15	Cook Helpers/Assistants	28,820	31,266	294,707	9.43	15
16	Dishwashers	2,168	2,464	24,361	9.89	16
17	Maintenance Worker	8,470	9,050	169,376	18.72	17
18	Housekeepers	36,925	39,620	347,543	8.77	18
19	Laundry	17,342	18,788	170,300	9.06	19
20	Administrator	3,650	4,299	211,433	49.18	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	21,341	23,890	435,932	18.25	24
25	Vocational Instructor					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	6,450	7,081	108,557	15.33	31
32	Other Health C: See Pg. 20A	17,342	18,843	392,644	20.84	32
33	Other(specify) Marketing	645	701	10,698	15.26	33
34	TOTAL (lines 1 - 33)	400,065	433,281	\$ 7,253,941 *	\$ 16.74	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	288	\$ 11,559	Ln 1, Col 3	35
36	Medical Director	366	28,200	Ln 9, Col 3	36
37	Medical Records Consultant	70	1,528	Ln 10, Col 3	37
38	Nurse Consultant	72	2,415	Ln 10, Col 3	38
39	Pharmacist Consultant	305	6,100	Ln 10, Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	61	3,432	Ln 11, Col 3	44
45	Social Service Consultant	97	6,109	Ln 12, Col 3	45
46	Other(specify) Alzheimer	7	399	Ln 10, Col 3	46
47	Medical Consultant	Monthly	2,600	Ln 10, Col 3	47
48					48
49	TOTAL (lines 35 - 48)	1,266	\$ 62,342		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	9,943	\$ 409,785	Ln 10, Col 3	50
51	Licensed Practical Nurses	2,300	69,551	Ln 10, Col 3	51
52	Certified Nurse Assistants/Aides	31,942	682,711	Ln 10, Col 3	52
53	TOTAL (lines 50 - 52)	44,185	\$ 1,162,047		53

SEE ACCOUNTANTS' COMPILATION REPORT

Tabor Hills Health Care Facility, Inc.
IDPH Facility # 0040543
10.01.07 to 9.30.08

Schedule 20A

XVIII. Staffing and Salary Costs
Line 32 Other Healthcare (specify):

Description	Hours Worked	Hours Paid	Wages	Average Wages
Ward Clerk	1,150	1,250	22,630	18.10
Care Plan Coordinator	4,675	5,020	127,832	25.46
Special Care Unit Manager	1,806	1,963	44,165	22.50
Restorative Coordinator	1,550	1,740	46,241	26.58
Restorative Services	5,038	5,476	88,981	16.25
Quality Assurance	3,123	3,394	62,795	18.50
	17,342	18,843	392,644	20.84

See Accountants' Compilation Report

Tabor Hills Health Care Facility, Inc.
Provider #: 0040543
10/01/07 to 09/30/08

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

Vopenka & Associates	Computer	69,632
HDSI	Computer	5,350
Ivans	Computer	1,145
Accu-Med Services	Computer	3,720
Comcast	Computer	1,799
Nebo Systems, Inc.	Computer	260
Kronos, Inc.	Computer	1,759
Sunbelt Software Distribution	Computer	310
RSM McGladrey	Audit & Accounting	83,647
Prudential Insurance Company	Actuary	94
Foley & Lardner LLP	Legal	7,329
Polsinelli, Shalton, Flanigan, Suelthaus PC	Legal	2,351
Dommermuth, Brestal, Cobine & West, LTD.	Legal	1,088
Erickson Papanek Peterson Erickson	Legal	3,667
Duane Morris	Legal	6,658
Wessels Pautsch & Sherman PC	Legal	675
Allmed Staffing, Inc.	Employee Recruitment	<u>21,823</u>
Total (agree to Schedule V, line 19, column 3)		211,307
Non-Allowable Legal Fees		(675)
Employee Recruitment Expenses		(21,823)
Total (agree to Schedule V, line 19, column 8)		<u><u>188,809</u></u>

SEE ACCOUNTANTS' COMPILATION REPORT

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	8 Amount of Expense Amortized Per Year								
					5 FY2005	6 FY2006	7 FY2007	9 FY2008	10 FY2009	11 FY2010	12 FY2011	13 FY2012	13 FY2013
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4		N/A											
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Tabor Hills Health Care Facility# 0040543Report Period Beginning: 10/1/07Ending: 09/30/08**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union No
- (2) Are there any dues to nursing home associations included on the cost report Yes
If YES, give association name and amount Life Services Network of Illinois - \$13,606
- (3) Did the nursing home make political contributions or payments to a political organization? No If YES, have these costs been properly adjusted out of the cost report N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expenses and the location of this expense on Sch. V. 118,373 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility IDPH license number of this related party and the date the present owners took over N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. 117,296
This amount is to be recorded on line 42 of Schedule V
- (12) Are there any salary costs which have been allocated to more than one line on Schedule for an individual employee? No If YES, attach an explanation of the allocation
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services if the patient census listed on page 2, Section B No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? No Indicate the amount \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 0%
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: McGladrey & Pullen The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? Yes If no, please explain N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees

