

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I. Facility ID Number: 1000094

Facility Name: Tabor Hills Support Lvg Comm

Address: 1439 McDowell RoadNaperville60563

County: DuPage

Telephone Number: (630) 778-6677 Fax # (630) 778-6680

Federal Employer ID Number:

Date Current Owners were Certified: 3/14/08

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 10/01/2020 to 9/30/2021 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) Frances Salinas

(Title) CEO

Paid Preparer

(Signed)

(Date)

(Print Name and Title)

(Firm Name & Address) RSM US LLP20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173

(Telephone) (847) 517-7070 Fax (847) 517-7067

MAIL TO: BUREAU OF HEALTH FINANCE

IL DEPT OF HEALTHCARE AND FAMILY SERVICES

201 S. Grand Avenue East

Springfield, IL 62763-0001

Phone # (217) 782-1630

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units

N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	87	Single Unit Apartment	87	31,755	1
2	8	Double Unit Apartment	8	2,920	2
3		Other			3
4	95	TOTALS	95	34,675	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	12,917	12,126		25,043	5
6	Double Unit	776	1,822		2,598	6
7	Other					7
8	TOTALS	13,693	13,948		27,641	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)

79.71%

D. Indicate the number of paid bed-hold days the SLF had during this year

0

 Also, indicate the number of unpaid bed-hold days the SLF had during this year.

N/A

 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments

not directly related to SLF services? Note : Non-allowable costs have been eliminated in Schedule IV, Column 5.
YES

X

 NO

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO

X

G. List all services provided by your facility for non-residents.

(E.g., day care, "meals on wheels", outpatient therapy)
N/A

H. ACCOUNTING BASIS

ACCRUAL

X

 MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year?

X

 YES NO

Tax Year: 9/30/2021 Fiscal Year: 9/30/2021

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

J. Does the facility have any Illinois Housing Development Authority Loans

outstanding?

Yes

 If yes, did the facility make all of the required payments of interest and principle?

Yes

If no, explain.

N/A

K. Does the facility have any loans from the Federal Home Loan Bank

outstanding?

No

 If yes, did the facility make all of the required payments of interest and principle?

N/A

If no, explain.

N/A

L. Does the facility have any loans from the IL Dept of Commerce and

Economic Opportunity outstanding?

No

 If yes, did the facility make all of the required payments of interest and principle?

N/A

If no, explain.

N/A

STATE OF ILLINOIS

Page 3

Facility Name: Tabor Hills Support Lvg Comm

Report Period Beginning:

10/01/2020

Ending:

9/30/2021

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	326,453	241,365	24,133	591,951	(615)	591,336	1
2	Housekeeping, Laundry and Maintenance	104,357	45,852	106,907	257,116	2,553	259,669	2
3	Heat and Other Utilities			198,324	198,324		198,324	3
4	Other (specify):							4
5	TOTAL General Services	430,810	287,217	329,364	1,047,391	1,938	1,049,329	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	686,407	22,472	968	709,847		709,847	6
7	Activities and Social Services	77,955	2,957	2,583	83,495		83,495	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	764,362	25,429	3,551	793,342		793,342	9
	C. General Administration							
10	Administrative and Clerical	229,470	5,114	136,287	370,871	(23,729)	347,142	10
11	Marketing Materials, Promotions and Advertising			119,207	119,207	(31,289)	87,918	11
12	Employee Benefits and Payroll Taxes	19,800	217	241,113	261,130		261,130	12
13	Insurance-Property, Liability and Malpractice			204,643	204,643		204,643	13
14	Other (specify):							14
15	TOTAL General Administration	249,270	5,331	701,250	955,851	(55,018)	900,833	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,444,442	317,977	1,034,165	2,796,584	(53,080)	2,743,504	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			474,118	474,118	36,008	510,126	17
18	Interest			335,421	335,421	(267)	335,154	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			809,539	809,539	35,741	845,280	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,444,442	317,977	1,843,704	3,606,123	(17,339)	3,588,784	24

Facility Name: Tabor Hills Support Lvg Comm

Report Period Beginning: 10/01/2020 Ending: 9/30/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses	1.06	31.08	2
3	Certified Nurse Assistants	16.93	13.94	3
4	Activity Director & Assistants	2.21	15.76	4
5	Social Service Workers			5
6	Head Cook	3.20	18.02	6
7	Cook Helpers/Assistants	5.22	18.57	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1.74	14.15	10
11	Laundry			11
12	Managers	0.23	105.54	12
13	Other Administrative	0.91	40.95	13
14	Clerical			14
15	Marketing			15
16	Other Res Serv Coor & HR Director	1.22	19.78	16
17	Total (lines 1 thru 16)	32.72	\$	17

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
Tabor Hills Health Care Facility, Inc.		Naperville	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Bohemian Home for the Aged		Naperville		Townhomes	

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3?

