



Facility Name & ID Number Tabor Hills Health Care Facility, Inc.

# 0040543 Report Period Beginning: 10/1/17 Ending: 9/30/18

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 4/1/18

	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)	165	65,139	1
2		Skilled Pediatric (SNF/PED)			2
3	7	Intermediate (ICF)	4	2,006	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	199	TOTALS	169	67,145	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	2,171	3,397	4,231	9,799	8	
9	SNF/PED					9	
10	ICF	13,889	25,556		39,445	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	16,060	28,953	4,231	49,244	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.34%

D. How many bed reserve days during this year were paid by the Department? 0 (Do not include bed reserve 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 43 and days of care provided 3,395

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: 9/30/2018 Fiscal Year: 9/30/2018

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

**Facility Name:** Tabor Hills Health Care Facility, Inc.  
**IDPH License ID Number:** 0040543  
**Fiscal Year End:** 9/30/18

**Schedule 2A**

**III. Statistical Data**  
**Bed Days Computation**

Licensure Level of Care	# of Beds	Start Date	End Date	# of Days	Bed Days Available
Skilled (SNF)	192	10/1/17	3/31/18	182	34,944
Skilled (SNF)	165	4/1/18	9/30/18	183	30,195
<b>Total - Line 1, Column 4</b>					<b>65,139</b>

Licensure Level of Care	# of Beds	Start Date	End Date	# of Days	Bed Days Available
Intermediate (ICF)	7	10/1/17	3/31/18	182	1,274
Intermediate (ICF)	4	4/1/18	9/30/18	183	732
<b>Total - Line 3, Column 4</b>					<b>2,006</b>

Facility Name & ID Number Tabor Hills Health Care Facility, Inc. # 0040543 Report Period Beginning: 10/1/17 Ending: 9/30/18

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	505,416	26,374	11,809	543,599		543,599	-	543,599		1
2	Food Purchase		365,724		365,724		365,724	-	365,724		2
3	Housekeeping	272,190	130,938	-	403,128		403,128	-	403,128		3
4	Laundry	198,087	9,429	-	207,516		207,516	-	207,516		4
5	Heat and Other Utilities			296,464	296,464		296,464	-	296,464		5
6	Maintenance	243,500	54,414	141,894	439,808	2,530	442,338	27,639	469,977		6
7	Other (specify):* <b>Hazardous Disposals</b>	-	-	4,246	4,246		4,246	-	4,246		7
8	<b>TOTAL General Services</b>	1,219,193	586,879	454,413	2,260,485	2,530	2,263,015	27,639	2,290,654		8
	<b>B. Health Care and Programs</b>										
9	Medical Director	-	-	33,990	33,990		33,990	-	33,990		9
10	Nursing and Medical Records	5,299,857	180,290	416,213	5,896,360	28,741	5,925,101	-	5,925,101		10
10a	Therapy	691,425	102	-	691,527		691,527	-	691,527		10a
11	Activities	272,908	5,353	6,059	284,320		284,320	(3,162)	281,158		11
12	Social Services	151,158	620	1,652	153,430		153,430	-	153,430		12
13	CNA Training	-	-	-				-			13
14	Program Transportation	-	-	-				-			14
15	Other (specify):*	-	-	-				-			15
16	<b>TOTAL Health Care and Programs</b>	6,415,348	186,365	457,914	7,059,627	28,741	7,088,368	(3,162)	7,085,206		16
	<b>C. General Administration</b>										
17	Administrative	168,652	-	-	168,652		168,652	-	168,652		17
18	Directors Fees			-				-			18
19	Professional Services			332,509	332,509	(28,741)	303,768	(42,870)	260,898		19
20	Dues, Fees, Subscriptions & Promotions			26,438	26,438	(2,530)	23,908	(4,845)	19,063		20
21	Clerical & General Office Expenses	470,767	31,703	68,697	571,167		571,167	(26,974)	544,193		21
22	Employee Benefits & Payroll Taxes			1,144,546	1,144,546		1,144,546	-	1,144,546		22
23	Inservice Training & Education			1,140	1,140		1,140	-	1,140		23
24	Travel and Seminar			15,065	15,065		15,065	-	15,065		24
25	Other Admin. Staff Transportation		-	17,997	17,997		17,997	-	17,997		25
26	Insurance-Prop.Liab.Malpractice			312,806	312,806		312,806	-	312,806		26
27	Other (specify):*	-	-	-				-			27
28	<b>TOTAL General Administration</b>	639,419	31,703	1,919,198	2,590,320	(31,271)	2,559,049	(74,689)	2,484,360		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	8,273,960	804,947	2,831,525	11,910,432		11,910,432	(50,212)	11,860,220		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			658,985	658,985		658,985	(25,377)	633,608			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			121,537	121,537		121,537	(11,739)	109,798			32
33	Real Estate Taxes			-				-				33
34	Rent-Facility & Grounds			-				-				34
35	Rent-Equipment & Vehicles			-				-				35
36	Other (specify):*			-				-				36
37	<b>TOTAL Ownership</b>			780,522	780,522		780,522	(37,116)	743,406			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation	-	-	-				-				38
39	Ancillary Service Centers	-	363,753	56,272	420,025		420,025	-	420,025			39
40	Barber and Beauty Shops	-	-	4,095	4,095		4,095	-	4,095			40
41	Coffee and Gift Shops	-	-	-				-				41
42	Provider Participation Fee			385,953	385,953		385,953	-	385,953			42
43	Other (specify):* <b>Non-Allowable Cos</b>	37,334	-	38,432	75,766		75,766	(75,766)				43
44	<b>TOTAL Special Cost Centers</b>	37,334	363,753	484,752	885,839		885,839	(75,766)	810,073			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	8,311,294	1,168,700	4,096,799	13,576,793		13,576,793	(163,094)	13,413,699			45

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

Facility Name & ID Number **Tabor Hills Health Care Facility, Inc.**

# **0040543**

Report Period Beginning:

10/1/17

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**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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
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	(23,171)	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	(25,377)	30		9
10	Interest and Other Investment Income	(11,739)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's 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	(42,870)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(1,617)	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 PG5A	(58,320)	Var.		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (163,094)		\$	30

<b>BHF USE ONLY</b>					
48		49		50	
				51	
					52

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

		1	2	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	-		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (163,094)		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	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

Tabor Hills Health Care Facility, Inc.