SEE ACCOUNTANTS' COMPILATION REPORT

Facility	2007 Average Median Cost Per Resident Day			Cost Report Line	Description	State-Wide	HSA											10th %	90th %	Cost Report Line
	2008	State	HSA				1	2	3	4	5	6	7	8	9	10	11			
Dietary	6.67	7.02	7.24	1	Dietary	7.02	7.74	7.68	6.20	7.68	6.22	7.24	7.24	6.14	7.74	6.51	4.47	10.66	1	
Food Purchase	5.26	5.08	5.01	2	Food Purchase	5.08	5.20	5.51	5.14	5.51	4.88	5.01	5.01	5.01	4.62	5.20	4.60	3.58	6.38	2
Housekeeping	7.22	4.42	4.71	3	Housekeeping	4.42	4.18	4.50	3.58	4.50	4.13	4.71	4.71	4.71	4.11	4.18	4.54	2.72	6.08	3
Laundry	3.31	2.04	1.80	4	Laundry	2.04	2.58	2.10	1.97	2.10	2.16	1.80	1.80	1.80	1.92	2.58	2.33	0.93	3.31	4
Heat & Other Utilities	4.18	3.84	3.73	5	Heat & Other Utilities	3.84	3.94	3.99	3.85	3.99	3.77	3.73	3.73	3.73	3.75	3.94	3.84	2.35	5.03	5
Maintenance	5.16	4.04	4.27	6	Maintenance	4.04	4.50	4.06	3.95	4.06	3.11	4.27	4.27	4.27	4.42	4.50	3.67	2.23	5.95	6
TOTAL GENERAL SERVICES	31.79	27.01	27.11	8	TOTAL GENERAL SERVICES	27.01	28.37	28.87	25.48	28.87	24.52	27.11	27.11	27.11	25.59	28.37	25.08	19.42	34.57	8
Medical Director	0.40	0.29	0.34	9	Medical Director	0.29	0.27	0.27	0.31	0.27	0.26	0.34	0.34	0.34	0.34	0.27	0.27	-	-	9
Nursing & Medical Records	92.64	49.92	54.43	10	Nursing & Medical Records	49.92	51.34	50.48	44.78	50.48	41.07	54.43	54.43	54.43	53.55	51.34	48.73	29.62	71.13	10
Therapy	5.59	3.61	2.16	10A	Therapy	3.61	2.98	6.91	6.80	6.91	5.06	2.16	2.16	2.16	2.14	2.98	4.12	-	14.03	10A
Activities	2.48	2.22	2.53	11	Activities	2.22	2.55	2.25	1.74	2.25	1.56	2.53	2.53	2.53	2.68	2.55	1.62	1.13	3.67	11
Social Services	1.57	1.69	2.01	12	Social Services	1.69	1.73	1.53	1.46	1.53	1.36	2.01	2.01	2.01	1.93	1.73	1.42	0.64	3.34	12
TOTAL HEALTH CARE & PROGRAMS	102.68	61.01	63.68	16	TOTAL HEALTH CARE & PROGRAMS	61.01	60.87	63.29	56.70	63.29	51.30	63.68	63.68	63.68	61.77	60.87	61.63	35.95	85.52	16
Administration	3.02	3.97	3.98	17	Administration	3.97	4.25	4.01	4.18	4.01	3.80	3.98	3.98	3.98	3.66	4.25	3.62	1.95	10.19	17
Professional Services	2.69	1.12	1.28	19	Professional Services	1.12	1.16	0.91	0.90	0.91	0.85	1.28	1.28	1.28	1.59	1.16	0.86	0.03	3.27	19
Clerical & Gen. Office Expense	7.75	5.67	6.79	21	Clerical & Gen. Office Expense	5.67	4.79	5.84	5.04	5.84	3.99	6.79	6.79	6.79	5.66	4.79	5.44	2.41	10.26	21
Employee Benefits & PR Taxes	30.11	12.11	12.75	22	Employee Benefits & PR Taxes	12.11	12.43	14.11	11.29	14.11	9.87	12.75	12.75	12.75	13.08	12.43	10.79	7.22	21.71	22
Travel & Seminar	0.13	0.09	0.07	24	Travel & Seminar	0.09	0.09	0.09	0.12	0.09	0.07	0.07	0.07	0.07	0.11	0.09	0.14	-	0.42	24
Insurance-Property, Liability & Malpractice	2.87	2.61	3.14	26	Insurance-Property, Liability & Malpractice	2.61	2.32	2.35	2.51	2.35	2.06	3.14	3.14	3.14	2.68	2.32	2.04	0.93	4.60	26
TOTAL GENERAL ADMINISTRATIVE	30.14	30.78	32.38	28	TOTAL GENERAL ADMINISTRATIVE	30.14	30.78	32.38	28.59	32.38	25.44	31.13	31.13	31.13	29.82	30.78	27.30	18.37	44.67	28
TOTAL OPERATING EXPENSES	118.66	121.39	125.28	29	TOTAL OPERATING EXPENSES	118.66	121.39	125.28	109.76	125.28	100.29	124.59	124.59	124.59	117.30	121.39	112.77	76.77	160.34	29
Depreciation	4.27	4.02	4.66	30	Depreciation	4.27	4.02	4.66	3.68	4.66	2.39	5.11	5.11	5.11	-	4.02	3.64	1.04	8.69	30
Interest	3.91	4.10	2.83	32	Interest	3.91	4.10	2.83	3.63	2.83	2.50	4.99	4.99	4.99	-	4.10	1.18	-	10.80	32
Real Estate Taxes	1.71	1.45	1.47	33	Real Estate Taxes	1.71	1.45	1.47	1.17	1.47	1.19	3.21	3.21	3.21	1.30	1.45	1.56	-	5.78	33
Rent-Equipment & Vehicles	4.17	3.91	4.99	35	Rent-Equipment & Vehicles	0.23	-	-	-	-	-	-	-	-	-	-	-	-	-	35
TOTAL OWNERSHIP	13.82	11.29	12.76	37	TOTAL OWNERSHIP	13.82	11.29	12.76	11.00	12.76	8.50	16.55	16.55	16.55	16.10	11.29	11.78	3.99	24.06	37
Ancillary Service Centers	5.29	2.87	3.33	39	Ancillary Service Centers	5.29	2.87	3.33	4.28	3.33	3.46	8.25	8.25	8.25	-	2.87	2.12	-	-	39
Provider Participation Fee	1.76	1.80	1.78	42	Provider Participation Fee	1.76	1.80	1.78	1.96	1.78	1.92	1.71	1.71	1.71	1.71	1.80	1.92	-	-	42
Total Ancillary Provider Fee & Other	7.66	4.87	5.51	44	Total Ancillary Provider Fee & Other	7.66	4.87	5.51	7.29	5.51	5.37	10.98	10.98	10.98	13.13	4.87	5.77	-	-	44
TOTAL OPERATING & OWNERSHIP COST	144.65	143.50	146.68	45	TOTAL OPERATING & OWNERSHIP COST	144.65	143.50	146.68	133.85	146.68	121.87	160.28	160.28	160.28	151.62	143.50	139.99	80.76	184.41	45

