FOR BHF USE

LL1

2025
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2025)

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 (Number) Naperville (City) 60563 (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	[ ]	PROPRIETARY	[ ]	GOVERNMENTAL
[X]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
IRS Exemption Code 501 (c)(3)		[ ]	Corporation	[ ]	Other
		[ ]	"Sub-S" Corp.		
		[ ]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

In the event there are further questions about this report, please contact:
Name: Larry Templin **Telephone Number:** (630) 361-2868
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 10/1/2024 to 9/30/2025 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) Anthony Harvat
(Title) CEO

Paid Preparer

(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)
(Print Name and Title) Larry Templin, Partner
(Firm Name & Address) Templin Healthcare Accounting Services, LLP, P.O. Box 326, Plainfield, IL 60544-0326
(Telephone) (630) 361-2868 Fax # ( )

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	169	Skilled (SNF)	169	61,685	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	169	TOTALS	169	61,685	7

B. Census-For the entire report period.

	1 Level of Care	2 Medicaid Fee for Service	3 Medicaid MLTSS	4 MMAI Medicaid Primary	5 MMAI Medicare Primary	6 Private Pay	7 Medicare Part A Only	8 Other	9 Total	
		Patient Days by Level of Care and Primary Source of Payment								
8	SNF	4,478	7,644			14,820	6,872	1,827	35,641	8
9	SNF/PED									9
10	ICF									10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	4,478	7,644			14,820	6,872	1,827	35,641	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.) 57.78%

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 [X] 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 [X]

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 [X] Date 4/28/95 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter certified beds.
number of certified beds 61

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 9/30/2025 Fiscal Year: 9/30/2025

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	555,688	35,575	87,720	678,983		678,983		678,983			1
2	Food Purchase		389,056		389,056		389,056		389,056			2
3	Housekeeping	362,690	180,098		542,788		542,788		542,788			3
4	Laundry	131,562	9,251		140,813		140,813		140,813			4
5	Heat and Other Utilities			245,281	245,281		245,281		245,281			5
6	Maintenance	251,306	44,285	143,116	438,707		438,707	40,161	478,868			6
7	Other (specify):* Waste Disposal			42,536	42,536		42,536		42,536			7
8	TOTAL General Services	1,301,246	658,265	518,653	2,478,164		2,478,164	40,161	2,518,325			8
	B. Health Care and Programs											
9	Medical Director			33,985	33,985		33,985		33,985			9
10	Nursing and Medical Records	5,890,210	297,257	309,764	6,497,231		6,497,231		6,497,231			10
10a	Therapy	135,787			135,787		135,787		135,787			10a
11	Activities	240,209	4,879	5,825	250,913		250,913	(57)	250,856			11
12	Social Services	121,888		2,170	124,058		124,058		124,058			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	6,388,094	302,136	351,744	7,041,974		7,041,974	(57)	7,041,917			16
	C. General Administration											
17	Administrative	265,217			265,217		265,217		265,217			17
18	Directors Fees											18
19	Professional Services			576,427	576,427		576,427		576,427			19
20	Dues, Fees, Subscriptions & Promotions			43,743	43,743		43,743	(2,149)	41,594			20
21	Clerical & General Office Expenses	355,993	11,817	75,047	442,857		442,857	3,117	445,974			21
22	Employee Benefits & Payroll Taxes			1,822,860	1,822,860		1,822,860		1,822,860			22
23	Inservice Training & Education			3,534	3,534		3,534		3,534			23
24	Travel and Seminar			5,870	5,870		5,870		5,870			24
25	Other Admin. Staff Transportation			4,618	4,618		4,618		4,618			25
26	Insurance-Prop.Liab.Malpractice			261,984	261,984		261,984		261,984			26
27	Other (specify):*											27
28	TOTAL General Administration	621,210	11,817	2,794,083	3,427,110		3,427,110	968	3,428,078			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,310,550	972,218	3,664,480	12,947,248		12,947,248	41,072	12,988,320			29

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Tabor Hills Health Care Fac #0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

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 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			756,409	756,409		756,409	(102,929)	653,480			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			12,069	12,069		12,069	(12,069)				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*Bond Fin. Exp			39,985	39,985		39,985	(39,985)				36
37	**TOTAL Ownership**			808,463	808,463		808,463	(154,983)	653,480			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		366,112	971,116	1,337,228		1,337,228		1,337,228			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			435,878	435,878		435,878		435,878			42
43	Other (specify):* See Att Pg 4A	73,110		337,881	410,991		410,991	(319,626)	91,365			43
44	**TOTAL Special Cost Centers**	73,110	366,112	1,744,875	2,184,097		2,184,097	(319,626)	1,864,471			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	8,383,660	1,338,330	6,217,818	15,939,808		15,939,808	(433,537)	15,506,271			45

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

SEE ACCOUNTANTS' PREPARATION REPORT

Tabor Hills Health Care Fac

Period Beginning 10/1/2024
Period End 9/30/2025

Schedule 4A

V. Cost Center Expenses

		Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	Ancillary Expense											
	E. Special Cost Centers											
43	Other (specify):*				0		0		0			
	Laboratory Expenses			59,674	59,674		59,674		59,674			
	Radiology Expenses			31,691	31,691		31,691		31,691			
	Non-Allowable Expenses	73,110		246,516	319,626		319,626	(319,626)	0			
					0		0		0			
					0		0		0			
	TOTAL Other Special Cost C	73,110	0	337,881	410,991	0	410,991	(319,626)	91,365			

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

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	(12,405)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(102,929)	30		9
10	Interest and Other Investment Income	(12,069)	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)	(1,223)	43		16
17	Non-Care Related Fees	(899)	20		17
18	Fines and Penalties	(1,250)	20		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(224,932)	43		24
25	Fund Raising, Advertising and Promotional	(7,956)	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	(69,874)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (433,537)		$	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
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (433,537)		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