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Charity Care	\$ (451)	43	1
2	Miscellaneous Expense	(50)	43	2
3	X-Ray Expense	(12,890)	43	3
4	Lab Expense	(21,279)	43	4
5	Activities Fund Raising	(3,162)	11	5
6	Non-Care Related License Fees	(4,845)	20	6
7	Marketing Salary	(37,334)	43	7
8	Miscellaneous Income Offset	(3,803)	21	8
9	Reclass to Repairs & Maintenance	39,234	6	9
10	Capitalize Expenses over \$2500	(11,595)	20	10
11	Reclass Inspections from Licenses to RM	(2,530)	20	11
12	Reclass Inspections from Licenses to RM	2,530	6	12
13	Reclass Software from Computer to Nursing	28,741	10	13
14	Reclass Software from Computer to Nursing	(28,741)	19	14
15	Travel & Entertainment	(2,145)	43	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(58,320)		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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V	N/A						3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

Facility Name & ID Number

Tabor Hills Health Care Facility, Inc.

# 0040543

Report Period Beginning:

10/1/17

Ending:

9/30/18

**VII. RELATED PARTIES**

**A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions**

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Tabor Hills Health Care Facility, Inc. # 0040543 Report Period Beginning: 10/1/17 Ending: 9/30/18

## 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	Vice-President	Admin. & VP	0	0	40+	75.00	Salary	\$ 24,388	L17,C1	1
2	Stanley Loula	President	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	2
3	Robert Peiler	Secretary	Board of Directors	0	0	18	100.00	Salary	11,058	L11,C1	3
4	James Hill	Treasurer	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	4
5	Angelina Bultas	Member	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	5
6	John Bozett	Member	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	6
7	John Eckman	Member	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	7
8	Lynda Filipelo	Member	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	8
9	James Kopriva	Member	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	9
10	Frank Michael	Member	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	10
11	Frances Salinas	CFO	Board of Directors	0	0	40+	75.00	Salary	107,577	L21,C1	11
12	Aaron Troy	Member	Board of Directors	0	0	0	0.00	Brd Mtg Fees	0	L21, C3	12
13								TOTAL	\$ 143,023		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 Facility, Inc.

# 0040543

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VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization N/A

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( )

Fax Number ( )

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3	N/A								3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Tabor Hills Health Care Facility, Inc. # 0040543 Report Period Beginning: 10/1/17 Ending: 9/30/18

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Illinois Revenue Authority		X	Mortgage	Principal and interest due upo	11/22/06	\$ 4,970,670	\$ 3,336,435	11/15/36	Varies	\$ 121,537	1								
2					presentment							2								
3					(semi-annually)							3								
4												4								
5												5								
<b>Working Capital</b>																				
6												6								
7												7								
8												8								
9	<b>TOTAL Facility Related</b>						\$ 4,970,670	\$ 3,336,435			\$ 121,537	9								
<b>B. Non-Facility Related*</b>																				
10												10								
11												11								
12										Interest Income		(11,739)	12							
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (11,739)	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 4,970,670	\$ 3,336,435			\$ 109,798	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.)

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# **0040543**

Report Period Beginning:

**10/1/17**

Ending:

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**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 2017 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.)		2017	\$		2
3. Under or (over) accrual (line 2 minus line 1).			\$		3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)			\$		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$	Alloc Fr. Mgmt 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:	2013	_____	8		
	2014	_____	9		
	2015	_____	10		
	2016	_____	11		
	2017	_____	12		
<b>Facility is a not-for-profit entity and exempt from real estate tax.</b>					
				<b>FOR BHF USE ONLY</b>	
	13	FROM R. E. TAX STATEMENT FOR 2017	\$		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.**



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**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>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>264,519</b>		<b>\$ 574,693</b>	<b>3</b>

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	211		1995	1995	\$ 10,039,753	\$ 249,932	40	\$ 249,932	\$	\$ 5,885,078	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9		Leasehold Improvements	1995		38,378		28	36	36	37,896	9
10		Leasehold Improvements	1996		3,938	26	40	97	71	2,094	10
11		Leasehold Improvements	1997		42,360	91	40	1,060	969	22,702	11
12		Leasehold Improvements	1998		9,810	144	34	144		7,013	12
13		Leasehold Improvements	1999		94,096		10			94,096	13
14		Leasehold Improvements	2000		45,499	82	20	82		43,742	14
15		Leasehold Improvements	2001		22,166	554	40	554		9,585	15
16		Leasehold Improvements	2002		61,663		10			61,663	16
17		Leasehold Improvements	2003		154,358	3,384	25	3,384		65,217	17
18		Leasehold Improvements	2004		2,250,358	54,975	28	54,975		818,986	18
19		Leasehold Improvements	2005		5,551	139	40	139		1,876	19
20		Leasehold Improvements	2006		334,267	9,828	35	9,825	(3)	128,913	20
21		Leasehold Improvements	2007		159,752	3,011	29	3,011		73,935	21
22		Leasehold Improvements	2008		222,391	5,809	35	5,809		64,116	22
23		Leasehold Improvements	2009		138,766	4,661	21	4,661		43,622	23
24		Leasehold Improvements	2010		301,080	7,444	40	7,528	84	61,647	24
25		Leasehold Improvements	2011		79,543	3,831	17	6,674	2,843	50,378	25
26		Leasehold Improvements	2012		422,391	12,947	34	12,947		89,463	26
27											27
28		1W & 2W Renovation	2013		5,005	125	40	125		693	28
29		-1W Dining Room drywall near stove area									29
30		-2W Bathroom renovation: relocate and supply return ductwork									30
31		-2W Bathroom drywall									31
32											32
33		Bathroom Shower Locks for 2W	2013		2,952	74	40	74		418	33
34		Beadboards for 2W	2013		9,853	246	40	246		1,394	34
35		Carpentry Work for 2W Shower Rooms	2013		57,614	1,440	40	1,440		7,709	35
36		Carpeting for 2E & 2W	2013		51,919	1,298	40	1,298		7,517	36

