



Facility Name & ID Number Tabor Hills Health Care Fac

# 0040543 Report Period Beginning: 10/1/12 Ending: 9/30/13

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 N/A

	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)	192	70,080	1
2		Skilled Pediatric (SNF/PED)			2
3	19	Intermediate (ICF)	19	6,935	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	211	TOTALS	211	77,015	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF		5,918	7,548	13,466	8
9	SNF/PED					9
10	ICF	15,621	32,061	30	47,712	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,621	37,979	7,578	61,178	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.44%

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  Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

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 4/28/95

J. Was the facility purchased or leased after January 1, 1978?

YES  Date 4/28/95 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 6,849

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 9/30/13 Fiscal Year: 9/30/13

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

**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
	<b>A. General Services</b>										
1	Dietary	480,361	29,680	11,400	521,441		521,441		521,441		1
2	Food Purchase		386,399		386,399		386,399	43	386,442		2
3	Housekeeping	370,870	123,400		494,270		494,270		494,270		3
4	Laundry	168,134	48,366		216,500		216,500		216,500		4
5	Heat and Other Utilities			305,800	305,800		305,800		305,800		5
6	Maintenance	210,202	54,253	267,786	532,241		532,241	16,998	549,239		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	1,229,567	642,098	584,986	2,456,651		2,456,651	17,041	2,473,692		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			62,800	62,800		62,800		62,800		9
10	Nursing and Medical Records	5,757,325	439,314	231,916	6,428,555		6,428,555	400	6,428,955		10
10a	Therapy										10a
11	Activities	247,475	1,738	4,572	253,785		253,785	149	253,934		11
12	Social Services	127,282	689	1,081	129,052		129,052		129,052		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	6,132,082	441,741	300,369	6,874,192		6,874,192	549	6,874,741		16
	<b>C. General Administration</b>										
17	Administrative	168,876			168,876		168,876		168,876		17
18	Directors Fees										18
19	Professional Services			270,754	270,754		270,754	4,494	275,248		19
20	Dues, Fees, Subscriptions & Promotions			21,754	21,754		21,754	(3,990)	17,764		20
21	Clerical & General Office Expenses	412,478	61,188	46,503	520,169		520,169	(17,125)	503,044		21
22	Employee Benefits & Payroll Taxes			522,913	522,913		522,913	500	523,413		22
23	Inservice Training & Education			1,415	1,415		1,415		1,415		23
24	Travel and Seminar			3,883	3,883		3,883	(692)	3,191		24
25	Other Admin. Staff Transportation			19,846	19,846		19,846		19,846		25
26	Insurance-Prop.Liab.Malpractice			158,172	158,172		158,172		158,172		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	581,354	61,188	1,045,240	1,687,782		1,687,782	(16,813)	1,670,969		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	7,943,003	1,145,027	1,930,595	11,018,625		11,018,625	777	11,019,402		29

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

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	
	<b>D. Ownership</b>											
30	Depreciation			571,936	571,936	571,936	39,390	611,326				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			381,120	381,120	381,120	(30,585)	350,535				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			953,056	953,056	953,056	8,805	961,861				37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	466,138	211,212	142,533	819,883	819,883		819,883				39
40	Barber and Beauty Shops			29,719	29,719	29,719		29,719				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			444,177	444,177	444,177		444,177				42
43	Other (specify):* <b>Non-Allowable Co</b>	72,279		110,062	182,341	182,341	(182,341)					43
44	<b>TOTAL Special Cost Centers</b>	538,417	211,212	726,491	1,476,120	1,476,120	(182,341)	1,293,779				44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	8,481,420	1,356,239	3,610,142	13,447,801	13,447,801	(172,759)	13,275,042				45

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

**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 Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(17,125)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	39,390	30		9
10	Interest and Other Investment Income	(30,585)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(56)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(3)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	4,894	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(8,533)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Pg 5A	(160,741)	Var.		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (172,759)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

**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	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (172,759)		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 Shops		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

Tabor Hills Health Care Fac

ID# 0040543

Report Period Beginning: 10/1/12

Ending: 9/30/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Resident Physicians	\$ (30,216)	43	1
2	Miscellaneous Expense	(871)	43	2
3	X-Ray Expense	(23,848)	43	3
4	Lab Expense	(46,461)	43	4
5	Travel & Entertainment	(74)	43	5
6	Marketing Salary	(72,279)	43	6
7	Non-Allowable Subscription	(3,990)	20	7
8	Reclass Improvements to R&M	16,998	6	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				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
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	<b>Total</b>		(160,741)	49

Facility Name & ID Number

Tabor Hills Health Care Fac

# 0040543

Report Period Beginning:

10/1/12

Ending:

9/30/13

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as 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 Schedule V	2 Line	3 Cost Per General Ledger		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization					
1	V			\$	N/A			\$	\$	1
2	V									2
3	V									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			\$				\$	\$ * 0	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/12 Ending: 9/30/13