SEE ACCOUNTANTS' PREPARATION REPORT

Tabor Hills Health Care Fac

ID# 0040543

Report Period Beginning: 10/1/2024

Ending: 9/30/2025

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Political Action Committee Payments	$ 0	20	1
2	Other Expenses Related to Lobbying Activities			2
3				3
4	Offset Miscellaneous Income	(55)	21	4
5	Marketing Wages	(73,110)	43	5
6	Offset Activities Fundraising Income	(57)	11	6
7	Expense Minor Fixed Assets	33,577	6	7
8	Expense Minor Fixed Assets	3,172	21	8
9	Expense Preventative Maintenance	6,584	6	9
10	Offset Interest Income Against Bond Financing Exp	(39,985)	36	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
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40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(69,874)		49

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

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	Naperville	Townhomes
See Ownership Listing-1 Attachment for				for the Aged		
Listing of Board of Directors						

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 [X] 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 Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$	$ *	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

STATE OF ILLINOIS **Ownership Listing-1**

Tabor Hills Health Care Fac

ID# **0040543**

Report Period Beginning: **10/1/2024**

Ending: **9/30/2025**

-Names of individual owners must be listed. (Full legal name (no nicknames) and middle initial)
-Owners of companies must be listed instead of company names.
-Names of trust beneficiaries must be listed.

	First Name	M.I.	Last Name	Place of Residence City	State	Operator/Licensee Ownership Percentage	Building Co. Ownership Percentage	Management Co. /Home Office Ownership Percentage	
1	Board of Directors:								1
2									2
3	Gloria		Pindiak	Burr Ridge	IL				3
4	Robert		Peiler	Elmwood Park	IL				4
5	Lynda		Filipello	Lisle	IL				5
6	Rena		Strahorn	Naperville	IL				6
7	John		Larson	Naperville	IL				7
8	Judy		Mayer	Naperville	IL				8
9	Angeline		Bultas	LaGrange Park	IL				9
10	Frank		Michalek	Plainfield	IL				10
11	Dee		McHale	Naperville	IL				11
12	Anthony		Harvat	Naperville	IL				12
13	Jacqueline		Rice	Palos Hills	IL				13
14	Aaron		Troy	Winfield	IL				14
15									15
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75									75

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Robert Peiler	Vice President	Board of Directors	0.00	0	12	100.00	Salary	9,977	L11, C1	1
2	Anthony Harvat	CEO	Administrative	0.00	0	18	45.00	Salary	126,893	L17, C1	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 136,870		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

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

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

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	11/22/06	$ 4,970,670	$	11/15/36	Varies	$ 12,069	1
2					interest due 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	$			$ 12,069	9
	B. Non-Facility Related*											
10												10
11								Offset Interest Income			(12,069)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (12,069)	14
15	TOTALS (line 9+line14)						$ 4,970,670	$			$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ None 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.)

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2024 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost 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.)	2024	$	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2025 report. (Detail and explain your calculation of this accrual on the lines below.)		$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$	7

Assessed Value from Real Estate Tax Bill:	2024		8
Real Estate Tax Bill for Calendar Year:	2020		9
	2021		10
	2022		11
	2023		12
	2024		13

Facility is a not-for-profit entity and exempt from real estate tax.

	FOR BHF USE ONLY		
14	FROM R. E. TAX STATEMENT FOR 2024	$	14
15	PLUS APPEAL COST FROM LINE 5	$	15
16	LESS REFUND FROM LINE 6	$	16
17	AMOUNT TO USE FOR RATE CALCULATION	$	17

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.**

2024 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Tabor Hills Health Care Fac COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0040543

CONTACT PERSON REGARDING THIS REPORT Anthony Harvat

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

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2024 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2024.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES _____ NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach copies of the original 2024 tax bills which were listed in Section A to this statement. Be sure to use the 2024 tax bill which is normally paid during 2025.

PLEASE NOTE: ***Payment information from the Internet*** or otherwise is ***not considered acceptable tax bill documentation*** . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Numb Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

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? [X] (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? [X] (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. List the bed capacity for the building if it differs from the licensed total. N/A

G. Have you properly capitalized all major repairs and equipment purchases? Yes

H. Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A

I. Are you presently operating under a sublease agreement? No

J. 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

K. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] 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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

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	169		1995	1995	$ 10,039,753	$ 249,932	40	$ 249,932	$	$ 7,634,602	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Leasehold Improvements			1995	38,378		28	36	36	38,148	9
10	Leasehold Improvements			1996	3,938	26	40	97	71	2,773	10
11	Leasehold Improvements			1997	42,360	91	40	1,060	969	30,122	11
12	Leasehold Improvements			1998	9,810	144	34	144		8,021	12
13	Leasehold Improvements			1999	94,096		10			94,096	13
14	Leasehold Improvements			2000	45,499	82	20	82		44,316	14
15	Leasehold Improvements			2001	22,166	554	40	554		13,463	15
16	Leasehold Improvements			2002	61,663		10			61,663	16
17	Leasehold Improvements			2003	154,358	3,384	25	3,384		88,905	17
18	Leasehold Improvements			2004	2,250,358	54,975	28	54,975		1,203,811	18
19	Leasehold Improvements			2005	5,551	139	40	139		2,849	19
20	Leasehold Improvements			2006	334,267	9,828	35	9,825	(3)	197,688	20
21	Leasehold Improvements			2007	159,752	3,011	29	3,011		95,012	21
22	Leasehold Improvements			2008	222,391	5,809	35	5,809		104,779	22
23	Leasehold Improvements			2009	138,766	4,661	21	4,661		76,249	23
24	Leasehold Improvements			2010	301,080	7,444	40	7,528	84	114,343	24
25	Leasehold Improvements			2011	79,543		17			79,543	25
26	Leasehold Improvements			2012	422,391	12,947	34	12,947		180,092	26
27											27
28	1W & 2W Renovation			2013	5,005	125	40	125		1,568	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	Bathroom Shower Locks for 2W			2013	2,952	74	40	74		936	32
33	Beadboards for 2W			2013	9,853	246	40	246		3,116	33
34	Carpentry Work for 2W Shower Rooms			2013	57,614	1,440	40	1,440		17,789	34
35	Carpeting for 2E & 2W			2013	51,919	1,298	40	1,298		16,603	35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