2007 - Average Wage Data Table

2008 - Average Wage Data Table

Facility	State-Wide			State-Wide	HSA											
	Wide	HSA	HSA		1	2	3	4	5	6	7	8	9	10	11	
Total staff hours including contract nurses PRC	6.81	5.10	4.90	5.10	5.50	5.50	5.50	5.50	5.50	5.30	4.90	4.90	4.90	5.20	5.50	5.40
Nursing hours including contract nurses PRD	4.01	3.00	2.90	3.00	3.30	3.30	3.30	3.30	3.20	2.90	2.90	2.90	3.10	3.30	3.30	
RN	28.91	\$ 24.72	28.75	\$ 24.72	23.57	22.63	21.39	25.98	18.71	28.75	28.75	28.75	25.49	23.57	22.30	
LPN	19.77	\$ 20.51	23.94	\$ 20.51	19.69	19.00	17.16	21.52	14.99	23.94	23.94	23.94	21.97	19.69	18.20	
CNA	13.42	\$ 10.75	11.37	\$ 10.75	10.60	10.61	10.17	12.03	8.95	11.37	11.37	11.37	11.30	10.60	10.62	
DON	34.94	\$ 32.38	38.57	\$ 32.38	30.35	28.11	27.29	34.21	25.56	38.57	38.57	38.57	36.46	30.35	29.22	
ADON	25.06	\$ 28.35	32.91	\$ 28.35	25.36	23.65	22.45	27.75	19.53	32.91	32.91	32.91	30.22	25.36	25.71	

