

Facility Name & ID Number Tabor Hills Health Care Fac

0040543 Report Period Beginning: 10/1/2013 Ending: 09/30/2014

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 | 20 | 5,551 | 7,902 | 13,473 | 8 |
| 9 | SNF/PED | | | | | 9 |
| 10 | ICF | 13,157 | 33,993 | 1,305 | 48,455 | 10 |
| 11 | ICF/DD | | | | | 11 |
| 12 | SC | | | | | 12 |
| 13 | DD 16 OR LESS | | | | | 13 |
| 14 | TOTALS | 13,177 | 39,544 | 9,207 | 61,928 | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.41%

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 6,505

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: 9/30/14 Fiscal Year: 9/30/14

* 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 |
| | A. General Services | | | | | | | | | | |
| 1 | Dietary | 481,769 | 31,676 | 11,708 | 525,153 | | 525,153 | 525,153 | | | 1 |
| 2 | Food Purchase | | 402,765 | | 402,765 | | 402,765 | 402,765 | | | 2 |
| 3 | Housekeeping | 362,489 | 141,470 | | 503,959 | | 503,959 | 503,959 | | | 3 |
| 4 | Laundry | 174,045 | 48,643 | | 222,688 | | 222,688 | 222,688 | | | 4 |
| 5 | Heat and Other Utilities | | | 306,057 | 306,057 | | 306,057 | 306,057 | | | 5 |
| 6 | Maintenance | 215,508 | 101,705 | 204,897 | 522,110 | | 522,110 | 8,084 | 530,194 | | 6 |
| 7 | Other (specify):* Hazardous Disposals | | | 31,394 | 31,394 | | 31,394 | | 31,394 | | 7 |
| 8 | TOTAL General Services | 1,233,811 | 726,259 | 554,056 | 2,514,126 | | 2,514,126 | 8,084 | 2,522,210 | | 8 |
| | B. Health Care and Programs | | | | | | | | | | |
| 9 | Medical Director | | | 66,000 | 66,000 | | 66,000 | | 66,000 | | 9 |
| 10 | Nursing and Medical Records | 5,817,815 | 487,870 | 255,826 | 6,561,511 | | 6,561,511 | | 6,561,511 | | 10 |
| 10a | Therapy | | | | | | | | | | 10a |
| 11 | Activities | 248,919 | 1,545 | 4,013 | 254,477 | | 254,477 | | 254,477 | | 11 |
| 12 | Social Services | 128,613 | 231 | 507 | 129,351 | | 129,351 | | 129,351 | | 12 |
| 13 | CNA Training | | | | | | | | | | 13 |
| 14 | Program Transportation | | | | | | | | | | 14 |
| 15 | Other (specify):* | | | | | | | | | | 15 |
| 16 | TOTAL Health Care and Programs | 6,195,347 | 489,646 | 326,346 | 7,011,339 | | 7,011,339 | | 7,011,339 | | 16 |
| | C. General Administration | | | | | | | | | | |
| 17 | Administrative | 160,308 | | | 160,308 | | 160,308 | | 160,308 | | 17 |
| 18 | Directors Fees | | | | | | | | | | 18 |
| 19 | Professional Services | | | 237,753 | 237,753 | | 237,753 | (900) | 236,853 | | 19 |
| 20 | Dues, Fees, Subscriptions & Promotions | | | 39,988 | 39,988 | | 39,988 | (11,007) | 28,981 | | 20 |
| 21 | Clerical & General Office Expenses | 400,066 | 44,854 | 51,626 | 496,546 | | 496,546 | (16,662) | 479,884 | | 21 |
| 22 | Employee Benefits & Payroll Taxes | | | 1,429,129 | 1,429,129 | | 1,429,129 | | 1,429,129 | | 22 |
| 23 | Inservice Training & Education | | | 945 | 945 | | 945 | | 945 | | 23 |
| 24 | Travel and Seminar | | | 3,846 | 3,846 | | 3,846 | | 3,846 | | 24 |
| 25 | Other Admin. Staff Transportation | | | 20,025 | 20,025 | | 20,025 | 786 | 20,811 | | 25 |
| 26 | Insurance-Prop.Liab.Malpractice | | | 206,339 | 206,339 | | 206,339 | | 206,339 | | 26 |
| 27 | Other (specify):* | | | | | | | | | | 27 |
| 28 | TOTAL General Administration | 560,374 | 44,854 | 1,989,651 | 2,594,879 | | 2,594,879 | (27,783) | 2,567,096 | | 28 |
| 29 | TOTAL Operating Expense (sum of lines 8, 16 & 28) | 7,989,532 | 1,260,759 | 2,870,053 | 12,120,344 | | 12,120,344 | (19,699) | 12,100,645 | | 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.

Facility Name & ID Number Tabor Hills Health Care Fac

#0040543

Report Period Beginning:

10/1/2013

Ending:

09/30/2014

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 | | | 606,094 | 606,094 | | 606,094 | 52,618 | 658,712 | | | 30 |
| 31 | Amortization of Pre-Op. & Org. | | | | | | | | | | | 31 |
| 32 | Interest | | | 126,000 | 126,000 | | 126,000 | (19,035) | 106,965 | | | 32 |
| 33 | Real Estate Taxes | | | | | | | | | | | 33 |
| 34 | Rent-Facility & Grounds | | | | | | | | | | | 34 |
| 35 | Rent-Equipment & Vehicles | | | | | | | | | | | 35 |
| 36 | Other (specify):* | | | | | | | | | | | 36 |
| 37 | TOTAL Ownership | | | 732,094 | 732,094 | | 732,094 | 33,583 | 765,677 | | | 37 |
| | Ancillary Expense | | | | | | | | | | | |
| | E. Special Cost Centers | | | | | | | | | | | |
| 38 | Medically Necessary Transportation | | | | | | | | | | | 38 |
| 39 | Ancillary Service Centers | 542,227 | 211,629 | 91,150 | 845,006 | | 845,006 | | 845,006 | | | 39 |
| 40 | Barber and Beauty Shops | | | 30,063 | 30,063 | | 30,063 | | 30,063 | | | 40 |
| 41 | Coffee and Gift Shops | | | | | | | | | | | 41 |
| 42 | Provider Participation Fee | | | 445,476 | 445,476 | | 445,476 | | 445,476 | | | 42 |
| 43 | Other (specify):* Non-Allowable Co | 73,335 | | 100,562 | 173,897 | | 173,897 | (173,897) | | | | 43 |
| 44 | TOTAL Special Cost Centers | 615,562 | 211,629 | 667,251 | 1,494,442 | | 1,494,442 | (173,897) | 1,320,545 | | | 44 |
| 45 | GRAND TOTAL COST (sum of lines 29, 37 & 44) | 8,605,094 | 1,472,388 | 4,269,398 | 14,346,880 | | 14,346,880 | (160,013) | 14,186,867 | | | 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- | BHF USE | |
| | | | ence | 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 | (16,440) | 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 | 52,618 | 30 | | 9 |
| 10 | Interest and Other Investment Income | (19,035) | 32 | | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds | | | | 11 |
| 12 | Non-Working Officer's or Owner's Salary | | | | 12 |
| 13 | Sales Tax | (43) | 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 | | | | 18 |
| 19 | Entertainment | | | | 19 |
| 20 | Contributions | | | | 20 |
| 21 | Owner or Key-Man Insurance | | | | 21 |
| 22 | Special Legal Fees & Legal Retainers | (900) | 19 | | 22 |
| 23 | Malpractice Insurance for Individuals | | | | 23 |
| 24 | Bad Debt | | | | 24 |
| 25 | Fund Raising, Advertising and Promotional | (12,443) | 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 Page 5A | (163,770) | Var. | | 29 |
| 30 | SUBTOTAL (A): (Sum of lines 1-29) | \$ (160,013) | | \$ | 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) | \$ (160,013) | | 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 | TOTAL (C): (sum of lines 38-46) | | | \$ | | 47 |

| BHF USE ONLY | | | | | | |
|---------------------|--|----|--|----|--|----|
| 48 | | 49 | | 50 | | 51 |
| | | | | | | 52 |