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	
37	Crashrail for 2E & 2W	2013	$ 15,589	$ 390	40	$ 390	$	$ 4,898	37
38	Electrical Work for 1N Doors, 2W & 2W Shower Room	2013	7,109	178	40	178		2,212	38
39	Molding for 2W	2013	4,265	107	40	107		1,358	39
40	New Counter Top for 1W Nurse Station	2013	10,200	255	40	255		3,241	40
41	New Duct Work in Vending Maching Area	2013	7,783	195	40	195		2,403	41
42	New Fire Alarm Relay Doors	2013	2,747	69	40	69		850	42
43	New Signs for 2E	2013	3,536	88	40	88		1,094	43
44	Nurse Station Door 1W	2013	3,304	83	40	83		1,043	44
45	Wallcovering for 2E, 2W, Elevator Lobby & Sunroom Corridor	2013	53,325	1,333	40	1,333		16,940	45
46	Wall Base & Carpet Installation for 2E	2013	9,368	234	40	234		2,887	46
47	Remove & Re-Install Outdoor Lighting for Walk-In Area	2013	8,902	223	40	223		2,712	47
48	Flooring Installation - 2W	2013	21,408	535	40	535		6,599	48
49	Window Treatment & Installation - 2W & Dining Room	2013	14,788		10			14,788	49
50	Installation of Crown Molding & Design Fees - 2E & 2W Rooms	2013	32,238		10			32,238	50
51	Build & Install Cabinetry for the Executive Board Room	2013	4,824		10			4,824	51
52	Install MOD Motor in Heater Unit - Boiler Room	2013	5,513		10			5,513	52
53	Installation of Rooftop Fan, Compressor Circuit & Control Panel	2013	8,528		10			8,528	53
54	Resurfacing of Streets & Parking Lot	2013	13,315	888	15	888		10,877	54
55	Repair leaking hot water tank, flange, drain valve & piping - Kitch	2013	12,916	646	20	646		7,643	55
56	Landscaping - replace ash trees, remove grindings, new topsoil & s	2013	2,605		5			2,605	56
57	Remove and replace wander guard system on all door entryways	2013	48,267		10			48,267	57
58	Furnish & install window shades - 2 East & 2 West Lounges	2013	2,897		10			2,897	58
59	Install 6 closet doors, 6 chainbolts & door closers - Main Hallway	2014	3,205		10			3,205	59
60	Adj. fire doors, closers/hinges, panic bar/maglock - Beauty Shop H	2014	3,517		10			3,517	60
61	Replace 40' of 4" cast iron rod piping to sewer - Kitchen	2014	8,000	400	20	400		4,667	61
62	Replace 25' of 4" cast iron rod piping to sewer - Kitchen	2014	6,800		10			6,800	62
63	Replace (2) 2" 3-phase sump pumps with 2 check valves - Kitchen	2014	3,100		10			3,100	63
64	Repair kitchen flooring due to grease trap and sewer back up	2014	3,250		10			3,250	64
65	Change 5 GFI receptacles, install new switches,change out 4-2X4	2014	3,865		10			3,865	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	$ 361,834		$ 362,991	$ 1,157	$ 10,323,308	70

SEE ACCOUNTANTS' PREPARATION REPORT

**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: 10/1/2024 Ending: 9/30/2025

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	$ 361,834		$ 362,991	$ 1,157	$ 10,323,308	1
2	Install 4 LED exit signs (2 W); replace light fixtures (Electric Roor	2014	6,228		10			6,228	2
3	Remove and resurface 3" of asphalt - Streets & Parking Lot	2014	27,190		8			27,190	3
4	Resurface pavement and striping - Streets & Parking Lot	2014	174,950		8			174,950	4
5	Install EM wires for the two new boilers - Electrical/Mechanical R	2014	4,915		10			4,915	5
6	Remove & replace trees around property	2014	9,771	651	15	651		7,162	6
7	Install new front panel and dispensing chute for ice machine - Kitc	2014	5,575		10			5,575	7
8	Replace & install two new boilers - Electrical/Mechanical Room	2014	122,980	6,149	20	6,149		69,926	8
9									9
10	Install 30 LED 2x4 Light Fixtures - 2 East	2014	6,763		10			6,763	10
11	Install Carpet - 1 West	2014	2,848		10			2,848	11
12	Supply and Install Acoustical Ceiling - Board Room	2014	3,332		10			3,332	12
13									13
14	R/M Reclass: Replace limit switch for heater in dining room;	2014	3,936		10			3,936	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			3,494	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	3,336	20
21	in mechanical room								21
22									22
23	R/M Reclass: Repair top hinges/plates and leaking doors	2014	3,325		10			3,325	23
24	throughout the facility								24
25									25
26	R/M Reclass: Furnish and install new motor for ice machine	2014	3,417		10			3,417	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		8,800	30
31	Remove and Replace plant material- Pavillion Side	2014	5,778	385	15	385		4,235	31
32	Relocate 13 Smoke Detectors/Fire Alarm Test and Inspect Panel	2014	16,958	422	10	422		16,958	32
33									33
34	TOTAL (lines 1 thru 33)		$ 15,295,572	$ 370,241		$ 371,688	$ 1,447	$ 10,679,698	34