2005 - Staffing and Occupancy Data

2008 - Staffing and Occupancy Data

Facility	State-Wide			State-Wide	HSA										
	Wide	HSA	HSA		1	2	3	2	5	6	6	6	9	1	11
Occupancy	90.80%	79.3%	80.7%	79.3%	78.4%	77.7%	75.9%	77.7%	73.8%	80.7%	80.7%	80.7%	84.0%	78.4%	78.4%
Medicaid Utilization	32%	64.0%	70.0%	64.0%	53.9%	54.9%	57.9%	54.9%	60.9%	70.0%	70.0%	70.0%	65.3%	53.9%	58.9%
Medicare Utilization	9.1%	11.7%	12.0%	11.7%	9.9%	11.5%	11.8%	11.5%	11.3%	12.0%	12.0%	12.0%	13.2%	9.9%	11.1%

RECONCILIATION REPORT

Tabor Hills Health Care

02:07 PM 2/23/2009

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-123,569	equal to	-123,569	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	292,481	equal to	292,481	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	0	equal to	0	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	568,896	equal to	568,896	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	0	equal to	0	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages	317,626	equal to	0	0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	391,879	equal to	391,879	0	O.K.	Pg16 Z12+Z14.	N/A/B	1-4;40-43	8:2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	217,918	equal to	217,918	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39.10a	2
Income Stat. General Serv.	2,229,225	equal to	2,229,225	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	7,199,704	equal to	7,199,704	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Administration	3,363,307	equal to	3,363,307	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	862,236	equal to	862,236	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	384,228	equal to	384,228	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+i	N/A	38to41+43	4
Income Stat. Prov. Partic.	117,296	equal to	117,296	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	4,497,598	equal to	4,890,242	-392,644	FAILED	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to	0	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	317,626	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	166,163	equal to	166,163	0	O.K.	Pg20 K19+K20	A.	9-10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	104,006	equal to	104,006	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	430,622	equal to	430,622	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	169,376	equal to	169,376	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	347,543	equal to	347,543	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	170,300	equal to	170,300	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	211,433	equal to	211,433	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	435,932	equal to	435,932	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	7,253,941	equal to	7,253,941	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	11,559	< or = to	11,559	0	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	28,200	< or = to	28,200	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	1,172,090	< or = to	1,176,209	-4,119	O.K.	Pg20 X14..X16+	B. & C.	17to39 and 50to6	2	Pg3 G19	N/A	10	3
Activity Consultant	3,432	< or = to	5,762	-2,330	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	6,109	< or = to	6,109	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	211,433	equal to	211,433	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other		equal to	0	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	211,307	equal to	211,307	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	2,111,338	equal to	2,111,338	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	75,320	equal to	75,320	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	9,150	equal to	9,150	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	117,296	equal to	117,296	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	0	< or = to	0	0	O.K.	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	0	equal to	0	0	O.K.	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to	0	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	6,414	equal to	6,527	-113	FAILED	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs		equal to	0	#VALUE!	#VALUE!	Pg5 Z18	B.	34	1	Pg6 to Pg 6l Y4	B.	14	8
Total loan balance	4,970,670	equal to	4,970,670	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27.	N/A	29+39-41	2
Real estate tax accrual	0	equal to	0	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	574,693	equal to	574,693	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	13,484,341	equal to	13,484,341	0	O.K.	Pg12 to 12l L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	3,435,061	equal to	3,435,061	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	6,623,964	equal to	6,623,964	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	5,312,498	equal to	5,312,498	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	-361,076	equal to	-361,076	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to	0	0	O.K.	Pg22 F31-J31..1	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	13,185,095	equal to	13,185,095	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1