Tabor Hills Health Care Fac

ID# 0040543

Report Period Beginning: 10/1/2013

Ending: 09/30/2014

Sch. V Line

| NON-ALLOWABLE EXPENSES | | Amount | Reference | |
|------------------------|----------------------------------|-------------|-----------|----|
| 1 | Resident Physicians | \$ (22,082) | 43 | 1 |
| 2 | Miscellaneous Expense | (5,712) | 43 | 2 |
| 3 | X-Ray Expense | (21,058) | 43 | 3 |
| 4 | Lab Expense | (39,157) | 43 | 4 |
| 5 | Non-Allowable Subscription | (4,085) | 20 | 5 |
| 6 | Travel & Entertainment | 1 | 43 | 6 |
| 7 | Marketing Salary | (73,335) | 43 | 7 |
| 8 | Miscellaneous Income Offset | (309) | 21 | 8 |
| 9 | Reclass to Repairs & Maintenance | 25,742 | 6 | 9 |
| 10 | Capitalize Expenses over \$2500 | (17,658) | 6 | 10 |
| 11 | Lobbying | (6,049) | 20 | 11 |
| 12 | Pantry Expense | (68) | 43 | 12 |
| 13 | | | | 13 |
| 14 | | | | 14 |
| 15 | | | | 15 |
| 16 | | | | 16 |
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| 43 | | | | 43 |
| 44 | | | | 44 |
| 45 | | | | 45 |
| 46 | | | | 46 |
| 47 | | | | 47 |
| 48 | | | | 48 |
| 49 | Total | | (163,770) | 49 |

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 | 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 | | \$ | | | \$ | \$ * 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: 10/1/2013 Ending: 09/30/2014

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 | \$ 104,719 | 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 | James Hill | Treasurer | Board of Directors | 0.00 | 0 | 0 | 0.00 | Brd Mtg Fees | 0 | L21,C3 | 4 |
| 5 | Mary Bubenicek | Member | Board of Directors | 0.00 | 0 | 0 | 0.00 | Brd Mtg Fees | 0 | L21,C3 | 5 |
| 6 | Angeline Bultas | Member | Board of Directors | 0.00 | 0 | 0 | 0.00 | Brd Mtg Fees | 0 | L21,C3 | 6 |
| 7 | Lynda Filipello | Member | Board of Directors | 0.00 | 0 | 0 | 0.00 | Brd Mtg Fees | 0 | L21,C3 | 7 |
| 8 | James Kopriva | Member | Board of Directors | 0.00 | 0 | 0 | 0.00 | Brd Mtg Fees | 0 | L21,C3 | 8 |
| 9 | Frank Michalek | Member | Board of Directors | 0.00 | 0 | 0 | 0.00 | Brd Mtg Fees | 0 | L21,C3 | 9 |
| 10 | Robert Peiler | Member | Board of Directors | 0.00 | 0 | 0 | 0.00 | Brd Mtg Fees | 0 | L21,C3 | 10 |
| 11 | John Storcel | Member | Board of Directors | 0.00 | 0 | 0 | 0.00 | Brd Mtg Fees | 0 | L21,C3 | 11 |
| 12 | Anton Vopenka | Member | Board of Directors | 0.00 | 0 | 0 | 0.00 | Brd Mtg Fees | 0 | L21,C3 | 12 |
| 13 | | | | | | | | TOTAL | \$ 104,719 | | 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:

10/1/2013

Ending: 9/30/2014

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 |
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| 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** | | | | | Purpose of Loan | Monthly Payment Required | | | | Date of Note | Amount of Note | | Maturity Date | Interest Rate (4 Digits) | Reporting Period Interest Expense |
| | | YES | NO | | | | | | | | | | Original | Balance | | | |
| A. Directly Facility Related | | | | | | | | | | | | | | | | | |
| Long-Term | | | | | | | | | | | | | | | | | |
| 1 | Illinois Revenue Authority | | X | Mortgage | Principal and interest due upon presentment (semi-annually) | 11/22/06 | \$ 4,970,670 | \$ 4,618,426 | 11/15/36 | Varies | \$ 126,000 | 1 | | | | | |
| 2 | | | | | | | | | | | | 2 | | | | | |
| 3 | | | | | | | | | | | | 3 | | | | | |
| 4 | | | | | | | | | | | | 4 | | | | | |
| 5 | | | | | | | | | | | | 5 | | | | | |
| Working Capital | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | 6 | | | | | |
| 7 | | | | | | | | | | | | 7 | | | | | |
| 8 | | | | | | | | | | | | 8 | | | | | |
| 9 | TOTAL Facility Related | | | | | | \$ 4,970,670 | \$ 4,618,426 | | | \$ 126,000 | 9 | | | | | |
| B. Non-Facility Related* | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | Interest Income Offset | (19,035) | 10 | | | | | |
| 11 | | | | | | | | | | | | 11 | | | | | |
| 12 | | | | | | | | | | | | 12 | | | | | |
| 13 | | | | | | | | | | | | 13 | | | | | |
| 14 | TOTAL Non-Facility Related | | | | | | \$ | \$ | | | \$ (19,035) | 14 | | | | | |
| 15 | TOTALS (line 9+line14) | | | | | | \$ 4,970,670 | \$ 4,618,426 | | | \$ 106,965 | 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

| | | | | | |
|--|------|---|-------------------------------|-------------------------|--|
| | | Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report. | | | |
| 1. Real Estate Tax accrual used on 2013 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.) | 2013 | | | \$ | 2 |
| 3. Under or (over) accrual (line 2 minus line 1). | | | | \$ | 3 |
| 4. Real Estate Tax accrual used for 2014 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. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.) | | | | \$ | 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. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.) | | | Allocated from Management Co. | \$ | 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: | 2009 | _____ | 8 | FOR BHF USE ONLY | |
| | 2010 | _____ | 9 | | |
| | 2011 | _____ | 10 | | |
| | 2012 | _____ | 11 | | |
| | 2013 | _____ | 12 | | |
| Facility is a not-for-profit entity and exempt from real estate tax. | | | | | |
| | | | | 13 | FROM R. E. TAX STATEMENT FOR 2013 \$ _____ 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.

2013 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) 778-6677 FAX #: (630) 778-6680

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2013 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 2013.

| | (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> |
| | | TOTALS | \$ <u><u></u></u> | \$ <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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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:

| | 1 | 2 | 3 | 4 | |
|----------|-----------------|----------------|---------------|-------------------|---|
| A. Land. | Use | Square Feet | Year Acquired | Cost | |
| 1 | <u>Facility</u> | <u>264,519</u> | <u>1995</u> | <u>\$ 574,693</u> | 1 |
| 2 | | | | | 2 |
| 3 | TOTALS | <u>264,519</u> | | <u>\$ 574,693</u> | 3 |

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 | \$ | \$ 4,885,350 | 4 |
| 5 | | | | | | | | | | 5 |
| 6 | | | | | | | | | | 6 |
| 7 | | | | | | | | | | 7 |
| 8 | | | | | | | | | | 8 |
| Improvement Type** | | | | | | | | | | |
| 9 | Land Improvements | | 1995 | 36,957 | | 15 | | | 36,957 | 9 |
| 10 | Improvements | | 1995 | 1,421 | | 40 | 36 | 36 | 795 | 10 |
| 11 | Sign | | 1997 | 500 | 13 | 40 | 13 | | 227 | 11 |
| 12 | Electric | | 1996 | 656 | 16 | 40 | 16 | | 280 | 12 |
| 13 | Humidistats | | 1996 | 1,378 | 34 | 40 | 34 | | 595 | 13 |
| 14 | Door alarm | | 1996 | 854 | 21 | 40 | 21 | | 375 | 14 |
| 15 | Plumbing | | 1996 | 1,050 | 26 | 40 | 26 | | 455 | 15 |
| 16 | Install lights, water heater | | 1997 | 2,345 | 59 | 40 | 59 | | 1,025 | 16 |
| 17 | Pipe | | 1997 | 618 | 15 | 40 | 15 | | 270 | 17 |
| 18 | Electric | | 1997 | 3,121 | 78 | 40 | 78 | | 1,365 | 18 |
| 19 | Signs & outlets | | 1997 | 2,504 | 63 | 40 | 63 | | 1,095 | 19 |
| 20 | Wall hugging overbed lights | | 1997 | 27,302 | 683 | 40 | 683 | | 11,880 | 20 |
| 21 | Air compressor | | 1997 | 2,078 | 52 | 40 | 52 | | 910 | 21 |
| 22 | Roof repair | | 1997 | 3,154 | 79 | 40 | 79 | | 1,375 | 22 |
| 23 | Deco-gard products | | 1997 | 738 | 18 | 40 | 18 | | 316 | 23 |
| 24 | Shelving units | | 1998 | 2,317 | | 40 | 58 | 58 | 957 | 24 |
| 25 | Chimney cap | | 1998 | 945 | 24 | 40 | 24 | | 396 | 25 |
| 26 | Access door | | 1998 | 2,061 | 52 | 40 | 52 | | 858 | 26 |
| 27 | Bumper guards | | 1998 | 3,687 | 92 | 40 | 92 | | 1,518 | 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