SEE ACCOUNTANTS' PREPARATION REPORT

**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: 10/1/2024 Ending: 9/30/2025

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 12B, Carried Forward		$ 15,295,572	$ 370,241		$ 371,688	$ 1,447	$ 10,679,698	1
2	Wall/Floor Tiles	2015	13,500	450	10	450		13,500	2
3	43" x 114" textured wall/covering Crashrail/Beadboard - One Nor	2015	6,455	219	10	219		6,455	3
4	Hot Water Heater Project	2015	19,694	659	10	659		19,694	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		6,411	14
15	Plumbing Projects	2015	17,000	1,700	10	1,700		12,148	15
16	Installed 2 shower valves, diverter valves, hand shower/Replaced								16
17	trim/Removed drinking fountain/Replaced toilet - 2nd floor showe								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	1,442	10	1,442		34,525	23
24	1 North Alzheimers Wing								24
25	Key Locks & Key Pads	2015	3,573	151	10	151		3,573	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	1,060	10	1,060		25,421	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								32
33	Installed 2 new can lights and temporary dimmer/Reworking swit								33
34	TOTAL (lines 1 thru 33)		$ 15,424,757	$ 376,523		$ 377,970	$ 1,447	$ 10,801,425	34

SEE ACCOUNTANTS' PREPARATION REPORT

**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: 10/1/2024 Ending: 9/30/2025

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	$ 376,523		$ 377,970	$ 1,447	$ 10,801,425	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	1,542	10	1,542		30,794	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	945	10	945		18,863	6
7	2 West Hallway								7
8	3 application program of Apple Scab/Rust Spray - Outside	2015	3,901	260	15	260		2,708	8
9	Installed Terasafe Ulta Vinyl Flooring/Inlaid Sheet Vinyl - Pavillio	2015	8,359	556	10	556		8,359	9
10	Lighting Project	2015	26,817	2,682	10	2,682		27,489	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 Static								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	2,790	10	2,790		19,647	22
23	Installed 4 weather proof junction boxes and 13 30' bronze poles a	2015	67,200	6,720	10	6,720		47,320	23
24	104 watt LED fixutres, LED, 500k fixtures on excisting concrete p								24
25	Outdoor Lighting								25
26	Drywall Project	2015	26,586	2,213	10	2,213		26,586	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	$ 394,231		$ 395,678	$ 1,447	$ 10,983,191	34

SEE ACCOUNTANTS' PREPARATION REPORT

**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: 10/1/2024 Ending: 9/30/2025

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	$ 394,231		$ 395,678	$ 1,447	$ 10,983,191	1
2	Doors/Drywall/Ceiling Project	2015	11,788	1,080	10	1,080		11,788	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		9,326	10
11									11
12	R/M Reclass: Painting entire rooms on Units 100, 200 and commo	2015	55,296		10	2,762	2,762	55,296	12
13									13
14	R/M Reclass: Replaced 2 motors on roof top units.	2015	2,666		10	128	128	2,666	14
15									15
16	R/M Reclass: Replaced motor on air conditioner unit in employee	2015	2,551		10	128	128	2,551	16
17									17
18	R/M Reclass: Replaced motor, supply box and fire damper	2015	5,330		10	266	266	5,330	18
19									19
20	R/M Reclass: Installed eye wash sinks and toilet	2015	3,344		20	167	167	1,755	20
21									21
22									22
23	HVAC - Install 2 New Rooftop Units	2015	284,235	23,683	10	23,683		284,235	23
24	Furnish 12 Bollard Retrofit Kits for Existing Bases (Lighting)	2015	7,620	191	40	191		1,813	24
25	Outside on Facility Grounds								25
26	Update Business Office	2016	199,572	4,989	40	4,989		46,408	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	TOTAL (lines 1 thru 33)		$ 16,221,447	$ 425,099		$ 429,997	$ 4,898	$ 11,404,359	34

SEE ACCOUNTANTS' PREPARATION REPORT

**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: 10/1/2024 Ending: 9/30/2025

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	$ 425,099		$ 429,997	$ 4,898	$ 11,404,359	1
2	Engineering services, prelimnary designs and concepts,	2016	99,705	2,493	40	2,493		24,655	2
3	topographic survey, wetland delieation - new wing addition								3
4									4
5	Install new registers and valves; replace fire dampers:	2016	22,222	556	40	556		5,214	5
6	- 2 West; 1st & 2nd Floor Bathrooms								6
7									7
8	Install new motor & timers in kitchen; replace blower	2016	5,951	149	40	149		1,403	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	126	40	126		1,186	11
12	- Activity Room								12
13									13
14	Install new shut off valves & insulated piper in boiler room	2016	4,849	121	40	121		1,140	14
15									15
16	Window Treatment & Installation - Sun Room	2016	3,242	324	10	324		3,106	16
17									17
18	Installation of new roof over SNF building	2016	349,871	8,747	40	8,747		80,219	18
19									19
20	Replace walk-in cooler compressor - Kitchen	2016	3,702	93	40	93		844	20
21									21
22	R/M Reclass: Replace Zone Valves, Fan Coils & Speed Control	2015	12,325		10	1,233	1,233	11,711	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	317	317	3,012	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	721	721	6,848	28
29									29
30	R/M Reclass: Install Vinyl Flooring (Rooms 200, 201, 206 & 214)	2016	4,804		10	480	480	4,562	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 16,750,739	$ 437,708		$ 445,357	$ 7,649	$ 11,548,259	34

SEE ACCOUNTANTS' PREPARATION REPORT

**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: 10/1/2024 Ending: 9/30/2025

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 12F, Carried Forward		$ 16,750,739	$ 437,708		$ 445,357	$ 7,649	$ 11,548,259	1
2	Replaced lights in front of building, admin office, nurse call lights on	2016	7,276	182	40	182		1,608	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		645	7
8	- rooms. Replaces lights in from sign to LED lights. Installed additic								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		706	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, 25	2016	3,072	77	40	77		674	15
16	' -159. Checked voltage &25:25amperage 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		1,782	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 straage cabinets, under counter drawer file	2016	7,843	196	40	196		1,764	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		2,475	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		4,414	31
32									32
33									33
34	**TOTAL (lines 1 thru 33)**		$ 16,813,761	$ 439,284		$ 446,933	$ 7,649	$ 11,562,327	34