Capital Rate Data
Change from 1980/81

YOU MUST CHECK THE CAPITAL GAIN THAT IS LIMITED TO THE COST BASIS
COSTS INCLUDED ON PAGE 8 OF THIS 102 STATE AT 01.01.80

Facility Name	Change from 1980/81	01.01.80	01.01.81
State Health Care Facility			
7 One or More (2 or 3)	Q	Q	Q
One or More (4 or 5)	Q	Q	Q
One or More (6 or 7)	Q	Q	Q
One or More (8 or 9)	Q	Q	Q
One or More (10 or 11)	Q	Q	Q
One or More (12 or 13)	Q	Q	Q
One or More (14 or 15)	Q	Q	Q
One or More (16 or 17)	Q	Q	Q
One or More (18 or 19)	Q	Q	Q
One or More (20 or 21)	Q	Q	Q
One or More (22 or 23)	Q	Q	Q
One or More (24 or 25)	Q	Q	Q
One or More (26 or 27)	Q	Q	Q
One or More (28 or 29)	Q	Q	Q
One or More (30 or 31)	Q	Q	Q
One or More (32 or 33)	Q	Q	Q
One or More (34 or 35)	Q	Q	Q
One or More (36 or 37)	Q	Q	Q
One or More (38 or 39)	Q	Q	Q
One or More (40 or 41)	Q	Q	Q
One or More (42 or 43)	Q	Q	Q
One or More (44 or 45)	Q	Q	Q
One or More (46 or 47)	Q	Q	Q
One or More (48 or 49)	Q	Q	Q
One or More (50 or 51)	Q	Q	Q
One or More (52 or 53)	Q	Q	Q
One or More (54 or 55)	Q	Q	Q
One or More (56 or 57)	Q	Q	Q
One or More (58 or 59)	Q	Q	Q
One or More (60 or 61)	Q	Q	Q
One or More (62 or 63)	Q	Q	Q
One or More (64 or 65)	Q	Q	Q
One or More (66 or 67)	Q	Q	Q
One or More (68 or 69)	Q	Q	Q
One or More (70 or 71)	Q	Q	Q
One or More (72 or 73)	Q	Q	Q
One or More (74 or 75)	Q	Q	Q
One or More (76 or 77)	Q	Q	Q
One or More (78 or 79)	Q	Q	Q
One or More (80 or 81)	Q	Q	Q
One or More (82 or 83)	Q	Q	Q
One or More (84 or 85)	Q	Q	Q
One or More (86 or 87)	Q	Q	Q
One or More (88 or 89)	Q	Q	Q
One or More (90 or 91)	Q	Q	Q
One or More (92 or 93)	Q	Q	Q
One or More (94 or 95)	Q	Q	Q
One or More (96 or 97)	Q	Q	Q
One or More (98 or 99)	Q	Q	Q
One or More (100 or 101)	Q	Q	Q
One or More (102 or 103)	Q	Q	Q
One or More (104 or 105)	Q	Q	Q
One or More (106 or 107)	Q	Q	Q
One or More (108 or 109)	Q	Q	Q
One or More (110 or 111)	Q	Q	Q
One or More (112 or 113)	Q	Q	Q
One or More (114 or 115)	Q	Q	Q
One or More (116 or 117)	Q	Q	Q
One or More (118 or 119)	Q	Q	Q
One or More (120 or 121)	Q	Q	Q
One or More (122 or 123)	Q	Q	Q
One or More (124 or 125)	Q	Q	Q
One or More (126 or 127)	Q	Q	Q
One or More (128 or 129)	Q	Q	Q
One or More (130 or 131)	Q	Q	Q
One or More (132 or 133)	Q	Q	Q
One or More (134 or 135)	Q	Q	Q
One or More (136 or 137)	Q	Q	Q
One or More (138 or 139)	Q	Q	Q
One or More (140 or 141)	Q	Q	Q
One or More (142 or 143)	Q	Q	Q
One or More (144 or 145)	Q	Q	Q
One or More (146 or 147)	Q	Q	Q
One or More (148 or 149)	Q	Q	Q
One or More (150 or 151)	Q	Q	Q
One or More (152 or 153)	Q	Q	Q
One or More (154 or 155)	Q	Q	Q
One or More (156 or 157)	Q	Q	Q
One or More (158 or 159)	Q	Q	Q
One or More (160 or 161)	Q	Q	Q
One or More (162 or 163)	Q	Q	Q
One or More (164 or 165)	Q	Q	Q
One or More (166 or 167)	Q	Q	Q
One or More (168 or 169)	Q	Q	Q
One or More (170 or 171)	Q	Q	Q
One or More (172 or 173)	Q	Q	Q
One or More (174 or 175)	Q	Q	Q
One or More (176 or 177)	Q	Q	Q
One or More (178 or 179)	Q	Q	Q
One or More (180 or 181)	Q	Q	Q
One or More (182 or 183)	Q	Q	Q
One or More (184 or 185)	Q	Q	Q
One or More (186 or 187)	Q	Q	Q
One or More (188 or 189)	Q	Q	Q
One or More (190 or 191)	Q	Q	Q
One or More (192 or 193)	Q	Q	Q
One or More (194 or 195)	Q	Q	Q
One or More (196 or 197)	Q	Q	Q
One or More (198 or 199)	Q	Q	Q
One or More (200 or 201)	Q	Q	Q
One or More (202 or 203)	Q	Q	Q
One or More (204 or 205)	Q	Q	Q
One or More (206 or 207)	Q	Q	Q
One or More (208 or 209)	Q	Q	Q
One or More (210 or 211)	Q	Q	Q
One or More (212 or 213)	Q	Q	Q
One or More (214 or 215)	Q	Q	Q
One or More (216 or 217)	Q	Q	Q
One or More (218 or 219)	Q	Q	Q
One or More (220 or 221)	Q	Q	Q
One or More (222 or 223)	Q	Q	Q
One or More (224 or 225)	Q	Q	Q
One or More (226 or 227)	Q	Q	Q
One or More (228 or 229)	Q	Q	Q
One or More (230 or 231)	Q	Q	Q
One or More (232 or 233)	Q	Q	Q
One or More (234 or 235)	Q	Q	Q
One or More (236 or 237)	Q	Q	Q
One or More (238 or 239)	Q	Q	Q
One or More (240 or 241)	Q	Q	Q
One or More (242 or 243)	Q	Q	Q
One or More (244 or 245)	Q	Q	Q
One or More (246 or 247)	Q	Q	Q
One or More (248 or 249)	Q	Q	Q
One or More (250 or 251)	Q	Q	Q
One or More (252 or 253)	Q	Q	Q
One or More (254 or 255)	Q	Q	Q
One or More (256 or 257)	Q	Q	Q
One or More (258 or 259)	Q	Q	Q
One or More (260 or 261)	Q	Q	Q
One or More (262 or 263)	Q	Q	Q
