

		FOR BHF USE			

LL2

Supportive Living Facility

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

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p>I. Facility ID Number: <u>1000094</u></p> <p>Facility Name: <u>Tabor Hills Supportive Living Community</u></p> <p>Address: <u>1439 McDowell Road</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</u>) <u>778-6677</u> Fax # (<u>630</u>) <u>778-6680</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>3/14/08</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Amanda Springborn</u> Telephone Number: (<u>314</u>) <u>925-3838</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input checked="" 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>10/1/11</u> to <u>9/30/12</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>McGladrey LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 517-7070</u> Fax <u>(847) 517-7067</u></td> <td></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) <u>McGladrey LLP</u> <u>20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173</u>			(Telephone) <u>(847) 517-7070</u> Fax <u>(847) 517-7067</u>	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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Facility Name Tabor Hills Supportive Living Community

Report Period Beginning: 10/1/11 Ending: 9/30/12

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	31,842	1
2	8	Double Unit Apartment	8	2,928	2
3		Other			3
4	95	TOTALS	95	34,770	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	8,436	21,271		29,707	5
6	Double Unit		2,946		2,946	6
7	Other					7
8	TOTALS	8,436	24,217		32,653	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.91%

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

82 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? Note : Non-allowable costs have been eliminated in Schedule IV, Column 5.

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)

N/A

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO

Tax Year: 9/30/12 Fiscal Year: 9/30/12

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? Yes If yes, did the facility make all of the required payments of interest and principle? Yes

If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

Facility Name: Tabor Hills Supportive Living Community

Report Period Beginning:

10/1/11

Ending:

9/30/12

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	182,888	205,501	3,248	391,637		391,637	1
2	Housekeeping, Laundry and Maintenance	61,133	31,867	78,707	171,707		171,707	2
3	Heat and Other Utilities			189,544	189,544		189,544	3
4	Other (specify):							4
5	TOTAL General Services	244,021	237,368	271,499	752,888		752,888	5
B. Health Care and Programs								
6	Health Care/ Personal Care	463,947	34,745	14,597	513,289		513,289	6
7	Activities and Social Services	38,411	(2,801)		35,610		35,610	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	502,358	31,944	14,597	548,899		548,899	9
C. General Administration								
10	Administrative and Clerical	229,589	1,068	44,490	275,147	(7,683)	267,464	10
11	Marketing Materials, Promotions and Advertising			2,003	2,003		2,003	11
12	Employee Benefits and Payroll Taxes	19,158		98,711	117,869		117,869	12
13	Insurance-Property, Liability and Malpractice			128,029	128,029		128,029	13
14	Other (specify):							14
15	TOTAL General Administration	248,747	1,068	273,233	523,048	(7,683)	515,365	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	995,126	270,380	559,329	1,824,835	(7,683)	1,817,152	16
Capital Expenses								
D. Ownership								
17	Depreciation			517,431	517,431		517,431	17
18	Interest			484,773	484,773	(2,154)	482,619	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			1,002,204	1,002,204	(2,154)	1,000,050	23
24	GRAND TOTAL (Sum of lines 16 and 23)	995,126	270,380	1,561,533	2,827,039	(9,837)	2,817,202	24

Facility Name: Tabor Hills Supportive Living Community

Report Period Beginning 10/1/11

Ending:

9/30/12

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.01	\$ 37.47	1
2	Licensed Practical Nurses	1.12	24.36	2
3	Certified Nurse Assistants	12.32	12.84	3
4	Activity Director & Assistants	1.01	18.21	4
5	Social Service Workers			5
6	Head Cook	3.74	13.33	6
7	Cook Helpers/Assistants	4.73	8.65	7
8	Dishwashers			8
9	Maintenance Workers	1.01	12.52	9
10	Housekeepers	1.97	8.50	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.76	53.77	13
14	Clerical			14
15	Marketing			15
16	Other Res. Svc. Crd. & HR Dir.	1.51	16.55	16
17	Total (lines 1 thru 16)	30.18	\$ 15.85	17

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

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

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
Total		\$ 3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
Tabor Hills Health Care Facility, Inc.		Naperville	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
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: N/A If yes, what is the value of those services? \$ N/A
 (Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Tabor Hills Supportive Living Community

Report Period Beginning:

10/1/11

Ending:

9/30/12

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	\$ 16,529,128	\$ 415,763	40	\$ 415,763	\$	\$ 1,784,317	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Landscaping		2008	338,303	22,553	15	22,553		96,791	6
7		Landscaping		2009	12,096	303	40	303		1,059	7
8		Oak File Cabinets		2009	4,833	121	40	121		423	8
9		Cable and wire work for new doors		2009	2,500	63	40	63		220	9
10		Exercise room wall, mirror and trim		2009	4,590	115	40	115		402	10
11		Electrical work for spa		2009	3,071	77	40	77		269	11
12		Seeding of west and south basins		2009	4,173	278	15	278		973	12
13		Ecological land management		2010	7,837	261	30	261		653	13
14		Elevator		2010	5,883	147	40	147		367	14
15		Room 170 Water Leak Repair		2012	8,287	104	40	104		104	15
16											16
17		TOTAL (lines 1 thru 16)			\$ 16,920,701	\$ 439,785		\$ 439,785	\$	\$ 1,885,578	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	\$ 665,272	\$ 77,646	\$ 77,646	\$	5-10 yrs	\$ 318,952	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 665,272	\$ 77,646	\$ 77,646	\$		\$ 318,952	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

Facility Name: Tabor Hills Supportive Living Community

Report Period Beginning: 10/1/11

Ending: 9/30/12

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	TOTAL				\$			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				
	A. Directly Facility Related										
	Long-Term										
1	Illinois Revenue Authority		X	Mortgage	11/22/06	\$ 14,044,982	\$ 12,203,343	11/15/36	Varies	\$ 461,365	1
2	Bond Financing Expense		X		/ /			/ /		23,408	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 14,044,982	\$ 12,203,343			\$ 484,773	7
	B. Non-Facility Related										
8	Interest Income Offset				/ /			/ /		-2,154	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 14,044,982	\$ 12,203,343			\$ 482,619	10

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

** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: Tabor Hills Supportive Living Community

Report Period Beginning: 10/1/11

Ending:

9/30/12

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 9/30/12

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,210	\$ 1,210	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>66,871</u>)	266,443	266,443	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	17,379	17,379	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 285,032	\$ 285,032	10
	B. Long-Term Assets			
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	16,570,388	16,570,388	14
15	Leasehold Improvements, at Historical Cost	350,313	350,313	15
16	Equipment, at Historical Cost	665,272	665,272	16
17	Accumulated Depreciation (book methods)	(2,204,530)	(2,204,530)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify): Bond Cost	81,860	81,860	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 16,513,156	\$ 16,513,156	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,798,188	\$ 16,798,188	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 29,602	\$ 29,602	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	266,657	266,657	29
30	Accrued Salaries Payable	59,705	59,705	30
31	Accrued Taxes Payable	15	15	31
32	Accrued Interest Payable	261,482	261,482	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Schedule 7A	2,289,886	2,289,886	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,907,347	\$ 2,907,347	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	12,203,343	12,203,343	40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 12,203,343	\$ 12,203,343	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 15,110,690	\$ 15,110,690	45
46	TOTAL EQUITY	\$ 1,687,498	\$ 1,687,498	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,798,188	\$ 16,798,188	47

*(See instructions.)

Tabor Hills Supportive Living Community

9/30/12

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Schedule 7A

XI. Balance Sheet

C. Current Liabilities

Line 35: Other current Liabilities

<u>Description</u>	<u>Amount</u>
Due To/Fr Town Home	498,262
Dur To/Fr Nursing Home	1,779,169
Accrued Expenses	1,127
Insurance Payable	266
SLC Application Processing	5,750
Pet Deposit Fee	500
Public Aid Credit Balance	4,812
	<u>2,289,886</u>

Facility Name: Tabor Hills Supportive Living Community

Report Period Beginning: 10/1/11

Ending:

9/30/12

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,603,035	1
2	Discounts and Allowances	(369)	2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 3,602,666	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	14,452	8
9	Non-Resident Meals		9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 14,452	11
C. Non-Operating Revenue			
12	Contributions	260	12
13	Interest and Other Investment Income	2,154	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 2,414	14
D. Other Revenue (specify):			
15	See Attachment 8A	45,074	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 45,074	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,664,606	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	752,888	19
20	Health Care/ Personal Care	548,899	20
21	General Administration	523,048	21
B. Capital Expense			
22	Ownership	1,002,204	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 2,827,039	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 837,567	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 837,567	31

Tabor Hills Supportive Living Community

9/30/12

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Schedule 8A

XII. Income Statement

Section D. Other Revenue

<u>Description</u>	<u>Amount</u>
Alarm Pendant	1,625
Pet Deposit for SLC	250
Food Stamps	10,128
Service Fee	(3,000)
Misc Income	2,165
Resident Pharmacy	(3,890)
Internet Private/Per Portion	2,770
Cable Income Private/Per Portion	9,645
Telephone Private/PA	25,350
Copy Fees	31
	<u>45,074</u>