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

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

See Page 12A, Line 70 for total

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## XI. OWNERSHIP COSTS (continued)

## B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Crashrail for 2E & 2W	2013	\$ 15,589	\$ 390	40	\$ 390	\$	\$ 2,168	37
38	Electrical Work for 1N Doors, 2W & 2W Shower Room	2013	7,109	178	40	178		966	38
39	Molding for 2W	2013	4,265	107	40	107		609	39
40	New Counter Top for 1W Nurse Station	2013	10,200	255	40	255		1,456	40
41	New Duct Work in Vending Maching Area	2013	7,783	195	40	195		1,038	41
42	New Fire Alarm Relay Doors	2013	2,747	69	40	69		367	42
43	New Signs for 2E	2013	3,536	88	40	88		478	43
44	Nurse Station Door 1W	2013	3,304	83	40	83		462	44
45	Wallcovering for 2E, 2W, Elevator Lobby & Sunroom Corridor	2013	53,325	1,333	40	1,333		7,609	45
46	Wall Base & Carpet Installation for 2E	2013	9,368	234	40	234		1,249	46
47	Remove & Re-Install Outdoor Lighting for Walk-In Area	2013	8,902	223	40	223		1,151	47
48	Flooring Installation - 2W	2013	21,408	535	40	535		2,854	48
49	Window Treatment & Installation - 2W & Dining Room	2013	14,788	1,479	10	1,479		8,390	49
50	Installation of Crown Molding & Design Fees - 2E & 2W Rooms	2013	32,238	3,224	10	3,224		18,342	50
51	Build & Install Cabinetry for the Executive Board Room	2013	4,824	482	10	482		2,652	51
52	Install MOD Motor in Heater Unit - Boiler Room	2013	5,513	551	10	551		3,078	52
53	Installation of Rooftop Fan, Compressor Circuit & Control Panel	2013	8,528	853	10	853		4,486	53
54	Resurfacing of Streets & Parking Lot	2013	13,315	888	15	888		4,661	54
55	Repair leaking hot water tank, flange, drain valve & piping - Kitel	2013	12,916	646	20	646		3,121	55
56	Landscaping - replace ash trees, remove grindings, new topsoil & s	2013	2,605	-	5	521	521	2,345	56
57	Remove and replace wander guard system on all door entryways	2013	48,267	4,827	10	4,827		23,329	57
58	Furnish & install window shades - 2 East & 2 West Lounges	2013	2,897	290	10	290		1,425	58
59	Install 6 closet doors, 6 chainbolts & door closers - Main Hallway	2014	3,205	321	10	321		1,443	59
60	Adj. fire doors, closers/hinges, panic bar/maglock - Beauty Shop H	2014	3,517	352	10	352		1,583	60
61	Replace 40' of 4" cast iron rod piping to sewer - Kitchen	2014	8,000	400	20	400		1,867	61
62	Replace 25' of 4" cast iron rod piping to sewer - Kitchen	2014	6,800	680	10	680		3,173	62
63	Replace (2) 2" 3-phase sump pumps with 2 check valves - Kitchen	2014	3,100	310	10	310		1,447	63
64	Repair kitchen flooring due to grease trap and sewer back up	2014	3,250	325	10	325		1,517	64
65	Change 5 GFI receptacles, install new switches,change out 4-2X4	2014	3,865	387	10	387		1,805	65
66	fixtures to indirect T8, update exit signs to LED, change 2 pum			-		-			66
67	in sump pit, wire receptacles for the furnace, install a 1900 box			-		-			67
68	and 3/4" piping to panel - Kitchen			-		-			68
69				-		-			69
70	TOTAL (lines 4 thru 69)		\$ 14,878,627	\$ 379,746		\$ 384,267	\$ 4,521	\$ 7,684,825	70

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

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## XI. OWNERSHIP COSTS (continued)

## B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 14,878,627	\$ 379,746		\$ 384,267	\$ 4,521	\$ 7,684,825	1
2	Install 4 LED exit signs (2 W); replace light fixtures (Electric Room)	2014	6,228	623	10	623		2,832	2
3	Remove and resurface 3" of asphalt - Streets & Parking Lot	2014	27,190	1,813	8	1,813		9,422	3
4	Resurface pavement and striping - Streets & Parking Lot	2014	174,950	11,663	8	11,663		60,625	4
5	Install EM wires for the two new boilers - Electrical/Mechanical Room	2014	4,915	492	10	492		2,090	5
6	Remove & replace trees around property	2014	9,771	651	5	651		2,605	6
7	Install new front panel and dispensing chute for ice machine - Kitchen	2014	5,575	558	10	558		2,417	7
8	Replace & install two new boilers - Electrical/Mechanical Room	2014	122,980	6,149	20	6,149		26,883	8
9				-		-			9
10	Install 30 LED 2x4 Light Fixtures - 2 East	2014	6,763	676	10	676		2,874	10
11	Install Carpet - 1 West	2014	2,848	285	10	285		1,164	11
12	Supply and Install Acoustical Ceiling - Board Room	2014	3,332	333	10	333		1,360	12
13									13
14	R/M Reclass: Replace limit switch for heater in dining room;	2014	3,936		10	394	394	1,772	14
15	Replace 2 burnt out exhaust motors on roof.								15
16				-		-			16
17	R/M Reclass: Furnish and install new compressor and filter.	2014	3,494		10	349	349	1,572	17
18	Update drains and condensor. Location: kitchen								18
19									19
20	R/M Reclass: Install new air compressor for dry system	2014	3,485	-	12	290	290	1,306	20
21	in mechanical room			-		-			21
22				-		-			22
23	R/M Reclass: Repair top hinges/plates and leaking doors	2014	3,325		10	333	333	1,497	23
24	throughout the facility								24
25				-		-			25
26	R/M Reclass: Furnish and install new motor for ice machine	2014	3,417		10	342	342	1,538	26
27	Furnish and install new water inlet valve			-		-			27
28	water probe for ice machine in kitchen			-		-			28
29				-		-			29
30	Pavement Sealcoat/Restripe Pavement - Parking Lot	2014	12,000	800	15	800		3,200	30
31	Remove and Replace plant material- Pavillion Side	2014	5,778	385	15	385		1,540	31
32	Relocate 13 Smoke Detectors/Fire Alarm Test and Inspect Panel	2014	16,958	1,696	10	1,696		6,360	32
33				-		-			33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,295,572	\$ 405,870		\$ 412,099	\$ 6,229	\$ 7,815,880	34