One or More (264 or 265)	Q	Q	Q
One or More (266 or 267)	Q	Q	Q
One or More (268 or 269)	Q	Q	Q
One or More (270 or 271)	Q	Q	Q
One or More (272 or 273)	Q	Q	Q
One or More (274 or 275)	Q	Q	Q
One or More (276 or 277)	Q	Q	Q
One or More (278 or 279)	Q	Q	Q
One or More (280 or 281)	Q	Q	Q
One or More (282 or 283)	Q	Q	Q
One or More (284 or 285)	Q	Q	Q
One or More (286 or 287)	Q	Q	Q
One or More (288 or 289)	Q	Q	Q
One or More (290 or 291)	Q	Q	Q
One or More (292 or 293)	Q	Q	Q
One or More (294 or 295)	Q	Q	Q
One or More (296 or 297)	Q	Q	Q
One or More (298 or 299)	Q	Q	Q
One or More (300 or 301)	Q	Q	Q
One or More (302 or 303)	Q	Q	Q
One or More (304 or 305)	Q	Q	Q
One or More (306 or 307)	Q	Q	Q
One or More (308 or 309)	Q	Q	Q
One or More (310 or 311)	Q	Q	Q
One or More (312 or 313)	Q	Q	Q
One or More (314 or 315)	Q	Q	Q
One or More (316 or 317)	Q	Q	Q
One or More (318 or 319)	Q	Q	Q
One or More (320 or 321)	Q	Q	Q
One or More (322 or 323)	Q	Q	Q
One or More (324 or 325)	Q	Q	Q
One or More (326 or 327)	Q	Q	Q
One or More (328 or 329)	Q	Q	Q
One or More (330 or 331)	Q	Q	Q
One or More (332 or 333)	Q	Q	Q
One or More (334 or 335)	Q	Q	Q
One or More (336 or 337)	Q	Q	Q
One or More (338 or 339)	Q	Q	Q
One or More (340 or 341)	Q	Q	Q
One or More (342 or 343)	Q	Q	Q
One or More (344 or 345)	Q	Q	Q
One or More (346 or 347)	Q	Q	Q
One or More (348 or 349)	Q	Q	Q
One or More (350 or 351)	Q	Q	Q
One or More (352 or 353)	Q	Q	Q
One or More (354 or 355)	Q	Q	Q
One or More (356 or 357)	Q	Q	Q
One or More (358 or 359)	Q	Q	Q
One or More (360 or 361)	Q	Q	Q
One or More (362 or 363)	Q	Q	Q
One or More (364 or 365)	Q	Q	Q
One or More (366 or 367)	Q	Q	Q
One or More (368 or 369)	Q	Q	Q
One or More (370 or 371)	Q	Q	Q
One or More (372 or 373)	Q	Q	Q
One or More (374 or 375)	Q	Q	Q
One or More (376 or 377)	Q	Q	Q
One or More (378 or 379)	Q	Q	Q
One or More (380 or 381)	Q	Q	Q
One or More (382 or 383)	Q	Q	Q
One or More (384 or 385)	Q	Q	Q
One or More (386 or 387)	Q	Q	Q
One or More (388 or 389)	Q	Q	Q
One or More (390 or 391)	Q	Q	Q
One or More (392 or 393)	Q	Q	Q
One or More (394 or 395)	Q	Q	Q
One or More (396 or 397)	Q	Q	Q
One or More (398 or 399)	Q	Q	Q
One or More (400 or 401)	Q	Q	Q
One or More (402 or 403)	Q	Q	Q
One or More (404 or 405)	Q	Q	Q
One or More (406 or 407)	Q	Q	Q
One or More (408 or 409)	Q	Q	Q
One or More (410 or 411)	Q	Q	Q
One or More (412 or 413)	Q	Q	Q
One or More (414 or 415)	Q	Q	Q
One or More (416 or 417)	Q	Q	Q
One or More (418 or 419)	Q	Q	Q
One or More (420 or 421)	Q	Q	Q
One or More (422 or 423)	Q	Q	Q
One or More (424 or 425)	Q	Q	Q
One or More (426 or 427)	Q	Q	Q
One or More (428 or 429)	Q	Q	Q
One or More (430 or 431)	Q	Q	Q
One or More (432 or 433)	Q	Q	Q
One or More (434 or 435)	Q	Q	Q
One or More (436 or 437)	Q	Q	Q
One or More (438 or 439)	Q	Q	Q
One or More (440 or 441)	Q	Q	Q
One or More (442 or 443)	Q	Q	Q
One or More (444 or 445)	Q	Q	Q
One or More (446 or 447)	Q	Q	Q
One or More (448 or 449)	Q	Q	Q
One or More (450 or 451)	Q	Q	Q
One or More (452 or 453)	Q	Q	Q
One or More (454 or 455)	Q	Q	Q
One or More (456 or 457)	Q	Q	Q
One or More (458 or 459)	Q	Q	Q
One or More (460 or 461)	Q	Q	Q
One or More (462 or 463)	Q	Q	Q
One or More (464 or 465)	Q	Q	Q
One or More (466 or 467)	Q	Q	Q
One or More (468 or 469)	Q	Q	Q
One or More (470 or 471)	Q	Q	Q
One or More (472 or 473)	Q	Q	Q
One or More (474 or 475)	Q	Q	Q
One or More (476 or 477)	Q	Q	Q
One or More (478 or 479)	Q	Q	Q
One or More (480 or 481)	Q	Q	Q
One or More (482 or 483)	Q	Q	Q
One or More (484 or 485)	Q	Q	Q
One or More (486 or 487)	Q	Q	Q
One or More (488 or 489)	Q	Q	Q
One or More (490 or 491)	Q	Q	Q
One or More (492 or 493)	Q	Q	Q
One or More (494 or 495)	Q	Q	Q
One or More (496 or 497)	Q	Q	Q
One or More (498 or 499)	Q	Q	Q
One or More (500 or 501)	Q	Q	Q
One or More (502 or 503)	Q	Q	Q
One or More (504 or 505)	Q	Q	Q
One or More (506 or 507)	Q	Q	Q
One or More (508 or 509)	Q	Q	Q
One or More (510 or 511)	Q	Q	Q
One or More (512 or 513)	Q	Q	Q
One or More (514 or 515)	Q	Q	Q
One or More (516 or 517)	Q	Q	Q
One or More (518 or 519)	Q	Q	Q
One or More (520 or 521)	Q	Q	Q
One or More (522 or 523)	Q	Q	Q
One or More (524 or 525)	Q	Q	Q
One or More (526 or 527)	Q	Q	Q
One or More (528 or 529)	Q	Q	Q
One or More (530 or 531)	Q	Q	Q
One or More (532 or 533)			