## 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	CEO	Admin. & Secretar	0.00	0	40+	100.00	Salary	\$ 104,781	L17,C1	1
2	Stanley Loula	President	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	2
3	Walter Wlodek	Vice President	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	3
4	Charles Capek	Treasurer	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	4
5	John Storcel	Member	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	5
6	Dr. Frank Michalek	Member	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	6
7	Mary Bubenicek	Member	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	7
8	Robert Peiler	Member	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	8
9	Anton Vopenka	Member	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	9
10	Angeline Bultas	Member	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	10
11	James Hill	Member	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	11
12	Lynda Filipello	Member	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	12
13								TOTAL	\$ 104,781		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

Facility Name & ID Number Tabor Hills Health Care Fac

# 0040543

Report Period Beginning:

10/1/12

Ending:

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

**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	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
<b>A. Directly Facility Related</b>																
<b>Long-Term</b>																
1	Illinois Revenue Authority		X	Mortgage	Principal and interest due upon presentment (semi-annually)	11/22/06	\$ 4,970,670	\$ 4,706,426	11/15/36	Varies	\$ 381,120	1				
2												2				
3												3				
4												4				
5												5				
<b>Working Capital</b>																
6												6				
7												7				
8												8				
9	<b>TOTAL Facility Related</b>						\$ 4,970,670	\$ 4,706,426			\$ 381,120	9				
<b>B. Non-Facility Related*</b>																
10										Interest Income Offset	(30,585)	10				
11												11				
12												12				
13												13				
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (30,585)	14				
15	<b>TOTALS (line 9+line14)</b>						\$ 4,970,670	\$ 4,706,426			\$ 350,535	15				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A 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.)

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

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)**

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>				
1. Real Estate Tax accrual used on 2012 report.			\$		1	
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2012		\$		2	
3. Under or (over) accrual (line 2 minus line 1).			\$		3	
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)			\$		4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$		5	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$		6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$		7	
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2008	_____	8	<b>FOR BHF USE ONLY</b>		
	2009	_____	9			
	2010	_____	10			
	2011	_____	11			
	2012	_____	12			
<b>Facility is a not-for-profit entity and exempt from real estate tax.</b>						
				13	FROM R. E. TAX STATEMENT FOR 2012 \$	13
				14	PLUS APPEAL COST FROM LINE 5 \$	14
				15	LESS REFUND FROM LINE 6 \$	15
				16	AMOUNT TO USE FOR RATE CALCULATION \$	16

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

## 2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Tabor Hills Health Care Fac 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 2012 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 2012.

	(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.	<u>Facility is a not-for-profit and exempt from real estate tax.</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
2.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
3.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
4.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
5.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
6.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
7.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
8.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
9.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
10.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
		<b>TOTALS</b>	\$ <u>=====</u>	\$ <u>=====</u>

**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 and 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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

**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.**

**X. BUILDING AND GENERAL INFORMATION:**

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

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 grounds (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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Facility</u>	<u>264,519</u>	<u>1995</u>	<u>\$ 574,693</u>	1
2					2
3	<b>TOTALS</b>	<b>264,519</b>		<b>\$ 574,693</b>	<b>3</b>

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**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9		
	Beds*	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	\$	\$ 4,635,418	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	Land Improvements		1995		36,957		15			36,957	9
10	Improvements		1995		1,421		40	36	36	759	10
11	Sign		1997		500	13	40	13		214	11
12	Electric		1996		656	16	40	16		264	12
13	Humidistats		1996		1,378	34	40	34		561	13
14	Door alarm		1996		854	21	40	21		354	14
15	Plumbing		1996		1,050	26	40	26		429	15
16	Install lights, water heater		1997		2,345	59	40	59		966	16
17	Pipe		1997		618	15	40	15		255	17
18	Electric		1997		3,121	78	40	78		1,287	18
19	Signs & outlets		1997		2,504	63	40	63		1,032	19
20	Wall hugging overbed lights		1997		27,302	683	40	683		11,197	20
21	Air compressor		1997		2,078	52	40	52		858	21
22	Roof repair		1997		3,154	79	40	79		1,296	22
23	Deco-gard products		1997		738	18	40	18		298	23
24	Shelving units		1998		2,317		40	58	58	899	24
25	Chimney cap		1998		945	24	40	24		372	25
26	Access door		1998		2,061	52	40	52		806	26
27	Bumper guards		1998		3,687	92	40	92		1,426	27
28	Land improvement - survey		1998		800		10			800	28
29	Carpeting		1999		67,303		10			67,303	29
30	Miniblinds		1999		3,501		10			3,501	30
31	Vertical blinds		1999		1,974		10			1,974	31
32	Swingmaster door		1999		2,357		10			2,357	32
33	Security lock		1999		2,779		10			2,779	33
34			1999		16,182		10			16,182	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