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

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## XI. OWNERSHIP COSTS (continued)

## B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 15,295,572	\$ 405,870		\$ 412,099	\$ 6,229	\$ 7,815,880	1
2	Wall/Floor Tiles	2015	13,500	1,350	10	1,350		4,950	2
3	43" x 114" textured wall/covering Crashrail/Beadboard - One Nor	2015	6,455	645	10	645		2,366	3
4	Hot Water Heater Project	2015	19,694	1,969	10	1,969		7,221	4
5	Pipefitter Material/Carthage/Bad Blower Motor/Labor/Fusible Li								5
6	Carthage - Administration								6
7	Replaced 2 relief valves/Checked heater/Found bad motor/labor/								7
8	carthage - Boiler Room								8
9	Cleaned Heat Exchanger/Labor/Pipefitter/carthage - Kitchen Are								9
10	Replaced Fuses/Bad Coil - Unit 3								10
11	Replaced motor in fan coil unit/Labor/Pipefitter/Carthage - South								11
12	Replaced 1st Stage bad compressor/Fixed Leak on Loader/60lbs								12
13	of R22 - RTU								13
14	Replaced 40 LED Fixtures/ Whips -	2015	9,017	601	15	601		2,204	14
15	Plumbing Projects	2015	17,000	425	10	425		1,523	15
16	Installed 2 shower valves, diverter valves, hand shower/Replaced								16
17	trim/Removed drinking fountain/Replaced toilet - 2nd floor show								17
18	Repaired 3 sinks in kitchens with new drains/Repaired 2 toilets - I								18
19	Installed 4 new 1" backflow valves preventers for lawn irrigation/								19
20	Repaired 8 24' inlets with mortar mix - Outside								20
21	Replaced 3 basket strainers for 3 compartment sinks/3 eye wash a								21
22	7 material sinks - Residential Area			-		-			22
23	Konecto Plank Sierra Plank/Wall Base/Floating Vinyl/Millwork B	2015	34,525	3,452	10	3,452		12,371	23
24	1 North Alzheimers Wing								24
25	Key Locks & Key Pads	2015	3,573	357	10	357		1,280	25
26	Universal Coordinator Prime Coated/Automatic flush for wood d								26
27	1st Floor Kitchen,Laudry, Central Supply Rooms								27
28	212 SE weatherproof,surface mounted keypad (aluminum) - Dem								28
29	Electrical Work	2015	25,421	2,542	10	2,542		9,109	29
30	Replaced Exit Signs - 1West Corridor/Dining Area/2 East Shower								30
31	2 East Stairway/Boiler Room								31
32	Removed and installed new circuits for emergency panel - 2 East S								32
33	Installed 2 new can lights and temporary dimmer/Reworking swit								33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,424,757	\$ 417,211		\$ 423,440	\$ 6,229	\$ 7,856,905	34

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 15,424,757	\$ 417,211		\$ 423,440	\$ 6,229	\$ 7,856,905	1
2	switches - 1 North Hallway			-		-			2
3	Installed new panel plackards for Emergency panel/Ran 1/2 pipe-								3
4	Supply tempered glass/ Install and Tape Drywall to close gaps in fi	2015	30,794	3,079	10	3,079		10,778	4
5	Dining Room; Waterproofing and Tile Work - 2 East Shower Roo								5
6	Installed 40 new indirect LED fixtures - Garages/1 North Activity	2015	18,863	1,886	10	1,886		6,602	6
7	2 West Hallway								7
8	3 application program of Apple Scab/Rust Sprav - Outside	2015	3,901	260	15	260		888	8
9	Installed Terasafe Ultra Vinyl Flooring/Inlaid Sheet Vinyl - Pavillio	2015	8,359	836	10	836		2,787	9
10	Lighting Project	2015	26,817	2,682	10	2,682		8,715	10
11	Installed indirect LED hallway fixtures - 2 East, 1 North and 2 Ea								11
12	Hallway								12
13	Relocated 1/2" pipe in ceiling of nurses station and installed 1 swit								13
14	Replaced T12 fixtures with LED can lights - 1 North Nurses Statio								14
15	Replaced over the bed lights - 2 West Rooms 202, 203, 204 and 20								15
16	Replaced existing 2x2 fixtures - 1 North Residents Rm/Locker Rm								16
17	Replaced relays for lights with new GE contractor 12 pole - Outsi								17
18	Worked on lights - 2 East Shower/Tub Room								18
19	Changed outside exit sign to LED sign - Outside								19
20	Installed 6 can lights - 2 East Shower Room								20
21	Installed outlet inside garage - Garages								21
22	Architectural Service Fee - SNF Medicare Wing Addition	2015	27,900	698	10	698		2,209	22
23	Installed 4 weather proof junction boxes and 13 30' bronze poles a	2015	67,200	1,680	10	1,680		5,320	23
24	104 watt LED fixutres, LED, 500k fixtures on existing concrete p								24
25	Outdoor Lighting								25
26	Drywall Project	2015	26,586	2,659	10	2,659		8,419	26
27	Applied 2 coats of sealer to exposed drywall/Installed grab bars, c								27
28	rods and corner shower caddies - 1 North Bathrooms								28
29	Installed new 5/8 drywall on ceiling. Added framing as needed - 1								29
30	Bathrooms								30
31	Waterproofing and Tile Work - 2 East Shower Room								31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,635,177	\$ 430,991		\$ 437,220	\$ 6,229	\$ 7,902,623	34