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	430,622	25,770	11,559	467,951	0	467,951	0	467,951
2. Food Purchase	0	368,915	0	368,915	0	368,915	0	368,915
3. Housekeeping	347,543	105,168	53,199	505,910	0	505,910	0	505,910
4. Laundry	170,300	59,668	1,928	231,896	0	231,896	0	231,896
5. Heat and Other Utilities	0	0	293,081	293,081	0	293,081	0	293,081
6. Maintenance	169,376	39,060	153,036	361,472	0	361,472	0	361,472
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,117,841	598,581	512,803	2,229,225	0	2,229,225	0	2,229,225
9. Medical Director	0	0	28,200	28,200	0	28,200	0	28,200
10. Nursing & Medical Records	4,890,242	429,298	1,176,209	6,449,508	0	6,449,508	0	6,449,508
10a. Therapy	317,626	1,818	72,435	438,120	0	438,120	0	438,120
11. Activities	166,163	1,836	5,762	173,761	0	173,761	0	173,761
12. Social Services	104,006	0	6,109	110,115	0	110,115	0	110,115
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	5,478,037	432,952	1,288,715	7,199,704	0	7,199,704	0	7,199,704
17. Administrative	211,433	0	0	211,433	0	211,433	0	211,433
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	211,307	211,307	0	211,307	-22,498	188,809
20. Fees, Subscriptions & Promotion	0	0	53,497	53,497	0	53,497	21,823	75,320
21. Clerical & General Office	435,932	65,874	41,324	543,130	0	543,130	0	543,130
22. Employee Benefits & Payroll	0	0	2,111,338	2,111,338	0	2,111,338	0	2,111,338
23. Inservice Training & Education	0	0	1,419	1,419	0	1,419	0	1,419
24. Travel & Seminar	0	0	9,150	9,150	0	9,150	0	9,150
25. Other Admin. Staff Trans	0	0	21,084	21,084	0	21,084	0	21,084
26. Insurance-Prop.Liab.Malpractice	0	0	200,949	200,949	0	200,949	0	200,949
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	647,365	65,874	2,650,068	3,363,307	0	3,363,307	-675	3,362,632
29. Total General Administrative	7,243,243	1,097,407	4,451,586	12,792,236	0	12,792,236	-675	12,791,561
30. Depreciation	0	0	563,880	563,880	0	563,880	5,016	568,896
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	298,356	298,356	0	298,356	-5,875	292,481
33. Real Estate	0	0	0	0	0	0	0	0
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	0	0	0	0	0	0
36. Other (specify)*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	862,236	862,236	0	862,236	-859	861,377
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	216,100	0	216,100	0	216,100	0	216,100
40. Barber and Beauty Shop	0	0	46,093	46,093	0	46,093	0	46,093
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	117,296	117,296	0	117,296	0	117,296
43. Other (specify)*	10,698	0	111,337	122,035	0	122,035	-122,035	10,698
44. Total Special Cost Ce	10,698	216,100	274,726	501,524	0	501,524	-122,035	390,187
45. Grand Total	7,253,941	1,313,507	5,588,548	14,155,996	0	14,155,996	-123,569	14,043,125

