

		FOR BHF USE					

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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

I. IDPH License ID Number: 0040543 Facility Name: Tabor Hills Health Care Fac Address: 1347 Crystal Avenue Naperville 60563 Number City Zip Code County: DuPage Telephone Number: (630) 778-6677 Fax # (630) 778-6680 HFS ID Number: Date of Initial License for Current Owners: 4/28/95 Type of Ownership: X VOLUNTARY,NON-PROFIT X Charitable Corp. Trust IRS Exemption Code 501 (c)(3) PROPRIETARY Individual Partnership Corporation "Sub-S" Corp. Limited Liability Co. Trust Other GOVERNMENTAL State County Other In the event there are further questions about this report, please contact: Name: Amanda Springborn Telephone Number: (314) 925-3838 Email Address:	II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER I have examined the contents of the accompanying report to the State of Illinois, for the period from 10/1/2015 to 9/30/2016 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. Officer or Administrator of Provider (Signed) _____ (Date) _____ (Type or Print Name) _____ (Title) _____ Paid Preparer (Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) RSM US LLP 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173 (Telephone) (847) 517-7070 Fax # (847) 517-7067 MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630
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Facility Name & ID Number Tabor Hills Health Care Fac

0040543 Report Period Beginning: 10/1/2015 Ending: 9/30/2016

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	<u>192</u>	Skilled (SNF)	<u>192</u>	<u>70,272</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>19</u>	Intermediate (ICF)	<u>19</u>	<u>6,954</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>211</u>	TOTALS	<u>211</u>	<u>77,226</u>	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	<u>2,404</u>	<u>6,774</u>	<u>4,955</u>	<u>14,133</u>	8
9	SNF/PED					9
10	ICF	<u>13,800</u>	<u>31,229</u>		<u>45,029</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>16,204</u>	<u>38,003</u>	<u>4,955</u>	<u>59,162</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.61%

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 4,832

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 9/30/2016 Fiscal Year: 9/30/2016
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2015 Ending: 9/30/2016

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	516,294	27,934	12,978	557,206		557,206		557,206			1
2	Food Purchase		446,731		446,731		446,731		446,731			2
3	Housekeeping	325,989	149,031		475,020		475,020		475,020			3
4	Laundry	156,813	20,123		176,936		176,936		176,936			4
5	Heat and Other Utilities			287,540	287,540		287,540		287,540			5
6	Maintenance	223,168	86,359	250,142	559,669		559,669	4,980	564,649			6
7	Other (specify):* Hazardous Disposals			10,685	10,685		10,685		10,685			7
8	TOTAL General Services	1,222,264	730,178	561,345	2,513,787		2,513,787	4,980	2,518,767			8
	B. Health Care and Programs											
9	Medical Director			36,843	36,843		36,843		36,843			9
10	Nursing and Medical Records	5,897,220	218,978	238,687	6,354,885		6,354,885		6,354,885			10
10a	Therapy											10a
11	Activities	278,710	7,616	6,318	292,644		292,644	(2,784)	289,860			11
12	Social Services	139,712	21	3,404	143,137		143,137		143,137			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	6,315,642	226,615	285,252	6,827,509		6,827,509	(2,784)	6,824,725			16
	C. General Administration											
17	Administrative	149,196			149,196		149,196		149,196			17
18	Directors Fees											18
19	Professional Services			390,420	390,420		390,420	(32,923)	357,497			19
20	Dues, Fees, Subscriptions & Promotions			45,323	45,323		45,323	(9,488)	35,835			20
21	Clerical & General Office Expenses	465,755	34,413	68,716	568,884		568,884	(20,675)	548,209			21
22	Employee Benefits & Payroll Taxes			2,071,262	2,071,262		2,071,262		2,071,262			22
23	Inservice Training & Education			1,490	1,490		1,490		1,490			23
24	Travel and Seminar			13,934	13,934		13,934		13,934			24
25	Other Admin. Staff Transportation			19,325	19,325		19,325		19,325			25
26	Insurance-Prop.Liab.Malpractice			308,788	308,788		308,788		308,788			26
27	Other (specify):*											27
28	TOTAL General Administration	614,951	34,413	2,919,258	3,568,622		3,568,622	(63,086)	3,505,536			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,152,857	991,206	3,765,855	12,909,918		12,909,918	(60,890)	12,849,028			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	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			686,462	686,462		686,462	(20,477)	665,985			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			235,890	235,890		235,890	(5,088)	230,802			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			922,352	922,352		922,352	(25,565)	896,787			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	676,213	310,591	62,765	1,049,569		1,049,569		1,049,569			39
40	Barber and Beauty Shops			22,133	22,133		22,133		22,133			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			495,215	495,215		495,215		495,215			42
43	Other (specify):* Non-Allowable Cos	44,625		126,002	170,627		170,627	(170,627)				43
44	TOTAL Special Cost Centers	720,838	310,591	706,115	1,737,544		1,737,544	(170,627)	1,566,917			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	8,873,695	1,301,797	5,394,322	15,569,814		15,569,814	(257,082)	15,312,732			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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(10)	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	(20,477)	30		9
10	Interest and Other Investment Income	(5,088)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(8,899)	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	(33,123)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(65,364)	43		24
25	Fund Raising, Advertising and Promotional	(2,413)	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	(121,708)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (257,082)		\$	30