Facility Name & ID Number Tabor Hills Health Care Fac

0040543

Report Period Beginning:

10/1/2013

Ending:

09/30/2014

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 | Carpeting | 2000 | \$ 225 | \$ | 10 | \$ | \$ | \$ 225 | 37 |
| 38 | Railing & bumper | 2000 | 3,275 | 82 | 40 | 82 | | 1,191 | 38 |
| 39 | Carpeting | 2000 | 41,999 | | 10 | | | 41,999 | 39 |
| 40 | Tile | 2001 | 6,493 | 162 | 40 | 162 | | 2,242 | 40 |
| 41 | Courtyard improvements | 2001 | 15,673 | 392 | 40 | 392 | | 5,127 | 41 |
| 42 | Architect Fees - Dining Room | 2002 | 58,322 | 2 | 10 | 2 | | 58,322 | 42 |
| 43 | Carpet | 2002 | 3,341 | | 10 | | | 3,341 | 43 |
| 44 | Door Alarm | 2003 | 8,254 | | 10 | | | 8,254 | 44 |
| 45 | Fountain | 2003 | 2,278 | | 10 | | | 2,278 | 45 |
| 46 | Carpet | 2003 | 4,545 | | 10 | | | 4,545 | 46 |
| 47 | Therapeutic Garden | 2003 | 135,525 | 3,290 | 40 | 3,290 | | 35,610 | 47 |
| 48 | Windows | 2003 | 600 | 15 | 40 | 15 | | 165 | 48 |
| 49 | Braille Room Signs | 2003 | 3,156 | 79 | 40 | 79 | | 830 | 49 |
| 50 | Flooring & Ceiling Tile | 2004 | 12,755 | 319 | 40 | 319 | | 3,350 | 50 |
| 51 | Architect Fees - Dining Room | 2004 | 17,405 | 435 | 40 | 435 | | 4,568 | 51 |
| 52 | Air Conditioning | 2004 | 32,155 | 1,603 | 10 | 1,603 | | 32,155 | 52 |
| 53 | Plumbing | 2004 | 30,619 | 932 | 40 | 932 | | 8,450 | 53 |
| 54 | Doors | 2004 | 12,160 | 608 | 10 | 608 | | 12,160 | 54 |
| 55 | Water Box | 2004 | 1,996 | 96 | 10 | 96 | | 1,996 | 55 |
| 56 | Fire Alarm | 2004 | 8,965 | 444 | 10 | 444 | | 8,965 | 56 |
| 57 | Driveway | 2004 | 2,750 | 137 | 10 | 137 | | 2,750 | 57 |
| 58 | Electric Work & Lighting | 2004 | 213,367 | 5,334 | 40 | 5,334 | | 53,891 | 58 |
| 59 | Entryway Renovation | 2004 | 761 | 19 | 40 | 19 | | 190 | 59 |
| 60 | Sprinkler System | 2004 | 1,798 | 45 | 40 | 45 | | 450 | 60 |
| 61 | Dining Room Renovation | 2004 | 1,915,627 | 47,891 | 40 | 47,891 | | 470,162 | 61 |
| 62 | Bathroom Renovation | 2005 | 2,000 | 50 | 40 | 50 | | 475 | 62 |
| 63 | Automatic Door System | 2005 | 3,551 | 89 | 40 | 89 | | 846 | 63 |
| 64 | Signs | 2006 | 21,716 | 543 | 40 | 543 | | 4,615 | 64 |
| 65 | Door Sensor Locks | 2006 | 18,597 | 465 | 40 | 465 | | 3,952 | 65 |
| 66 | Asphalt Parking Lots | 2006 | 7,156 | 716 | 10 | 716 | | 6,085 | 66 |
| 67 | Wall Mirrors Therapy Room | 2006 | 2,940 | 74 | 40 | 74 | | 628 | 67 |
| 68 | Electrical Work | 2006 | 25,507 | 638 | 40 | 638 | | 5,423 | 68 |
| 69 | Wiring | 2006 | 68,676 | 1,717 | 40 | 1,717 | | 14,594 | 69 |
| 70 | TOTAL (lines 4 thru 69) | | \$ 12,912,522 | \$ 317,434 | | \$ 317,528 | \$ 94 | \$ 5,841,729 | 70 |

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

Facility Name & ID Number Tabor Hills Health Care Fac

0040543

Report Period Beginning:

10/1/2013

Ending:

09/30/2014

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 | Totals from Page 12A, Carried Forward | | \$ 12,912,522 | \$ 317,434 | | \$ 317,528 | \$ 94 | \$ 5,841,729 | 1 |
| 2 | Lighting | 2006 | 21,943 | 549 | 40 | 549 | | 4,666 | 2 |
| 3 | Exhaust Fans | 2006 | 28,060 | 702 | 40 | 702 | | 5,966 | 3 |
| 4 | Heaters | 2006 | 28,826 | 721 | 40 | 721 | | 6,128 | 4 |
| 5 | HVAC | 2006 | 71,252 | 1,781 | 40 | 1,781 | | 15,139 | 5 |
| 6 | Fountain | 2006 | 39,594 | 2,640 | 15 | 2,640 | | 21,340 | 6 |
| 7 | Wall Coverings | 2007 | 6,058 | 606 | 10 | 606 | | 4,545 | 7 |
| 8 | Fire Prevention | 2007 | 5,464 | 546 | 10 | 546 | | 4,096 | 8 |
| 9 | Exterior Work | 2007 | 7,440 | 744 | 10 | 744 | | 5,580 | 9 |
| 10 | Naperville Room improvements | 2007 | 17,034 | 426 | 40 | 426 | | 3,195 | 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 | | 3,525 | 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 | | 1,553 | 20 |
| 21 | Interior Doors | 2007 | 2,490 | 62 | 40 | 62 | | 465 | 21 |
| 22 | 1 North Kitchen improvements | 2007 | 8,754 | 219 | 40 | 219 | | 1,642 | 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 | | 494 | 25 |
| 26 | - Replaced door and walls, taped off and painted | | | | | | | | 26 |
| 27 | Carpeting | 2007 | 12,371 | 1,237 | 10 | 1,237 | | 9,278 | 27 |
| 28 | Electrical work | 2007 | 30,630 | 766 | 40 | 766 | | 5,745 | 28 |
| 29 | Duct work | 2007 | 18,266 | 457 | 40 | 457 | | 3,427 | 29 |
| 30 | Smoke detectors | 2007 | 7,966 | 797 | 10 | 797 | | 5,977 | 30 |
| 31 | Electrical work | 2007 | 13,558 | 339 | 40 | 339 | | 2,542 | 31 |
| 32 | Landscaping | 2008 | 3,025 | 202 | 15 | 202 | | 1,229 | 32 |
| 33 | Boiler | 2008 | 5,802 | 145 | 40 | 145 | | 943 | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 13,270,776 | \$ 331,116 | | \$ 331,210 | \$ 94 | \$ 5,949,204 | 34 |

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

Facility Name & ID Number Tabor Hills Health Care Fac

0040543

Report Period Beginning:

10/1/2013

Ending:

09/30/2014

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 | Totals from Page 12B, Carried Forward | | \$ 13,270,776 | \$ 331,116 | | \$ 331,210 | \$ 94 | \$ 5,949,204 | 1 |
| 2 | Administrative office renovations | 2008 | 28,511 | 713 | 40 | 713 | | 4,634 | 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 | 317 | 40 | 317 | | 2,061 | 5 |
| 6 | Vinyl Bases | 2008 | 4,914 | 491 | 10 | 491 | | 3,192 | 6 |
| 7 | Electrical work | 2008 | 84,126 | 2,103 | 40 | 2,103 | | 14,546 | 7 |
| 8 | Mag Mile Kitchen Improvements | 2008 | 30,844 | 771 | 40 | 771 | | 5,012 | 8 |
| 9 | - Renovate oak countertop, light fixtures, kitchen area, and | | | | | | | | 9 |
| 10 | vinyl baseboard, replace old kitchen air controllers | | | | | | | | 10 |
| 11 | Therapy Office Improvements - wiring, flooring, wall covering | 2008 | 16,734 | 418 | 40 | 418 | | 2,717 | 11 |
| 12 | Flooring | 2008 | 13,497 | 337 | 40 | 337 | | 2,191 | 12 |
| 13 | Water pump | 2008 | 5,794 | 145 | 40 | 145 | | 942 | 13 |
| 14 | A/C Unit | 2008 | 10,660 | 267 | 40 | 267 | | 1,735 | 14 |
| 15 | Coil and Freeze Thermostat | 2008 | 5,800 | 145 | 40 | 145 | | 943 | 15 |
| 16 | | | | | | | | | 16 |
| 17 | Interior remodel-Electrical work, carpeting | 2009 | 110,167 | 2,754 | 40 | 2,754 | | 14,970 | 17 |
| 18 | Landscaping | 2009 | 2,258 | 151 | 15 | 151 | | 893 | 18 |
| 19 | Outdoor Electrical Work | 2009 | 2,572 | 171 | 15 | 171 | | 926 | 19 |
| 20 | Landscaping | 2009 | 23,769 | 1,585 | 15 | 1,585 | | 8,189 | 20 |
| 21 | | | | | | | | | 21 |
| 22 | Repair roof leak, replace ceiling tiles & sprinkler lines | 2010 | 3,955 | 100 | 40 | 100 | | 500 | 22 |
| 23 | Remodel reception area and admission office : | 2010 | 8,447 | 211 | 40 | 211 | | 1,038 | 23 |
| 24 | Remove existing reception front glass, frame, oak hand rail, | | | | | | | | 24 |
| 25 | Ceiling tile and grid, open wall and frame new door | | | | | | | | 25 |
| 26 | Install new 5/8 drywall and ceiling line | | | | | | | | 26 |
| 27 | | | | | | | | | 27 |
| 28 | Remodel work for Admission office : | 2010 | 4,973 | 124 | 40 | 124 | | 590 | 28 |
| 29 | Install new "B" label metal frame, solid Oak door | | | | | | | | 29 |
| 30 | Install new acoustical ceiling grid and tile, patch, prime and | | | | | | | | 30 |
| 31 | Paint, Install new vinyl base, Install solid blocking in East | | | | | | | | 31 |
| 32 | Wall to facilitate installation | | | | | | | | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 13,640,481 | \$ 341,919 | | \$ 342,013 | \$ 94 | \$ 6,014,283 | 34 |

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

Facility Name & ID Number Tabor Hills Health Care Fac

0040543

Report Period Beginning:

10/1/2013

Ending:

09/30/2014

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 | Totals from Page 12C, Carried Forward | | \$ 13,640,481 | \$ 341,919 | | \$ 342,013 | \$ 94 | \$ 6,014,283 | 1 |
| 2 | Remodel new storage space and office for Therapy office : | 2010 | 13,253 | 331 | 40 | 331 | | 1,480 | 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 | | 1,079 | 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 | | 842 | 14 |
| 15 | Remodel beauty shop (remove & replace wallcover) | 2010 | 3,904 | 98 | 40 | 98 | | 415 | 15 |
| 16 | Remodel Elevator lobby & adjacent corridor : | 2010 | 12,662 | 317 | 40 | 317 | | 1,320 | 16 |
| 17 | Install new flooring and wall covering for elev lobby & adj corrido | | | | | | | | 17 |
| 18 | Painted and decorated walls | | | | | | | | 18 |
| 19 | Remodel new ceiling for beauty shop and remove existing hand rai | 2010 | 4,469 | 112 | 40 | 112 | | 466 | 19 |
| 20 | Remodel new ceiling front hallway and Admission office | 2010 | 17,957 | 449 | 40 | 449 | | 1,871 | 20 |
| 21 | Remodel front entrv, ice cream parlor & building permits : | 2010 | 37,734 | 943 | 40 | 943 | | 3,852 | 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 | | 342 | 28 |
| 29 | Interior Design - Remodel Elevator lobby & adjacent corridor | 2010 | 6,682 | 167 | 40 | 167 | | 752 | 29 |
| 30 | Carpenter - remodel CEO office & Garden dining room | 2010 | 162,053 | 4,051 | 40 | 4,051 | | 16,543 | 30 |
| 31 | Carpenter - remodel beauty parlor | 2010 | 3,943 | 99 | 40 | 99 | | 444 | 31 |
| 32 | | | | | | | | | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 13,924,186 | \$ 349,012 | | \$ 349,106 | \$ 94 | \$ 6,043,689 | 34 |

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

Facility Name & ID Number Tabor Hills Health Care Fac

0040543

Report Period Beginning:

10/1/2013

Ending:

09/30/2014

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 | Totals from Page 12D, Carried Forward | | \$ 13,924,186 | \$ 349,012 | | \$ 349,106 | \$ 94 | \$ 6,043,689 | 1 |
| 2 | Remodel Hallway: Carpeting, Wallpaper/Painting & Lighting | 2011 | 9,995 | 250 | 40 | 250 | | 979 | 2 |
| 3 | Inspect/Remodel Damaged Ductwork | 2011 | 11,245 | 1,124 | 10 | 1,124 | | 3,955 | 3 |
| 4 | Upgrade Bathroom for Code Compliance | 2011 | 3,513 | 351 | 10 | 351 | | 1,199 | 4 |
| 5 | Remodel Bathrooms: Install tiles and fixtures; painting | 2011 | 9,369 | 408 | 40 | 408 | | 1,292 | 5 |
| 6 | R/M Reclass: Electrical Work in Laundry Room for New Dryers | 2011 | 4,837 | | 10 | 483 | 483 | 1,691 | 6 |
| 7 | R/M Reclass: Replace Walkway Lights: Wall and Bollard Lights | 2011 | 4,016 | | 10 | 402 | 402 | 1,407 | 7 |
| 8 | R/M Reclass: HVAC Parts Replacement & Repairs | 2011 | 19,587 | | 10 | 1,958 | 1,958 | 6,853 | 8 |
| 9 | Motor Upgrades for Boilers | 2011 | 9,271 | 927 | 10 | 927 | | 3,521 | 9 |
| 10 | Repair Boilers | 2011 | 7,710 | 771 | 10 | 771 | | 2,784 | 10 |
| 11 | | | | | | | | | 11 |
| 12 | Lobby flooring | 2012 | 4,345 | 108 | 40 | 108 | | 316 | 12 |
| 13 | Fireproofing boiler & electrical room | 2012 | 4,045 | 101 | 40 | 101 | | 236 | 13 |
| 14 | Install carpet tile, metal bar, flooring | 2012 | 12,279 | 307 | 40 | 307 | | 742 | 14 |
| 15 | Install millwork wall base | 2012 | 3,818 | 95 | 40 | 95 | | 231 | 15 |
| 16 | Furnish & install fire dampers | 2012 | 13,505 | 338 | 40 | 338 | | 759 | 16 |
| 17 | Fire & Smoke damper | 2012 | 31,284 | 782 | 40 | 782 | | 1,760 | 17 |
| 18 | Tile & Waterproofing, west showering area | 2012 | 13,938 | 348 | 40 | 348 | | 784 | 18 |
| 19 | Furnish & install fire dampers | 2012 | 2,903 | 73 | 40 | 73 | | 163 | 19 |
| 20 | Instal A/C system, cooler | 2012 | 5,004 | 124 | 40 | 124 | | 269 | 20 |
| 21 | Tile and waterproffing | 2012 | 31,837 | 796 | 40 | 796 | | 1,622 | 21 |
| 22 | Crown molding | 2012 | 12,903 | 1,290 | 10 | 1,290 | | 3,656 | 22 |
| 23 | Corridor and activity room carpeting | 2012 | 17,282 | 432 | 40 | 432 | | 2,304 | 23 |
| 24 | Crashrails | 2012 | 3,811 | 95 | 40 | 95 | | 477 | 24 |
| 25 | Wallcovering | 2012 | 9,673 | 242 | 40 | 242 | | 1,209 | 25 |
| 26 | Handrails, wall coverings & wall protection | 2012 | 4,250 | 425 | 10 | 425 | | 1,169 | 26 |
| 27 | Wallcovering | 2012 | 11,888 | 463 | 40 | 463 | | 1,448 | 27 |
| 28 | Install cabinets | 2012 | 2,596 | 260 | 10 | 260 | | 562 | 28 |
| 29 | Corridor and activity room carpeting | 2012 | 8,990 | 225 | 40 | 225 | | 525 | 29 |
| 30 | Boiler circuit setter | 2012 | 4,282 | 107 | 40 | 107 | | 607 | 30 |
| 31 | Install security system | 2012 | 5,394 | 539 | 10 | 539 | | 1,529 | 31 |
| 32 | Valve and condensor fan replacement | 2012 | 24,590 | 748 | 40 | 748 | | 2,316 | 32 |
| 33 | Chiller replacement | 2012 | 134,109 | 3,353 | 40 | 3,353 | | 11,175 | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 14,366,454 | \$ 364,094 | | \$ 367,031 | \$ 2,937 | \$ 6,101,229 | 34 |