YES ☐ NO ☒

Name of related entity: N/A If yes, what is the value of those services? \$ N/A

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES ☐ NO ☒

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Frances Salinas	0%	10+	48,000	1
2					2
3					3
4					4
5					5
Total				\$ 48,000	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	N/A	\$	1
2			2
Total		\$	3

Facility Name: Tabor Hills Support Lvg Comm

Report Period Beginning:

10/01/2020

Ending:

9/30/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,049,853 Year land was acquired 2000

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

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

	1 Units*	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	
1	95		2008	2008	\$ 16,529,128	\$ 415,763	40	\$ 415,763		\$ 5,110,421	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Landscaping		2008		338,305	22,554	15	22,554		299,774	6
7	Landscaping		2009		12,096	302	40	302		3,780	7
8	Oak File Cabinets		2009		4,833	121	40	121		1,512	8
9	Cable and wire work for new doors		2009		2,500	63	40	63		782	9
10	Exercise room wall, mirror and trim		2009		4,590	115	40	115		1,435	10
11	Electrical work for spa		2009		3,071	77	40	77		960	11
12	Seeding of west and south basins		2009		4,173	278	15	278		3,477	12
13	Ecological land management		2010		7,837	261	30	261		3,002	13
14	Elevator		2010		5,883	147	40	147		1,690	14
15	Room 170 Water Leak Repair		2012		8,287	207	40	207		1,867	15
16	See Attachment 1				408,602	(18,880)		19,008	37,888	110,477	16
17	TOTAL (lines 1 thru 16)				\$ 17,329,305	\$ 421,007		\$ 458,895	\$ 37,888	\$ 5,539,176	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 806,520	\$ 53,111	\$ 51,231	(1,880)	5-10 yrs	\$ 804,326	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 806,520	\$ 53,111	\$ 51,231	(1,880)	\$ 804,326	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21	N/A	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)		\$	\$	24

Facility Name: Tabor Hills Support Lvg Comm Report Period Beginning: 10/01/2020 Ending: 9/30/2021

IX. RENTAL COSTS

A. Building and Fixed Equipment

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? YES NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building				\$			3
4	Additions	N/A			N/A			4
5								5
6								6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental?
YES NO

9. Rental amount for movable equipment \$ N/A

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Illinois Revenue Authority		X	Mortgage	11/22/06	\$ 14,044,982	\$ 7,442,853	11/15/36	Varies	\$ 335,421	1
2											2
3											3
	Working Capital										
4											4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 14,044,982	\$ 7,442,853			\$ 335,421	7
	B. Non-Facility Related										
8	Interest Income Offset				/ /			/ /		(267)	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 14,044,982	\$ 7,442,853			\$ 335,154	10

* If there is an option to buy the building, please provide complete details on an attached schedule.
** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: Tabor Hills Support Lvg Comm

Report Period Beginning: 10/01/2020

Ending:

9/30/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 9/30/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 5,326	\$ 5,326	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 1,355)	158,253	158,253	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	46,691	46,691	6
7	Other Prepaid Expenses	22,036	22,036	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Schedule 7A	10,026,282	10,026,282	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 10,258,588	\$ 10,258,588	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,049,853	1,049,853	13
14	Buildings, at Historical Cost	16,541,224	16,541,224	14
15	Leasehold Improvements, at Historical Cost	759,850	788,081	15
16	Equipment, at Historical Cost	857,909	806,520	16
17	Accumulated Depreciation (book methods)	(6,655,244)	(6,344,221)	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): Bond Cost	42,370	42,370	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,595,962	\$ 12,883,827	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 22,854,550	\$ 23,142,415	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 36,226	\$ 36,226	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	643,633	643,633	29
30	Accrued Salaries Payable	78,779	78,779	30
31	Accrued Taxes Payable	(42,470)	(42,470)	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Schedule 7A	6,334,777	6,334,777	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 7,050,945	\$ 7,050,945	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	6,799,220	6,799,220	40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,799,220	\$ 6,799,220	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 13,850,165	\$ 13,850,165	45
46	TOTAL EQUITY	\$ 9,004,385	\$ 9,292,250	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 22,854,550	\$ 23,142,415	47

*(See instructions.)

Schedule 7A

XI. Balance Sheet

A. Current Assets

Line 9: Other Current Assets

<u>Account No.</u>	<u>Description</u>	<u>After</u>	
		<u>Operating</u>	<u>Consolidation</u>
1040	BHC Interfund Transfer	9,924,020	9,924,020
1099	Exchange Clearing Account	162	162
1616	Federal Income Tax W/H	65,281	65,281
1618	State Income Tax W/H	27,051	27,051
1657	Employee Life Insurance Premi	9,768	9,768
		10,026,282	10,026,282
		-	-

C. Current Liabilities

Line 35: Other Current Liabilities

<u>Account No.</u>	<u>Description</u>	<u>After</u>	
		<u>Operating</u>	<u>Consolidation</u>
1029.5	Refunds (Residents)	-	-
1039	THH Interfund Transfer	(6,320,977)	(6,320,977)
1681	Resident Trust Fund	(2,775)	(2,775)
1700	SLC Application Fee	(10,250)	(10,250)
1710	SLC Scooter/Pet Deposit Fee	(775)	(775)
		(6,334,777)	(6,334,777)
		-	-

Facility Name: Tabor Hills Support Lvg Comm

Report Period Beginning: 10/01/2020

Ending:

9/30/2021

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,785,097	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,785,097	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	328,832	6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	123	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 328,955	11
	C. Non-Operating Revenue		
12	Contributions	230	12
13	Interest and Other Investment Income	267	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 497	14
	D. Other Revenue (specify):		
15	See Schedule 8A	68,393	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 68,393	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,182,942	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,047,391	19
20	Health Care/ Personal Care	793,342	20
21	General Administration	955,851	21
	B. Capital Expense		
22	Ownership	809,539	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,606,123	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 576,819	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 576,819	31

Schedule 8A

XII. Income Statement
Section D. Other Revenue

<u>Description</u>	<u>Amount</u>
3051.5 SLC Internet Private	3,449
3052.1 SLC Cable Private	8,451
3053.1 Telephone Income Private	11,885
3090 SLC Application Revenue	4,750
3095 SLC Food Stamp	33,466
3140.1 THH Alarm Fee-Private	1,065
5350 Gift Shop/General Store	1,692
5641 Fund Raising Income/Expenses	3,635
	<u>68,393</u>
	-