BHF USE ONLY								
48		49		50		51		52

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

		1 Amount	2 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))	\$ (257,082)		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 Yes	2 No	3 Amount	4 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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Resident Physicians	\$ 672	43	1
2	Miscellaneous Expense	(1,938)	43	2
3	X-Ray Expense	(16,130)	43	3
4	Lab Expense	(31,867)	43	4
5	Activities Fund Raising	(2,784)	11	5
6	Travel & Entertainment	(63)	43	6
7	Marketing Salary	(44,625)	43	7
8	Miscellaneous Income Offset	(20,665)	21	8
9	Reclass to Repairs & Maintenance	37,175	6	9
10	Capitalize Expenses over \$2500	(36,595)	6	10
11	Lobbying	(4,888)	20	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
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38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(121,708)		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:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
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: 10/1/2015 Ending: 9/30/2016

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	\$ 126,216	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	Angeline Bultas	Member	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	5
6	John Bozett	Member	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	6
7	John Eckman	Member	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	7
8	Lynda Filipello	Member	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	8
9	James Kopriva	Member	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	9
10	Frank Michalek	Member	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	10
11	Robert Peiler	Member	Board of Directors	0.00	0	12	100.00	Salary	10,384	L11,C1	11
12	John Storcel	Member	Board of Directors	0.00	0	0	0.00	Brd Mtg Fees	0	L21,C3	12
13								TOTAL	\$ 136,600		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

Ending: 1/30/2016

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				
	A. Directly Facility Related Long-Term											
1	Illinois Revenue Authority		X	Mortgage	Principal and interest due	11/22/06	\$ 4,970,670	\$ 4,428,426	11/15/36	Varies	\$ 235,890	1
2					upon							2
3					presentment							3
4					(semi-annually)							4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						\$ 4,970,670	\$ 4,428,426			\$ 235,890	9
	B. Non-Facility Related*											
10	Interest Income										(5,088)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (5,088)	14
15	TOTALS (line 9+line14)						\$ 4,970,670	\$ 4,428,426			\$ 230,802	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.)

FACILITY NAME	<u>Tabor Hills Health Care Facility, Inc.</u>	COUNTY	<u>DuPage</u>
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CONTACT PERSON REGARDING THIS REPORT Frances Salinas

A. Summary of Real Estate Tax Cost

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	

B. Real Estate Tax Cost Allocations

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.)

Attach a copy of the original 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

Page 10A

A. Square Feet: 51,980

B. General Construction Type: Exterior Brick Frame Steel Number of Stories Two

C. Does the Operating Entity?

☒ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☐ (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
List entity name, type of business, square footage, and number of beds/units available (where applicable).
Bohemian Home for the Aged d/b/a Tabor Hills Adult Community provides housing to seniors through an adult living community.
There are 104 townhomes and a total of 1,267,596 square feet of land.