SEE ACCOUNTANTS' PREPARATION REPORT

**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: 10/1/2024 Ending: 9/30/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		$ 16,813,761	$ 439,284		$ 446,933	$ 7,649	$ 11,562,327	1
2	Installment of heating/cooling system pumps including reconnectir	2017	21,376	534	40	534		4,361	2
3	- existing power supply, fill and pressure test the new install and								3
4	- configure piping to connect the new pump.								4
5									5
6	Concrete Work	2017	76,210	5,081	15	5,081		41,918	6
7	- 2" mill and pave appr. 515 square feet (McDowell Circle Entran								7
8	- Remove and replace 3" of asphalt totaling appr. 8,960 square fe								8
9	(10 driveways)								9
10	- Restripe pavement 205 stalls, 22 H/C, 4 arrows, 4 stop bars with								10
11	approved paint.								11
12	- Remove and replacce 8-9 areas of 4" concrete arrp 600 square fe								12
13	- Additional concrete work								13
14									14
15	R&M Reclass: Replace fire alarm system incluing new fire alarm	2017	12,666		10	1,267	1,267	10,135	15
16	- panel, annunciators, sensors and door holders (Entire Building)								16
17									17
18									18
19	Decorative Floating Foundation	2018	4,871	325	15	325		2,383	19
20	Driveway Removal & Replacement	2018	13,950	930	15	930		6,743	20
21									21
22	Asphalt/Sawcut Trence/Repainting Handicap Stalls-Parking Lot	2018	4,500	300	15	300		2,125	22
23									23
24	Pond/Patio renovation - Part 1	2018	18,333	1,222	15	1,222		8,554	24
25									25
26	R&M Reclass: Repair Underground Cables/ Broken Pipes	2018	5,064		10	253	253	2,025	26
27	- Pole lights, Pavilion								27
28									28
29	R&M Reclass: Repair leak in chiller & replace refrigerant	2018	6,531		10	653	653	4,898	29
30	- Kitchen								30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 16,977,262	$ 447,676		$ 457,498	$ 9,822	$ 11,645,469	34

SEE ACCOUNTANTS' PREPARATION REPORT

**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: 10/1/2024 Ending: 9/30/2025

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 12H, Carried Forward		$ 16,977,262	$ 447,676		$ 457,498	$ 9,822	$ 11,645,469	1
2	Oxygen Room leak repair	2018	3,747	78	40	78		546	2
3	Pond/Patio Renovation-Cement, solvant.	2018	39,657	2,644	15	2,644		18,288	3
4	Defective Hydrant Valve Replacement	2018	5,273	352	15	352		2,433	4
5									5
6	R&M reclass-Walk in cooler, need new gaskets, door traps	2019	3,085	309	10	309		2,007	6
7	and light fixture								7
8									8
9	R&M reclass-New penetration into existing room system,	2019	3,565	357	10	357		2,319	9
10	fix drain strainer.								10
11									11
12	Damper material and labor	2019	6,770	169	40	169		958	12
13									13
14	Replace seal on taco pump in boiler room	2019	3,417	85	40	85		496	14
15									15
16	Carpentry, Plumbing, Flooring, Electrical, etc - 1W Wing & Ther	2020	4,782,642	119,566	40	119,566		597,830	16
17									17
18	Octagon Gazebo	2020	14,165	944	15	944		5,350	18
19									19
20	Thermosystems, controls & valves for Rooms 228, 222, 230, 231, L	2020	49,080	4,908	10	4,908		26,747	20
21									21
22	Phase 2 - Heat Pump Installation	2021	8,342	209	40	209		1,028	22
23									23
24	Cut In Sprinkler Heads in 2nd Floor/Sprinkler Head Replacement	2021	3,993	399	10	399		1,679	24
25									25
26	2nd Floor - Resident Room Heat Pump Installation	2021	4,600	115	40	115		556	26
27									27
28	2 West Rooms & Hallways - Painting/Acoustical Ceiling	2021	18,280	1,828	10	1,828		7,655	28
29									29
30	Bearing Assembly Replacement/Kitchen Seal	2021	4,388	439	10	439		1,793	30
31									31
32	Parking Lot Resurface, Sealcoat, and Restriping	2021	15,900	1,988	8	1,988		8,482	32
33									33
34	TOTAL (lines 1 thru 33)		$ 21,944,166	$ 582,066		$ 591,888	$ 9,822	$ 12,323,636	34