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**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	<u>Carpeting</u>	2000	\$ 225	\$	10	\$	\$	\$ 225	37
38	<u>Railing &amp; bumper</u>	2000	3,275	82	40	82		1,109	38
39	<u>Carpeting</u>	2000	41,999		10			41,999	39
40	<u>Tile</u>	2001	6,493	162	40	162		2,080	40
41	<u>Courtyard improvements</u>	2001	15,673	392	40	392		4,735	41
42	<u>Architect Fees - Dining Room</u>	2002	58,322	5,832	10	5,832		58,320	42
43	<u>Carpet</u>	2002	3,341		10	1	1	3,341	43
44	<u>Door Alarm</u>	2003	8,254	344	10	348	4	8,254	44
45	<u>Fountain</u>	2003	2,278	133	10	131	(2)	2,278	45
46	<u>Carpet</u>	2003	4,545	455	10	450	(5)	4,545	46
47	<u>Therapeutic Garden</u>	2003	135,525	3,290	40	3,290		32,320	47
48	<u>Windows</u>	2003	600	15	40	15		150	48
49	<u>Braille Room Signs</u>	2003	3,156	79	40	79		751	49
50	<u>Flooring &amp; Ceiling Tile</u>	2004	12,755	319	40	319		3,031	50
51	<u>Architect Fees - Dining Room</u>	2004	17,405	435	40	435		4,133	51
52	<u>Air Conditioning</u>	2004	32,155	3,216	10	3,216		30,552	52
53	<u>Plumbing</u>	2004	30,619	932	40	932		7,518	53
54	<u>Doors</u>	2004	12,160	1,216	10	1,216		11,552	54
55	<u>Water Box</u>	2004	1,996	200	10	200		1,900	55
56	<u>Fire Alarm</u>	2004	8,965	897	10	897		8,521	56
57	<u>Driveway</u>	2004	2,750	275	10	275		2,613	57
58	<u>Electric Work &amp; Lighting</u>	2004	213,367	5,334	40	5,334		48,557	58
59	<u>Entryway Renovation</u>	2004	761	19	40	19		171	59
60	<u>Sprinkler System</u>	2004	1,798	45	40	45		405	60
61	<u>Dining Room Renovation</u>	2004	1,915,627	47,891	40	47,891		422,271	61
62	<u>Bathroom Renovation</u>	2005	2,000	50	40	50		425	62
63	<u>Automatic Door System</u>	2005	3,551	89	40	89		757	63
64	<u>Signs</u>	2006	21,716	543	40	543		4,072	64
65	<u>Door Sensor Locks</u>	2006	18,597	465	40	465		3,487	65
66	<u>Asphalt Parking Lots</u>	2006	7,156	716	10	716		5,369	66
67	<u>Wall Mirrors Therapy Room</u>	2006	2,940	74	40	74		554	67
68	<u>Electrical Work</u>	2006	25,507	638	40	638		4,785	68
69	<u>Wiring</u>	2006	68,676	1,717	40	1,717		12,877	69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 12,912,522	\$ 327,112		\$ 327,204	\$ 92	\$ 5,524,201	70

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

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## XI. OWNERSHIP COSTS (continued)

## B. Building and Improvement Costs-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	<b>Totals from Page 12A, Carried Forward</b>		\$ 12,912,522	\$ 327,112		\$ 327,204	\$ 92	\$ 5,524,201	1
2	Lighting	2006	21,943	549	40	549		4,117	2
3	Exhaust Fans	2006	28,060	702	40	702		5,264	3
4	Heaters	2006	28,826	721	40	721		5,407	4
5	HVAC	2006	71,252	1,781	40	1,781		13,358	5
6	Fountain	2006	39,594	2,640	15	2,640		18,700	6
7	Wall Coverings	2007	6,058	606	10	606		3,939	7
8	Fire Prevention	2007	5,464	546	10	546		3,550	8
9	Exterior Work	2007	7,440	744	10	744		4,836	9
10	Naperville Room improvements	2007	17,034	426	40	426		2,769	10
11	- Remove interior partition wall, remove required ceiling								11
12	grid & tile to new demising wall, construct new interior								12
13	demising wall attaching to underside of pan desk, remove								13
14	existing ceiling panels, provided required fire stopping								14
15	for perimeter walls & ceiling								15
16	Exercise Room improvements	2007	18,807	470	40	470		3,055	16
17	- Removed wallpaper, patched damaged areas, replaced								17
18	& repaired all required drywall. Install new insulation								18
19	install new fire rated metal door frame & door								19
20	Exterior Doors & Frames	2007	8,292	207	40	207		1,346	20
21	Interior Doors	2007	2,490	62	40	62		403	21
22	1 North Kitchen improvements	2007	8,754	219	40	219		1,423	22
23	- Removed cabinets, walls, ceiling & flooring - concrete								23
24	floor to install new plumbing drain								24
25	Finance Office improvements	2007	2,622	66	40	66		428	25
26	- Replaced door and walls, taped off and painted								26
27	Carpeting	2007	12,371	1,237	10	1,237		8,041	27
28	Electrical work	2007	30,630	766	40	766		4,979	28
29	Duct work	2007	18,266	457	40	457		2,970	29
30	Smoke detectors	2007	7,966	797	10	797		5,180	30
31	Electrical work	2007	13,558	339	40	339		2,203	31
32	Landscaping	2008	3,025	202	15	202		1,027	32
33	Boiler	2008	5,802	145	40	145		798	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,270,776	\$ 340,794		\$ 340,886	\$ 92	\$ 5,617,994	34