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

Facility Name & ID Number Tabor Hills Health Care Fac

0040543

Report Period Beginning:

10/1/2013

Ending:

09/30/2014

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 | Totals from Page 12E, Carried Forward | | \$ 14,366,454 | \$ 364,094 | | \$ 367,031 | \$ 2,937 | \$ 6,101,229 | 1 |
| 2 | Boilers | 2012 | 54,799 | 1,370 | 40 | 1,370 | | 3,197 | 2 |
| 3 | Landscaping - Outside of Facility | 2012 | 4,866 | 324 | 15 | 324 | | 621 | 3 |
| 4 | 1W & 2W Renovation | 2013 | 5,005 | 125 | 40 | 125 | | 193 | 4 |
| 5 | -1W Dining Room drywall near stove area | | | | | | | | 5 |
| 6 | -2W Bathroom renovation: relocate and supply return ductwork | | | | | | | | 6 |
| 7 | -2W Bathroom drywall | | | | | | | | 7 |
| 8 | | | | | | | | | 8 |
| 9 | Bathroom Shower Locks for 2W | 2013 | 2,952 | 74 | 40 | 74 | | 123 | 9 |
| 10 | Beadboards for 2W | 2013 | 9,853 | 246 | 40 | 246 | | 409 | 10 |
| 11 | Carpentry Work for 2W Shower Rooms | 2013 | 57,614 | 1,403 | 40 | 1,403 | | 1,948 | 11 |
| 12 | Carpeting for 2E & 2W | 2013 | 51,919 | 1,298 | 40 | 1,298 | | 2,325 | 12 |
| 13 | Crashrail for 2E & 2W | 2013 | 15,589 | 390 | 40 | 390 | | 609 | 13 |
| 14 | Electrical Work for 1N Doors, 2W & 2W Shower Room | 2013 | 7,109 | 178 | 40 | 178 | | 255 | 14 |
| 15 | Molding for 2W | 2013 | 4,265 | 107 | 40 | 107 | | 182 | 15 |
| 16 | New Counter Top for 1W Nurse Station | 2013 | 10,200 | 255 | 40 | 255 | | 436 | 16 |
| 17 | New Duct Work in Vending Maching Area | 2013 | 7,783 | 195 | 40 | 195 | | 259 | 17 |
| 18 | New Fire Alarm Relay Doors | 2013 | 2,747 | 69 | 40 | 69 | | 92 | 18 |
| 19 | New Signs for 2E | 2013 | 3,536 | 88 | 40 | 88 | | 125 | 19 |
| 20 | Nurse Station Door 1W | 2013 | 3,304 | 83 | 40 | 83 | | 131 | 20 |
| 21 | Wallcovering for 2E, 2W, Elevator Lobby & Sunroom Corridor | 2013 | 53,325 | 1,333 | 40 | 1,333 | | 2,277 | 21 |
| 22 | Wall Base & Carpet Installation for 2E | 2013 | 9,368 | 234 | 40 | 234 | | 312 | 22 |
| 23 | Remove & Re-Install Outdoor Lighting for Walk-In Area | 2013 | 8,902 | 223 | 40 | 223 | | 260 | 23 |
| 24 | Flooring Installation - 2W | 2013 | 21,408 | 535 | 40 | 535 | | 713 | 24 |
| 25 | Window Treatment & Installation - 2W & Dining Room | 2013 | 14,788 | 1,479 | 10 | 1,479 | | 2,475 | 25 |
| 26 | Installation of Crown Molding & Design Fees - 2E & 2W Rooms | 2013 | 32,238 | 3,224 | 10 | 3,224 | | 5,447 | 26 |
| 27 | Build & Install Cabinetry for the Executive Board Room | 2013 | 4,824 | 482 | 10 | 482 | | 723 | 27 |
| 28 | Install MOD Motor in Heater Unit - Boiler Room | 2013 | 5,513 | 551 | 10 | 551 | | 873 | 28 |
| 29 | Installation of Rooftop Fan, Compressor Circuit & Control Panel | 2013 | 8,528 | 853 | 10 | 853 | | 1,075 | 29 |
| 30 | Resurfacing of Streets & Parking Lot | 2013 | 13,315 | 888 | 15 | 888 | | 1,110 | 30 |
| 31 | | | | | | | | | 31 |
| 32 | | | | | | | | | 32 |
| 33 | | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 14,780,204 | \$ 380,100 | | \$ 383,037 | \$ 2,937 | \$ 6,127,400 | 34 |

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

Facility Name & ID Number Tabor Hills Health Care Fac

0040543

Report Period Beginning:

10/1/2013

Ending:

09/30/2014

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 | Totals from Page 12F, Carried Forward | | \$ 14,780,204 | \$ 380,100 | | \$ 383,037 | \$ 2,937 | \$ 6,127,400 | 1 |
| 2 | Repair leaking hot water tank, flange, drain valve & piping - Kitchen | 2013 | 12,916 | 538 | 20 | 538 | | 538 | 2 |
| 3 | Landscaping - replace ash trees, remove grindings, new topsoil & seed | 2013 | 2,605 | | 5 | 261 | 261 | 261 | 3 |
| 4 | Install 6 closet doors, 6 chainbolts & door closers - Main Hallway | 2014 | 3,205 | 160 | 10 | 160 | | 160 | 4 |
| 5 | Adj. fire doors, closers/hinges, panic bar/maglock - Beauty Shop Hall | 2014 | 3,517 | 176 | 10 | 176 | | 176 | 5 |
| 6 | Replace 40' of 4" cast iron rod piping to sewer - Kitchen | 2014 | 8,000 | 267 | 20 | 267 | | 267 | 6 |
| 7 | Replace 25' of 4" cast iron rod piping to sewer - Kitchen | 2014 | 6,800 | 453 | 10 | 453 | | 453 | 7 |
| 8 | Replace (2) 2" 3-phase sump pumps with 2 check valves - Kitchen | 2014 | 3,100 | 207 | 10 | 207 | | 207 | 8 |
| 9 | Repair kitchen flooring due to grease trap and sewer back up | 2014 | 3,250 | 217 | 10 | 217 | | 217 | 9 |
| 10 | Change 5 GFI receptacles, install new switches, change out 4-2X4 | 2014 | 3,865 | 258 | 10 | 258 | | 258 | 10 |
| 11 | fixtures to indirect T8, update exit signs to LED, change 2 pumps | | | | | | | | 11 |
| 12 | in sump pit, wire receptacles for the furnace, install a 1900 box | | | | | | | | 12 |
| 13 | and 3/4" piping to panel - Kitchen | | | | | | | | 13 |
| 14 | Install 4 LED exit signs (2 W); replace light fixtures (Electric Room) | 2014 | 6,228 | 340 | 10 | 340 | | 340 | 14 |
| 15 | Remove and resurface 3" of asphalt - Streets & Parking Lot | 2014 | 27,190 | 1,416 | 8 | 1,416 | | 1,416 | 15 |
| 16 | Resurface pavement and striping - Streets & Parking Lot | 2014 | 174,950 | 9,112 | 8 | 9,112 | | 9,112 | 16 |
| 17 | | | | | | | | | 17 |
| 18 | Remove and replace wander guard system on all door entryways | 2013 | 48,267 | 4,022 | 10 | 4,022 | | 4,022 | 18 |
| 19 | Furnish & install window shades - 2 East & 2 West Lounges | 2013 | 2,897 | 266 | 10 | 266 | | 266 | 19 |
| 20 | Install EM wires for the two new boilers - Electrical/Mechanical Room | 2014 | 4,915 | 123 | 10 | 123 | | 123 | 20 |
| 21 | Remove & replace trees around property | 2014 | 9,771 | 651 | 5 | 651 | | 651 | 21 |
| 22 | Install new front panel and dispensing chute for ice machine - Kitchen | 2014 | 5,575 | 186 | 10 | 186 | | 186 | 22 |
| 23 | Replace & install two new boilers - Electrical/Mechanical Room | 2014 | 122,980 | 2,287 | 20 | 2,287 | | 2,287 | 23 |
| 24 | | | | | | | | | 24 |
| 25 | Install 30 LED 2x4 Light Fixtures - 2 East | 2014 | 6,763 | 169 | 10 | 169 | | 169 | 25 |
| 26 | Install Carpet - 1 West | 2014 | 2,848 | 24 | 10 | 24 | | 24 | 26 |
| 27 | Supply and Install Acoustical Ceiling - Board Room | 2014 | 3,332 | 28 | 10 | 28 | | 28 | 27 |
| 28 | | | | | | | | | 28 |
| 29 | R/M Reclass: Replace limit switch for heater in dining room; | 2014 | 3,936 | | 10 | 197 | 197 | 197 | 29 |
| 30 | Replace 2 burnt out exhaust motors on roof. | | | | | | | | 30 |
| 31 | | | | | | | | | 31 |
| 32 | R/M Reclass: Furnish and install new compressor and filter. | 2014 | 3,494 | | 10 | 175 | 175 | 175 | 32 |
| 33 | Update drains and condensor. Location: kitchen | | | | | | | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 15,250,609 | \$ 400,999 | | \$ 404,568 | \$ 3,569 | \$ 6,148,932 | 34 |