SEE ACCOUNTANTS' PREPARATION REPORT

**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: 10/1/2024 Ending: 9/30/2025

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 12H, Carried Forward		$ 21,944,166	$ 582,066		$ 591,888	$ 9,822	$ 12,323,636	1
2	Installed outlets, switches and bathroom lights	2020	2,609		10	261	261	1,305	2
3	Truck charge, Photo sensor, Sensor base, Alarm and detection	2020	3,767		10	377	377	1,885	3
4	regular labor								4
5	Replace wall packs, ballards and flood lights	2020	3,000		40	75	75	375	5
6	Buliding repair	2021	4,275		20	214	214	963	6
7	Replace dual temp pump in boiler room	2021	3,915		10	392	392	1,764	7
8	Supply & Install 6 Schlage ND80 RHO 626 with Medeco	2021	3,755		10	376	376	1,692	8
9	Cylinder								9
10	Installed Two Motors For Main Lobby Coil Unit	2021	6,446	645	10	645		2,257	10
11	Replaced Actuators On Daikin Unit/Motars On VAV	2021	4,245	425	10	425		1,487	11
12	Replaced Fan Motors/Installed Filter Grill	2022	6,937	694	10	694		2,429	12
13	Replaced Taco Pump In Boiler Room	2022	5,205	521	10	521		1,823	13
14	Installed Overload Fuses/Pump/Set Circuit Setter	2022	5,238	524	10	524		1,834	14
15	Curtain Rods-Resident Rooms	2022	4,493	449	10	449		1,572	15
16	Brick Repair To Front Entrance Sidewalk	2022	6,705	335	20	335		1,173	16
17	Install Building Automation System	2022	72,000	3,600	20	3,600		12,600	17
18	Replace Light Fixtures-Employee Hallway	2022	8,757	438	20	438		1,533	18
19	Install New Door Frame/Door/Hardware Fire Exit #2	2022	6,880	688	10	688		1,720	19
20	Replaced Pressure Relief Valve Hot Water Storage	2022	7,638	764	10	764		1,910	20
21	Replaced Pipe/Fittings On Boiler	2022	3,671	367	10	367		918	21
22	Replaced Motor/Wheel/Fuses On Boiler	2022	2,676	268	10	268		670	22
23	Kitchen Cabinet/Vinyl Flooring - 2 West Dining	2023	3,345	335	10	335		837	23
24	Repair Fan Boxes/Fan Motors In 2 West	2023	6,358	636	10	636		1,590	24
25	2 West Dining Room - Wall Vinyl	2023	3,702	370	10	370		925	25
26	Replaced Sprinkler Heads Laundry/Utility Room	2023	3,760	376	10	376		940	26
27	Installed 4 Exhaust Fan Motors/Sheaves/Belts	2023	4,899	490	10	490		1,225	27
28	Replaced Starter/Water Heater/Hoses On Generator	2023	3,221	322	10	322		805	28
29	2 West Remodel-Electrical Work, Replace Doors, Lighting								29
30	Cabinets, Fire Doors, Flooring, Dining Room Updates,								30
31	Drywall, Fire Taping, Thermometer Boiler Room, Quartz								31
32	Countertop, Install Juice Bar, Serving Area, Bathroom								32
33	Flooring, Corner Guards, Sheet Trim, Sinks, Toilets, Showers	2024	205,389	10,269	20	10,269		10,269	33
34	TOTAL (lines 1 thru 33)		$ 22,337,052	$ 604,582		$ 616,099	$ 11,517	$ 12,380,137	34

SEE ACCOUNTANTS' PREPARATION REPORT

**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: 10/1/2024 Ending: 9/30/2025

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 12H, Carried Forward		$ 22,337,052	$ 604,582		$ 616,099	$ 11,517	$ 12,380,137	1
2	2 East/Dining Room Remodel: Install Light Fixtures, Tile								2
3	Flooring in Showers, Dining Room Countertops and Pantry								3
4	Kitchen Ceiling Repairs, Demo Kitchen, Wall Vinyl	2024	40,671	2,034	20	2,034		3,051	4
5	Kitchen Repairs: Installed Potato Machine/3 Compartment								5
6	Sink/Repaired Leaking Drain/Replaced Hand Wash Sinks	2024	21,449	1,430	15	1,430		2,145	6
7	Installed Automatic Doors/Rollers	2023	5,275	352	15	352		528	7
8	Repair Parking Lot Lights-2 West	2023	9,800	653	15	653		980	8
9	Repair Dampers	2024	4,351	290	15	290		435	9
10	Repair/Replace Entrance Sign/Parking Lot Lights	2024	3,937	262	15	262		393	10
11	Replaced Actuator In Duct Work/Access Panels	2024	3,675	245	15	245		368	11
12	Above Ceiling Fire Stopping Spray-Doors/2nd Floor	2024	5,440	363	15	363		544	12
13	Repaired Exhaust Fan/Hood In Kitchen	2025	5,941	198	15	198		198	13
14	Replaced Blower Motors In Coil Boxes	2025	2,905	97	15	97		97	14
15	Installed Can Lights on 2nd Floor	2025	8,245	275	15	275		275	15
16	Electrical Work In Kitchen Ceiling	2025	6,382	213	15	213		213	16
17	Repaired Motor on Kitchen Exhaust Fan	2025	4,478	149	15	149		149	17
18	Replace Circulating Pump and Valve Intallation	2025	7,873	262	15	262		262	18
19	Replace Pipes to Kitchen Storage Tank	2025	2,580	86	15	86		86	19
20	Repiped Home Run Wiring 1W/2W/Repaired Light Poles	2025	11,331	378	15	378		378	20
21	Adjusted Parameters On Facility Fan/Replaced Fan	2025	3,233	108	15	108		108	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31	To Reconcile to Book Depreciation			(32,112)			32,112		31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 22,484,618	$ 579,865		$ 623,494	$ 43,629	$ 12,390,347	34

SEE ACCOUNTANTS' PREPARATION REPORT

**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: 10/1/2024 Ending: 9/30/2025

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	$ 1,821,331	$ 140,124	$ 7,572	$ (132,552)	5-20 Years	$ 1,821,331	71
72	Current Year Purchases	32,079	1,604	1,604		10 Years	1,604	72
73	Fully Depreciated Assets	3,133,261					3,133,261	73
74								74
75	TOTALS	$ 4,986,671	$ 141,728	$ 9,176	$ (132,552)		$ 4,956,196	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	$ 483,669	$ 20,633	$ 20,810	$ 177	5	$ 459,072	76
77										77
78										78
79										79
80	TOTALS			$ 483,669	$ 20,633	$ 20,810	$ 177		$ 459,072	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)	$ 28,529,651	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 742,226	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 653,480	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (88,746)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 17,805,615	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Non-care related bus	$ 38,750	$	$ 38,750	86
87	Carpentry, Plumbing, Flooring, Electrica	567,336	14,183	70,915	87
88					88
89					89
90					90
91	TOTALS	$ 606,086	$ 14,183	$ 109,665	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93	N/A		93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name: **Tabor Hills Health Care Fac**
IDPH License ID Number: **0040543**
Fiscal Year End: **9/30/2025**