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

1. Total Amount Incurred: N/A

2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A

4. Dates Incurred: N/A

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

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

Facility Name & ID Number Tabor Hills Health Care Fac

0040543

Report Period Beginning:

10/1/2015

Ending:

9/30/2016

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	211		1995	1995	\$ 10,039,753	\$ 249,932	40	\$ 249,932	\$	\$ 5,385,214	4
5						-		-			5
6						-		-			6
7						-		-			7
8						-		-			8
	Improvement Type**										
9	Leasehold Improvements			1995	38,378	-	28	36	36	37,824	9
10	Leasehold Improvements			1996	3,938	26	40	97	71	1,899	10
11	Leasehold Improvements			1997	42,360	91	40	1,060	969	20,583	11
12	Leasehold Improvements			1998	9,810	144	34	482	338	6,725	12
13	Leasehold Improvements			1999	94,096	-	10	-		94,096	13
14	Leasehold Improvements			2000	45,499	82	20	82		43,578	14
15	Leasehold Improvements			2001	22,166	554	40	554		8,477	15
16	Leasehold Improvements			2002	61,663	-	10	-		61,663	16
17	Leasehold Improvements			2003	154,358	3,384	25	3,384		58,450	17
18	Leasehold Improvements			2004	2,250,358	54,975	28	54,975		709,037	18
19	Leasehold Improvements			2005	5,551	139	40	139		1,599	19
20	Leasehold Improvements			2006	334,267	10,185	35	10,182	(3)	109,264	20
21	Leasehold Improvements			2007	159,752	6,941	29	6,941		65,947	21
22	Leasehold Improvements			2008	222,391	6,054	35	6,054		52,253	22
23	Leasehold Improvements			2009	138,766	4,661	21	4,661		34,300	23
24	Leasehold Improvements			2010	301,080	7,444	40	7,528	84	46,590	24
25	Leasehold Improvements			2011	79,543	3,831	17	6,674	2,843	37,029	25
26	Leasehold Improvements			2012	422,391	12,947	34	12,947		63,570	26
27											27
28	1W & 2W Renovation			2013	5,005	125	40	125		443	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		271	33
34	Beadboards for 2W			2013	9,853	246	40	246		901	34
35	Carpentry Work for 2W Shower Rooms			2013	57,614	1,440	40	1,440		4,828	35
36	Carpeting for 2E & 2W			2013	51,919	1,298	40	1,298		4,921	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:

10/1/2015

Ending:

9/30/2016

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	\$	\$ 1,389	37
38	Electrical Work for 1N Doors, 2W & 2W Shower Room	2013	7,109	178	40	178		611	38
39	Molding for 2W	2013	4,265	107	40	107		396	39
40	New Counter Top for 1W Nurse Station	2013	10,200	255	40	255		946	40
41	New Duct Work in Vending Maching Area	2013	7,783	195	40	195		649	41
42	New Fire Alarm Relay Doors	2013	2,747	69	40	69		230	42
43	New Signs for 2E	2013	3,536	88	40	88		301	43
44	Nurse Station Door 1W	2013	3,304	83	40	83		297	44
45	Wallcovering for 2E, 2W, Elevator Lobby & Sunroom Corridor	2013	53,325	1,333	40	1,333		4,943	45
46	Wall Base & Carpet Installation for 2E	2013	9,368	234	40	234		780	46
47	Remove & Re-Install Outdoor Lighting for Walk-In Area	2013	8,902	223	40	223		706	47
48	Flooring Installation - 2W	2013	21,408	535	40	535		1,783	48
49	Window Treatment & Installation - 2W & Dining Room	2013	14,788	1,479	10	1,479		5,433	49
50	Installation of Crown Molding & Design Fees - 2E & 2W Rooms	2013	32,238	3,224	10	3,224		11,895	50
51	Build & Install Cabinetry for the Executive Board Room	2013	4,824	482	10	482		1,687	51
52	Install MOD Motor in Heater Unit - Boiler Room	2013	5,513	551	10	551		1,975	52
53	Installation of Rooftop Fan, Compressor Circuit & Control Panel	2013	8,528	853	10	853		2,781	53
54	Resurfacing of Streets & Parking Lot	2013	13,315	888	15	888		2,886	54
55	Repair leaking hot water tank, flange, drain valve & piping - Kitcl	2013	12,916	646	20	646		1,830	55
56	Landscaping - replace ash trees, remove grindings, new topsoil & s	2013	2,605		5	521	521	1,303	56
57	Remove and replace wander guard system on all door entryways	2013	48,267	4,827	10	4,827		13,676	57
58	Furnish & install window shades - 2 East & 2 West Lounges	2013	2,897	290	10	290		846	58
59	Install 6 closet doors, 6 chainbolts & door closers - Main Hallway	2014	3,205	321	10	321		802	59
60	Adj. fire doors, closers/hinges, panic bar/maglock - Beauty Shop H	2014	3,517	352	10	352		880	60
61	Replace 40' of 4" cast iron rod piping to sewer - Kitchen	2014	8,000	400	20	400		1,067	61
62	Replace 25' of 4" cast iron rod piping to sewer - Kitchen	2014	6,800	680	10	680		1,813	62
63	Replace (2) 2" 3-phase sump pumps with 2 check valves - Kitchen	2014	3,100	310	10	310		827	63
64	Repair kitchen flooring due to grease trap and sewer back up	2014	3,250	325	10	325		867	64
65	Change 5 GFI receptacles, install new switches,change out 4-2X4	2014	3,865	387	10	387		1,032	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	\$ 384,278		\$ 389,137	\$ 4,859	\$ 6,914,093	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:

10/1/2015

Ending:

9/30/2016

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 12A, Carried Forward		\$ 14,878,627	\$ 384,278		\$ 389,137	\$ 4,859	\$ 6,914,093	1
2	Install 4 LED exit signs (2 W); replace light fixtures (Electric Room)	2014	6,228	623	10	623		1,586	2
3	Remove and resurface 3" of asphalt - Streets & Parking Lot	2014	27,190	1,813	8	1,813		5,797	3
4	Resurface pavement and striping - Streets & Parking Lot	2014	174,950	11,663	8	11,663		37,298	4
5	Install EM wires for the two new boilers - Electrical/Mechanical Room	2014	4,915	492	10	492		1,106	5
6	Remove & replace trees around property	2014	9,771		5	-		1,302	6
7	Install new front panel and dispensing chute for ice machine - Kitchen	2014	5,575	558	10	558		1,301	7
8	Replace & install two new boilers - Electrical/Mechanical Room	2014	122,980	6,149	20	6,149		14,585	8
9									9
10	Install 30 LED 2x4 Light Fixtures - 2 East	2014	6,763	676	10	676		1,521	10
11	Install Carpet - 1 West	2014	2,848	285	10	285		594	11
12	Supply and Install Acoustical Ceiling - Board Room	2014	3,332	333	10	333		694	12
13									13
14	R/M Reclass: Replace limit switch for heater in dining room;	2014	3,936		10	394	394	985	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	873	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	725	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	832	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	855	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		1,600	30
31	Remove and Replace plant material- Pavillion Side	2014	5,778	385	15	385		770	31
32	Relocate 13 Smoke Detectors/Fire Alarm Test and Inspect Panel	2014	16,958	1,696	10	1,696		2,968	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 15,295,572	\$ 409,751		\$ 416,318	\$ 6,567	\$ 6,989,485	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:

10/1/2015

Ending:

9/30/2016

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		\$ 15,295,572	\$ 409,751		\$ 416,318	\$ 6,567	\$ 6,989,485	1
2	Wall/Floor Tiles	2015	13,500	1,350	10	1,350		2,250	2
3	43" x 114" textured wall/covering Crashrail/Beadboard - One Nor	2015	6,455	645	10	645		1,075	3
4	Hot Water Heater Project	2015	19,694	1,969	10	1,969		3,282	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		1,002	14
15	Plumbing Projects	2015	17,000	425	10	425		673	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		5,466	23
24	1 North Alzheimers Wing								24
25	Key Locks & Key Pads	2015	3,573	357	10	357		565	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		4,025	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	TOTAL (lines 1 thru 33)		\$ 15,424,757	\$ 421,092		\$ 427,659	\$ 6,567	\$ 7,007,823	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:

10/1/2015

Ending:

9/30/2016

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 12C, Carried Forward		\$ 15,424,757	\$ 421,092		\$ 427,659	\$ 6,567	\$ 7,007,823	1
2	switches - 1 North Hallway								2
3	Installed new panel placards 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		4,619	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		2,829	6
7	2 West Hallway							-	7
8	3 application program of Apple Scab/Rust Spray - Outside	2015	3,901	260	15	260		368	8
9	Installed Terasafe Ultra Vinyl Flooring/Inlaid Sheet Vinyl - Pavillio	2015	8,359	836	10	836		1,115	9
10	Lighting Project	2015	26,817	2,682	10	2,682		3,352	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		814	22
23	Installed 4 weather proof junction boxes and 13 30' bronze poles a	2015	67,200	1,680	10	1,680		1,960	23
24	104 watt LED fixutres, LED, 500k fixtures on excisting concrete p								24
25	Outdoor Lighting								25
26	Drywall Project	2015	26,586	2,659	10	2,659		3,102	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	TOTAL (lines 1 thru 33)		\$ 15,635,177	\$ 434,872		\$ 441,439	\$ 6,567	\$ 7,025,982	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:

10/1/2015

Ending:

9/30/2016

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 12D, Carried Forward		\$ 15,635,177	\$ 434,872		\$ 441,439	\$ 6,567	\$ 7,025,982	1
2	<u>Doors/Drywall/Ceiling Project</u>	2015	11,788	1,179	10	1,179		1,277	2
3	<u>Supplied and installed door hinges for kitchen/Removed rubbing</u>								3
4	<u>1 North</u>								4
5	<u>Installed new drywall - 2 East Shower and Bathroom/TV Room</u>								5
6	<u>Installed new countertop, side support/pencil drawers - Physical</u>								6
7	<u>Therapy Room</u>								7
8	<u>Supplied ceiling tiles - 1 North</u>								8
9	<u>Installed bathroom fixtures - Shower Rooms</u>								9
10	<u>Landscaping around property - Outside</u>	2015	13,868	925	15	925		1,002	10
11									11
12	<u>R/M Reclass: Painting entire rooms on Units 100, 200 and commo</u>	2015	55,296		10	5,530	5,530	8,295	12
13									13
14	<u>R/M Reclass: Replaced 2 motors on roof top units.</u>	2015	2,666		10	267	267	400	14
15									15
16	<u>R/M Reclass: Replaced motor on air conditioner unit in employee</u>	2015	2,551		10	255	255	383	16
17									17
18	<u>R/M Reclass: Replaced motor, supply box and fire damper</u>	2015	5,330		10	533	533	800	18
19									19
20	<u>R/M Reclass: Installed eye wash sinks and toilet</u>	2015	3,344		20	167	167	251	20
21									21
22									22
23	<u>HVAC - Install 2 New Rooftop Units</u>	2015	284,235	33,161	10	33,161		33,161	23
24	<u>Furnish 12 Bollard Retrofit Kits for Existing Bases (Lighting)</u>	2015	7,620	95	40	95		95	24
25	<u>Outside on Facility Grounds</u>								25
26	<u>Update Business Office</u>	2016	199,572	1,576	40	1,600	24	1,576	26
27	<u>- Install new flooring</u>								27
28	<u>- Remove and install new lighting; electrical, wiring, pipes</u>								28
29	<u>- Remove & replace ceiling tiles, grids, wall angles, duct work</u>								29
30	<u>- Install air handler, replace motor, remove supply/return line</u>								30
31	<u>- Plumbing, sewer lines</u>								31
32	<u>- Install drywall & new doors</u>								32
33	<u>- Painting, removing wallpaper</u>								33
34	TOTAL (lines 1 thru 33)		\$ 16,221,447	\$ 471,808		\$ 485,151	\$ 13,343	\$ 7,073,222	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:

10/1/2015

Ending:

9/30/2016

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 12E, Carried Forward		\$ 16,221,447	\$ 471,808		\$ 485,151	\$ 13,343	\$ 7,073,222	1
2	Engineering services, preliminary designs and concepts,	2016	99,705	2,219	40	2,219		2,219	2
3	topographic survey, wetland delieation - new wing addition								3
4									4
5	Install new registers and valves; replace fire dampers:	2016	22,222	210	40	210		210	5
6	- 2 West; 1st & 2nd Floor Bathrooms								6
7									7
8	Install new motor & timers in kitchen; replace blower	2016	5,951	62	40	62		62	8
9	motor water probe; replace power module & switch								9
10									10
11	Remove and install new exhaust fan due to broken coil:	2016	5,036	52	40	52		52	11
12	- Activity Room								12
13									13
14	Install new shut off valves & insulated piper in boiler room	2016	4,849	51	40	51		51	14
15									15
16	Window Treatment & Installation - Sun Room	2016	3,242	189	10	189		189	16
17									17
18	Installation of new roof over SNF building	2016	349,871	1,496	40	1,496		1,496	18
19									19
20	Replace walk-in cooler compressor - Kitchen	2016	3,702	8	40	8		8	20
21									21
22	R/M Reclass: Replace Zone Valves, Fan Coils & Speed Control	2015	12,325		10	616	616	616	22
23	- Rooms: 125, 200, 202, 205. 207-211, 218, 219, 224 & 227								23
24									24
25	R/M Reclass: Remove & Install New High Limit Sensor for	2015	3,170		10	159	159	159	25
26	Boiler; Update Rod in Heat Exchanger - Boiler Room								26
27									27
28	R/M Reclass: Furnish & Install Firestops (throughout Facility)	2015	14,415		20	360	360	360	28
29									29
30	R/M Reclass: Install Vinyl Flooring (Rooms 200, 201, 206 & 214)	2016	4,804		10	240	240	240	30
31									31
32	To Reconcile Book Depreciation			(23,090)			23,090		32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,750,739	\$ 453,005		\$ 490,813	\$ 37,808	\$ 7,078,884	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	\$ 1,285,115	\$ 198,619	\$ 140,334	\$ (58,285)	5-20 Years	\$ 906,415	71
72	Current Year Purchases	71,614	5,651	5,651	-	10 years	5,651	72
73	Fully Depreciated Assets	2,743,471			-		2,743,471	73
74					-			74
75	TOTALS	\$ 4,100,200	\$ 204,270	\$ 145,985	\$ (58,285)		\$ 3,655,537	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	\$ 29,187	\$ 29,187	\$ -	5	\$ 463,763
77							-		
78							-		
79							-		
80	TOTALS			\$ 487,157	\$ 29,187	\$ 29,187	\$ -		\$ 463,763

E. Summary of Care-Related Assets					1	2
		Reference			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)			\$ 21,912,789	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$ 686,462	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$ 665,985	
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$ (20,477)	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$ 11,198,184	

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
87				
88				
89				
90				
91	TOTALS	\$ 38,750	\$	\$ 38,750

G. Construction-in-Progress		
	Description	Cost
92	Redesign 1W / Therapy	\$ 64,537
93		
94		
95		\$ 64,537

* 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 Fac
IDPH License ID Number: 0040543
Fiscal Year End: 9/30/2016

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	4,672	4,672	-	5	40,054
Facility Use	2010 Ford Elkhart Bus	2011	44,539	5,195	5,195	-	5	44,539
Facility Use	2011 Honda Odyssey Van	2011	39,957	5,329	5,329	-	5	39,957
Administrative Use	2014 Honda Odyssey Van	2013	42,456	8,491	8,491	-	5	26,181
Facility Use	2007 Chevy Silverado	2013	22,000	5,500	5,500	-	5	15,583
						-		
						-		
						-		
						-		
TOTAL			487,157	29,187	29,187	-		463,763

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:				\$ N/A			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

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			\$ N/A	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

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.	/2017	\$
13.	/2018	\$
14.	/2019	\$

* 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.

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

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.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

B. EXPENSES

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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)	\$			

- (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.

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	

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	L39(1) & (3)	6886 hrs	\$ 284,756	11	\$ 672	\$	6,897	\$ 285,428	1
2	Licensed Speech and Language Development Therapist	L39(1) & (3)	hrs		818	54,131		818	54,131	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L39(1),(2),(3)	8459 hrs	391,457	97	7,962	6,030	8,556	405,449	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				304,561		304,561	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10	Academic Education		hrs							10
11	Other (specify):									11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			\$ 676,213	926	\$ 62,765	\$ 310,591	16,271	\$ 1,049,569	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.

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	\$ 14,599	\$ 14,599	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 60,000)	2,602,225	2,602,225	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	244,296	244,296	5
6	Prepaid Insurance	487,662	487,662	6
7	Other Prepaid Expenses	38,300	38,300	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,387,082	\$ 3,387,082	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	6,137,191	6,710,986	15
16	Equipment, at Historical Cost	5,217,271	4,587,357	16
17	Accumulated Depreciation (book methods)	(11,224,829)	(11,198,184)	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 (spe See Sch 17A	36,464	36,464	22
23	Other(specify): CIP		64,537	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,738,055	\$ 10,815,606	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,125,137	\$ 14,202,688	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 3,036,523	\$ 3,036,523	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	692,122	692,122	30
31	Accrued Taxes Payable (excluding real estate taxes)	281	281	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	88,987	88,987	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Sch 17A	505,385	505,385	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,323,298	\$ 4,323,298	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	4,315,179	4,315,179	39
40	Mortgage Payable			40
41	Bonds Payable	113,247	113,247	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)	\$ 4,428,426	\$ 4,428,426	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,751,724	\$ 8,751,724	46
47	TOTAL EQUITY(page 18, line 24)	\$ 5,373,413	\$ 5,450,964	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 14,125,137	\$ 14,202,688	48

*(See instructions.)