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	12,511	12,511
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Receivable	1,611,598	1,611,598
4. Supply Inventory	0	0
5. Short-Term Investments	106,482	106,482
6. Prepaid Insurance	391,540	391,540
7. Other Prepaid Expenses	33,178	33,178
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	2,155,309	2,155,309
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	574,693	574,693
14. Buildings, at Historical Cost	9,997,265	10,039,753
15. Leasehold Improvements, Historical Cost	3,429,428	3,444,588
16. Equipment, at Historical Cost	3,503,033	3,435,061
17. Accumulated Depreciation (book methods)	-6,511,097	-6,623,964
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	36,464	36,464
23. other (specify):	0	0
24. Total Long-Term Assets	11,029,786	10,906,595
25. Total Assets	13,185,095	13,061,904
CURRENT LIABILITIES		
26. Accounts Payable	1,879,438	1,879,438
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	79,939	79,939
30. Accrued Salaries Payable	617,897	617,897
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	0
33. Accrued Interest Payable	106,252	106,252
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	298,340	298,340
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	2,981,866	2,981,866
LONG TERM LIABILITES		
39. Long-Term Notes Payable	4,890,731	4,890,731
40. Mortgage Payable	0	0
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	0
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	4,890,731	4,890,731
46. Total Liabilities	7,872,597	7,872,597
47. Total Equity	5,312,498	5,189,307
48. Total Liabilities and Equity	13,185,095	13,061,904

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	12,653,366
2. Discounts and Allowances for all Levels	-886,954
Subtotal - Inpatient Care	11,766,412
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	968,301
7. Oxygen	29,932
Subtotal - Ancillary Revenue	998,233
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	45,254
14. Non-Patient Meals	0
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	248,180
18. Sale of Supplies to Non-Patients	0
19. Laboratory	29,602
20. Radiology and X-Ray	18,166
21. Other Medical Services	682,805
22. Laundry	0
Subtotal - Other Operating Revenue	1,024,007
24. Contributions	130
25. Interest and Other Investments Income	5,875
Subtotal - Non-Operating Revenue	6,005
27. Other Revenue (specify):	263
28. Other Revenue (specify):	0
Subtotal - Other Revenue	263
30. Total Revenue	13,794,920
31. General Services	0
32. Health Care	0
33. General Administration	0
34. Ownership	0
35. Special Cost Centers	0
35. Provider Participation Fee	0
37. Other	0
40. Total Expenses	0
41. Income Before Income Taxes	13,794,920
42. Income Taxes	0
43. Net Income or Loss for the Year	13,794,920