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

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**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	<b>Totals from Page 12B, Carried Forward</b>		\$ 13,270,776	\$ 340,794		\$ 340,886	\$ 92	\$ 5,617,994	1
2	<b>Administrative office renovations</b>	2008	28,511	713	40	713		3,921	2
3	- New oak cabinets, closet & shelving, new ceiling tiles, install								3
4	new water cooler								4
5	<b>Duct, fan coil &amp; heating work</b>	2008	12,684	317	40	317		1,744	5
6	<b>Vinyl Bases</b>	2008	4,914	491	10	491		2,701	6
7	<b>Electrical work</b>	2008	84,126	2,103	40	2,103		12,443	7
8	<b>Mag Mile Kitchen Improvements</b>	2008	30,844	771	40	771		4,241	8
9	- Renovate oak countertop, light fixtures, kitchen area, and								9
10	vinyl baseboard, replace old kitchen air controllers								10
11	<b>Therapy Office Improvements - wiring, flooring, wall covering</b>	2008	16,734	418	40	418		2,299	11
12	<b>Flooring</b>	2008	13,497	337	40	337		1,854	12
13	<b>Water pump</b>	2008	5,794	145	40	145		797	13
14	<b>A/C Unit</b>	2008	10,660	267	40	267		1,468	14
15	<b>Coil and Freeze Thermostat</b>	2008	5,800	145	40	145		798	15
16									16
17	<b>Interior remodel-Electrical work, carpeting</b>	2009	110,167	2,754	40	2,754		12,216	17
18	<b>Landscaping</b>	2009	2,258	151	15	151		742	18
19	<b>Outdoor Electrical Work</b>	2009	2,572	171	15	171		755	19
20	<b>Landscaping</b>	2009	23,769	1,585	15	1,585		6,604	20
21									21
22	<b>Repair roof leak, replace ceiling tiles &amp; sprinkler lines</b>	2010	3,955	100	40	100		400	22
23	<b>Remodel reception area and admission office :</b>	2010	8,447	211	40	211		827	23
24	<b>Remove existing reception front glass, frame, oak hand rail,</b>								24
25	<b>Ceiling tile and grid, open wall and frame new door</b>								25
26	<b>Install new 5/8 drywall and ceiling line</b>								26
27									27
28	<b>Remodel work for Admission office :</b>	2010	4,973	124	40	124		466	28
29	<b>Install new "B" label metal frame, solid Oak door</b>								29
30	<b>Install new acoustical ceiling grid and tile, patch, prime and</b>								30
31	<b>Paint, Install new vinyl base, Install solid blocking in East</b>								31
32	<b>Wall to facilitate installation</b>								32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,640,481	\$ 351,597		\$ 351,689	\$ 92	\$ 5,672,269	34

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

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**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 13,640,481	\$ 351,597		\$ 351,689	\$ 92	\$ 5,672,269	1
2	Remodel new storage space and office for Therapy office :	2010	13,253	331	40	331		1,149	2
3	Supply and install new storage units for Physical Therapy								3
4	Open existing wall and install solid blocking for new cabinets								4
5	Supply and install new oak cabinets, laminate work surface,								5
6	Keyboard drawers, supply new wall covering								6
7									7
8	Remodel exercise room & kitchen in Financial service :	2010	9,774	244	40	244		835	8
9	Install new TV cabinet with support wall, oak jamb, door, VCT								9
10	Tile floor, install customer supplied kitchen cabinets, new								10
11	shelf in closet, Install new ceiling mounted curtain track,								11
12	Hangers, and rods								12
13									13
14	Roof concrete repair	2010	7,926	198	40	198		644	14
15	Remodel beauty shop (remove & replace wallcover)	2010	3,904	98	40	98		317	15
16	Remodel Elevator lobby & adjacent corridor :	2010	12,662	317	40	317		1,003	16
17	Install new flooring and wall covering for elev lobby & adj corridor								17
18	Painted and decorated walls								18
19	Remodel new ceiling for beauty shop and remove existing hand rail	2010	4,469	112	40	112		354	19
20	Remodel new ceiling front hallway and Admission office	2010	17,957	449	40	449		1,422	20
21	Remodel front entry, ice cream parlor & building permits :	2010	37,734	943	40	943		2,909	21
22	Install cherry trim, reframe new opening in soffit								22
23	install new cased opening between foyer and elevator lobby								23
24	Remove existing wallpaper, skim coat walls, sand and prime								24
25	Supply and install new sinks, corian tops, vinyl ceiling tiles								25
26	Built new base for freezer,install new angle stops, supply new								26
27	water lines								27
28	Electrical Maintenance	2010	3,348	84	40	84		258	28
29	Interior Design - Remodel Elevator lobby & adjacent corridor	2010	6,682	167	40	167		585	29
30	Carpenter - remodel CEO office & Garden dining room	2010	162,053	4,051	40	4,051		12,491	30
31	Carpenter - remodel beauty parlor	2010	3,943	99	40	99		345	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,924,186	\$ 358,690		\$ 358,782	\$ 92	\$ 5,694,582	34