Facility Name: Tabor Hills Health Care Fac
IDPH License ID Number: 0040543
Fiscal Year End: 9/30/2016

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	(6,589)	(6,589)
Resident Credit Balances	462,799	462,799
Employee Lock Deposits	840	840
Beauty Shop Gift Certificates	72	72
Granny Tax Accrued	27,175	27,175
Employee Life Insurance Premiums	(2,524)	(2,524)
IDPA Audit	23,612	23,612
Total - Line 36	505,385	505,385
	-	-

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,318,664	1
2	Restatements (describe):		2
3	Prior Period Adjustment	1,841,833	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 6,160,497	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(787,084)	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)	\$ (787,084)	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)	\$ 5,373,413	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Tabor Hills Health Care Fac

0040543

Report Period Beginning: 10/1/2015

Ending: 9/30/2016

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	\$ 13,250,642	1
2	Discounts and Allowances for all Levels	(488,901)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,761,741	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,300,239	6
7	Oxygen	18,829	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,319,068	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	20,592	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	13,071	15
16	Rental of Facility Space		16
17	Sale of Drugs	152,628	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	26,545	19
20	Radiology and X-Ray	12,700	20
21	Other Medical Services	443,264	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 668,800	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	5,088	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,088	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Sch 19A	28,033	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 28,033	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,782,730	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,513,787	31
32	Health Care	6,827,509	32
33	General Administration	3,568,622	33
	B. Capital Expense		
34	Ownership	922,352	34
	C. Ancillary Expense		
35	Special Cost Centers	1,242,329	35
36	Provider Participation Fee	495,215	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,569,814	40
41	Income before Income Taxes (line 30 minus line 40)**	(787,084)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (787,084)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 2,755,093	44
45	Private Pay - Net Inpatient Revenue	9,578,158	45
46	Medicare - Net Inpatient Revenue	428,490	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,761,741	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:

9/30/2016

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

Description	Amount
Public Aid Application Fee	428
Resident Cash	4,146
Activities Fund Raising	2,784
Fund Raising Income	303
Resident Miscellaneous Income	20,362
Resident Telephone - Private	10
Total - Line 28	28,033
	-

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	1,787	2,115	\$ 100,253	\$ 47.40	1
2	Assistant Director of Nursing	1,844	2,115	85,280	40.32	2
3	Registered Nurses	75,085	82,116	2,697,167	32.85	3
4	Licensed Practical Nurses	20,906	23,242	624,589	26.87	4
5	CNAs & Orderlies	120,724	129,585	1,820,438	14.05	5
6	CNA Trainees					6
7	Licensed Therapist	13,402	14,638	572,100	39.08	7
8	Rehab/Therapy Aides	10,530	11,317	271,063	23.95	8
9	Activity Director	1,768	2,034	42,074	20.69	9
10	Activity Assistants	18,034	19,492	236,636	12.14	10
11	Social Service Workers	7,003	7,619	139,712	18.34	11
12	Dietician					12
13	Food Service Supervisor	2,039	2,270	53,439	23.54	13
14	Head Cook	4,240	4,831	89,732	18.57	14
15	Cook Helpers/Assistants	30,997	33,341	373,123	11.19	15
16	Dishwashers					16
17	Maintenance Workers	9,575	10,759	223,168	20.74	17
18	Housekeepers	30,877	33,834	325,989	9.63	18
19	Laundry	13,723	15,333	156,813	10.23	19
20	Administrator	1,683	2,046	149,196	72.92	20
21	Assistant Administrator					21
22	Other Administrative	1,874	2,069	39,086	18.89	22
23	Office Manager	1,023	1,204	98,931	82.17	23
24	Clerical	19,435	21,176	382,314	18.05	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,026	4,447	161,207	36.25	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,272	2,394	94,806	39.60	31
32	Other Health Care See Sch 20A	5,609	6,204	91,954	14.82	32
33	Other(specify) Marketing	2,064	2,152	44,625	20.74	33
34	TOTAL (lines 1 - 33)	400,520	436,333	\$ 8,873,695 *	\$ 20.34	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	232	\$ 12,978	1(3)	35
36	Medical Director	Monthly	36,843	9(3)	36
37	Medical Records Consultant	32	1,600	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	12,902	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				44
45	Social Service Consultant	48	3,404	12(3)	45
46	Other(specify) Medical Consultant	Monthly	2,600	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)	312	\$ 70,327		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	371	\$ 14,893	10(3)	50
51	Licensed Practical Nurses	1,548	57,492	10(3)	51
52	Certified Nurse Assistants/Aides	6,004	149,200	10(3)	52
53	TOTAL (lines 50 - 52)	7,923	\$ 221,585		53