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

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## XI. OWNERSHIP COSTS (continued)

## B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 15,635,177	\$ 430,991		\$ 437,220	\$ 6,229	\$ 7,902,623	1
2	<b>Doors/Drywall/Ceiling Project</b>	2015	11,788	1,179	10	1,179		3,634	2
3	Supplied and installed door hinges for kitchen/Removed rubbing								3
4	1 North								4
5	Installed new drywall - 2 East Shower and Bathroom/TV Room								5
6	Installed new countertop, side support/pencil drawers - Physical								6
7	Therapy Room								7
8	Supplied ceiling tiles - 1 North								8
9	Installed bathroom fixtures - Shower Rooms								9
10	Landscaping around property - Outside	2015	13,868	925	15	925		2,851	10
11									11
12	R/M Reclass: Painting entire rooms on Units 100, 200 and commo	2015	55,296		10	5,530	5,530	19,354	12
13						-			13
14	R/M Reclass: Replaced 2 motors on roof top units.	2015	2,666		10	267	267	936	14
15						-			15
16	R/M Reclass: Replaced motor on air conditioner unit in employee	2015	2,551		10	255	255	893	16
17						-			17
18	R/M Reclass: Replaced motor, supply box and fire damper	2015	5,330		10	533	533	1,866	18
19						-			19
20	R/M Reclass: Installed eye wash sinks and toilet	2015	3,344		20	167	167	586	20
21						-			21
22						-			22
23	HVAC - Install 2 New Rooftop Units	2015	284,235	28,424	10	28,424		90,008	23
24	Furnish 12 Bollard Retrofit Kits for Existing Bases (Lighting)	2015	7,620	191	40	191		476	24
25	Outside on Facility Grounds					-			25
26	Update Business Office	2016	199,572	4,942	40	4,966	24	11,508	26
27	- Install new flooring								27
28	- Remove and install new lighting; electrical, wiring, pipes								28
29	- Remove & replace ceiling tiles, grids, wall angles, duct work								29
30	- Install air handler, replace motor, remove supply/return line								30
31	- Plumbing, sewer lines								31
32	- Install drywall & new doors								32
33	- Painting, removing wallpaper								33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 16,221,447	\$ 466,652		\$ 479,657	\$ 13,005	\$ 8,034,734	34

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

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## XI. OWNERSHIP COSTS (continued)

## B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 16,221,447	\$ 466,652		\$ 479,657	\$ 13,005	\$ 8,034,734	1
2	<u>Engineering services, preliminary designs and concepts,</u>	2016	99,705	2,493	40	2,493		7,204	2
3	<u>topographic survey, wetland delineation - new wing addition</u>								3
4									4
5	<u>Install new registers and valves; replace fire dampers:</u>	2016	22,222	556	40	556		1,322	5
6	<u>- 2 West; 1st &amp; 2nd Floor Bathrooms</u>								6
7									7
8	<u>Install new motor &amp; timers in kitchen; replace blower</u>	2016	5,951	149	40	149		360	8
9	<u>motor water probe; replace power module &amp; switch</u>								9
10									10
11	<u>Remove and install new exhaust fan due to broken coil:</u>	2016	5,036	126	40	126		304	11
12	<u>- Activity Room</u>								12
13									13
14	<u>Install new shut off valves &amp; insulated piper in boiler room</u>	2016	4,849	121	40	121		293	14
15									15
16	<u>Window Treatment &amp; Installation - Sun Room</u>	2016	3,242	324	10	324		838	16
17									17
18	<u>Installation of new roof over SNF building</u>	2016	349,871	8,747	40	8,747		18,990	18
19									19
20	<u>Replace walk-in cooler compressor - Kitchen</u>	2016	3,702	93	40	93		193	20
21									21
22	<u>R/M Reclass: Replace Zone Valves, Fan Coils &amp; Speed Control</u>	2015	12,325		10	1,233	1,233	3,081	22
23	<u>- Rooms: 125, 200, 202, 205, 207-211, 218, 219, 224 &amp; 227</u>								23
24									24
25	<u>R/M Reclass: Remove &amp; Install New High Limit Sensor for</u>	2015	3,170		10	317	317	793	25
26	<u>Boiler; Update Rod in Heat Exchanger - Boiler Room</u>								26
27									27
28	<u>R/M Reclass: Furnish &amp; Install Firestops (throughout Facility)</u>	2015	14,415		20	721	721	1,802	28
29									29
30	<u>R/M Reclass: Install Vinyl Flooring (Rooms 200, 201, 206 &amp; 214)</u>	2016	4,804		10	480	480	1,201	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 16,750,739	\$ 479,261		\$ 495,017	\$ 15,756	\$ 8,071,113	34

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

Facility Name &amp; ID Number Tabor Hills Health Care Facility, Inc.