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

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 | Totals from Page 12G, Carried Forward | | \$ 15,250,609 | \$ 400,999 | | \$ 404,568 | \$ 3,569 | \$ 6,148,932 | 1 |
| 2 | R/M Reclass: Install new air compressor for dry system | 2014 | 3,485 | | 12 | 145 | 145 | 145 | 2 |
| 3 | in mechanical room | | | | | | | | 3 |
| 4 | | | | | | | | | 4 |
| 5 | R/M Reclass: Repair top hinges/plates and leaking doors | 2014 | 3,325 | | 10 | 166 | 166 | 166 | 5 |
| 6 | throughout the facility | | | | | | | | 6 |
| 7 | | | | | | | | | 7 |
| 8 | R/M Reclass: Furnish and install new motor for ice machine | 2014 | 3,417 | | 10 | 171 | 171 | 171 | 8 |
| 9 | Furnish and install new water inlet valve | | | | | | | | 9 |
| 10 | water probe for ice machine in kitchen | | | | | | | | 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 | To Reconcile Book Depreciation | | | (29,152) | | | 29,152 | | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 15,260,837 | \$ 371,847 | | \$ 405,050 | \$ 33,203 | \$ 6,149,414 | 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 | \$ 1,430,765 | \$ 176,820 | \$ 196,235 | \$ 19,415 | 5-20 Years | \$ 1,313,053 | 71 |
| 72 | Current Year Purchases | 118,995 | 13,794 | 13,794 | | 5-20 Years | 13,794 | 72 |
| 73 | Fully Depreciated Assets | 2,280,892 | | | | | 2,280,892 | 73 |
| 74 | | | | | | | | 74 |
| 75 | TOTALS | \$ 3,830,652 | \$ 190,614 | \$ 210,029 | \$ 19,415 | | \$ 3,607,739 | 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 | \$ 487,157 | \$ 43,633 | \$ 43,633 | \$ | 5 | \$ 393,175 | 76 |
| 77 | | | | | | | | | | 77 |
| 78 | | | | | | | | | | 78 |
| 79 | | | | | | | | | | 79 |
| 80 | TOTALS | | | \$ 487,157 | \$ 43,633 | \$ 43,633 | \$ | | \$ 393,175 | 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) | \$ 20,153,339 | 81 |
| 82 | Current Book Depreciation | (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable) | \$ 606,094 | 82 |
| 83 | Straight Line Depreciation | (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable) | \$ 658,712 | 83 ** |
| 84 | Adjustments | (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable) | \$ 52,618 | 84 |
| 85 | Accumulated Depreciation | (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable) | \$ 10,150,328 | 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.

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. _____ /2015 \$ _____

13. _____ /2016 \$ _____

14. _____ /2017 \$ _____

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: 10/1/2013 Ending: 09/30/2014
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?</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>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 | | 3 | 4 |
|----|---------------------------------|-----------|-----------|----------|-------|
| | | 1 | 2 | | |
| | | 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 Wages (c) | | | | |
| 6 | Transportation | | | | |
| 7 | Contractual Payments | | | | |
| 8 | CNA Competency Tests | | | | |
| 9 | TOTALS | \$ | \$ | \$ | \$ |
| 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

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

- (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 Staff | | 3 | | 4 Outside Practitioner (other than consultant) | | 5 | 6 | 7 | 8 |
|----|--|---|---------------------|------------|-------|-----------|--|-------------------------------|--------------------------------|--------|------------|----|
| | | | Units of Service | Cost | Units | Cost | Supplies (Actual or Allocated) | Total Units (Column 2 + 4) | Total Cost (Col. 3 + 5 + 6) | | | |
| | | | | | | | | | | | | |
| 1 | Licensed Occupational Therapist | L39(1) & (3) | 5,431 hrs | \$ 211,531 | 170 | \$ 12,187 | | | | 5,601 | \$ 223,718 | 1 |
| 2 | Licensed Speech and Language Development Therapist | L39(3) | hrs | | 941 | 62,940 | | | | 941 | 62,940 | 2 |
| 3 | Licensed Recreational Therapist | | hrs | | | | | | | | | 3 |
| 4 | Licensed Physical Therapist | L39(1),(2),(3) | 7,103 hrs | 330,696 | 254 | 16,023 | | 2,076 | | 7,357 | 348,795 | 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 prescrpts | | | | | 209,553 | | | 209,553 | 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 | | | \$ 542,227 | 1,365 | \$ 91,150 | \$ 211,629 | | | 13,899 | \$ 845,006 | 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# 0040543Report Period Beginning: 10/1/2013Ending: 09/30/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 09/30/2014

(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 | \$ 39,883 | \$ 39,883 | 1 |
| 2 | Cash-Patient Deposits | | | 2 |
| 3 | Accounts & Short-Term Notes Receivable-Patients (less allowance <u>18,141</u>) | 2,173,152 | 2,173,152 | 3 |
| 4 | Supply Inventory (priced at) | | | 4 |
| 5 | Short-Term Investments | 239,239 | 239,239 | 5 |
| 6 | Prepaid Insurance | 428,141 | 428,141 | 6 |
| 7 | Other Prepaid Expenses | 30,095 | 30,095 | 7 |
| 8 | Accounts Receivable (owners or related parties) | | | 8 |
| 9 | Other(specify): | | | 9 |
| 10 | TOTAL Current Assets (sum of lines 1 thru 9) | \$ 2,910,510 | \$ 2,910,510 | 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 | 4,956,894 | 5,221,084 | 15 |
| 16 | Equipment, at Historical Cost | 4,629,346 | 4,317,809 | 16 |
| 17 | Accumulated Depreciation (book methods) | (9,902,920) | (10,150,328) | 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 (spec <u>See Sch 17A</u>) | 36,464 | 36,464 | 22 |
| 23 | Other(specify): | | | 23 |
| 24 | TOTAL Long-Term Assets (sum of lines 11 thru 23) | \$ 10,291,742 | \$ 10,039,475 | 24 |
| 25 | TOTAL ASSETS (sum of lines 10 and 24) | \$ 13,202,252 | \$ 12,949,985 | 25 |

| | | 1 | 2 | |
|----|--|---------------|----------------------|----|
| | | Operating | After Consolidation* | |
| | C. Current Liabilities | | | |
| 26 | Accounts Payable | \$ 2,919,052 | \$ 2,919,052 | 26 |
| 27 | Officer's Accounts Payable | | | 27 |
| 28 | Accounts Payable-Patient Deposits | | | 28 |
| 29 | Short-Term Notes Payable | 103,255 | 103,255 | 29 |
| 30 | Accrued Salaries Payable | 657,903 | 657,903 | 30 |
| 31 | Accrued Taxes Payable (excluding real estate taxes) | | | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B) | | | 32 |
| 33 | Accrued Interest Payable | 47,197 | 47,197 | 33 |
| 34 | Deferred Compensation | | | 34 |
| 35 | Federal and State Income Taxes | | | 35 |
| | Other Current Liabilities(specify): | | | |
| 36 | <u>See Sch 17A</u> | 352,701 | 352,701 | 36 |
| 37 | | | | 37 |
| 38 | TOTAL Current Liabilities (sum of lines 26 thru 37) | \$ 4,080,108 | \$ 4,080,108 | 38 |
| | D. Long-Term Liabilities | | | |
| 39 | Long-Term Notes Payable | 4,515,171 | 4,515,171 | 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) | \$ 4,515,171 | \$ 4,515,171 | 45 |
| 46 | TOTAL LIABILITIES (sum of lines 38 and 45) | \$ 8,595,279 | \$ 8,595,279 | 46 |
| 47 | TOTAL EQUITY(page 18, line 24) | \$ 4,606,973 | \$ 4,354,706 | 47 |
| 48 | TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47) | \$ 13,202,252 | \$ 12,949,985 | 48 |

*(See instructions.)