Facility Name: Tabor Hills Health Care Fac
IDPH License ID Number: 0040543
Fiscal Year End: 9/30/2016

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	2,068	2,230	33,372	\$ 14.97
Transporter	3,541	3,974	58,582	\$ 14.74
Total - Line 32 Other Health Care (specify):	5,609	6,204	91,954	\$ 14.82

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description		Amount	Description	Amount	
Angel Aguilar	Administrator	0	\$ 6,733	Workers' Compensation Insurance		\$ 121,000	IDPH License Fee	\$ 3,980	
Anthony Harvat	Administrator	0	16,247	Unemployment Compensation Insurance		14	Advertising: Employee Recruitment	482	
Gloria Pindiak	CEO	0	126,216	FICA Taxes		648,565	Health Care Worker Background Check		
				Employee Health Insurance		519,472	(Indicate # of checks performed 52)	1,516	
				Employee Meals			Patient Background Checks 228	2,280	
				Illinois Municipal Retirement Fund (IMRF)*			Miscellaneous Licenses, Fees, & Subscriptions	3,123	
				Uniforms		6,386	Miscellaneous Dues	1,301	
				Employee Appreciation		9,479	Allscripts License	3,600	
				401(k) Expense		240,845	LeadingAge	24,441	
							Lobbying	(4,888)	
							Less: Public Relations Expense	()	
				Employee Pension		489,325	Non-allowable advertising	()	
				Life/Disability Insurance		27,543	Yellow page advertising	()	
				Other Employee Benefits		8,633			

*** Attach copy of IMRF notifications**

****See instructions.**

Facility Name: Tabor Hills Health Care Fac
IDPH License ID Number: 0040543
Fiscal Year End: 9/30/2016

Schedule 21C

XIX. SUPPORT SCHEDULES
C. Professional Services

Vendor	Type	Amount
Duane Morris	Legal	5,936
Erickson Papanek	Legal	10,471
Polsinelli Shughart	Legal	20,486
Greenberg Traurig	Legal	45,348
Smith, Hemmesch, Burke	Legal	7,500
Wessels & Sherman	Legal	900
Erickson Peterson Cramer	Legal	6,799
Caremerge	Computer	3,420
OnShift	Computer	12,664
Comcast Cable	Computer	1,740
Health Data Systems	Computer	12,432
Cerner	Computer	16,343
Ability Network, Inc.	Computer	7,488
Zirned, Inc.	Computer	1,914
Kronos, Inc.	Computer	7,449
J.M. Hawkins, Inc	Computer	84,528
Optima	Computer	4,800
Point Click Care	Computer	32,840
Symbria Analytics	Computer	5
Vopenka & Associates	Computer	39,560
Crowe Horwath LLP	Accounting	25,025
RSM US LLP	Accounting	42,772
Total (agree to Schedule V, line 19, column 3)		390,420
Add: Symbria Analytics		200
Less: Non-Allowable Legal Fees		(33,123)
Total (agree to Schedule V, line 19, column 8)		357,497

Facility Name & ID Number <u>Tabor Hills Health Care Fac</u>	STATE OF ILLINOIS # <u>0040543</u>	Report Period Beginning: <u>10/1/2015</u>	Ending: <u>9/30/2016</u>
---	--	--	---------------------------------

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. LeadingAge - 24,441

(3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes

(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. \$ 96,757 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. \$ 495,215
 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 benefit on Schedule V. \$ - 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