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

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**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	<b>Totals from Page 12D, Carried Forward</b>		\$ 13,924,186	\$ 358,690		\$ 358,782	\$ 92	\$ 5,694,582	1
2	Remodel Hallway: Carpeting, Wallpaper/Painting & Lighting	2011	9,995	250	40	250		729	2
3	Inspect/Remodel Damaged Ductwork	2011	11,245	1,124	10	1,124		2,831	3
4	Upgrade Bathroom for Code Compliance	2011	3,513	351	10	351		848	4
5	Remodel Bathrooms: Install tiles and fixtures; painting	2011	9,369	408	40	408		884	5
6	R/M Reclass: Electrical Work in Laundry Room for New Dryers	2011	4,837		10	483	483	1,208	6
7	R/M Reclass: Replace Walkway Lights: Wall and Bollard Lights	2011	4,016		10	402	402	1,005	7
8	R/M Reclass: HVAC Parts Replacement & Repairs	2011	19,587		10	1,958	1,958	4,895	8
9	Motor Upgrades for Boilers	2011	9,271	927	10	927		2,594	9
10	Repair Boilers	2011	7,710	771	10	771		2,013	10
11									11
12	Lobby flooring	2012	4,345	108	40	108		208	12
13	Fireproofing boiler & electrical room	2012	4,045	101	40	101		135	13
14	Install carpet tile, metal bar, flooring	2012	12,279	307	40	307		435	14
15	Install millwork wall base	2012	3,818	95	40	95		135	15
16	Furnish & install fire dampers	2012	13,505	338	40	338		422	16
17	Fire & Smoke damper	2012	31,284	782	40	782		978	17
18	Tile & Waterproofing, west showering area	2012	13,938	348	40	348		435	18
19	Furnish & install fire dampers	2012	2,903	73	40	73		91	19
20	Instal A/C system, cooler	2012	5,004	124	40	124		145	20
21	Tile and waterproffing	2012	31,837	796	40	796		826	21
22	Crown molding	2012	12,903	1,290	10	1,290		2,365	22
23	Corridor and activity room carpeting	2012	17,282	432	40	432		1,872	23
24	Crashrails	2012	3,811	95	40	95		381	24
25	Wallcovering	2012	9,673	242	40	242		967	25
26	Handrails, wall coverings & wall protection	2012	4,250	425	10	425		744	26
27	Wallcovering	2012	11,888	463	40	463		984	27
28	Install cabinets	2012	2,596	260	10	260		303	28
29	Corridor and activity room carpeting	2012	8,990	225	40	225		300	29
30	Boiler circuit setter	2012	4,282	107	40	107		500	30
31	Install security system	2012	5,394	539	10	539		989	31
32	Valve and condensor fan replacement	2012	24,590	748	40	748		1,567	32
33	Chiller replacement	2012	134,109	3,353	40	3,353		7,823	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 14,366,454	\$ 373,773		\$ 376,708	\$ 2,935	\$ 5,734,196	34

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

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**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	<b>Totals from Page 12E, Carried Forward</b>		\$ 14,366,454	\$ 373,773		\$ 376,708	\$ 2,935	\$ 5,734,196	1
2	<b>Boilers</b>	2012	54,799	1,370	40	1,370		1,827	2
3									3
4	<b>1W &amp; 2W Renovation</b>	2013	5,005	68	40	68		68	4
5	<b>-1W Dining Room drywall near stove area</b>								5
6	<b>-2W Bathroom renovation: relocate and supply return ductwork</b>								6
7	<b>-2W Bathroom drywall</b>								7
8									8
9	<b>Bathroom Shower Locks for 2W</b>	2013	2,952	49	40	49		49	9
10	<b>Beadboards for 2W</b>	2013	9,853	163	40	163		163	10
11	<b>Carpentry Work for 2W Shower Rooms</b>	2013	57,614	545	40	545		545	11
12	<b>Carpeting for 2E &amp; 2W</b>	2013	51,919	1,028	40	1,028		1,028	12
13	<b>Crashrail for 2E &amp; 2W</b>	2013	15,589	220	40	220		220	13
14	<b>Electrical Work for 1N Doors, 2W &amp; 2W Shower Room</b>	2013	7,109	77	40	77		77	14
15	<b>Molding for 2W</b>	2013	4,265	76	40	76		76	15
16	<b>New Counter Top for 1W Nurse Station</b>	2013	10,200	181	40	181		181	16
17	<b>New Duct Work in Vending Maching Area</b>	2013	7,783	65	40	65		65	17
18	<b>New Fire Alarm Relay Doors</b>	2013	2,747	23	40	23		23	18
19	<b>New Signs for 2E</b>	2013	3,536	37	40	37		37	19
20	<b>Nurse Station Door 1W</b>	2013	3,304	48	40	48		48	20
21	<b>Wallcovering for 2E, 2W, Elevator Lobby &amp; Sunroom Corridor</b>	2013	53,325	944	40	944		944	21
22	<b>Wall Base &amp; Carpet Installation for 2E</b>	2013	9,368	78	40	78		78	22
23	<b>Remove &amp; Re-Install Outdoor Lighting for Walk-In Area</b>	2013	8,902	37	40	37		37	23
24	<b>Flooring Installation - 2W</b>	2013	21,408	178	40	178		178	24
25	<b>Window Treatment &amp; Installation - 2W &amp; Dining Room</b>	2013	14,788	997	10	997		997	25
26	<b>Installation of Crown Molding &amp; Design Fees - 2E &amp; 2W Rooms</b>	2013	32,238	2,223	10	2,223		2,223	26
27	<b>Build &amp; Install Cabinetry for the Executive Board Room</b>	2013	4,824		10	241	241	241	27
28	<b>Install MOD Motor in Heater Unit - Boiler Room</b>	2013	5,513	322	10	322		322	28
29	<b>Installation of Rooftop Fan, Compressor Circuit &amp; Control Panel</b>	2013	8,528	223	10	223		223	29
30	<b>Resurfacing of Streets &amp; Parking Lot</b>	2013	13,315	222	15	222		222	30
31	<b>Landscaping - Outside of Facility</b>	2012	4,866	297	15	297		297	31
32									32
33	<b>To Reconcile Book Depreciation</b>			(16,799)			16,799		33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 14,780,204	\$ 366,444		\$ 386,419	\$ 19,975	\$ 5,744,364	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	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	\$ 1,394,454	\$ 156,574	\$ 175,989	\$ 19,415	5-10 Years	\$ 1,196,768	71
72	Current Year Purchases	129,854	13,592	13,592		5-10 Years	13,592	72
73	Fully Depreciated Assets	2,187,349					2,187,349	73
74								74
75	TOTALS	\$ 3,711,657	\$ 170,166	\$ 189,581	\$ 19,415		\$ 3,397,709	75