# 0040543

Report Period Beginning:

10/1/17

Ending:

9/30/18

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 16,750,739	\$ 479,261		\$ 495,017	\$ 15,756	\$ 8,071,113	1
2	Replaced lights in front of building, admin office, nurse call lights on	2016	7,276	182	40	182		334	2
3	- 2 East, and lobby to LED. Install wiring for new door magnet on th								3
4	nurses's office on 2nd FL, a steel cover plate o 1st FL family room, &								4
5	- 2 x 4 fixtures on garage for extra lighting.								5
6									6
7	Changed bulbs on 2 outside wall packs by stairwell 1 & 4 and residen	2016	2,906	73	40	73		134	7
8	- rooms. Replaces lights in from sign to LED lights. Installed additio								8
9	- outlets on Activity office on 2nd FL to eliminate power strips.								9
10									10
11	Installed receptacle at end of 2 East hall. Changed lights on 2 Ease Me	2016	3,190	80	40	80		146	11
12	- room to LED. Added timers to garden lights. Replace existing								12
13	- wall packs in the garden area to LED.								13
14									14
15	Changed lights in Lobby, Rm 224 and 260 and fixtures in Rm 219, 250	2016	3,072	77	40	77		135	15
16	- 159. Checked voltage & 25:25 amperage for breakers in East dining								16
17	- room. Also check amperage for all remaining breakers.								17
18									18
19	Installation of stroage, counter tops fireglass and frames in the finance	2016	7,917	198	40	198		396	19
20	- office. Reinforced cabinetry, removal of old caulk from exterior								20
21	- brick work by main entrance and the application of new sealant on								21
22	- limestone caps. (=Finance Office)								22
23									23
24	Installation of upper strauge cabinets, under counter drawer file	2016	7,843	196	40	196		392	24
25	- cabinets, wall cleat, cherry laminated counter top, back splash and								25
26	- aluminum back splashed. (Finance Office)								26
27									27
28	Installation of stainless steel sink, lower and upper cabinets, wall caps	2016	10,999	275	40	275		550	28
29	- and dividers including painting and staining. (Finance Office)								29
30									30
31	Final payout for 2016 roofing of SNF (See PG 12D - Line 18)	2016	19,819	495	40	495		949	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 16,813,761	\$ 480,837		\$ 496,593	\$ 15,756	\$ 8,074,149	34

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

Facility Name &amp; ID Number Tabor Hills Health Care Facility, Inc.

# 0040543

Report Period Beginning:

10/1/17

Ending:

9/30/18

## XI. OWNERSHIP COSTS (continued)

## B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12G, Carried Forward</b>		\$ 16,813,761	\$ 480,837		\$ 496,593	\$ 15,756	\$ 8,074,149	1
2	<b>Installment of heating/cooling system pumps including reconnecting</b>	2017	21,376	534	40	534		623	2
3	<b>- existing power supply, fill and pressure test the new install and</b>								3
4	<b>- configure piping to connect the new pump.</b>								4
5									5
6	<b>Concrete Work</b>	2017	76,210	5,081	15	5,081		6,351	6
7	<b>- 2" mill and pave apprx. 515 square feet (McDowell Circle Entranc</b>								7
8	<b>- Remove and replace 3" of asphalt totaling apprx. 8,960 square feet</b>								8
9	<b>(10 driveways)</b>								9
10	<b>- Restripe pavement 205 stalls, 22 H/C, 4 arrows, 4 stop bars with</b>								10
11	<b>approved paint.</b>								11
12	<b>- Remove and replace 8-9 areas of 4" concrete apprx 600 square feet</b>								12
13	<b>- Additional concrete work</b>								13
14									14
15	<b>R&amp;M Reclass: Replace fire alarm system including new fire alarm</b>	2017	12,666		10	633	633	1,266	15
16	<b>- panel, annunciators, sensors and door holders (Entire Building)</b>								16
17									17
18									18
19	<b>Decorative Floating Foundation</b>	2018	4,871	108	15	108		108	19
20	<b>Driveway Removal &amp; Replacement</b>	2018	13,950	233	15	233		233	20
21									21
22	<b>Asphalt/Sawcut Trench/Repainting Handicap Stalls-Parking Lot</b>	2018	4,500	25	15	25		25	22
23									23
24	<b>Pond/Patio renovation - Part 1</b>	2018	18,333		15			-	24
25									25
26	<b>R&amp;M Reclass: Repair Underground Cables/ Broken Pipes</b>	2018	5,064		10	253	253	253	26
27	<b>- Pole lights, Pavilion</b>								27
28									28
29	<b>R&amp;M Reclass: Repair leak in chiller &amp; replace refrigerant</b>	2018	6,531		10	327	327	327	29
30	<b>- Kitchen</b>								30
31									31
32	<b>To Reconcile to Book Depreciation</b>			42,345			(42,345)		32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 16,977,262	\$ 529,163		\$ 503,786	\$ (25,377)	\$ 8,083,335	34

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

Facility Name & ID Number Tabor Hills Health Care Facility, Inc.

# 0040543

Report Period Beginning:

10/1/17

Ending:

9/30/18

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	\$ 1,067,798	\$ 111,018	\$ 111,018	\$ -	5-20 years	\$ 780,051	71
72	Current Year Purchases	128,365	7,794	7,794	-	5-10 years	7,794	72
73	Fully Depreciated Assets	3,133,261			-		3,133,261	73
74					-			74
75	TOTALS	\$ 4,329,424	\$ 118,812	\$ 118,812	\$		\$ 3,921,106	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	\$ 505,697	\$ 11,791	\$ 11,791	\$ -	5	\$ 489,545	76
77							-			77
78							-			78
79							-			79
80	TOTALS			\$ 505,697	\$ 11,791	\$ 11,791	\$		\$ 489,545	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)	\$ 22,387,076	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 659,766	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 634,389	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (25,377)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 12,493,986	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	Therapy Renovation	\$ 2,362,430	92
93			93
94			94
95		\$ 2,362,430	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.