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
Medical Transportation	1988 Ford Van	1988	23,216			-	5	23,216
Facility Use	2000 Chrysler Van	2000	31,929			-	5	31,929
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	3,377
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 Honda Odyssey Van	2011	40,054	97	97	-	5	40,054
Administrative Use	2014 Honda Odyssey Van	2013	42,456			-	5	42,456
Facility Use	2007 Chevy Silverado	2013	22,000			-	5	22,000
Facility Use	Snow Plow Parts	2017	10,471			-	5	10,471
Facility Use	2017 Ford F250 Truck	2017	8,069			-	5	8,069
Facility Use	A/R Imports	2018	3,195			-	5	3,195
Facility Use	Ford Transit 2020	2020	42,070	8,414	8,414	-	5	42,070
Facility Use	2022 Ford Super Duty F-2505 Crew	2023	61,494	12,299	12,299	-	5	36,897
To Reconcile to Book Depreciation				(177)		(177)		
TOTAL			**483,669**	**20,633**	**20,810**	**(177)**		**459,072**

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

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

9. Option to Buy: ☐ YES ☐ NO Terms: *

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.	/2025	$
13.	/2026	$
14.	/2027	$

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: $ 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

* 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.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   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

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)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Tabor Hills Health Care Fac

STATE OF ILLINOIS
0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

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	39(3)	hrs	$	4,716	$ 331,304	$	4,716	$ 331,304	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		1,761	125,487		1,761	125,487	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		6,003	387,994		6,003	387,994	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				366,112		366,112	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Respiratory Therapy	39(3)				109,351			109,351	12
13	Other (specify): Senior Fit Wellness Pro	39(3)				16,980			16,980	13
14	TOTAL			$	12,480	$ 971,116	$ 366,112	12,480	$ 1,337,228	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.

SEE ACCOUNTANTS' PREPARATION REPORT

STATE OF ILLINOIS

Facility Name & ID Number Tabor Hills Health Care Fac **#** 0040543 **Report Period Beginning:** 10/1/2024 **Ending:** 9/30/2025

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 9/30/2025 **(last day of reporting year)**

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ (216,862)	$ (216,862)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 200,000)	2,621,880	2,621,880	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	651,768	651,768	6
7	Other Prepaid Expenses	41,203	41,203	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,097,989	$ 3,097,989	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	12,365,288	12,444,865	15
16	Equipment, at Historical Cost	6,241,115	5,470,340	16
17	Accumulated Depreciation (book methods)	(17,659,329)	(17,805,615)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Non Care Assets (Net)		496,421	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 11,519,032	$ 11,220,457	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 14,617,021	$ 14,318,446	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 593,316	$ 593,316	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	590,275	590,275	30
31	Accrued Taxes Payable (excluding real estate taxes)			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
	Other Current Liabilities(specify):			
36	See Sch 17A	860,049	860,049	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,043,640	$ 2,043,640	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,043,640	$ 2,043,640	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 12,573,381	$ 12,274,806	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 14,617,021	$ 14,318,446	48

SEE ACCOUNTANTS' PREPARATION REPORT

***(See instructions.)**

Facility Name: **Tabor Hills Health Care Fac**
IDPH License ID Number: **0040543**
Fiscal Year End: **9/30/2025**

Schedule 17A

XV. Balance Sheet
Line 36 Other Current Liabilities (specify):

Description	Operating	After Consolidation
Refunds (Residents)	19,475	19,475
Resident credit balances	827,993	827,993
Exchange Clearing Account	11,686	11,686
Employee Lock Deposits	895	895
Employee Life Insurance Premi		
Total - Line 36	**860,049**	**860,049**
	-	-

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 11,150,462	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 11,150,462	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	507,640	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) **Interfund Transfers**	915,279	15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 1,422,919	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)**	$ 12,573,381	24 *

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 12,553,513	1
2	Discounts and Allowances for all Levels	1,723,070	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 14,276,583	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	111,949	6
7	Oxygen	8,936	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 120,885	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	300	13
14	Non-Patient Meals	401	14
15	Telephone, Television and Radio	2,136	15
16	Rental of Facility Space		16
17	Sale of Drugs	565	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	152,314	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 155,716	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	257,972	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 257,972	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**Fundraising Income/Misc Inc/Other Inc**	112	28
28a	**Employee Retention Credit Income**	1,636,180	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,636,292	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 16,447,448	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,478,164	31
32	Health Care	7,041,974	32
33	General Administration	3,427,110	33
	B. Capital Expense		
34	Ownership	808,463	34
	C. Ancillary Expense		
35	Special Cost Centers	1,748,219	35
36	Provider Participation Fee	435,878	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 15,939,808	40
41	**Income before Income Taxes (line 30 minus line 40)****	507,640	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 507,640	43

	III. Net Inpatient Revenue detailed by Payer Source for each line		
44	Medicaid Fee for Service	$ 1,066,702	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)	1,820,873	45
46	MMAI-Medicaid is the Primary Payer		46
47	MMAI-Medicare is the Primary Payer		47
48	Private Pay	5,757,848	48
49	Medicare Part A	4,448,480	49
50	Other-(specify) **Medicare Advantage**	1,182,680	50
51	Other-(specify)		51
52	Other-(specify)		52
53	Other-(specify)		53
54	Other-(specify)		54
55	Other-(specify)		55
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 14,276,583	56