D. Vehicle Costs. (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	See Schedule 13A	See Sch. 13A	\$ 465,157	\$ 35,326	\$ 35,326	\$	5	\$ 349,542	76
77										77
78										78
79										79
80	TOTALS			\$ 465,157	\$ 35,326	\$ 35,326	\$		\$ 349,542	80

E. Summary of Care-Related Assets

	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)	\$ 19,531,711	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 571,936	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 611,326	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 39,390	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,491,615	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-Progress

	Description	Cost	
92	N/A	\$	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 8.

**Tabor Hills Health Care Facility, Inc.**  
**IDPH Facility # 0040543**  
**9.30.13**

**Schedule 13A**

Schedule XI - D Vehicle Depreciation

Use	Model, Make and Year	Year Acquired	Cost	Current Book Depreciation	Straight Line Depreciation	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			5	41,902
Facility Use	2004 Van	2004	70,823			5	70,823
	Pickup truck	2007	21,500			5	21,500
	Vehicle Parts	2007	3,377			5	3,376
Administrative Use	2008 Toyota Sienna	2008	25,138	2,512	2,512	5	25,138
	2000 Chevy Tahoe	2009	5,000	1,000	1,000	5	4,750
	Truck	2009	5,975	1,195	1,195	5	5,576
Facility Use	Van	2010	25,000	5,000	5,000	5	17,500
Facility Use	2011 Ford Elkhart Bus	2011	40,054	8,011	8,011	5	19,360
Facility Use	2010 Ford Elkhart Bus	2011	44,539	8,908	8,908	5	21,528
Facility Use	2011 Honda Odyssey Van	2011	39,957	7,991	7,991	5	18,646
Administrative Use	2014 Honda Odyssey Van	2013	42,456	708	708	5	708
			<u>465,157</u>	<u>35,326</u>	<u>35,326</u>		<u>349,542</u>

**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. \_\_\_\_\_ /2014                      \$ \_\_\_\_\_

13. \_\_\_\_\_ /2015                      \$ \_\_\_\_\_

14. \_\_\_\_\_ /2016                      \$ \_\_\_\_\_

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

N/A

N/A

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.

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/12 Ending: 9/30/13  
**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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<b>TOTALS</b>	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

**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**

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (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.

- (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.

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	L39(1) & (3)	4,401	hrs	\$ 166,128	792	\$ 49,180	\$	5,193	\$ 215,308	1
2	Licensed Speech and Language Development Therapist	L39(3)		hrs		922	59,533		922	59,533	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	L39(1),(2),(3)	6,541	hrs	300,010	553	33,820	770	7,094	334,600	4
5	Physician Care			visits							5
6	Dental Care			visits							6
7	Work Related Program			hrs							7
8	Habilitation			hrs							8
9	Pharmacy	L39(2)		# of prescripts				210,442		210,442	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				\$ 466,138	2,267	\$ 142,533	\$ 211,212	13,209	\$ 819,883	14

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

Facility Name & ID Number Tabor Hills Health Care Fac

# 0040543

Report Period Beginning: 10/1/12

Ending:

9/30/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 9/30/13

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 17,289	\$ 17,289	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>22,387</u> )	1,997,547	1,997,547	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments	238,668	238,668	5
6	Prepaid Insurance	429,115	429,115	6
7	Other Prepaid Expenses	30,095	30,095	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 2,712,714</b>	<b>\$ 2,712,714</b>	<b>10</b>
<b>B. Long-Term Assets</b>				
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	4,651,726	4,740,451	15
16	Equipment, at Historical Cost	4,306,428	4,176,814	16
17	Accumulated Depreciation (book methods)	(9,296,826)	(9,491,615)	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) <u>See Sch 17A</u>	36,464	36,464	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 10,269,750</b>	<b>\$ 10,076,560</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 12,982,464</b>	<b>\$ 12,789,274</b>	<b>25</b>

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 2,997,360	\$ 2,997,360	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	97,704	97,704	29
30	Accrued Salaries Payable	650,098	650,098	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	129,097	129,097	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Sch 17A</u>	412,221	412,221	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	<b>\$ 4,286,480</b>	<b>\$ 4,286,480</b>	<b>38</b>
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	4,608,722	4,608,722	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	<b>\$ 4,608,722</b>	<b>\$ 4,608,722</b>	<b>45</b>
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	<b>\$ 8,895,202</b>	<b>\$ 8,895,202</b>	<b>46</b>
47	<b>TOTAL EQUITY(page 18, line 24)</b>	<b>\$ 4,087,262</b>	<b>\$ 3,894,072</b>	<b>47</b>
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	<b>\$ 12,982,464</b>	<b>\$ 12,789,274</b>	<b>48</b>

\*(See instructions.)