**Facility Name:** Tabor Hills Health Care Facility, Inc.  
**IDPH License ID Number:** 0040543  
**Fiscal Year End:** 9/30/18

**Schedule 13A**

**XI. Ownership Costs**  
**Line 79 - Vehicle Depreciation**

Use	Model, Make & Year	Year Acquired	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation
Facility Use	1997 Ford Eldorado Bus	1997	44,290			-	5	44,290
Medical Transportation	1988 Ford Van	1988	23,216			-	5	23,216
Facility Use	2000 Chrysler Van	2000	31,930			-	5	31,229
Administrative Use	2003 Van	2003	41,902			-	5	41,902
Facility Use	2004 Van	2004	70,823			-	5	70,823
	Pickup truck	2007	21,500			-	5	21,500
	Vehicle Parts	2007	3,377			-	5	3,376
Administrative Use	2008 Toyota Sienna	2008	25,138			-	5	25,138
	2000 Chevy Tahoe	2009	5,000			-	5	5,000
	Truck	2009	5,975			-	5	5,975
Facility Use	Van	2010	25,000			-	5	25,000
Facility Use	2011 Ford Elkhart Bus	2011	40,054			-	5	40,054
Facility Use	2010 Ford Elkhart Bus	2011	44,539			-	5	44,539
Facility Use	2011 Honda Odyssey Van	2011	39,957			-	5	39,957
Administrative Use	2014 Honda Odyssey Van	2013	42,456	7,784	7,784	-	5	42,456
Facility Use	2007 Chevy Silverado	2013	22,000	917	917	-	5	22,000
Facility Use	Snow Plow Parts	2017	10,471	1,745	1,745	-	5	1,745
Facility Use	2017 Ford F250 Truck	2017	8,069	1,345	1,345	-	5	1,345
						-		
<b>TOTAL</b>			<b>505,697</b>	<b>11,791</b>	<b>11,791</b>	<b>-</b>		<b>489,545</b>

**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.	<u>/2019</u>	\$ _____
13.	<u>/2020</u>	\$ _____
14.	<u>/2021</u>	\$ _____

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

This amount was calculated by dividing the total amount to be amortized by the length of the lease N/A.

9. Option to Buy:  YES  N/A 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: \$ 0 Description: N/A

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

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

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

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

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**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)	
<b>TOTAL TRAINED</b>	

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

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

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

	Service	Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	5					
					Units	Cost				
1	Licensed Occupational Therapist	L10a(1)	6492 hrs	\$ 287,620		\$	\$	6,492	\$ 287,620	1
2	Licensed Speech and Language Development Therapist	L39(3)	hrs		751	\$ 56,272		751	56,272	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10a(1)&(2)	8121 hrs	403,805			102	8,121	403,907	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39(2)	# of prescripts				363,753		363,753	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	<b>TOTAL</b>			\$ 691,425	751	\$ 56,272	\$ 363,855	15,364	\$ 1,111,552	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 Facility, Inc.

# 0040543

Report Period Beginning: 10/1/17

Ending: 9/30/18

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 9/30/18 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 25,351	\$ 25,351	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>39,231</u> )	1,451,699	1,451,699	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	389,289	389,289	6
7	Other Prepaid Expenses	38,300	38,300	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Exchange Clearing Acct</u>	408	408	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,905,047	\$ 1,905,047	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	574,693	574,693	13
14	Buildings, at Historical Cost	9,997,265	10,039,753	14
15	Leasehold Improvements, at Historical Cost	6,314,110	6,937,509	15
16	Equipment, at Historical Cost	5,517,952	4,835,121	16
17	Accumulated Depreciation (book methods)	(12,562,743)	(12,493,205)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (sp) <u>Bond Issuance</u>	40,539	40,539	22
23	Other(specify): <u>CIP</u>	2,362,430	2,362,430	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 12,244,246	\$ 12,296,840	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 14,149,293	\$ 14,201,887	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 640,391	\$ 640,391	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	624,801	624,801	30
31	Accrued Taxes Payable (excluding real estate taxes)	404	404	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Sch 17A</u>	380,353	380,353	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,645,949	\$ 1,645,949	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	3,099,528	3,099,528	39
40	Mortgage Payable			40
41	Bonds Payable	236,907	236,907	41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 3,336,435	\$ 3,336,435	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 4,982,384	\$ 4,982,384	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 9,406,688	\$ 9,219,503	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 14,389,072	\$ 14,201,887	48

\*(See instructions.)

**Facility Name:** Tabor Hills Health Care Facility, Inc.  
**IDPH License ID Number:** 0040543  
**Fiscal Year End:** 9/30/18

**Schedule 17A**

**XV. Balance Sheet**

**Line 36 Other Current Liabilities (specify):**

	<b>Description</b>	<b>Operating</b>	<b>After Consolidation</b>
1029.5	Refunds (Residents)	37,070	37,070
1029.9	Resident credit balances**	309,688	309,688
1620.0	Employee Lock Deposits	850	850
1630.0	Beauty Shop Gift Certificates	552	552
1651.0	Accrued Expenses	26,400	26,400
1652.2	THH Granny Tax Accrued	(328)	(328)
1657.0	Employee Life Insurance Premi	3,822	3,822
1659.1	Public Aid Reconciling Account	2,299	2,299
	<b>Total - Line 36</b>	<b>380,353</b>	<b>380,353</b>

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b>	
		<b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>7,070,734</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Interfund Transfers</b>	<b>3,718,565</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>10,789,299</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(1,382,611)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(1,382,611)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>9,406,688</b>	<b>24</b> *

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

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

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

1		2	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 11,229,057	1
2	Discounts and Allowances for all Levels	(666,875)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,562,182	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,072,193	6
7	Oxygen	25,202	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,097,395	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	4,213	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	23,171	15
16	Rental of Facility Space		16
17	Sale of Drugs	183,964	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	19,857	19
20	Radiology and X-Ray	13,810	20
21	Other Medical Services	271,186	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 516,201	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	11,739	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 11,739	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Sch 19A	6,665	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 6,665	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 12,194,182	30

1		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,260,485	31
32	Health Care	7,059,627	32
33	General Administration	2,590,320	33
<b>B. Capital Expense</b>			
34	Ownership	780,522	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	499,886	35
36	Provider Participation Fee	385,953	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 13,576,793	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(1,382,611)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (1,382,611)	43
<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 2,807,322	44
45	Private Pay - Net Inpatient Revenue	7,471,281	45
46	Medicare - Net Inpatient Revenue	283,579	46
47	Other-(specify)		47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 10,562,182	49

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? No^ 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.