Facility Name: Tabor Hills Health Care Fac
IDPH License ID Number: 0040543
Fiscal Year End: 09/30/2014

Schedule 17A

XV. Balance Sheet

Line 22 Long-Term Assets Other (specify):

| Description | Operating | After Consolidation |
|------------------------------------|---------------|------------------------|
| 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) |
| Total - Line 22 | 36,464 | 36,464 |

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

| Description | Operating | After Consolidation |
|----------------------------------|-----------|------------------------|
| Refunds (Residents/Family) | (6,992) | (6,992) |
| Resident Credit Balances | 317,520 | 317,520 |
| HDSI Transfer Account | (204) | (204) |
| FICA | 97 | 97 |
| State Income Tax W/H | 46 | 46 |
| Employee lock deposits | 775 | 775 |
| Beauty Shop Gift Certificates | (325) | (325) |
| Accrued Expenses | - | - |
| Granny tax accrued | 21,365 | 21,365 |
| Employee Life Insurance Premiums | 6,899 | 6,899 |
| Other Liab.-Phone Equip. | - | - |
| Other Liab-IDPA Audit | 9,404 | 9,404 |
| PA Resident Pharmacy | 6,628 | 6,628 |
| Accrued Wage Assignments | (2,512) | (2,512) |

Total - Line 36

352,701

352,701

XVI. STATEMENT OF CHANGES IN EQUITY

| | | 1 Total | |
|-----------|---|---------------------|-------------|
| 1 | Balance at Beginning of Year, as Previously Reported | \$ 4,087,262 | 1 |
| 2 | Restatements (describe): | | 2 |
| 3 | Prior Period Adjustment | (200,728) | 3 |
| 4 | | | 4 |
| 5 | | | 5 |
| 6 | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ 3,886,534 | 6 |
| | A. Additions (deductions): | | |
| 7 | NET Income (Loss) (from page 19, line 43) | 720,439 | 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) | \$ 720,439 | 17 |
| | B. Transfers (Itemize): | | |
| 18 | | | 18 |
| 19 | | | 19 |
| 20 | | | 20 |
| 21 | | | 21 |
| 22 | | | 22 |
| 23 | TOTAL Transfers (sum of lines 18-22) | \$ | 23 |
| 24 | BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23) | \$ 4,606,973 | 24 * |

* 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 | |
| A. Inpatient Care | | | |
| 1 | Gross Revenue -- All Levels of Care | \$ 13,529,135 | 1 |
| 2 | Discounts and Allowances for all Levels | (1,177,270) | 2 |
| 3 | SUBTOTAL Inpatient Care (line 1 minus line 2) | \$ 12,351,865 | 3 |
| B. Ancillary Revenue | | | |
| 4 | Day Care | | 4 |
| 5 | Other Care for Outpatients | | 5 |
| 6 | Therapy | 1,839,115 | 6 |
| 7 | Oxygen | 32,771 | 7 |
| 8 | SUBTOTAL Ancillary Revenue (lines 4 thru 7) | \$ 1,871,886 | 8 |
| C. Other Operating Revenue | | | |
| 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 | 27,521 | 13 |
| 14 | Non-Patient Meals | | 14 |
| 15 | Telephone, Television and Radio | | 15 |
| 16 | Rental of Facility Space | | 16 |
| 17 | Sale of Drugs | 209,953 | 17 |
| 18 | Sale of Supplies to Non-Patients | | 18 |
| 19 | Laboratory | 38,437 | 19 |
| 20 | Radiology and X-Ray | 13,232 | 20 |
| 21 | Other Medical Services | 514,161 | 21 |
| 22 | Laundry | | 22 |
| 23 | SUBTOTAL Other Operating Revenue (lines 9 thru 22) | \$ 803,304 | 23 |
| D. Non-Operating Revenue | | | |
| 24 | Contributions | | 24 |
| 25 | Interest and Other Investment Income*** | 19,035 | 25 |
| 26 | SUBTOTAL Non-Operating Revenue (lines 24 and 25) | \$ 19,035 | 26 |
| E. Other Revenue (specify):**** | | | |
| 27 | Settlement Income (Insurance, Legal, Etc.) | | 27 |
| 28 | <u>See Sch 19A</u> | 21,229 | 28 |
| 28a | | | 28a |
| 29 | SUBTOTAL Other Revenue (lines 27, 28 and 28a) | \$ 21,229 | 29 |
| 30 | TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29) | \$ 15,067,319 | 30 |

| | | 2 | |
|-------------------------------------|--|----------------------|-----------|
| II. Expenses | | Amount | |
| A. Operating Expenses | | | |
| 31 | General Services | 2,514,126 | 31 |
| 32 | Health Care | 7,011,339 | 32 |
| 33 | General Administration | 2,594,879 | 33 |
| B. Capital Expense | | | |
| 34 | Ownership | 732,094 | 34 |
| C. Ancillary Expense | | | |
| 35 | Special Cost Centers | 1,048,966 | 35 |
| 36 | Provider Participation Fee | 445,476 | 36 |
| D. Other Expenses (specify): | | | |
| 37 | | | 37 |
| 38 | | | 38 |
| 39 | | | 39 |
| 40 | TOTAL EXPENSES (sum of lines 31 thru 39)* | \$ 14,346,880 | 40 |
| 41 | Income before Income Taxes (line 30 minus line 40)** | 720,439 | 41 |
| 42 | Income Taxes | | 42 |
| 43 | NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42) | \$ 720,439 | 43 |

| III. Net Inpatient Revenue detailed by Payer Source | | | |
|---|---|----------------------|-----------|
| 44 | Medicaid - Net Inpatient Revenue | \$ 1,933,091 | 44 |
| 45 | Private Pay - Net Inpatient Revenue | 9,321,140 | 45 |
| 46 | Medicare - Net Inpatient Revenue | 1,097,634 | 46 |
| 47 | Other-(specify) | | 47 |
| 48 | Other-(specify) | | 48 |
| 49 | TOTAL Inpatient Care Revenue (This total must agree to Line 3) | \$ 12,351,865 | 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.