Schedule 17A

XV. Balance Sheet

B. Other Long-Term Assets- Line 22

	<u>Operating</u>	<u>After Consolidation</u>
Unamortized Bond Premium 2006	(119,971)	(119,971)
Unamortized Bond Finance Fees 2006	158,830	158,830
Accum Bond Premium 2006	7,665	7,665
Accum Unamort Bond Finance Fees	(10,060)	(10,060)
	<u>36,464</u>	<u>36,464</u>

XV. Balance Sheet

C. Other Current Liabilities- Line 36

	<u>Operating</u>	<u>After Consolidation</u>
Refunds (Residents/Family)	(1,076)	(1,076)
Resident Credit Balances	278,897	278,897
HDSI Transfer Account	(204)	(204)
FICA	97	97
State Income Tax W/H	46	46
Employee lock deposits	765	765
Beauty Shop Gift Certificates	(856)	(856)
Accrued Expenses	11,897	11,897
Granny tax accrued	54,854	54,854
Employee Life Insurance Premiums	3,762	3,762
Other Liab.-Phone Equip.	(690)	(690)
Other Liab-IDPA Audit	62,921	62,921
PA Resident Pharmacy	6,628	6,628
Accrued Wage Assignments	(4,820)	(4,820)
	<u>412,221</u>	<u>412,221</u>

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>4,666,520</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Equity - Other Entities</b>	<b>(1,539,171)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>3,127,349</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>959,913</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>959,913</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>4,087,262</b>	<b>24</b> *

\* This must agree with page 17, line 47.

**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 expense.

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,900,978	1
2	Discounts and Allowances for all Levels	(865,129)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 12,035,849</b>	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,327,311	6
7	Oxygen	43,989	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 1,371,300</b>	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	28,163	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	242,008	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	49,008	19
20	Radiology and X-Ray	32,331	20
21	Other Medical Services	596,959	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 948,469</b>	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	30,585	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 30,585</b>	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Sch 19A</u>	21,511	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 21,511</b>	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 14,407,714</b>	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,456,651	31
32	Health Care	6,874,192	32
33	General Administration	1,687,782	33
<b>B. Capital Expense</b>			
34	Ownership	953,056	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,031,943	35
36	Provider Participation Fee	444,177	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 13,447,801</b>	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>959,913</b>	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 959,913</b>	43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 2,204,891	44
45	Private Pay - Net Inpatient Revenue	8,421,335	45
46	Medicare - Net Inpatient Revenue	1,409,623	46
47	Other-(specify)		47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 12,035,849</b>	49

\* 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.

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

Tabor Hills Health Care Facility, Inc.  
IDPH Facility # 0040543  
9/30/2013

Schedule XVII. Income Statement  
Line 28

**Schedule 19A**

<u>Description</u>	<u>Amount</u>
Admin. Influenza Vac	2,070
Public Aid Application Fee	2,500
Resident Telephone Private	17,125
Unclaimed Property	(184)
	<u>21,511</u>

Facility Name & ID Number Tabor Hills Health Care Fac

# 0040543

Report Period Beginning:

10/1/12

Ending:

9/30/13

**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	1,871	2,086	\$ 88,339	\$ 42.35	1
2	Assistant Director of Nursing	1,783	1,971	73,235	37.16	2
3	Registered Nurses	76,686	82,706	2,546,363	30.79	3
4	Licensed Practical Nurses	26,564	28,759	701,624	24.40	4
5	CNAs & Orderlies	132,518	141,112	1,827,628	12.95	5
6	CNA Trainees					6
7	Licensed Therapist	9,748	10,633	407,230	38.30	7
8	Rehab/Therapy Aides	8,727	10,002	205,737	20.57	8
9	Activity Director	1,702	1,964	32,537	16.57	9
10	Activity Assistants	18,596	20,097	214,938	10.70	10
11	Social Service Workers	7,426	8,083	127,282	15.75	11
12	Dietician					12
13	Food Service Supervisor	1,981	2,173	43,645	20.09	13
14	Head Cook	5,891	6,921	115,179	16.64	14
15	Cook Helpers/Assistants	28,296	31,331	321,537	10.26	15
16	Dishwashers					16
17	Maintenance Workers	10,185	10,831	210,202	19.41	17
18	Housekeepers	36,225	39,149	370,870	9.47	18
19	Laundry	15,785	17,005	168,134	9.89	19
20	Administrator	2,606	3,061	168,876	55.17	20
21	Assistant Administrator					21
22	Other Administrative	1,632	2,064	36,108	17.49	22
23	Office Manager	929	1,072	78,183	72.93	23
24	Clerical	19,009	21,027	365,717	17.39	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,419	4,830	156,218	32.34	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,839	4,221	96,223	22.80	31
32	Other Health C: <a href="#">See Sch 20A</a>	3,433	4,213	53,336	12.66	32
33	Other(specify) <a href="#">Marketing</a>	1,840	2,080	72,279	34.75	33
34	TOTAL (lines 1 - 33)	421,691	457,391	\$ 8,481,420 *	\$ 18.54	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	240	\$ 11,400	1(3)	35
36	Medical Director	636	62,800	9(3)	36
37	Medical Records Consultant	9	1,960	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant	336	11,510	10(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	15	968	11(3)	44
45	Social Service Consultant	7	1,081	12(3)	45
46	Other(specify) <a href="#">Alzheimer</a>	4	358	10(3)	46
47	<a href="#">Medical Consultant</a>	Monthly	2,400	10(3)	47
48	<a href="#">Nurse Practitioner</a>	94	16,200	10(3)	48
49	TOTAL (lines 35 - 48)	1,341	\$ 108,677		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,031	\$ 38,305	10(3)	50
51	Licensed Practical Nurses	4,114	161,583	10(3)	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	5,145	\$ 199,888		53

Tabor Hills Health Care Facility, Inc.  
IDPH Facility # 0040543  
10/1/12-9/30/13

**Schedule 20A**

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

Description	Hours Worked	Hours Paid	Wages	Average Wages
Nursing Staff Scheduler	1,898	2,242	30,787	\$ 13.73
Ward Clerk	1,535	1,971	22,549	\$ 11.44
	3,433	4,213	53,336	\$ 12.66

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Nancy Rodriquez	Administrator	0	\$ 64,095	Workers' Compensation Insurance	\$ 108,435	IDPH License Fee	\$ 1,990	
Gloria Pindiak	CEO	0	104,781	Unemployment Compensation Insurance	14,699	Advertising: Employee Recruitment	2,219	
				FICA Taxes	619,082	Health Care Worker Background Check	1,144	
				Employee Health Insurance	549,339	(Indicate # of checks performed <u>31</u> )		
				Employee Meals		<u>Patient Background Checks</u>	<u>400</u> 4,000	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Licenses & Fees	2,195	
				Uniforms	5,443	Miscellaneous Dues	3,053	
				Employee Appreciation	11,197	Miscellaneous Subscriptions	463	
				401(k) Expense	52,583	Allscripts License	2,700	
				Employee Pension	(896,962)			
				Life/Disability Insurance	38,650	Less: Public Relations Expense	( )	
				Other Employee Benefits	20,947	Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
\$ 168,876				\$ 523,413		\$ 17,764		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
N/A	\$			N/A		\$	Out-of-State Travel	\$
							In-State Travel	
							Seminar Expense	3,191
							Entertainment Expense	( )
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$				\$			\$ 3,191	
C. Professional Services				* Attach copy of IMRF notifications				
Vendor/Payee	Type	Amount						
See Attached Schedule 21C	See Sch. 21C	\$ 270,754						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				**See instructions.				
\$ 270,754								

Tabor Hills Health Care Facility, Inc.  
 Provider # 0040543  
 10/1/12-9/30/13

**Schedule 21C**

XIX. Support Schedule  
 C. Professional Services

<u>Name</u>	<u>Type</u>	<u>Amount</u>
Accu-Med Services	Computer	5,600
Carevoyant	Computer	31,782
Comcast cable	Computer	1,898
Health Data Systems	Computer	6,027
Cerner	Computer	7,031
Ability Network, Inc.	Computer	1,354
Zirned, Inc.	Computer	1,824
Kronos, Inc.	Computer	522
OnShift	Computer	3,141
Vopenka & Associates	Computer	100,696
McGladrey LLP	Accounting	84,384
Crowe Horwath LLP	Accounting	25,525
Duane Morris	Legal	642
Erickson Papanek	Legal	3,576
Polsinelli, Shughart	Legal	16,610
Legal Credit/Settlement	Legal	(21,158)
Wessels & Sherman	Legal	900
Dr. Kaura	Medical Consultant	400
Total (agree to Schedule V, line 19, column 3)		<u>270,754</u>

Less: Out of period legal & retainer fees (MCD 1)	(4,458)
Less: Reclass to Medical Consultant (MCD 6)	(400)
Add: Legal Expense (MCD 8)*	<u>9,352</u>
Total (agree to Schedule V, line 19, column 8)	<u>275,248</u>

\* To increase legal expenses in the amount of a PY refund for a duplicate payment.  
 This was disallowed on the PY cost report and needs to be added back.

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3										N/A		
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name &amp; ID Number Tabor Hills Health Care Fac

# 0040543

Report Period Beginning:

10/1/12

Ending:

9/30/13

## 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? No  
If YES, give association name and amount. N/A
- (3) Did the nursing home make political contributions or payments to a political action 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 expense and the location of this expense on Sch. V. \$ 66,968 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. \$ 444,177  
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 V 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 for 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 a 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 LLP
- (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.