^ Entity is a cash basis taxpayer

**Facility Name:** Tabor Hills Health Care Facility, Inc.  
**IDPH License ID Number:** 0040543  
**Fiscal Year End:** 9/30/18

**Schedule 19A**

**XVII. Income Statement**

**Line 28 Other Revenue (specify):**

	<b>Description</b>	<b>Amount</b>
3020.3	THH Public Aid Application Fee	(300)
5123.5	Activities Fund Raising	3,162
5641.0	Fund Raising Income	3,774
5642.0	Misc Income	29
	<b>Total - Line 28</b>	<b>6,665</b>

Facility Name & ID Number Tabor Hills Health Care Facility, Inc.

# 0040543

Report Period Beginning:

10/1/17

Ending:

9/30/18

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	2,122	2,657	\$ 105,451	\$ 39.69	1
2	Assistant Director of Nursing	1,741	2,080	102,680	49.37	2
3	Registered Nurses	65,973	71,118	2,493,191	35.06	3
4	Licensed Practical Nurses	20,126	21,139	608,078	28.77	4
5	CNAs & Orderlies	95,246	98,164	1,471,029	14.99	5
6	CNA Trainees					6
7	Licensed Therapist	10,651	11,828	456,954	38.63	7
8	Rehab/Therapy Aides	11,475	12,322	390,802	31.72	8
9	Activity Director	1,552	1,765	39,600	22.44	9
10	Activity Assistants	18,314	20,333	233,308	11.47	10
11	Social Service Workers	6,521	6,999	151,158	21.60	11
12	Dietician					12
13	Food Service Supervisor	2,196	2,304	63,497	27.56	13
14	Head Cook	3,366	4,097	62,028	15.14	14
15	Cook Helpers/Assistants	28,385	31,488	379,891	12.06	15
16	Dishwashers					16
17	Maintenance Workers	11,135	11,985	243,500	20.32	17
18	Housekeepers	24,613	27,147	272,190	10.03	18
19	Laundry	16,625	17,442	198,087	11.36	19
20	Administrator	3,024	3,241	168,652	52.04	20
21	Assistant Administrator					21
22	Other Administrative	1,724	2,024	41,820	20.66	22
23	Office Manager	1,085	1,242	107,577	86.62	23
24	Clerical	13,924	15,604	321,370	20.60	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,053	4,405	172,197	39.09	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,715	4,219	89,173	21.14	31
32	Other Health C: <u>Sch 20A</u>	4,929	5,536	101,727	18.38	32
33	Other(specify) <u>Marketing</u>	1,583	1,759	37,334	21.22	33
34	TOTAL (lines 1 - 33)	354,078	380,898	\$ 8,311,294 *	\$ 21.82	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	286	\$ 11,809	1(3)	35
36	Medical Director	Monthly	33,990	9(3)	36
37	Medical Records Consultant	Quarterly	1,600	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	15,673	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	Quarterly	1,089	11(3)	44
45	Social Service Consultant	40	1,652	12(3)	45
46	Other(specify) <u>Medical Consultant</u>	Monthly	2,400	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)	326	\$ 68,213		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	492	\$ 26,120	10(3)	50
51	Licensed Practical Nurses	1,072	49,015	10(3)	51
52	Certified Nurse Assistants/Aides	12,414	321,405	10(3)	52
53	TOTAL (lines 50 - 52)	13,978	\$ 396,540		53

**Facility Name:** Tabor Hills Health Care Facility, Inc.  
**IDPH License ID Number:** 0040543  
**Fiscal Year End:** 9/30/18

**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	695	845	29,053	\$ 34.38
Transporter	1,995	2,212	32,667	\$ 14.77
Central Supply	2,239	2,479	40,007	\$ 16.14
<b>Total - Line 32 Other Health Care (specify):</b>	<b>4,929</b>	<b>5,536</b>	<b>101,727</b>	



**Facility Name:** Tabor Hills Health Care Facility, Inc.  
**IDPH License ID Number:** 0040543  
**Fiscal Year End:** 9/30/18

**Schedule 21C**

**XIX. SUPPORT SCHEDULES**

**C. Professional Services**

<b>Vendor</b>	<b>Type</b>	<b>Amount</b>
Polinelli Shughart	Legal	21,784
Greenberg Traurig	Legal	15,305
Jackson Lewis	Legal	1,414
Seyfarth Shaw, LLP	Legal	728
Smith, Hemmesch, Burke	Legal	(280)
Wessels & Sherman	Legal	900
Erickson Peterson Cramer	Legal	53,717
Caremerge	Computer	1,140
OnShift	Computer	12,564
Comcast Cable	Computer	3,422
Health Data Systems	Computer/Payroll	4,319
Conlux	Computer	307
Abiliy Network, Inc.	Computer	7,482
AT&T	Computer	1,010
Paycom	Computer/Payroll	5,896
Provider Trust	Computer/Payroll	701
J. M. Hawkins, Inc.	Computer	92,568
Optima	Computer	4,893
Point Click Care	Computer	28,741
Kronos, Inc.	Computer	(3,220)
Crowe Horwarth LLP	Accounting	25,285
RSM US LLP	Accounting	53,833

**Total (agree to Schedule V, line 19, column 3) 332,509**

Reclass Software Expense (28,741)

Less: Non-Allowable Legal Fees (42,870)

**Total (agree to Schedule V, line 19, column 8) 260,898**

Facility Name & ID Number Tabor Hills Health Care Facility, Inc.# 0040543

Report Period Beginning:

10/1/17Ending: 9/30/18**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? No  
If YES, give association name and amount. N/A
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 5-10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 89,011 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. \$ 385,953  
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: RSM US 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.