^Tax payer is a 501 (C)3 NFP entity

Facility Name: Tabor Hills Health Care Fac
IDPH License ID Number: 0040543
Fiscal Year End: 09/30/2014

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

| <u>Description</u> | <u>Amount</u> |
|----------------------------|----------------------|
| Admin. Influenza Vac | 1,980 |
| Public Aid Application Fee | 2,500 |
| Resident Telephone Private | 16,440 |
| Miscellaneous Income | 309 |
| Total - Line 28 | <u>21,229</u> |

Facility Name & ID Number Tabor Hills Health Care Fac

0040543

Report Period Beginning: 10/1/2013

Ending: 09/30/2014

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 | 1,840 | 2,086 | \$ 90,839 | \$ 43.55 | 1 |
| 2 | Assistant Director of Nursing | 1,898 | 2,086 | 78,286 | 37.53 | 2 |
| 3 | Registered Nurses | 75,717 | 83,137 | 2,550,101 | 30.67 | 3 |
| 4 | Licensed Practical Nurses | 25,572 | 28,250 | 711,612 | 25.19 | 4 |
| 5 | CNAs & Orderlies | 135,564 | 146,368 | 2,011,227 | 13.74 | 5 |
| 6 | CNA Trainees | | | | | 6 |
| 7 | Licensed Therapist | 10,695 | 11,354 | 469,319 | 41.34 | 7 |
| 8 | Rehab/Therapy Aides | 10,102 | 11,169 | 230,202 | 20.61 | 8 |
| 9 | Activity Director | 1,733 | 2,018 | 34,399 | 17.05 | 9 |
| 10 | Activity Assistants | 18,309 | 20,052 | 214,520 | 10.70 | 10 |
| 11 | Social Service Workers | 7,362 | 8,065 | 128,613 | 15.95 | 11 |
| 12 | Dietician | | | | | 12 |
| 13 | Food Service Supervisor | 2,059 | 2,235 | 46,706 | 20.90 | 13 |
| 14 | Head Cook | 4,116 | 4,773 | 83,618 | 17.52 | 14 |
| 15 | Cook Helpers/Assistants | 30,312 | 33,173 | 351,445 | 10.59 | 15 |
| 16 | Dishwashers | | | | | 16 |
| 17 | Maintenance Workers | 10,163 | 11,074 | 215,508 | 19.46 | 17 |
| 18 | Housekeepers | 35,255 | 38,519 | 362,489 | 9.41 | 18 |
| 19 | Laundry | 16,107 | 18,044 | 174,045 | 9.65 | 19 |
| 20 | Administrator | 2,269 | 2,575 | 160,308 | 62.26 | 20 |
| 21 | Assistant Administrator | | | | | 21 |
| 22 | Other Administrative | 1,967 | 2,169 | 38,235 | 17.63 | 22 |
| 23 | Office Manager | 884 | 1,081 | 81,207 | 75.12 | 23 |
| 24 | Clerical | 18,769 | 20,619 | 348,415 | 16.90 | 24 |
| 25 | Vocational Instruction | | | | | 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 | 3,850 | 4,252 | 96,206 | 22.63 | 31 |
| 32 | Other Health C: <u>See Sch 20A</u> | 3,606 | 3,796 | 54,459 | 14.35 | 32 |
| 33 | Other(specify) <u>Marketing</u> | 1,696 | 2,080 | 73,335 | 35.26 | 33 |
| 34 | TOTAL (lines 1 - 33) | 419,845 | 458,975 | \$ 8,605,094 * | \$ 18.75 | 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 | 247 | \$ 11,708 | 1(3) | 35 |
| 36 | Medical Director | 668 | 66,000 | 9(3) | 36 |
| 37 | Medical Records Consultant | 7 | 1,592 | 10(3) | 37 |
| 38 | Nurse Consultant | | | | 38 |
| 39 | Pharmacist Consultant | 374 | 13,513 | 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 | 7 | 473 | 11(3) | 44 |
| 45 | Social Service Consultant | 9 | 507 | 12(3) | 45 |
| 46 | Other(specify) <u>Alzheimer</u> | 8 | 566 | 10(3) | 46 |
| 47 | <u>Medical Consultant</u> | Monthly | 8,000 | 10(3) | 47 |
| 48 | | | | | 48 |
| 49 | TOTAL (lines 35 - 48) | 1,320 | \$ 102,359 | | 49 |

C. CONTRACT NURSES

| | 1 | 2 | 3 | | |
|----|----------------------------------|----------------------|------------------------------------|-------|----|
| | Number of Hrs. Paid & Accrued | Total Contract Wages | Schedule V Line & Column Reference | | |
| 50 | Registered Nurses | 551 | \$ 19,756 | 10(3) | 50 |
| 51 | Licensed Practical Nurses | 6,097 | 212,399 | 10(3) | 51 |
| 52 | Certified Nurse Assistants/Aides | | | | 52 |
| 53 | TOTAL (lines 50 - 52) | 6,648 | \$ 232,155 | | 53 |

Facility Name: Tabor Hills Health Care Fac
IDPH License ID Number: 0040543
Fiscal Year End: 09/30/2014

Schedule 20A

XVIII. Staffing and Salary Costs

Line 32 Other Health Care (specify):

| Description | # of Hrs. Actually Worked | # of Hrs. Paid and Accrued | Total Salaries | Average Hourly Wage |
|---|---------------------------|----------------------------|----------------|---------------------|
| Nursing Staff Scheduler | 2,123 | 2,281 | 31,845 | \$ 13.96 |
| Ward Clerk | 1,484 | 1,516 | 22,614 | \$ 14.92 |
| | | | | |
| | | | | |
| Total - Line 32 Other Health Care (specify): | 3,606 | 3,796 | 54,459 | \$ 14.35 |

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 | \$ 41,709 | Workers' Compensation Insurance | \$ 138,130 | IDPH License Fee | \$ 3,980 | |
| Angel Aguilar | Administrator | 0 | 13,880 | Unemployment Compensation Insurance | 16,726 | Advertising: Employee Recruitment | 376 | |
| Gloria Pindiak | CEO | 0 | 104,719 | FICA Taxes | 633,890 | Health Care Worker Background Check | | |
| | | | | Employee Health Insurance | 554,686 | (Indicate # of checks performed <u>127</u>) | 1,518 | |
| | | | | Employee Meals | | Patient Background Checks <u>200</u> | 2,000 | |
| | | | | Illinois Municipal Retirement Fund (IMRF)* | | Miscellaneous Licenses, Fees, & Subscription | 2,194 | |
| | | | | Uniforms | 6,671 | Miscellaneous Dues | 6,359 | |
| | | | | Employee Appreciation | 9,654 | Allscripts License | 1,800 | |
| | | | | 401(k) Expense | 64,122 | Leading Age | 16,803 | |
| | | | | Employee Pension | (49,636) | Lobbying | (6,049) | |
| | | | | Life/Disability Insurance | 32,582 | Less: Public Relations Expense | () | |
| | | | | Other Employee Benefits | 22,304 | 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) | |
| \$ 160,308 | | | | \$ 1,429,129 | | | \$ 28,981 | |
| 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 | |
| | | | | | | | | |
| TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement) | | | | TOTAL | | | Seminar Expense | |
| \$ | | | | \$ | | | 3,846 | |
| C. Professional Services | | | | | | | Entertainment Expense | |
| Vendor/Payee | Type | Amount | | | | | () | |
| See Attached Schedule 21C | See Sch. 21C | \$ 237,753 | | | | | TOTAL (agree to Sch. V, line 24, col. 8) | |
| | | | | | | | \$ 3,846 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions) | | | | TOTAL | | | | |
| \$ 237,753 | | | | \$ | | | | |

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Tabor Hills Health Care Fac
IDPH License ID Number: 0040543
Fiscal Year End: 09/30/2014

Schedule 21A

XIX. SUPPORT SCHEDULES

C. Professional Services

| Vendor | Type | Amount |
|---|-------------|-----------------------|
| Duane Morris | Legal | 9,345 |
| Erickson Papanek | Legal | 11,020 |
| Polsinelli, Shughart | Legal | 13,398 |
| Legal Credit/Settlement | Legal | (139) |
| Wessels & Sherman | Legal | 900 |
| Accu-Med Services | Computer | 1,150 |
| On Shift | Computer | 14,032 |
| Comcast cable | Computer | 1,812 |
| Health Data Systems | Computer | 7,989 |
| Cerner | Computer | 6,498 |
| Ability Network, Inc. | Computer | 1,633 |
| Zirned, Inc. | Computer | 2,088 |
| Kronos, Inc. | Computer | 9,831 |
| J.M. Hawkins, Inc | Computer | 90,979 |
| Point Click Care | Computer | 9,127 |
| Crowe Horwath LLP | Accounting | 15,840 |
| McGladrey LLP | Accounting | 37,766 |
| Transworld Systems | Accounting | 4,219 |
| Greater Illinois Title Company | Legal | 175 |
| RF Communications, Inc | Legal | 90 |
| Total (agree to Schedule V, line 19, column 3) | | <u>237,753</u> |

Less: Non-Allowable Legal Fees Retainer Fees

(900)

Total (agree to Schedule V, line 19, column 8) 236,853

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 | TOTALS | \$ | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

Facility Name & ID Number Tabor Hills Health Care Fac

0040543

Report Period Beginning: 10/1/2013

Ending: 09/30/2014

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. Leading Age - 16,803
- (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. \$ 79,901 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. \$ 445,476
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) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.