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,916	2,080	$ 143,677	$ 69.08	1
2	Assistant Director of Nursing	1,684	2,080	111,660	53.68	2
3	Registered Nurses	57,273	62,671	2,704,157	43.15	3
4	Licensed Practical Nurses	9,606	10,557	421,958	39.97	4
5	CNAs & Orderlies	71,887	77,241	2,080,029	26.93	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,324	4,988	135,787	27.22	8
9	Activity Director	1,904	2,080	60,064	28.88	9
10	Activity Assistants	9,926	10,566	180,145	17.05	10
11	Social Service Workers	3,843	4,149	121,888	29.38	11
12	Dietician					12
13	Food Service Supervisor	956	1,040	47,388	45.57	13
14	Head Cook					14
15	Cook Helpers/Assistants	23,779	25,849	508,300	19.66	15
16	Dishwashers					16
17	Maintenance Workers	8,017	8,573	251,306	29.31	17
18	Housekeepers	19,228	20,991	362,690	17.28	18
19	Laundry	7,133	7,715	131,562	17.05	19
20	Administrator	1,800	2,082	138,324	66.44	20
21	Assistant Administrator					21
22	Other Administrative	1,092	1,282	126,893	98.98	22
23	Office Manager	1,108	1,337	82,213	61.49	23
24	Clerical	6,183	6,618	165,713	25.04	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified ID Prof (QIDP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,959	4,128	117,890	28.56	31
32	Other Health Care(specify)					32
33	Other(specify) See Pg 20A	10,679	12,296	492,016	40.01	33
34	TOTAL (lines 1 - 33)	246,297	268,323	$ 8,383,660 *	$ 31.24	34

SEE ACCOUNTANTS' PREPARATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	240	$ 12,840	L1, C3	35
36	Medical Director	Monthly	33,985	L9, C3	36
37	Medical Records Consultant	Quarterly	1,664	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	7,958	L10, C3	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	28	2,170	L12, C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	268	$ 58,617		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	115	$ 9,142	L10, C3	50
51	Licensed Practical Nurses	703	38,819	L10, C3	51
52	Certified Nurse Assistants/Aides	7,027	252,391	L10, C3	52
53	TOTAL (lines 50 - 52)	7,845	$ 300,352		53

Tabor Hills Health Care Fac

Period Beginning **10/1/2024**
Period End **9/30/2025**

Schedule 20A

XVIII. Staffing and Salary Costs

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Admissions Director	1,880	2,080	101,678	48.88
Admissions Assistant	215	256	6,389	24.96
Marketing	1,856	2,080	73,110	35.15
Care Plan Coordinator	1,608	2,080	100,823	48.47
Central Supply	2,339	2,747	59,395	21.62
Restorative Nurses	2,781	3,053	150,621	49.34
TOTAL	10,679	12,296	492,016	

Facility Name & ID Number Tabor Hills Health Care Fac # 0040543 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Anthony Harvat	CEO	0	$ 126,893
Casey Pudwill	Administrator	0	103,174
Jorge Sanchez	Administrator	0	35,150
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 265,217

B. Administrative - Other

Description	Amount
N/A	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Templin Healthcare Accounting Svc	Accounting	$ 16,606
Advantage Consulting	Medicare Billing	72,105
Miller & Mertke Consulting	Medicaid Billing	8,540
Microsoft	Computer Services	5,588
Smith & Howard	Accounting	7,150
Netsmart Technologies	MDS Consulting	2,799
See Schedule 21A	See Sch. 21A	463,639
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 576,427

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 133,925
Unemployment Compensation Insurance	19
FICA Taxes	629,882
Employee Health Insurance	549,800
Employee Meals	44,016
Illinois Municipal Retirement Fund (IMRF)*	
Employee Appreciation	19,167
401(k) Expense	271,963
Life Insurance	162,822
Other Employee Benefits	11,266
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,822,860

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
N/A		
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	20,630
Health Care Worker Background Check	
(Indicate # of checks performed 5)	2,656
Patient Background Checks 305	2,000
Association Dues (total from pg 22, #4)	
Wellsky	6,343
Miscellaneous Licenses, Fees, & Inspections	8,770
Miscellaneous Dues & Subscriptions	2,094
Less: Public Relations Expense	(899)
PAC and Lobbying payments	( )
All non-allowable advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 41,594

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	5,870
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 5,870

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name: **Tabor Hills Health Care Fac**
IDPH License ID Number: **0040543**
Fiscal Year End: **9/30/2025**

Schedule 21A

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Burke Burns & Pinelli, LTD	Legal	544
Peterson Cramer	Legal	2,785
Ice Miller LLP	Legal	671
Greenberg Traurig, LLP	Legal	25,010
Sosin, Arnold & Schoenbeck LTD	Legal	2,156
Pathway Health Services	Consulting Fees	4,084
Hiring Incentives, Inc.	Consulting Fees	189,350
J.M. Hawkins, Inc.	Computer	78,147
Axiom	Computer	356
Net Health Systems Inc.	Computer	354
On Shift	Computer	14,933
Point Click Care	Computer	33,367
Third Eye Health, Inc	Computer	9,000
RSM US LLP	Accounting	43,283
ProviderTrust Inc.	Payroll	2,475
Paycom	Payroll	54,441
TASC	Payroll	2,683
Total (agree to Schedule V, line 19, column 3)		463,639

Facility Name & ID Number Tabor Hills Health Care Fac **#** 0040543 **Report Period Beginning:** 10/1/2024 **Ending:** 9/30/2025

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Please list the ALLOWABLE PAYMENTS OR dues paid to provider associations on the lines below. Use the drop down list to identify the association.

Association Name	Amount
N/A	
Total	

(3) List the amount of NON-ALLOWABLE payments OR DUES made to PROVIDER ASSOCIATIONS OR political action organizations.
The total amount for Question #3 will be adjusted out of the cost report on Page 5A, Line 1.

N/A	
Total	

(4) EXHIBIT: Total payments OR DUES TO EACH ORGANIZATION LISTED ABOVE (2 and 3 combined)

N/A	
Total	

(5) Indicate the total amount of both disposable and non-disposable incontinent expense and the location of this expense on Sch. V. $ **80,966** Line **10**

(6) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(7) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **435,878**
This amount is to be recorded on line 42 of Schedule V.

(8) 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.

(9) 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**

(10) 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.

(11) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **44,016** Has any meal income been offset against related costs? **No** Indicate the amount. $ **N/A**

(12) 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? **100% Line 14**

d. Have vehicle usage logs been maintained? **Yes**

e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**

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**

(13) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **RSM US LLP**

(14) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(15) 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.